

## Facilitated discussion session

Fred Chaney, Joseph Cox, Jack Little, Sean Heffernan, Andrew Bell, David Lines and, John Wakerman

**Robyn Williams:** Thank you, John. Stay at the mic. Share the mics out. Again, questions, mic's there. Now, don't ask every person to answer your question, otherwise we'll be here 'til past midnight, but if you could just say who you want to address, please. One over here.

**Alison Comparti:** Hello. My name's Alison Comparti. I come from the south-west of Western Australia. I have got two quick questions. The first one is: I'm listening to—what I've heard you say is that, ask the questions and listen to the answers. In Western Australia we have just dismantled all our health services boards so the actual community input into those health services no longer exist, so that's one question—what—how is that going to impact?

**Robyn Williams:** Can you answer that question first and then come to your next one, please.

**Alison Comparti:** Sure.

**Robyn Williams:** Who'd like to answer from the west? No?

**John Wakerman:** I think it's a mistake.

**Robyn Williams:** Go.

**Alison Comparti:** Thank you. And the second question was: The national registration of medical practitioners throughout states at the moment, what happens is you have to register in Western Australia, you have to register in Victoria, etcetera, etcetera, so the actual sharing of knowledge between practitioners is very difficult. If someone from Western Australia wants to go to Victoria and demonstrate a particular surgical procedure, they can't do it without registering there. I'd like a comment about that.

**John Wakerman:** Well, I think there is a process now of national accreditation and I think it's in train to lead to national accreditation across the different health professionals, and I think it's about time.

**Robyn Williams:** Andrew, did you want to?

**Andrew Bell:** That first question intrigued me because that's something that's intrigued me. I grew up in a small country town of about 1000 down at Foster in Victoria, and my parents were on the hospital board and the ambulance committee and the swimming pool committee, and those committees actually had dollar for dollar, or two dollars for dollar, arrangements and actually were very involved in building those—the communities were very involved in building those communities and services. And over the years it seems that those boards have been disempowered, and while we've talked in Indigenous health about community development, the reverse seems to have been happening in service delivery in the rest of Australia and moving away from a community development focus to expert driven. I just think it's an interesting phenomenon that, in Indigenous health, we're going one way, and in mainstream Australia it seems to me we've gone the other.

**Fred Chaney:** Sorry, could I make a comment on the first question?

**Robyn Williams:** Please.



**Fred Chaney:** I mean, this is part of the leeching out of decision making from regional areas; whether they're remote regional or regional generally. In Western Australia you have a very strong, political movement at the moment about trying to do something about regions. I think that the illogicality of having the royalties for regions program and at the same time the process you've described is patently absurd, and I think that the solution lies in the revolt of the regions on that. I think you should not tolerate it, and I think that given the very delicate political situation in Western Australia you should be threatening the existence of the government if it's going to behave in that centralising manner. It's absurd.

**Robyn Williams:** Yes, one here and then I'll come over here.

**Liz Hannah:** Is that on?

**Robyn Williams:** Yep, keep going.

**Liz Hanna:** Liz Hanna from NCF ANU. Thank you all for your talks, but this question's for you, Fred. You mentioned governance of governments which is an issue that's probably caused grief for quite a few of us, one of which being the cause of the done decisions that we've all had to contest with. The notion of the musical chairs, the perpetual go-around of bureaucrats in they're forever changing their positions, specifically within DOHA—and apologies to all the bureaucrats—but if people are moving positions all the time and they're valuing policy over content, does this not mean that perpetually mistakes will be made in terms of the good sense policies and the lack of, sort of, corporate knowledge as this comes through, and wonder whether there is any room or scope or, in a fantasy world, even any possibility of being able to evaluate our governance as be able to evaluate the efficacy of the model that they're actually using for policy generations throughout Australia—if that makes any sense.

**Fred Chaney:** That is what we're trying to do at Desert Knowledge Australia and, again, to use us as an example, I've been sharing that body for three years and I'm on my fourth minister. The key public servants in the town from which I operate, many of them have changed in that short period. The only short-term solution, short of getting widespread regionalisation of government so that you actually get more local decision making—the only solution that I've seen is the one we use in the education projects we do, which is to do everything you can by using partnerships.

