

WESTERN AUSTRALIAN ABORIGINAL CHILD HEALTH SURVEY

Motion

Resumed from 9 April on the following motion moved by Hon Barbara Scott —

That this house urges the state government to —

- (1) take seriously the “Western Australian Aboriginal Child Health Survey — Strengthening the Capacity of Aboriginal Children, Families and Communities”, volume 4;
- (2) set some realistic and achievable time frames for the implementation of the recommended actions;
- (3) establish an inter-government agency approach to prioritising the recommended actions; and
- (4) ensure programs build capability in families and communities with Aboriginal and Torres Strait Islander children.

HON BARBARA SCOTT (South Metropolitan) [2.03 pm]: I will continue my remarks about the significant Western Australian Aboriginal Child Health Survey conducted by the Telethon Institute for Child Health Research in conjunction with the Kulunga Research Network. It is now some time since I began my comments on 9 April, when I spoke about the importance of building social competencies in young Aboriginal children. My motion urges the government to take note of this benchmark report, which contains 23 major recommendations. Although the government says it has implemented some initiatives, members need only look at evidence presented in this Parliament in the past few days—and in the media continually—to know that Western Australian Aboriginal children are suffering and are way behind their peers.

I concluded my remarks on 9 April by talking about Professor Fraser Mustard; an amazing doctor from Canada. Professor Mustard has done an enormous amount of work on the neuroscience of early brain development, and has really triggered off a worldwide focus and energy on looking at what early brain development in young children tells us about developing later competencies. I will briefly go through the report that he presented to an inter-ministerial forum on early childhood development in South Australia in 2006. Professor Mustard has been the thinker-in-residence in South Australia for some time and has presented a lot of science and explanations to be considered.

Firstly, consideration must be given to what is known about neuroscience and the factors that determine the health, wellbeing and competence of populations. Professor Mustard states that brain development in the early years is the most important determinant of health, wellbeing and competence throughout life. What relevance has this to the Western Australian Aboriginal Child Health Survey and its recommendations to the Western Australian government? It is very significant. Early intervention programs must be very proactive to capitalise on and assist Aboriginal communities that are lagging behind many of their own Indigenous people and other communities in early brain development. The growth in knowledge about neuroscience has provided clear evidence as to how experiences of early life affect the development of the brain and biological pathways—it impacts on health, learning and behaviour.

One would think that that sort of neuroscience would be self-explanatory and commonsense. When Fraser Mustard visited Western Australia, he gave a very good PowerPoint presentation that showed the neurology behind brain development and synaptic density. The presentation was on a study of the brains of children and showed the extensive neuron connections that occur in the first six years of life. If we could have PowerPoint presentations in Parliament—we cannot—members could see the picture that I have in front of me. At birth, neurons are scattered and sparse; at six years old, they are very, very dense; and at 14 years of age, if they are not used, they become a little less dense. The study shows the importance of intervention in the first six years of life. Of course if the brain of a child is not stimulated, the sensing pathways are not stimulated. The report shows that sensing pathways for vision, hearing and touch, and other pathways present before birth, are largely finished in their development by the time a child is four years of age. To me, that is a very sobering factor: if, at four years of age, brain development has not been achieved, children will suffer enormously through their lack of cognitive and language development. If they do not have a good sense of language development, their reading and communication will suffer. Higher cognitive functions, through which education programs have their major effect, are built on those neural pathways that start early in life. In addition to the recommendations of the Western Australian Aboriginal Child Health Survey, which has identified early intervention as a key factor, other scientists working in the field of early childhood development are showing us what indeed neuroscience is now telling us—this is probably what commonsense has told most parents—namely, that early sensing pathways development can now be very clearly mapped on a graph and is clearly shown through the analysis that has been done.

Professor Mustard states in this presentation about early experience in brain architecture that this experience affects gene expression in neural pathways; shapes emotion; regulates temperament and social development; shapes perception and cognitive ability; shapes physical and mental health and behaviour in adult life; shapes physical activity—for example, skiing and swimming; and shapes language and literacy capacity. In summary of that brain development, the professor states that the gene interaction is very important, and the critical and sensitive periods for brain development are in utero, in infancy and in young children.

This report makes recommendations to the government, to the opposition and to anyone who is interested and needs to listen. My motion urges the government to seriously consider these recommendations and to ask itself why there is not more hands-on help in Aboriginal communities and why it does not take the commonsense approach that has been taken in this Institute for Child Health Research report when we know that huge health-related problems from the early years follow on into later life. For example, antisocial behaviour can develop, and attention deficit disorders, autism, depression and other such things can result from dysfunctional living and dysfunctional development patterns in young children.

We know that brain development impacts on language and literacy. We know that brain development starts very early—that is, from eight to 12 months—and that language development has already started in this time by the way babies respond in recognition of their mothers, fathers and other people around them. In those early months, we set capabilities for mastering multiple languages. I have already talked about vocabulary. That report and data presented by Fraser Mustard is significant and the government needs to remind itself that it has this documentation to support the recommendations made by the Institute for Child Health Research.

One dramatic thing that has struck me over a number of years is the Romanian adoption project. Fraser Mustard refers to this in his report to the South Australian government; he wrote —

The observations of Romanian children adopted into middle class homes in British Columbia shows that the earlier these children were adopted and avoided long term orphanage care, the better the results.

Ames (1997) and Lucy Le Mare (2005) and colleagues studied Romanian orphans adopted into middle class Canadian homes in British Columbia. They examined the children adopted within the first four months after birth with those who had spent more than eight months in the Romanian orphanages. Both groups were compared with Canadian born middle class children raised within the birth family structure. When the children reached ten years of age, they found that the group that spent more than eight months in an orphanage (late adoptees) had lower IQ's than the children adopted early and the Canadian children of British Columbia families. **This finding is in keeping with the finding that IQ is influenced by the quality of early child development in the first year . . .**

This report by the Institute for Child Health Research is well supported by scientific data from other areas around the world, and we should be considering the importance of intervening early, and intervening effectively and often. If we do not, nothing will change dramatically. There are classic examples of large groups of Indigenous children missing out. They miss out in the first four years of their lives because of dysfunctional lifestyles. No attention is being paid to these children in their first four years, and some of these children are not accessing available early childhood programs, such as the kindergarten and preprimary programs. Even when these Indigenous children enter those programs, they can be well behind their peers in development, and will suffer at school and fall behind.

I have often quoted in this chamber that one dollar invested in the early years saves \$7 later. That is as significant for the ordinary population in Western Australia as it is for the Indigenous population. If we do not spend that money in the early years, we will continue to see the results we are currently seeing. With the estimates committee hearings process coming up soon, I am sure Hon Peter Collier will point out, as he has done in the past, the low rate of achievement in academic levels among Aboriginal children. I will go into that a little later. This survey certainly indicates that children who progress to year 10 benefit enormously if their parents and other carers have reached beyond year 10 in their own education. This survey outlines the very poor quality of education amongst the more than 5 000 families in Western Australia who were surveyed. I highlight again the importance of measuring children's competencies in the intervention process, because unless we assess where children are at, we cannot put in place proper intervention packages.

The Canadian instrument called the EDI—Early Development Index—was brought to Australia some years ago. In fact, in 2003 it was conducted in the north metropolitan region of Western Australia, which was the first time it was trialled in Australia. The index has now been picked up by the Kulunga Research Network and it is discussed in the latest report that came through the mail this week; namely, "Looking Forward, Looking Back: The Journey", which was signed off by Colleen Hayward, the associate professor and manager of the Kulunga Research Network at the Telethon Institute for Child Health Research. Colleen Hayward was the professor in charge of the Kulunga child health research document that I am talking about in my motion today. In one chapter, she refers to the Australian Early Development Index. The Early Development Index, which, again,

Fraser Mustard refers to often, was developed in Canada and involves a detailed questionnaire completed by a teacher of children in their first year of school. We loosely talk about the first year of school, and this was trialled in the preprimary year. I now suggest that it should in the first instance really be put in place in all the kindergarten programs in which Aboriginal children are enrolled so that we can look at where the shortcomings are in their development.

