

REMOTE INDIGENOUS COMMUNITIES — CLOSING THE GAP

647. Mr P. ABETZ to the Minister for Health:

With my experience in assisting remote Indigenous communities, I am pleased to see that the Liberal–National government has such a strong commitment to closing the gap. With this in mind —

Mr P.C. Tinley: Preamble!

The SPEAKER: Member for Willagee, I think it was you; I recognise your voice. I formally call you to order for the first time today.

Mr P. ABETZ: With my experience in assisting remote Indigenous communities, I am pleased to see that the Liberal–National government has such a strong commitment to closing the gap. With this in mind —

Mr T.G. Stephens interjected.

Mr P. ABETZ: — could the minister update the house on some of the initiatives the government is conducting to help improve the lives of Indigenous Australians?

The SPEAKER: Before you give your answer, Minister for Health; member for Pilbara, I provide the same instruction to you, the simple instruction being that I formally call you to order for the first time today.

Dr K.D. HAMES replied:

That is an excellent question and a great opportunity for this government to talk about some of the work that has gone into Indigenous communities in the state, and I thank the member for his question and his obvious involvement in the past with Indigenous communities. It is part of a Council of Australian Governments agreement that both the commonwealth and the state invest considerable funds into closing the gap in Indigenous communities. I focused on two things in the instructions I gave to our health staff when we were preparing plans for how we spend that money to try to assist Indigenous people in this state. First, I was very concerned about the very low level of Indigenous employment under the previous government, particularly in health. The member who has just been chastised chaired the committee that looked into the number of Indigenous workers employed by government. The number was very low, particularly in health, so I insisted that a lot of work be done to put Indigenous employment in place within the health system; something that I might say was very strongly supported by the current director general, who made it a requirement of all his senior staff that the employment of Indigenous people be a focus.

The second thing was developing partnerships with the Aboriginal medical services, in particular, with the Geraldton Regional Aboriginal Medical Service, with which we have had a great relationship in growing the services that that organisation provides, particularly in some of the more remote regions in that part of the state. We have contracted with not only that service but all of those communities, using funding provided by the state, which is part of our \$117 million commitment over four years. I am pleased to say that 400 new positions have been created as part of that, and 100 of those positions were for Indigenous people. That has provided a great boost to Indigenous employment, mostly in those remote communities. A lot more needs to be done, particularly in the area of ear health, and I am very conscious of the need for us to grow the services we provide for Indigenous people with regard to ear health. Some of it was in the metropolitan area. In the electorates of the members for Rockingham and Kwinana, there is the Rockingham Kwinana Aboriginal Wellness Centre, Moorditj Koort—members will correct me if I have the pronunciation wrong. It has been doing a fantastic job. More than 200 people, which is 10 per cent of the Aboriginal population of the region, have registered as clients of that organisation. Those people have been getting specialist appointments and the centre has been organising health appointments and increased general practitioner participation, with 25 GPs now referring people to that centre for treatment. That, too, was funded under the Closing the Gap program. I think it is an excellent example of how this government can work with Aboriginal people in this state to close the gap on Indigenous health.