In other words, involving as many of the interested elements of government and the community as possible to co-own what you're doing, to actually share the ownership and share some objectives. The beauty of that model is that everybody doesn't change at once. Our education projects, the oldest of which are only 12 years old, have been subject to exactly the same problem as you've talked about. In other words, the private company people change—that is, the mining company personnel change—the school people change, the commonwealth and state education people change; there is a constant moving feast of personnel.

The beauty of the projects is, though, that because they are owned by the group around the table and they don't all change at once, you get a consistency of culture and approach because the new people coming in find that they're part of a working culture and group. So when we lose the Territory education person from our management committee it's not a tragedy because the incoming person can't just go off on their own thing because they're part of a wider partnership. So in the short term—because I think getting fundamental reform is quite a difficult thing to do—if you get into the situation where as many of the agencies are engaged in common purpose on a locally controlled basis, then the changes matter less, that's the only operating—and if you go to Sue Gordon's report on sexual and social violence in Western Australia, you can go to page 427 of that report, you see the same

model that we operate on, which is fundamentally to have a local action group, and the job of the external agencies is to support the agreed program of that group. So that's my short-term antidote to what I think is a substantial long term problem.

**Robyn Williams:** Sounds terrific. Thank you. I'll go up here. Yes, please, and then I'll come over there.

**Jeff Fuller:** My name's Jeff Fuller from the University Department of Rural Health in Northern Rivers. I think you just answered my question which was about how do we get commitment to good ideas that are longer than a political cycle?

**Fred Chaney:** Can I give you a very quick example?

**Robyn Williams:** Yes, Fred.

**Fred Chaney:** A young woman who's been working in the Kimberleys—a very difficult part of Western Australia—on the care of aged people in a number of Aboriginal communities came to talk to me about the need to—how do we organise services in such a diverse group of communities over a vast area when there are literally—you know, there are so many agencies that have got a finger in the pie.

What she's doing is putting together a group of those agencies to see if they share any common purposes, any common objectives, and are they prepared to pool resources, bring their resources to the table, endow some local management and local control. It seems to me, that's a model—in the present imperfect commonwealth/state/local model that we've got—that's a model that enables you to, I think, work sensibly at a local level. Katherine West represents that; the bringing in of a single area where these things are dealt with, and I think that's the only—to me, that is the model to pursue.

**Robyn Williams:** Just two more. One over there.

**Ms .....**: Thank you. I'd like to go back to, again, Fred. Thank you for an inspiring address. I guess my concern is not about the time that it takes to work alongside as we learn sufficient from Indigenous people to help us perform better, but the poor performance of our major institutions such as health and education; and the urgency to reform there, internally, if you like, for mainstream Australia. And I say that as part of research that I'm leading in the Northern Territory at the moment where we've been working with two of the largest communities, where we've discovered that one in 10 women are bypassing formal health care for birth because the services do not meet their needs.

That is unacceptable. We've just had the national report of school children's performance and, again, discovered that our Indigenous kids are just not learning in schools. So I'd like us to maintain the rage and urgency in relation to our institutional performance. At the same time, we take the time to learn how to work effectively with our Indigenous colleagues and learn from them so we do it better.

**Fred Chaney:** Can I say, I agree with that, too, but if you look at the COAG papers relating to all the things that governments are currently committing themselves to I think most people in this room would give the objectives a big tick. The gap between those objectives and the operating reality on the ground, whether you're talking in the schools or other institutions, is vast.

**Ms.....:** Yes.

**Fred Chaney:** I was consulted by a group who were looking at education in the Nuyyara lands recently. We had an interesting talk about decades of failure by the state department. There's a fantastic national education policy, Aboriginal education policy. I said, "Have you actually tried to apply the policy?" And they looked completely mystified. In other words, there's this enormous gap between

what the really clever, dedicated, committed people write on bits of paper and what the institutional performance that you're concerned about, is.

What's the answer? Well, I think, at the local level you've got to demand that those institutions perform as they say they're supposed to perform. In the case of schools, there is an apparent political and bureaucratic commitment to working with the community. That is a commitment that in many remote schools in Western Australia, I'd say, has been far more honoured in the breach than in the observance. We should, at the local level, be drawing attention to that and demanding change.