The index measures the five developmental domains: social competence; emotional maturity; language and cognitive skills; physical health and wellbeing; and communication skills and general knowledge. Again, the index reflects the influence of experiences of the crucial first five years of life. Recent research into brain development shows that early experience can have a profound influence on the whole-of-life chances of an individual. I have asked this government on a number of occasions why this will not be extended to more communities. I find it fascinating that the only help that was given to conduct this survey in Western Australia in the areas and regions in which it has taken place was some time allocated to teachers to do the survey. That was a small allocation from the education department; otherwise it was funded by Shell and the federal agency for children's services, the Department of Family and Community Services and Indigenous Affairs. I was sent a letter dated 23 April about Kulunga Research Network's latest report. In the "Looking Forward, Looking Black: The Journey" report Colleen Hayward talks about the Indigenous Australian Early Development Index and about developing an index that is culturally appropriate—that is all good—and about the partners and sponsors. She states —

The I-AEDI is jointly sponsored by FaCSIA and Shell Australia, building on their highly successful partnership in the development of the Australian Early Development Index (AEDI).

If a major report states that early assessment and intervention is important to establish where competencies and capabilities begin and how they can be developed, why will the state government not put some more money into this research? Although Kulunga will oversee and deliver the I-AEDI project, thus ensuring the Aboriginal governance of the project and custodianship of the research results by involving Aboriginal people—which I applaud—it still seems strange that the state government is putting very little funding into a project that stacks up from a scientific point of view. This project identifies what can be done in communities where children are suffering from lack of competencies and social competence, yet we still do little about it.

Moving on from the AEDI, I want to look very quickly at the housing dilemma many Aboriginals face and why the Telethon Institute for Child Health Research felt it was so important to comment on the housing issue in its report "Strengthening the Capacity of Aboriginal Children, Families and Communities". Of course, many of us in this chamber will not have experienced life without a roof over our heads, yet for some Indigenous children it is a regular occurrence to wander from one relative to another and to sleep on an overcrowded floor. The Western Australian Aboriginal Child Health Survey shows that the majority of Indigenous households—71 per cent—are living in rental accommodation, with 16 per cent of households paying off their homes and seven per cent owning them outright. Seven per cent homeownership among this particular group of Western Australian Aboriginals is a dire reflection on the help we have given Aboriginal communities. More than 15 per cent of dwellings are classified as having high occupancy. Overcrowded housing situations are without doubt one of the most serious problems facing society and often result in violent confrontations amongst the occupants and with their neighbours, especially when alcohol or drugs are involved. Within the report's summary of recommendations, particularly action 17, there is a suggestion that we need to continue and extend the implementation of public housing policies that seek to increase the proportion of Indigenous people who own their own home. That is important. However, almost weekly in our newspapers we see pictures and evidence of Aboriginal children being neglected and brought up in extreme conditions. They are living in very poor quality housing and often sleeping on the streets beside drunken mothers on mattresses. The report has asked that the government monitor and report the proportion of Indigenous people who own or are purchasing their own home. As I said, the report cited the fact that only seven per cent of Aboriginal people own their own home. Our public housing stock has decreased over the past 10 years, and more than one-quarter of the available stock is classified as being in poor condition. With current housing prices there is an urgent need to provide increased and improved public rental accommodation and greater opportunities for Indigenous families to purchase their own homes.

In researching this motion I came across a project called Habitat for Humanity Australia. I plead with the government to explore every opportunity to improve the rate of homeownership in Aboriginal communities, and I cannot think of a better way than by getting Aboriginals to help build their homes, which is the basis of Habitat for Humanity. Habitat for Humanity operates right around the world for low-income families; indeed, in some states of Australia it has provided low-income communities with an opportunity to escape the rent trap by building their own homes in partnership with Habitat for Humanity. It goes without saying that unless little children have somewhere to sleep, to rest and to get a proper good night's sleep, their learning abilities at school will suffer enormously. My colleague Hon Peter Collier has just handed me the very latest statistics on

Aboriginal literacy and numeracy rates. These are the results of the tests conducted in government schools. Clearly, it is a very sad reflection of the abilities of Aboriginal children in the areas of literacy and numeracy. As colleagues in the chamber will know, the Western Australian literacy and numeracy assessment was established to assess children's numeracy and literacy levels and is given to children in years 3, 5, 7 and 9. In 2007 only 40 per cent of Aboriginal children in year 7 had reached an acceptable reading standard for children in their age group, 50 per cent had reached the writing benchmark and 42 per cent had reached the numeracy benchmark. Those are truly damning and shocking indicators that Aboriginal children are not achieving what they should be achieving.

I plead with the government to look at some of the practical recommendations in this report. One of the practical recommendations is to make Aboriginal housing more affordable. That is a basic requirement. If people cannot house their newborn babies and keep them fed, warm, dirt free and disease free, how can they ever hope to be able to match their peers, who may well be functioning Aboriginal or European families living in the same town or suburb? We cannot expect anyone to do that. A person who has a big night out or a busy weekend cannot function on Sunday as well as that person might after a good, rested weekend. Adults cannot keep going without sleep and rest and time out from work, yet these little children are living in enormously stressful conditions. Is it any wonder that these results of the WALNA tests are unacceptably inappropriate? I am talking particularly about Aboriginal children. Housing goes to the very heart of this problem.

I now move to employment. Much has been said about getting Aboriginals involved in employment projects, instead of just living from one week to the next on handouts from the government. Of the 19 500 people who were surveyed, 63 per cent, or 12 320, were in the labour force, and, of those, 76 per cent, or 9 310, were currently employed, with 55.6 per cent working for an employer and 28 per cent employed under community development employment projects, which operate mainly in rural and remote communities. We may say that it is okay that 76 per cent of the labour force is employed, but it would be a disgrace if we were to say that it is okay that there is a 24 per cent unemployment rate in the normal community. The areas around Kwinana and Rockingham that I represent have one of the highest levels of unemployment, particularly for 15 to 24-year-olds. It was edging up to 14 or 15 per cent, and that was considered to be a major concern. The Town of Kwinana has done a very good job of mapping the competencies of its community and presenting to the government its needs in this area. I have worked very closely with it on this issue. With a serious lack of workers in the current booming economy, the time has never been better to train and bring more Indigenous and Torres Strait Islander workers into the workforce. That will happen only if we expand and offer, in the first instance, better programs in the early years and make sure that Aboriginal children attend school, can read and write when they leave the school system, and can enter into an education program that may lead to tertiary education.

As I said in my comments on 2 April, I had just finished reading a book called *The Audacity of Hope* by Barack Obama, which maps the education outcomes of black Americans. They have worked very hard. There are still many very poor black Americans, but they have managed to produce black American lawyers, doctors and scientists through a number of proactive programs. Barack Obama is a brilliant lawyer.

The report also refers to financial strain. It states that 44 per cent of the people surveyed reported that their family had just enough money to get through to the next payday, with only five per cent indicating that they could save anything. Practical measures to quarantine income for essentials such as food, clothing and shelter must be introduced for families affected by substance abuse and gambling. Reporting a failure to provide essential family needs must be made mandatory. Unless there is firm intervention, I cannot see how the children in Aboriginal communities who are suffering will be saved.

With increased employment opportunities and household incomes comes the opportunity for us to overcome financial strain and to save. Some European countries have devised the most interesting forms of saving. In my research I found that one form of saving used in Germany is to match dollar for dollar the savings of Indigenous families to enable them to accumulate savings. Sometimes we have to be proactive. I guess we could call it affirmative action. The government might wish to consider that sort of saving scheme for low socioeconomic families in Western Australia, not necessarily just Indigenous families.

The report also refers at length to alcohol and drug abuse. Professor Steve Zubrick from the Telethon Institute for Child Health Research reported in *The Australian* of 2 November 2006 that 40 per cent have direct problems with alcohol or drug abuse, with the rate climbing to 60 per cent in extremely remote communities. This report was written in 2006. There is no evidence that I can see that that figure will come down, because we are seeing more and more evidence of the destruction and devastation of these remote Aboriginal communities from alcohol and illicit drugs. Alcohol and the use and abuse of illicit drugs lead to violence and crime, and often culminates in homicide, incarceration and suicide. Therefore, the initiatives proposed by Aboriginal women to ban high-alcohol beer in some remote communities must be supported and at least tried. It is the only way to manage the problem on site without separating the drinkers from their families. Time and again this report talks about working with the Aboriginal communities, particularly with the women, who, in the main, are the carers of

the children in the communities. If there are no practical solutions on the ground, maybe we need to look at commissioning some major research from some of our universities on the management of alcohol and substance abuse in Indigenous communities. It is always very good to have sound research on which to base good programs.

