MEN'S HEALTH PROGRAM — KUTJUNGKA AREA

Grievance

MS J. FARRER (Kimberley) [9.16 am]: My grievance this morning is to the Minister for Health. I am angered to learn that funding for the men's health program in the Kutjungka area has been withdrawn. The health service delivery to the Kutjungka area included the Billiluna, Mulan and Balgo communities. The men's health program that had serviced the area was wideranging, covering mental, social, emotional, spiritual and physical health areas, because they so often cannot be separated. The program once provided support for mental health, sexual health, domestic violence, suicide prevention, adult health checks, helping improve safety of traditional law practices while maintaining appropriateness of cultural traditions, nutrition, access to clinic services and general health education, to name a few of the areas covered. These services had often been delivered in a range of places, including the bush, family homes, shopfronts and sporting events. One of the main areas of working with the local men had been through the football teams. This was supporting young men who wanted to help make changes in their everyday and social lives. In Aboriginal communities, football is a very big highlight because it forms challenges that encourage bonding and create unity when two or more language groups are living side by side.

Although this may not be viewed as conventional nursing and is sometimes misunderstood by mainstream agencies and government departments, it was working. Delivery of all services must be grounded in relationship building and culturally and educationally appropriate care delivery. This means that time must be spent outside the clinic walls for staff to understand where people are coming from and to stay long enough for relationships to develop; that is, they must have an appropriate manner of addressing protocols in cultural education, including how to speak to elders, parents and families through kinship relations and connections. We, as Aboriginal people, have people skills—a lesson we need to maintain and continue. It is frustrating that, due to funding discontinuation, a long-serving and passionate staff member can no longer continue the great work he was carrying out, including the development of a 10-year plan, at the expiration of which he intended to hand over and fade out after training and mentoring local men to take over. This is highly important under men's business in cultural learning and practices of education within traditional obligations as strong leaders. The types of programs and events that he was delivering were helping to improve the quality of life and wellbeing for not just the men, but all the people in the Kutjungka area, as well as contributing to community cohesion and enhancing people's sense of community and belonging. I believe this is exactly the type of wraparound support that young people, in particular, require to successfully meet their obligations and to achieve their long-term life goals.

Rather than the government paying lip service to the concept of improving Aboriginal health, then removing the services they start before they have any hope of having an impact, I ask that the minister start taking responsibility for providing continued meaningful health service delivery to people in remote areas, and to commit to providing a funding solution so that the men's health program can remain a permanent fixture in the Kutjungka area.

DR K.D. HAMES (Dawesville — Minister for Health) [9.20 am]: I must admit to being fairly disappointed with the comments made by the member for Kimberley, with whom I get on very well. I was in fact expecting to get some accolades from her for what this state government has managed to do with what was the Closing the Gap initiative and is now called Footprints to Better Health. Members may recall that this government, in conjunction with the federal government, undertook a joint program of funding for Aboriginal communities. This government, under my leadership, put up more than $30 million—I think about $36 million—a year over the program. We funded our things and the commonwealth government funded its things; the commonwealth government subsequently withdrew its funding, but we continued our funding in the face of fierce opposition from Treasury.

This year we had to take this program back. We were given one year's funding on the condition that we commissioned a review. We employed an eminent professor, D'Arcy Holman, to carry out a review of all the programs provided under Footprints to Better Health. He found that 88 per cent of those programs were either outstanding, very good or good. Treasury chose to fund half that amount—$15 million per annum for a cost of $30 million—so I dragged another $15 million per annum out of the rest of the health system. We have had to cancel some other very good programs to continue funding that 88 per cent of programs. That funding has continued.

With regard to this particular program for Kutjungka, I have read through the letter that has been sent and I have seen the great work that that individual was doing; however, the program was rated by Professor D'Arcy Holman as marginal. He said that it was a fair priced, marginal-performing program in a high-priority area with a moderate evidence base. He said that the program would benefit from population-based planning and targeting, and more evidence-based structure. It is not always easy when doing that sort of program to meet those guidelines, but all the other programs did. The member for Kimberley's electorate gets

the lion's share of that $28 million a year in funding over the next three years—that is $88 million, in total, over three years. The Kimberley Aboriginal Medical Services Council, which was getting this funding, has continued with six of its seven programs. It received funding of $1.3 million a year. In addition, Broome has received $1 million per annum for five programs. Those are just two examples that I found in the five minutes I had to sort this out. If the member is able to find one of the other programs that we have funded in her electorate that she thinks I should cancel to put the money back into this one, she should do so, because I have only $28 million, and the member for Kimberley's electorate gets the lion's share of that.

Several members interjected.

The SPEAKER: Member for Fremantle, I call you to order for the first time.

Dr K.D. HAMES: The member for Kimberley's electorate gets the lion's share of that. The other programs that are being funded in the Kimberley have been rated by Professor Holman as either outstanding, good or very good. They are some that I believe I should be funding. If the member were to look at the programs I have funded in her electorate and what sorts of services they are providing, she would not find a single one about which she could say, "Oh well, that one could go so we can fund this other one." They are all extremely good programs. As I said, I had a massive battle to get the funding I needed to keep that going, otherwise I would have been able to fund only programs rated good and very good. About half the programs we fund are rated good. This program was not rated good, for whatever reason—whether it was to do with key performance indicators or how it presented what it was delivering—but it received funding of, I think, $80 000 or $90 000 per annum for about four or five years, so we have sunk a lot of money into that program over a fairly long period. In fact, it was much more than that. In 2009–10 when the program started, it received nearly $25 000; in the second full year, we funded $183 000; and in the following four years the annual funding was $188 000 per annum. Over five years, we have pumped $774 000 into that program, or nearly $1 million, but Professor Holman said that it was not as good as all the other programs we were funding.

I am sorry that that is the case. When I read through what the individual the member referred to is doing, it seems to be excellent work and something of critical need, but we have only a certain amount of money and a limited budget. The government fought for that budget and managed to get funding for a program this government initiated. That funding did not exist six years ago; there was no funding for any of those programs. That $28 million a year, the lion's share of which goes to the member for Kimberley's electorate, did not exist five years ago in anybody's budget. It is new money that we added into those programs to make sure that we could close the gap on Aboriginal life expectancy, and it has been doing exceptionally well. The results that we are getting back from those programs have been amazing; they are significantly changing outcomes for Aboriginal people in this state.

I understand what it is like when somebody goes to the member for Kimberley and tells her about a program and when she looks at it, as I did, she thinks, "That's a really good program. It's really sad that it cannot continue." However, the Kimberley Aboriginal Medical Services Council, which ran that program, continues to receive from us a total of about $1.4 million a year for the other six programs it will continue to run, and all those programs were rated highly by Professor Holman.

I cannot give the member for Kimberley any advice, other than to remind her that this is not normally a state government responsibility; funding community services such as that is usually a commonwealth responsibility. The commonwealth government was supposed to match state government funding for Closing the Gap but in the last year of the previous commonwealth government, it withdrew that funding and said it would fund other things directly, but we cannot find any sign of where that money has gone. We cannot see a lot of evidence for it, although I am sure the federal Minister for Health would be able to tell me. However, there is no additional funding; that is the funding we have. Unfortunately, there is nothing I can do to retrieve the situation.