You've got to try and drive change from the top down and the bottom up at the same time, and to be quite frank, it is arduous. I was very rude to a delegate at the airport. I told him how I hated Queensland. Why did I say I hated Queensland? I hate Queensland because of a police investigation of the death of (inaudible 0.28.05). I hate it when I see a homeless man kicked by police, and the Minister of Police says, when confronted with this, "Oh, the people of Queensland expect us to protect them against people like this."

In other words, I'm becoming unreasonable and irascible, and I apologise to the delegate to whom I was so sharp. What I'm saying is that there's a need for passionate determination to change what you are talking about and, in my view, you give the people involved a hard time but you, even better, win them onto your side, and that's really the better tactic. So go for it.

**Ms.....:** I have to pay tribute to some of my colleagues in Northern Territory Health who are looking at ways to implement some improvement, but there has not been the data until this project to let them know just how badly these systems are falling down. That is unforgivable.

**Fred Chaney:** Well, let me make one more comment, and I quote an Aboriginal man in Port Hedland who told me how bad things were in the constellation of committees around Port Hedland. I said, "I can't believe you." I said, "There are all these public servants, good people. They go out there and they check." He said, "Yep. They're so busy checking they never look up from their clipboards." And to be quite honest, I'm getting a bit impatient about the shortage of data.

**Ms.....:** Yes.

**Andrew Bell:** If you visit an Aboriginal community and it's obvious that the thing is in a state of disrepair and that people are living under the most impossible conditions, I actually don't want another three years of research about that. I would actually like to see people on the ground doing something.

**Ms.....:** Thank you.

**Robyn Williams:** Yes. Well done. Someone else has snuck up, so we'll have to have two quick ones, but that will be it.

**Owen Allen:** Owen Allen. I'm on the council of the National Health Alliance and from Atherton just up the road. I commiserate with your feelings about Queensland. We're sometimes both at the forefront of revolution and the forefront of—yeah, we don't like some of the things we do. But my question is to the global one about the health reform and the Alliance council is really supporting the idea of, you know, the commonwealth really paying for health in the country, and perhaps under a regionalised system. Given that the commonwealth turnaround and it start agreeing with these sort of sentiments, I just wonder if anybody would like to have a stab at the idea of what sort of body, at a regional level, should be the fund manager or fund holder or fund distributor?

**Robyn Williams:** Just one of you. John?

**Mr.....:** I'll have a go at that. That's really about a fairly intensive community consultation process. Like, I guess our situation in the Northern Territory's pretty—is different. You know, we've got a range of communities that have a lot of cultural coherence and ceremony lines and ways of doing business together; that's really how the Katherine West model got up, but it took—it was nearly a three year process of co-ordinated care trials and lots of talking and lots of community meetings.

So I guess, to apply—how would you apply that if you're a region or you're a community? Who would be the key stakeholders, how would you hold community meetings, how would you get your community owning that process? I think it's basically an interpretation of that process. Some regions—at one part in Katherine West is a story; they use the councils to do the community engagements, through some periods we've gone back to the grassroots of how the whole vision started and gone back to the actual community meetings and staying there for a fair number of days, and capturing that story from the community.

So not sure if you're talking about north Queensland or how—that community engagement is the key. Whether it's community meetings, going to community bodies, community organisations and finding—you draw up a model together. But, again, that takes time. It's what happened with the Aboriginal community-controlled sector of the Territory.

**Robyn Williams:** Thank you. And finally?

**Ilena Young:** Oh, dear, I feel like that has to be a really good question, now. I'm Ilena Young from Gateway Community Health and I use partnerships in my work to generate a lot of change. Do you think, as well as talking partnerships, we need to be getting smarter around if you're bringing together education, health, community development, and the community, we need to be talking about those people? Not just identifying a shared goal, but being able to evidence the outcomes in four or five domains so that then we can turn to the funding bodies and say, "Look, one set of funding plus a bit and you've created X, Y and Z." Are there other things that we need to be thinking about in those directions?