I mentioned earlier the issue of stressors in children's lives, and how this report discussed life stress events. Fiona Stanley has often talked about life stress events for some Aboriginal families. The Western Australian Aboriginal Child Health Survey asked primary carers if any of 14 major life stress events had occurred in their families in the previous 12 months. These included events such as illness, hospitalisation or death of a close family member, family break-up, arrests, job loss or financial difficulties. We know that one or two life stress events can occur at any time in any families as a result of multiple factors, but the survey found that 39 per cent of the children surveyed had experienced seven or more stressful events in their lifetimes, and that these children were five and a half times more likely to be at risk of developing behavioural or mental health problems. We need only look at the factors within a child's first five or eight years of life to know that behavioural or mental health problems grow out of immense stress and strain. Family violence can be one of the stress factors. Domestic violence is known to impact on children. I spoke earlier about crowded housing and the stressors connected with overcrowding in communities where there is not adequate housing. Children in those communities will be much more stressed. We know that the major stressors are death and divorce, and buying a new house can also be considered a major stress for some people. However, these children are suffering seven to nine stressful events in their early years, making them five and a half times more likely to develop behavioural and mental health problems. This creates enormous problems for them at school. If they are tired, stressed, hungry or abused, how do we expect them to succeed in the school system? We need to address the effects of stress associated with cultural affiliation and participation.

A concerted and integrated approach by all levels of government needs to be developed to build and maintain safe communities with a focus on providing such things as adequately funded, long-term consistent planning and leadership at government levels. This must extend beyond elections. After my work to establish a dedicated children's commissioner in Western Australia, I am pleased to note that the commissioner will be focusing on the plight of Aboriginal children. However, at this time I have seen no public announcements from the Commissioner for Children and Young People. I hope that some work is being done, and I hope something will be said publicly soon about the work she is planning to do with Aboriginal children and communities.

Hon Sue Ellery: I think she is actually visiting Aboriginal communities right now, or planning to.

Hon BARBARA SCOTT: She said she intended to do so; I know that was the plan. We need that sort of independent leadership of consistent planning and bringing together the agencies that need to work together. It is not satisfactory for the government to answer questions asked by, for example, Hon Shelley Archer, about this health survey—I have the answers here and I will consider them further later—and say that it is doing this or that. We need to do something immediately, and the first thing that I suggest we should do is look at the very basics of housing and education to relieve stress on those small children. Funding needs to be established for community patrols, with secure holding premises for perpetrators of violence and drug abuse. The evidence of child abuse in this state is appalling. We need to look at providing secure and safe houses for women and children.

I have here the article from *The Australian* that I referred to earlier, in which Professor Steve Zubrick spoke about Aboriginal stress and what it does to children. It states —

LEVELS of extreme stress are four times higher in Aboriginal families compared with other households as they struggle against compounding lifestyle problems . . .

I have cited some of those stresses. It is an indictment on the governance in this state that levels of stress are four times higher in Aboriginal families than in the wider community. I will also refer to a report published in *The Weekend Australian* in February this year, written by a young woman doctor, Lara Wieland, who has been working in Cape York communities. This report does not refer to Western Australia, but it calls for breaking of the cycle of dysfunction. If we do not act now, she says, we will lose another entire Aboriginal generation. I will quote from this newspaper article to confirm that the findings of the Institute for Child Health Research report are relevant. It states —

IN the eight short years since I started living and working in Cape York communities, I have witnessed a rapid and tragic decline in the environment that children live in.

The older generation, the last few threads holding the social fabric together, is disappearing. The few who survive have become powerless, bewildered and despairing, living at the mercy of their dysfunctional families who harass them for money and steal their food.

Members of a generation who were raised by people under the control of substance abuse and welfare dependence are now becoming parents themselves. Many of these young parents have known nothing other than violence, mostly towards women, neglect of children, and an almost complete lack of understanding of the wider world.

The older generation with the strong morals, parenting skills and courage remember Christmas as a time when functional, self-sufficient families gathered after church to share good food, laughter and traditional dances. All today's kids can remember from last Christmas is fighting and drunkenness and the interviews they had to give police when their little friends were raped.

Worst of all, we are increasingly being left with a population that does not even understand the gravity of its situation. As Noel Pearson says, the dysfunction has become "normalised".

Dr Lara Wieland goes on to say —

I have been frustrated to the point of pain at times over the unwillingness in these communities to face the problems and a tendency to smack down those who try. I could not fathom the possibility that so many people in a community would "not care" about their children. The dysfunction has become so deep that many people do not even realise the damage that is being done to their young people.

They hardly bat an eyelid at events that would make your stomach churn. A young mother in a drunken state beats her young child with a stick and screams that she is going to kill him. The next day, that same mother, sober, hugs her child and does not even think about the lasting emotional scars. Why would she when her mother did the same to her, and her neighbours do the same, and no one has ever told her that it is wrong?

Children who have had sexually transmitted diseases and have been raped and molested are now parents. No one ever helped them or told them that what happened to them was wrong or not normal. Today's teenage parents grew up in homes with hardly any furniture or toilet paper or soap or toothpaste.

They don't know what it means to make your child wash with soap in the shower or brush their teeth at night. They eat meals that materialise — if they're lucky — occasionally around pay day.

On the days between, they are supplemented by occasional chips and Coke and stale bread, tea, sugar and Sunshine powdered milk. Pots, pans and cutlery that aren't stolen become weapons.

This is a very sad indictment of a dysfunctional community. That report came out in February of this year. It is not an old report. It should be a trigger or a red light to indicate that this situation requires intervention and action now, not later. Yesterday it was revealed in answer to a question from Hon Robyn McSweeney that from January to May 2008 there were 66 children suffering from sexually transmitted infections. Eighty per cent of those children were Aboriginal. Many of them were not from remote communities. People tend to throw up their hands and say that they cannot do anything about remote communities. Eighteen of them were from my own electorate, the South Metropolitan Region. Why is it that very young children, as young as 13 and 14, are having consensual sex and developing STIs? There needs to be some work done in those communities, whether they are on the fringes of our electorates or remote communities. It is an indictment of the government's inability to intervene in those communities. A classic example of the sort of intervention that can be successful is the project set up by Fiona Stanley in Kalgoorlie. I have talked about this before. When I heard those revealing statistics in Parliament yesterday afternoon and again on the radio this morning, I was reminded that we need to work with Aboriginal community workers. In Kalgoorlie, Aboriginal mothers are being trained to carry out practical interventions within the communities. They are being trained to go out and talk to girls of 10, 11 and 12 years of age about the importance of protecting themselves and not engaging in dangerous sexual practices because of the risk of developing STIs or, more importantly, becoming pregnant and having babies at a very young age and not being able to look after them. These are trained mothers who work in a program that is always struggling for funding from the Department of Health in Kalgoorlie. They also help young mothers to develop an understanding of good nutrition, about breastfeeding their babies, and about the importance of vaccinations and those sorts of things.

The "Western Australian Aboriginal Child Health Survey" detailed to some extent the high incidence of premature births and low birth weights amongst the Aboriginal population. Premature births occur for 13 per cent of the Aboriginal population, compared with eight per cent of the general population. Average birth weights are 3 170 grams. Eleven per cent of Aboriginal children registered a low birth weight compared with seven per cent for the general population. That is a big discrepancy. We know about this and we need to do something about it. Premature birth and poor intrauterine growth are two causes of low birth weights. Around 21 per cent of Aboriginal infants were affected compared with 13 per cent of the general population. Early pregnancy poses a significant risk to infants. An estimated 11 per cent of Aboriginal infants were born to mothers aged 17 years or

younger, compared with two per cent for the general population. The growth of very young mothers is interrupted by pregnancy. It is likely that 26 per cent of mothers under the age of 16 will not care for their babies; the babies are left to be raised by somebody else, which does all sorts of things to the emotional and mental development of young children.

The mothers of 46 per cent of Aboriginal children reported smoking during pregnancy, compared with 22 per cent of the general population. Mothers of 23 per cent of Aboriginal infants had consumed alcohol during pregnancy, while mothers of nine per cent of Aboriginal babies reported using marijuana during pregnancy. The figure for marijuana use varied between 11 per cent in Perth to two per cent in extremely isolated areas. These factors contributed significantly to a lower average birth weight for Aboriginal children of 3 110 grams compared with the normal birth weight of 3 310 grams. Birth weights for children of multiple substance users were between 3 209 to 4 000 grams. Levels of substance use decreased with increased education. As I said earlier when talking about education, if we can get Indigenous children to succeed at school through to year 10 and get them into tertiary education, the outcomes and competencies for them will substantially increase.

The report also revealed that 34 per cent of all Aboriginal children were breastfed for more than 12 months. That is a significantly higher proportion than the 20 per cent recorded in the 1993 "Western Australian Aboriginal Child Health Survey". The prevalence of breastfeeding increased with the level of isolation, ranging from 27 per cent in Perth to 49 per cent in isolated areas. This trend could offer a positive basis for health promotion programs in the post-natal period. Under the heading "Nutrition", the report deals with the importance of consuming water and states that a high proportion of Aboriginal children—that is, 93 per cent—regularly drank unflavoured and unsweetened milk. There are a lot of issues about nutrition, recurring infections, ear infections, gastroenteritis, speech difficulties, disabilities, vision and whatever. There is a high incidence of dental caries because of the high sugar diet that is often followed.

In summary, I will bring the chamber back to some comments that Fiona Stanley made at the Oxfam launch some weeks ago. In a way, sometimes only Fiona Stanley can get the message through, and thank goodness we have such a leader in this area for Western Australian Aboriginal children. She talked about what we could do to "Close the Gap". I think the emphasis is really on infant and maternal health—healthy babies, bright futures. She pleaded with agencies to close the gap between the outcomes in Aboriginal communities and the outcomes in other communities. She said that the gap in infant and maternal health is that Aboriginal women tend to be younger when they give birth and have more children than non-Aboriginal women. Rates of complication such as anaemia, urinary tract infections and diabetes during pregnancy tend to be higher among Aboriginal women. Fiona Stanley sends a very clear and very simple message. She said that good infant and maternal health results in healthy babies and bright futures. We need to address those areas. That is just one of the things she talked about in closing the gap. However, underlying most of what I have said is that if we aim to have healthy mothers and healthy babies, we will have achieved a great deal in closing the gap between Aboriginal communities and other communities in this state.

For the benefit of the chamber, I will revisit the recommendations in the report, which I hope is not just gathering dust. It is a very big report, strengthening the capacity of Aboriginal families and communities to reduce their disadvantage. We talked earlier about consulting and including Aboriginal people in the leadership, direction, development, implementation and accountability of strategies to improve Indigenous outcomes; adjusting the program content and delivery to take proper account of the capability profile of the Aboriginal population; developing programs and funding that reflect the Aboriginal population distribution in Western Australia; adjusting programs for the regional and cultural diversity of the Aboriginal population; and testing strategy and program content for its capacity to improve the developmental opportunities to build the capabilities of children and families.

If I could challenge the Western Australian Commissioner for Children and Young People to do one thing, it would be to urge the government to look closely at the gap that prevails between Aboriginal and other communities in Western Australia to improve the human developmental opportunities for Aboriginal children and communities. I would challenge her to make that a priority, as she said she would do, and to follow the actions that are listed in the report in the summary of recommended actions. Through this motion, I issue a challenge to the government. My motion states that the government should take seriously the child health survey and prioritise what it will do. It should not be a haphazard, knee-jerk reaction to something that we might say in this chamber or that somebody else might say. Let us do this in a studied and proper way so that the interventions will show results later. In the first instance, we need to reorient existing Indigenous health, education, family and community development policy frameworks and strategies to improve the human development opportunities for Aboriginal people.

I remind the chamber again that this survey that was undertaken by the researchers at the Telethon Institute for Child Health Research analysed data from more than 5 000 children in 2 000 families across Western Australia. That is not a small sample. Another thing of which I remind the government in my closing remarks is that there

are just 1 800 Aboriginal babies born in Western Australia each year. That makes targeted head-start programs to help them onto a strong path for life a very practical and viable investment. I urge the government to take notice of the report and to prioritise the recommended actions so that we will be able to see the impacts of those actions sooner rather than later.

HON SUE ELLERY (South Metropolitan — Minister for Child Protection) [3.06 pm]: I thank the honourable member for moving this motion, because this is an important piece of work for the house to talk about. I also want to flag, however, that I intend to move an amendment to the motion because, although I am certainly happy to talk about the content of the document that has been referred to, I believe the motion as it stands does not reflect the government's role in contributing to the research and the response to the document since its launch. Indeed, the government contributed \$1 million to fund this document, and since then has used the report to inform development and delivery of programs targeted at Aboriginal children, families and communities. We are taking an across-agency approach to programs targeted at Aboriginal children, families and communities, and we are coordinating program delivery with other stakeholders, including non-government organisations, to build and strengthen the capacity of Aboriginal communities.

Debate might well occur about whether we are doing those things quickly enough to meet certain criteria, and debate might occur about how quickly the results are being seen. There is no doubt that the area of Indigenous affairs in this country is a complex one with a long history, and that governments of all persuasions have struggled to get the policy frameworks and, more importantly, the outcomes right. There is no question about that, and I think that anyone who was to take issue with that and suggest that it was the fault of one side or the other of politics in this country would either be a bit naive or not have a true sense of the history of how all governments have struggled with this issue. Although we might debate, and I will cop a debate about, the extent to which people agree that we have completely and fully implemented all the things that are set out in the motion, it is just not accurate to suggest that we did not play a part in contributing to the commissioning of the work, because we contributed \$1 million towards it. It is just not accurate to suggest that we have not acted on the three key points identified in Hon Barbara Scott's motion as the three key systemic propositions of the child health survey. I will indeed detail how the government is acting on these key points. I hope that there will be support for my amendment, which details the government's contribution to the research and notes the way in which the core systemic issues of the report have been acted upon by the government.

I was interested to hear Dr Fiona Stanley on the ABC radio breakfast show on 9 April. Members who, like me, listen to Eoin Cameron will know that he has started running profile pieces on prominent Western Australians on Wednesday mornings, and he interviewed Dr Fiona Stanley a few weeks ago. During that piece, Eoin Cameron asked Fiona Stanley whether the situation for Aboriginal kids had improved much. Dr Stanley made the point that in some instances there have been improvements but that we certainly have a long way to go. Indeed, it is certainly the case that some of the key indicators, such as health statistics, are unacceptably higher for Aboriginal kids than for non-Aboriginal kids. However, she acknowledged that there have been improvements, which is important, given her standing. That particularly related to the report.

Interestingly, Eoin Cameron suggested that the Prime Minister's relatively recent announcements about the Australian government striving to create a much higher life expectancy for Aboriginal people were far-fetched and set an unreasonable target. Dr Stanley took the complete counter view and said such a target was absolutely feasible and that it was appalling that we had not set that target in the past. Her enthusiasm never ceases to inspire me, and I think that we are at a very interesting point in how governments respond to these issues.

I return to the heart of the motion. The first part of Hon Barbara Scott's motion urges the state government to take seriously volume 4 of the Western Australian Aboriginal Child Health Survey, "Strengthening the Capacity of Aboriginal Children, Families and Communities".

Amendment to Motion

Hon SUE ELLERY: I will now formally move the amendment that has been circulated in my name. Members will note that the first part of the motion calls on the government to take seriously the report. I seek to amend the motion to note the state government's \$1 million contribution to fund the report. The amendment then seeks to insert words for the house to note —

- (2) That the Carpenter government is using the report to inform development and delivery of the government programs targeted at Aboriginal children, families and communities.
- (3) That the Carpenter government is taking an across-agency approach to programs targeted at Aboriginal children, families and communities
- (4) That the Carpenter government is coordinating program delivery with other stakeholders, including non-government organisations, to build and strengthen capacity of Aboriginal communities.

This government is committed to strengthening the capacity of Aboriginal children, families and communities. This government's \$1 million contribution to fund the report demonstrates how seriously the government takes this work. The government supported volume 4 and, indeed, other volumes of the Western Australian Aboriginal Child Health Survey by providing both human and financial resources, including the \$1 million I previously mentioned. This government is serious about working with communities to address Indigenous disadvantage and welcomes the report. I represented the Minister for Health at the launch of the report, and Hon David Templeman, the then Minister for Community Development, also attended. In fact, those two agencies—the Department of Health and the Department for Community Development—provided the \$1 million. Following the report's launch, my predecessor, Hon David Templeman, forwarded the report to Prudence Ford, who was undertaking the review of the Department for Community Development, and asked her to take the findings of that report into account. Consequently, the Ford report included recommendations made directly as a result of the work published in the volume 4 report.