**Robyn Williams:** One of you?

**John Wakerman:** Look, I'm a strong believer in primary health care and I think that inter-sectoral action is absolutely critical, and if you would ask me, you know, where's the most important investment now in terms of improving the health outcomes of people in remote areas and Aboriginal populations in remote areas, I would say, yes, we do need to get the services up to scratch but, really, we need to invest in education. But having said that, I think we need to get our health services house in order before we start to try and engaged with other sectors in some sort of meaningful way.

I think, you know, this regional approach is an incredibly important one where when you've got community people that have some control over those services on a regional basis, they are the same consumers of all those services—of education as well as health and so forth—and so you can start pulling things together there. If I can just briefly respond to Owen's question; I think the critical thing about the regional structures are I'm not all that concerned about the nature of the actual structure, but it clearly needs strong community representation.

It needs to have the requisite skills to be able to govern—and one of the things that I've heard from a response when I've said to people that know a lot more about this than I do said, "Well, we can't govern on a regional basis in Australia because we just don't have the skills and expertise." Well, I actually think that's not true, and I think Katherine West is a really good example of, you know, if you put in the training, if you have a proper process of community consultation, you can have an excellent

board of governance in a region of 3000, let alone a region of 50,000; and then I think, thirdly, we need to get those regions right.

So it's not just a matter of saying, "Oh, we're going to have regions of 100,000 across Australia." It's a matter of working out what those natural regions are. What's the region that people identify with, and we need to have some flexibility in the size of those regions.

**Sean Heffernan:** Can I just come back to Owen a little bit there, Robyn? In terms of one thing we did omit from our presentation is Katherine West Health Board did identify senior Aboriginal health workers from the first board, and part of our (inaudible 0.35.27) reference group, in terms of meeting with the board, is using senior health workers to keep talking and training board members around health so there's a background. So that—like, I think John just said, you do need some critical skills at the table, too.

**Robyn Williams:** And finally, Fred?

**Fred Chaney:** It can, at times, appear to be impossible to get the sort of community engagement that Katherine West has described. I mean, that is, in my view, pretty close to best practice. If there's anything better, I haven't heard about it; and I know when we started our education work in the Pilbara, we had a very extensive research project which suggested that what we want to do, which was to get kids to finish year 12, it was virtually impossible because you had to have the community involvement and we were dealing, bear in mind, with very difficult communities like Roebourne.

Roebourne would expect either everybody to be in or nobody to be in. We thought maybe, therefore, we shouldn't do this but then we thought, hang on, we do know there are some Aboriginal kids that should be succeeding at school but are not. We do know some of them have got families that would like them to succeed, and that's the community we started to work to. In other words, we worked to the Aboriginal community that wanted a similar thing to what the mining companies, and we wanted, for these kids to finish year 12.

So we didn't have universal community engagement. We had selective community engagement. I think, in that circumstance, it's worked out quite well and it has benefited, eventually, the whole community because it's changed the nature of the attitude of teachers in the school, the attitude of Aboriginal kids to what the school can hold for them, and so on. So it is possible, I think, to get too hung up on getting it exactly right.

I think if you respectfully engage with people who are working towards something, you get behind what they want for their families, for example—whether it's for the health of their families or their education. It won't, in all cases, be possible to have everybody on board. I don't think that should paralyse you.

**Robyn Williams:** Thank you. Before you thank the speakers, and I'll give them a present, five things; I'll be brief. The first one: recommendations. Recommendations are coming in, still, and if you need to get one ready you can pick up a form from the registration desk and have it signed by two people—is that right? And the recommendations, of course, will be presented in the next couple of days. Secondly, on mobile phones. One of the organisers, Gordon, and I—neither of us have mobile phones, and if you do have one, take it out and stamp on it and grind your heel on it, or whatever you do, don't have it live in here.

Thirdly, a reminder to all of those sponsored by the New South Wales Institute of Rural Clinical Services Teaching to meet at the booth at 5.30 for a Kodak moment. Next, we've got the concurrent sessions. We'll have the bell go at 3.35 and the sessions will take off at 3.40, and you won't be able to

go the usual rooms—well, some of them, anyway—but some of them have been changed. Look in the handbook because this area, and a couple of others, are going to be used for feeding you tonight. So that's going to—I think that's just about all. So thank you very much, and thank you for the speakers.