Hon Barbara Scott's motion refers to the need to use the report to inform the development and delivery of programs targeted at Aboriginal children. In fact, as soon as volume 4 was released, the government's first response was to refer it to Prudence Ford, and recommendations resulting from that were included in the Ford report. All the recommendations about setting up an Aboriginal reference group to ensure that the policies of the new Department for Child Protection are appropriate for Indigenous families, who make up about 41 per cent of the department's clients, are a direct result of the work that we are talking about today.

The government accepted all the Ford report recommendations except for one. I am pleased that that Aboriginal reference group has been set up and has had its first meeting. The reference group comprises a very impressive group of Aboriginal people who practise in areas that are significant to the portfolio of child protection, and it directly oversees the policies of the Department for Child Protection and provides advice on how the work of the department can be improved so that we get better outcomes for Indigenous children. I will talk about other ways, in other portfolio areas, that we have used—in fact, used from day one—volume 4 to inform the development and delivery of government programs.

I have previously indicated that much of the report is about systemic reform, including building capacity and shifting outcomes. The hard part of the systemic reform was started before the volume 4 report was released. However, the government used volume 4 to influence subsequent reforms. In my area, systemic reform included a review of the Department for Community Development and a functional review of the Department of Indigenous Affairs. Separating child protection work from the communities portfolio resulted in a better focus and investment in building the capacity of families with children who might be at risk. Of course, too many Indigenous families fall into the at-risk category. The Ford recommendation to review the early years strategy and to implement it with a broader vision has been picked up, and that review has been carried out by the Department for Communities. Interestingly, this work is happening because of the work on the early childhood agenda that is being done by the Council of Australian Governments. I am sure that volume 4 influenced the federal government's approach to early childhood matters. Indeed, the January 2008 announcement by Dr Fiona Stanley and Julia Gillard about the rollout of the Aboriginal form of the Australian Early Development Index in every primary school across Australia was no doubt influenced by the recommendations of volume 4.

Hon Barbara Scott interjected.

Hon SUE ELLERY: Yes. I do not take issue with who is funding it, but the proposition before us is whether the government has used volume 4 to inform its work. I am pleased with the federal government's January announcement that it will roll that out in every primary school.

The recommendations about taking an interagency, across-government approach have also been taken up, and I will give two examples. Firstly, there was the establishment of the cabinet standing committee on Indigenous affairs, chaired by the Minister for Indigenous Affairs, of which I am a member. Secondly, there was the establishment of the directors general group that reports to that cabinet standing committee. The establishment of those two groups ensures that the left hand knows what the right hand is doing and that all the relevant agencies are talking to each other. A child safety directors group has been established within the Department for Child Protection as a result of one of the Ford recommendations, which was influenced in part by volume 4. That group is a very important tool in improving the delivery of child protection in Western Australia because it requires that each of the relevant agencies—I think there are about 11—appoint somebody at a very senior level who reports directly to his or her director general and participates in forums that are chaired by the Director General for Child Protection, and to ensure coordination across the agencies in child protection matters. The particular focus of its work, of course, is Indigenous child protection matters.

Hon Robyn McSweeney: How often does it meet?

Hon SUE ELLERY: It has been meeting, I think monthly, since about August or September last year—I will check that. I certainly regularly receive reports on the important work that it is doing. That is an example of how

the systemic recommendations in volume 4 have influenced, are influencing and will continue to influence the development and delivery of programs.

Hon Barbara Scott: With all those meetings, did they result in any action?

Hon SUE ELLERY: Honourable member, with one exception when I interjected, which the member accepted, I listened to the member's extensive comments politely and did not interrupt; I think that is a courtesy that should be returned.

There has been investment in Aboriginal families in the Kimberley. For example, money has been invested in programs for housing—such as the Halls Creek hostel—and child abuse interventions, and we are working with local Indigenous leaders. The focus of that work is shared responsibility and leadership, which was one of the important themes of volume 4. Volume 4 promotes partnership and serious engagement. It is about not imposing top-down solutions or coming up with grand solutions and then seeking to impose them on Aboriginal communities.

Another example of how the state government will proceed is the welfare reform trials with the commonwealth, whereby we are hopeful of seeing some real difference. Recent changes have been made to the legislation to allow sharing of information so that the state government can work with the commonwealth to quarantine welfare payments on a trigger initiated by a referral from the Department for Child Protection when it has reason to believe that welfare payments are not being spent on protecting children. The state government wants to do that by rolling it out in areas where parental support programs are in place, so that such quarantining is not happening in isolation and so that we can help those parents improve their skills and get on with the job of parenting properly, which is what parents, not governments, should be doing. That is another example of a cross-agency shared response.

I will return to the other elements of the motion before the house —

Point of Order

Hon BARBARA SCOTT: Are we discussing the motion or the amendment?

The PRESIDENT: The minister has outlined the fact that she is proposing to move an amendment and no doubt the minister will move the amendment in due course by reading it out. However, she is explaining why she is going to move the amendment and at the same time is touching on the motion. The minister's comments are perfectly in order.

Debate Resumed

Hon SUE ELLERY: I thought I had moved my amendment. If I have not, I will do so. I was certainly speaking to both. I move —

- (1) To insert after "house" —
notes
- (2) To delete "urges the state government . . . to take seriously" and insert instead after (1) —
That the state government contributed \$1 million to fund
- (3) To delete paragraphs (2), (3) and (4) and insert instead —
 - (2) That the Carpenter government is using the report to inform development and delivery of programs targeted at Aboriginal children, families and communities.
 - (3) That the Carpenter government is taking an across agency approach to programs targeted at Aboriginal children, families and communities.
 - (4) That the Carpenter Government is coordinating program delivery with other stakeholders, including non-government organisations, to build and strengthen capacity of Aboriginal communities.

I return to the motion. Paragraph (2) of the motion relates to time frames for the implementation of the recommended actions in the child health survey. The state government is committed to action that addresses the needs of one of the most vulnerable and disadvantaged groups in Western Australia. The directors general group on Indigenous affairs, which I have spoken about, is responsible for directing and coordinating actions across government. Following the Ford review, the Department for Child Protection has a renewed focus on the needs of Indigenous children, which are a high priority. The Department for Child Protection's strategic plan has a range of strategies to improve the lot of Aboriginal and Torres Strait Islander people.

The Ford report, Fiona Stanley and, to my recollection, volume 4 have all stated that child protection is a whole-of-government responsibility. Indigenous families were a focus of the review of the Department for Community Development. The targets resulting from that review include the better integration of Indigenous issues with the Department for Child Protection's operations; improvement in recruiting, training and number generally of Aboriginal foster carers; and the strengthening of Aboriginal engagement and coordination within the department so that Aboriginal people's advice is much stronger and is taken into account. I have already spoken about the establishment of an Aboriginal reference group. Another target is that the Department for Child Protection work closely with the Secretariat of National Aboriginal and Islander Child Care on minimum standards for care and protection, and also work closely with the Northern Territory and Queensland, which have demographically similar Indigenous populations. Those are some of the targets that have already been set.

Part of the motion relates to an interagency approach, and I touched a bit on that when I spoke about the cabinet standing committee on Indigenous Affairs, the Western Australian directors general group and the bilateral agreement on Indigenous affairs, which the respective state and commonwealth governments signed in 2006.

The work that is currently going on through the Council of Australian Governments is another example, as well as through the working groups on Indigenous affairs and human capital, of the intergovernmental approach to this issue. Official senior groups have been formed that report to their respective Premiers and the Prime Minister. Overcoming Indigenous disadvantage indicators is also an important part of the work of the working groups. The Department of Health is an example of an organisation in which interagency initiatives are being carried out in the area of Indigenous affairs.

The Office of Aboriginal Health has initiated a partnership involving the Telethon Institute for Child Health Research, the Child and Adolescent Health Service, and the clinical leads of the WA Child and Youth Health Network and the Women's and Newborns' Network. The purpose of that partnership is to identify those key health-related issues arising from volume 4 and to address work in conjunction with all the relevant state and Australian Government agencies to address the underlying determinants that impact on health.

The last part of the motion before us sets out to ensure that programs build capability in families and communities with Aboriginal and Torres Strait Islander children. An important part of that work is done via partnerships, and I have touched on that already. One example is the Western Australian Aboriginal Justice Agreement, a partnership between government and Aboriginal communities to work together at local level, regional level and state level to improve justice outcomes for Aboriginal people.

The last state budget had a commitment in excess of \$400 million over four years to boost affordable housing programs across WA, as well as the commitment of \$35.3 million over four years to improve housing quality, including maintenance and repairs in Aboriginal town-based communities. There are a range of measures that are in place to continue to deliver on the important recommendations out of volume 4 of the report. This matter is always going to be debatable, and Fiona Stanley made that point herself in the radio conversation I referred to at the beginning of my remarks. We can do better and we can do more, but it would be misleading to suggest that the government has not taken volume 4 seriously—in fact we contributed \$1 million to fund it. To suggest that we are not adopting its key systemic recommendations about across-agency activities, about partnership between government agencies and between non-government organisations is not accurate. It is not accurate to suggest that that is not the approach that has been taken by this government.

This is a difficult and complex area to manage. Every Australian government has struggled with how we achieve it, but we are making significant steps forward. I look forward to the work in relation to volume 4 in continuing to inform and influence the way that the Carpenter government delivers in the area of Indigenous affairs and particularly in respect of better outcomes for Indigenous children.

With those remarks, Mr President, I commend the amendment to the house.

The PRESIDENT: Before I give the call to Hon Barbara Scott, who I think proposes to talk on the amendment, I should point out that the amendment moved by Hon Sue Ellery is in three parts and I propose to put the question in three parts before the vote is taken.

HON BARBARA SCOTT (South Metropolitan) [3.34 pm]: I find the suggestion of amending this motion quite alarming from a government that has had notice of this motion since 3 April 2007, when I put it on the notice paper. If it was so important to the government, it could have brought on an urgency motion to indicate this government is doing all these things, or it could have progressed the business of this house to make some sort of statement in that regard.

The minister is saying that this government spent \$1 million funding this book, which I have looked at closely—that is the reason I have moved the motion. Here is an expensive report. Is it gathering dust? My copy could have gathered dust in my office upstairs. I am not satisfied that the government is putting in the amount of money that

is needed. There is a huge gap. The government has put an amendment on the notice paper that would alter the sense of my motion totally.

Hon Sue Ellery: That is what amendments do.

Hon BARBARA SCOTT: Yes, but it is almost opposing it and saying that the government wants us just to note it. We urge the government to prioritise the 23 recommendations in this report, which cost the government \$1 million I have just been told, plus other funding related to it. The urgency in my bringing this motion to the house is that there is still a huge gap in the development, the capacity and the competencies of many Aboriginal children in this state when compared with other children. I cannot speak highly enough of the work that has been done by the Institute for Child Health Research, headed by Fiona Stanley, to urge the government to take this matter seriously, and now the minister just wants us to note the report. I totally oppose this amendment.

The minister now wants to amend paragraphs (2), (3) and (4) of my motion. I have indicated I want to set some real and achievable time frames for this matter to be progressed. The minister has stood up in response and said, “We have got an interdepartmental committee meeting.” I asked her, by way of interjection, whether we could see some results—that is, what has it achieved; what has it recommended; and have there been any marked changes? We want the government to set some realistic and achievable timeframes, and, instead, the Carpenter government is using the report to inform us about the development of the delivery of programs. The government is obviously embarrassed by the fact that this motion has been brought back on. The government has not been sufficiently concerned in the year since 3 April 2007 to raise this issue in this house or to raise it in the public arena saying that it has spent \$1 million on a report and is determined to make some changes for Aboriginal children.

Hon Sue Ellery: We did talk about that at the time the report was released.

Hon BARBARA SCOTT: But that is almost two years ago—2006.

The minister’s proposed amendment aims to delete the part of my motion that reads —

- (3) establish an inter-government agency approach to prioritising the recommended actions . . .

And replace it with —

- (3) that the Carpenter government is taking an across agency approach to programs targeted . . .

A year after the motion has been put on the books, the government is indicating that it is doing something.

Paragraph (3) of the amendment proposes to delete paragraphs (2), (3) and (4) of my motion. The proposed amendment to paragraph (4) reads —

that the Carpenter government is coordinating program delivery with other stakeholders, including non-government organisations, to build and strengthen capacity of Aboriginal communities.

It is not good enough for the minister to come back and say the government is doing something when evidence continues to come out in the community of Western Australia indicating there is a huge gap on every domain that is able to be measured. The government may be coordinating some program delivery, but where are the results? In the time the government takes to put things in place, what is it doing to analyse that? What is it doing to measure the outcomes? When will we see the results of this work? Therefore, I think it is a cop-out by the government to say in this place, “We have made a great commitment; we have spent \$1 million on a report.” I think I have already indicated that this report was produced in 2006. Well and good; that is a contribution to the report. My motion refers to this survey and asks the government to make it a priority.

Hon Sue Ellery: I’ve just outlined how we have done that and you didn’t like what I said, so you’re pretending that I didn’t say it.

Hon BARBARA SCOTT: I heard everything that the Minister for Child Protection said because I listened. It is an area of great concern and passion to me—the deficit of the development of Aboriginal children in their capacities and their competencies is an indictment on any government in Western Australia. I challenge this government again to note that my motion went on to the notice paper on 3 April 2007. The government is in charge of the program in this house. If the minister considered this to be so seriously important, maybe she could have brought it on for debate earlier!

Hon Sue Ellery: Actually I was getting on with doing the things that I’ve just outlined!

Hon BARBARA SCOTT: The minister could have said what the government is doing to combat what I have raised as an issue.

Hon Sue Ellery: I’ve been doing it!

Hon BARBARA SCOTT: I have not heard it and the minister has not done it in a manner that says the opposition does not know what it is talking about by putting this motion on the books.

Hon Sue Ellery: I didn't say that either.

Hon BARBARA SCOTT: I did not say the minister said that. Listen! I said that maybe the minister could have rebutted the opposition's call for the government to act urgently and with priority by not waiting for a year after the motion has been put on the books and then saying, "Oh, but we spent a million dollars on this book, and now we've got a committee that's meeting every month." What did we hear in the Parliament yesterday? Eighteen 14-year-olds in my electorate have developed sexually transmitted diseases. The doctor that I referred to in the Cape tells us that if we do not act quickly, the time will be beyond us to save the Aboriginal children of this state. The minister has wished not to respond in a proper way to the motion, as ministers normally do, but to try to amend the motion in the words that she has suggested, which do not even make sense. Paragraph (2) of the minister's amendment states —

To delete "urges the state government . . . to take seriously" and insert instead after (1) —

That the state government contributed \$1 million to fund

The minister may well laugh; I do not think it is very funny that the minister says in opposition to my request urging the government to take this seriously —

Hon Ljiljanna Ravlich: She is amending your motion, which she is quite entitled to do. You don't have to —

Hon BARBARA SCOTT: I do not deny the fact that the minister has every right to amend my motion —

Hon Ljiljanna Ravlich: I didn't see you talk about these issues when your people were in office.

Hon BARBARA SCOTT: I point out that it is an absolute nonsense to amend a motion that urges the state government to take the report seriously and in response to include that the state government contributed \$1 million to this book. We know that. I want to know what the government has done about these recommendations. I do not deny that the state government spent \$1 million contributing to this work of the Telethon Institute for Child Health Research. I want to know that the state government will be urged to take those recommendations seriously; I do not think that is an unrealistic request to make of the state government.

Paragraph (3) of the minister's amendment moves to delete the following parts of my motion —

- (2) set some realistic and achievable time frames . . .
- (3) establish an inter-government agency . . . ; and
- (4) ensure programs build capability in families and communities . . .

The minister's amendment will replace paragraph (4) with a paragraph that states that the Carpenter government is coordinating program delivery with stakeholders. All I can say is that is a pathetic response for a government that is embarrassed by the gap that is clearly evident every day in this community and every day for our Aboriginal children in this state. I oppose the amendment, and I think it is a very poor response from a minister who cannot stand in this place and say that the government has sent 15 extra child health nurses to Kalgoorlie or wherever or that it can help these children and families. That is what I want to hear. I have not heard it; therefore, I oppose the amendment.

HON GIZ WATSON (North Metropolitan) [3.44 pm]: I want to say a few words about the Western Australian Aboriginal Child Health Survey motion and the amendment that the Minister for Child Protection has moved. A lot of time can be taken up debating these matters. I have listened to the debate from both sides, and there is truth on both sides. I am torn as to how to respond to the motion because I guess I do not agree entirely with the motion and I do not agree entirely with the amendment either.

I think the frustration with this issue is—and the frustration is very much felt within the Aboriginal community—that there is such a dire need for urgent action; we have seen urgent actions taken by the federal government that were highly controversial and problematic, but, certainly, there was an argument that urgent action needed to be taken. We are starting to see some of the follow-through with that action, some of which is good and some of which is bad. This area of dealing with disadvantage and terrible health outcomes for Aboriginal Australians is one that has been with us ever since colonisation; we have been struggling with these issues for a very, very long time. Really, it is good that at this point in time there is a lot more community focus on this issue, and I think that that is entirely appropriate. The question is whether appropriate action has been taken and in a coordinated fashion.

One thing I would say about the original motion is there did not seem to be much emphasis on the need for the empowerment and engagement of Aboriginal communities. Of course, I understand that the report itself talks to that aspect.

Hon Barbara Scott: Recommendation one says that.

Hon GIZ WATSON: Sure, but the actual motion talked about inter-government agency cooperation. It is just a minor point; however, one thing that has underpinned the criticism that has come from quite a few Aboriginal leaders and communities about this renewed effort to try to find solutions is that it has to be owned by those communities. I understand that Hon Barbara Scott says that is a recommendation in the report that we are discussing, so I guess it is included in that respect.

On behalf of the Greens (WA), we certainly agree with the component of the motion that says the report should be taken seriously and implemented as a matter of urgency. I guess we are hesitant about how much to criticise this government at this point in time because I acknowledge that it is making efforts in the right direction. I also point out that previous Liberal governments did not do much in this area at all either. Therefore, it is always easy to expend a lot of energy in criticising governments of both flavours in this area. I think everybody would agree that not enough is being done.

I do not think I can support the amendment because to some extent it basically states that the government has it in hand and it is listening and dealing with this report and moving forward. However, I think if I was to express the position on behalf of the Greens, I would probably lean towards supporting the original motion because I think it indicates a degree of urgency is needed to address the health disadvantage and to do whatever is possible to indicate that this Parliament wants the report implemented as a matter of urgency and in full. I am torn between not particularly liking either the motion or the amendment. However, we are having this debate. I certainly indicate at this point that we will not support the government's amendment.

The PRESIDENT: As no other member wishes to speak to the amendment, I will put it in three parts. The question is that the first part of the amendment be agreed to.

Paragraph (1) put and negatived.

The PRESIDENT: The question now is that the second part of the amendment be agreed to.

Paragraph (2) put and negatived.

The PRESIDENT: The question now is that the third part of the amendment be agreed to.

Paragraph (3) put and negatived.

Motion Resumed

HON SHELLEY ARCHER (Mining and Pastoral) [3.52 pm]: We have seen in the past couple of months two major occurrences in the area of Indigenous people. The first occurrence was the courageous step taken by the leader of the federal government, Prime Minister Kevin Rudd, in making his landmark public apology to Indigenous Australians for past policies and practices in the forced separation of Indigenous people. The Prime Minister acknowledged in his speech the Indigenous people of this land, who, by the way, are the oldest continuing culture in human history. On behalf of all Australians, the Prime Minister apologised for the laws and policies of successive governments that wreaked overwhelming grief and suffering on the Indigenous people of Australia and for the removal of Indigenous children from their families, communities and country. I am aware of this suffering, as a family member on my aunt's side is a member of the generation that was stolen. The Prime Minister also apologised for the pain, suffering and hurt of this generation of people and their descendants. He apologised to parents, brothers and sisters for breaking up their families and communities. He also apologised for the indignity and degradation thus inflicted on a proud people and a proud culture.

The second occurrence was the findings handed down by Alastair Hope on the 22 suicides in the west Kimberley and his further coronial inquiry into five suicides in the community of Oombulgurri, which I attended for three days. As such, I feel that this is an opportune time, although well overdue, for the Western Australian Parliament to seriously consider and act on the findings of the Western Australian Aboriginal Child Health Survey. I want to talk about all four volumes of the survey, not just the fourth volume. Four volumes, or reports, were prepared for the Western Australian Aboriginal Child Health Survey that was carried out by Kulunga Research Network at the Telethon Institute for Child Health Research, which is managed by a great friend and colleague of mine, Associate Professor Colleen Hayward, and her fantastic hardworking team. There are quite a number of recommendations in these reports. Several weeks ago I put questions on notice to the government asking the relevant ministers to advise the house what progress had been made on all the recommendations in all the reports. In response, the government provided brief answers on the 23 recommendations. I will not recite the answers now because they are recorded in *Hansard*. However, it is clear that the state government has a number of strategies, policies, agendas, action plans, pilots and frameworks that relate to Indigenous issues. In fact, the sheer number of reports and strategies is astounding. I would have thought with so much brainpower going into producing these documents, we would have seen far better outcomes for Indigenous people across the whole of Western Australia. If people looked at the vast number of strategies, they could almost be excused for believing

that no more work needed to be done and that the government was well on the way to solving all the problems, unless of course they went to regional and remote areas, spoke to Indigenous people and took a good, hard look at what is going on, as I have done and continue to do in my electorate.

I will mention a few of the government's policy documents. The first is the state early childhood agenda, which was initially called the state early years strategy. This strategy was launched in 2003 and was designed to provide greater investment in the early years of childhood. It was rebadged as the state early childhood agenda in 2006 and now forms the basis of the state's program response to the Council of Australian Governments' agendas. The next initiative is the overcoming Indigenous disadvantage framework. The purpose of this initiative is to provide a consistent framework of reporting and analysis across government departments to help track performance over time. The first and only report that I am aware of is dated 2005. The next initiative is the Western Australian Aboriginal primary care action plan. The report on this plan was released in May 2007 and provided health care providers with a statewide vision for Aboriginal primary care. The action plan relied heavily on the work of the Western Australian Aboriginal Child Health Survey to inform and guide development. The next initiative is the Aboriginal and Torres Strait Islander employment framework action plan. This is another Department of Health plan to equip staff with skills to develop prevention programs and services for Aboriginal children, families and communities. Another initiative is the housing policy. I understand that the Department of Housing and Works is undertaking another Indigenous housing audit to get a better idea of what it needs to do in this portfolio for Indigenous housing.

Under each of these overarching policies there are smaller strategies, such as the Family Links initiative, the early childhood workforce initiatives and inclusion policies. Then there are the actual programs on the ground, such as the Best Start program, a contemporary version of the homemaker program, and the "Walk Right In: You can make a difference" training. I hasten to add that much of the recent movement in Indigenous reform is a result of the new federal government taking a leadership role on Indigenous issues, rather than individual states and territories taking responsibility for the wellbeing of their Indigenous populations. I believe that COAG, in taking a major leadership role, will have the greatest influence in addressing the social disadvantage of many Indigenous people. I can only hope. I can also only hope that this cooperative relationship between the federal, state and territory governments will continue and that politics in this area will finally be a thing of the past.

My very strong view is that we all need to work together cooperatively—that is, all political parties and Independents—in advancing the social and economic wellbeing of Indigenous Australians. If we do not work together as a collective, the problems for Indigenous people will only become worse. We must set aside our differences, sit at a round table and reach a collective agreement that we will all support into the future no matter who is in government. Although I have stated in previous speeches to this house that the Western Australian government has initiated a number of improvements in services to Indigenous people, the evidence from the "Western Australian Aboriginal Child Health Survey" indicates that substantially more work needs to be done.

In June 2001, the Aboriginal population of Western Australia was estimated as 3.5 per cent of the total population, with the life expectancy for males estimated at 55 years, and for females, 63 years. Compare this with the life expectancy of the population as a whole—77 years for males and 83 years for females—and we can get a pretty good idea of how badly successive Australian governments, both state and federal, have failed the Indigenous population. The following statistics add to the evidence of this abysmal failure. The findings in volume 1 of the "Western Australian Aboriginal Child Health Survey" relate to the physical health of Aboriginal children and young people. The volume describes a number of areas of concern in relation to Indigenous health, including poor dietary habits—I still see this happening—recurring chest, skin, gastrointestinal and ear infections, which are still prevalent in 2008; significantly higher numbers of premature births, for which there is still no change; and low birth weights and poor intrauterine growth, which is still a huge problem. Alarmingly, the findings revealed that just over 27 per cent of Aboriginal children are limited in one or more sensory functions, and I think that is appalling.

The number of teenage Aboriginal mothers is also a major concern—11 per cent, compared with two per cent for the whole population. I was fortunate enough to attend an Indigenous concert in Broome during the parliamentary recess, and I was alarmed at the number of young women who were mothers. Following a chat with some of these young mothers, at least half indicated that they had had their babies when they were 15 or 16 years of age. I gave birth to my daughter Melanie when I was 15 years old, so I know how hard it is, even with the support of family and friends, to have a child at that age. The difficulties faced by a young mother are wide ranging, from learning the simple skills of mothering right through to impacts on education and future life.

These findings that affect Indigenous people from an early age alone indicate a pressing need for more health programs across the Aboriginal population. The report also confirms that many of the key detriments to Aboriginal child health are outside the immediate influence of the health care system. The authors emphasise the importance of linking healthy policy to sound theories of human development that ultimately influence the principal resource areas for healthy child development. These include the physical environment—that is, water

and nutrition; levels of family income; the creation of human and psychological capital, as in good health, education and parenting skills; and the creation of social capital, such as safe communities and cultural heritage and traditions.

Implementing an integrated policy will be a major challenge for the government, but it must be done if we are to reduce poverty and break the cycle of intergenerational disadvantage faced by the Indigenous population. The Prime Minister apologised for the stolen generation, but I think there is now a lost generation. Actually, we are now facing two lost generations—those who are lost to alcohol and those who are lost to foetal alcohol syndrome. I see this continuously in the remote communities I travel through in the north west. I cannot emphasise strongly enough the need for a plethora of well-thought-out collective education programs that are culturally appropriate and especially targeted at young ones, to cover all aspects of life that will hopefully help these people have a better life than they currently have.

The second volume of the survey report focused on the social and emotional wellbeing of Aboriginal children and young people. In the foreword to this volume, an Aboriginal elder writes —

Prior to European contact, when an Aboriginal ‘state’ was maintained, families with their multiple roles practised the age-old Indigenous practices of bringing up children. Work, safety, shelter and food, culture, pride in being black and Aboriginal, truthfulness and honour were all vital parts of growing up. It also included sharing responsibility for the caring of each precious child which was cherished as a significant experience.

The shielding factors of sharing responsibility for child rearing is evident in this second volume. For example, it was found that children living in homes with high occupancy levels of an appropriate nature were 50 per cent less likely to be at risk of clinically significant emotional or behavioural difficulties than those living in homes with low occupancy levels. The Aboriginal elder provides the following picture as an example of what is normal for Aboriginal children —

A child is born into a group; they would immediately be part of a tribe; there would be many carers with differing roles and many responsibilities. There would also be one, two or three mothers and fathers; there would always be someone to look after and care for the child in a special way, and others who would have responsibility to provide different necessities.

These traditional Aboriginal child-rearing practices passed on knowledge of how to live in good relationships, how to find and share food, and an understanding of what sharing meant. They maintained each child’s place in society, giving children a sense of who they were and where they belonged. This is lacking in our current society. It is wise to note that in this context the Indigenous people were not living within the boundaries of four walls, with three bedrooms and a bathroom. The foreword continues —

Colonisation brought many changes to the Indigenous peoples of Australia and this issue is addressed within this volume. Writers have described the ‘psychological impact of racism, expulsion, extermination, denigration and degradation being beyond repair’. But it is repairable because, as parents, we can provide the essentials of spirituality to our own children and to the children of others. What we adult Indigenous people must provide to our children is ‘cultural vitality’.

...

In my opinion, restoring cultural vitality is as important as equity in our access to resources to combat ill-health, poverty, education, homelessness, shelter and safety for our children.

With this background in mind, I will now turn to the findings from volume 2. The survey found that 25 per cent of four-year-old to 17-year-old Aboriginal children were at risk of clinically significant emotional or behavioural difficulties, compared with 15 per cent for non-Aboriginal children. Emotional symptoms in the report were defined to include fear, worry and nervousness. Behavioural difficulties were defined to include lying, stealing, fighting, restlessness, not having friends, being picked on or bullied, or not being considerate or helpful. It was found that there was an increased risk of children experiencing emotional or behavioural difficulties when there was family illness or death, when there were arrests in the family, poor parenting and poor physical health and when the family moved a lot. Interestingly, the report noted that neither the level of the primary carer’s income nor the level of his or her education was identified as a major contributing factor. This was also observed in relation to the physical wellbeing of Aboriginal children. These observations are in stark contrast to observations of the non-Aboriginal population. The report suggests that this difference probably comes about because the effects of many stressful life events, such as death, financial strain, poor family functioning and carer health, weaken or cancel the effects of improvements in carer income and education. As we have seen in the report from the coroner, Alastair Hope, suicide has a major impact on Indigenous children. I know of at least one suicide a month, and this has a major impact on families and children. They are just getting over one sorry business when

they are faced with another. It seems to me that they are in a continual state of sorry business. They are never able to get over the fact that they have lost another member of their family.

This is not to say that income and education are not major drivers of change, but it highlights the considerable level of investment required in education, training and employment to make a difference in the lives of Aboriginal people. The source of these stresses must also be addressed. Much of the root cause is continuing social exclusion and inequality, which effectively reduces opportunities and choice for individuals, families and communities. I believe the researchers when they say that the wellbeing of our children is closely connected to the wellbeing of their parents, and that the causes of mental and physical illnesses are often passed on through generations until there is an intervention to break the cycle. Evidence to support this is revealed in Western Australian research in which it is estimated that 2 760 Aboriginal children in Western Australia are at risk from the effects of forced separation from their natural families. Many carers were separated from their parents at the most crucial time of their development, and as a result experience difficulties with parenting, life skills, education and alcohol and drug abuse. The report estimates that children of the stolen generation are 2.3 times more likely to be at risk of significant emotional or behavioural difficulties, and use alcohol and other drugs at twice the level of Aboriginal people who were not forcibly separated from their carers. I cannot stress enough the sentiments of the Aboriginal elder who, in only one or two pages, has provided us with an understanding of the vast differences between western culture and Aboriginal culture, particularly differences in child-rearing practices. We must clear our minds of our western beliefs and what we consider to be appropriate for Aboriginal people, and acknowledge that Aboriginal people know what is right for their own wellbeing. All our policies should be based on extensive consultation with those who live day-to-day within Indigenous communities. We must not try to impose our mainstream policies upon Indigenous communities, as they have proved time and again to be unworkable for many Aboriginal people in remote and regional areas.

As members will hear from the findings of the report, the continued existence of Aboriginal communities and cultural practices is paramount to the wellbeing of Aboriginal children. For example, in volume 2 of the report there is evidence that children living in areas of extreme isolation are 83 per cent less likely than Aboriginal children living in Perth to be at high risk of clinically significant emotional or behavioural difficulties. Areas such as Broome and Warburton reported the lowest levels of children at high risk, compared with Perth, South Hedland and Geraldton, which reported the highest levels of risk. These communities are more likely to practise cultural traditions, speak their native languages and attend cultural ceremonies. The children therefore have a better sense of where they belong and what their culture means.

Volume 3 provides findings on the emotional experiences of Aboriginal children and young people. The quote in the foreword of this volume is appropriate for focusing our attention on the significance of education for all people —

Education is the great engine of personal development. It is through education that the daughter of a peasant can become a doctor, that the son of a mineworker can become the head of the mine, that a child of farmworkers can become the president of a great nation.

This was said by Nelson Mandela.

Western education has been described by two Western Australian academics as moving the individual, rather than the group, forward. Aboriginal people want everyone to move forward at the same time. They will look back to those who are trailing, wait until they catch up, and go back if they cannot make it. To Aboriginal people, it is better to go together. The academics noted that relationships were the very things that sustained Aboriginal people through the darkest times. This does not fit very well with our current education system. Again, this volume reveals the failure of mainstream policies. As a consequence, Aboriginal children perform far worse academically than non-Aboriginal children.

Debate interrupted, pursuant to temporary orders.

Sitting suspended from 4.15 to 4.30 pm