Aboriginal Health Council of Western Australia

2023 - 2024 Pre-Budget Submission

State Government of Western Australia

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Acknowledgement

The Aboriginal Health Council of Western Australia (AHCWA) acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. AHCWA acknowledges the wisdom of Aboriginal elders and leaders, both past and present, and pays respect to Aboriginal communities of today.

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Introduction

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for Aboriginal Community Controlled Health Services (ACCHS) in Western Australia, with 23 Members across the State. AHCWA exists to support and act on behalf of its Member Services, actively representing and responding to their individual and collective needs.

WA ACCHS are located across geographically diverse metropolitan, regional, remote and very remote locations. They deliver the most effective model of comprehensive primary health care for Aboriginal people[1], and identify and respond to the local cultural and health needs of Aboriginal people and their communities. AHCWA and the ACCHS sector are committed to ensuring that Aboriginal people throughout WA enjoy the same level of health and wellbeing as all Western Australians.

As the McGowan Government prepares its 2023-24 State Budget, it has the opportunity to strengthen future-focused health policies and programs, and to take further action to improve Aboriginal health and wellbeing. Specifically, the State Budget is an opportunity for the WA Government to act on commitments made under the National Agreement on Closing the Gap (the National Agreement). The Government has released numerous high-level policy and planning documents that detail how commitments to the National Agreement will be met. However, strategies, plans and frameworks with unfunded actions are not sustainable and will fail to realise their stated goals. It is important that these plans and strategies are fully operationalised, which includes making the required investments. Given the State Government's recent budget surpluses, and projected surpluses in subsequent years, there is ample capacity to make strategic investments that deliver on existing policy commitments. In particular, AHCWA strongly advocates for renewed efforts aimed at implementing actions under the National Agreement, the Closing the Gap Health Sector Strengthening Plan, the Sustainable Health Review, the WA Aboriginal Empowerment Strategy, the State Commissioning Strategy for Community Services, and the next iteration of the WA Closing the Gap Implementation Plan.

According to Priority Reform Two of the National Agreement, all jurisdictions must 'increase the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander Community Controlled organisations[1]. The State Commissioning Strategy for Community Services makes a similar commitment to invest 'in ACCOs and over time increase the proportion of services delivered by ACCOs'[2]. These commitments recognise that where Aboriginal people lead, design and deliver services and programs, improved health and wellbeing outcomes are experienced by the community.

The National Agreement also calls on governments to implement 'funding prioritisation policies across all Closing the Gap outcomes that require decisions about the provision of services to Aboriginal and Torres Strait Islander people and communities to preference Aboriginal and Torres Strait Islander community-controlled organisations and other Aboriginal and Torres Strait Islander organisations'[3]. While high level WA strategies and plans reflect this commitment, it is not clear how portfolio-specific funding policies and procedures ensure that this prioritisation informs all funding decisions. If fully implemented and used to inform relevant funding decisions, existing strategies and policy frameworks provide the State Government with several avenues to ensure its commissioning and funding practices are consistent with the National Agreement and support meaningful change.

[1] Throughout this submission, AHCWA uses the term 'Aboriginal' to respectfully refer to all Aboriginal and Torres Strait Islander people across Western Australia.

The various plans and strategies mentioned above also commit the Government to transferring funding from mainstream services to Aboriginal community-control, which includes transitioning government-run clinics and services to the ACCHS sector. For instance, the Closing the Gap Health Sector Strengthening Plan includes an action to 'transition government-managed primary health clinics in Queensland, Northern Territory and Western Australia to community-controlled comprehensive primary health care services, and identify locations in all jurisdictions where new community-controlled primary health care services are required to meet the needs of Aboriginal and Torres Strait Islander people'[4]. Work is currently underway to transition services to Aboriginal community-control in some parts of WA, and there are opportunities to explore additional transitions in other locations. The State Budget provides an opportunity to properly fund these transitions and expand existing activities aimed at growing Aboriginal community-controlled sectors.

The State Budget is also an opportunity for the Government to continue its reconciliation efforts. Other jurisdictions, such as Victoria, Queensland and the Northern Territory, have advanced their reconciliation processes through commitments to undergo treaty negotiations and/or the establishment of formal truth-telling institutions. For example, the Victorian Yoorrook Justice Commission was established to investigate the historical and ongoing injustices experienced by Victoria's First Peoples[5]. A formal truth-telling process is a pivotal step in WA's reconciliation journey.

AHCWA welcomes the Government's recent funding commitments across a range of areas related to Aboriginal health and wellbeing. This is a strong foundation for the additional investments that are required to realise the vision of the National Agreement in WA and solidify the growing partnership between Aboriginal community-controlled sectors and the State Government. This partnership was essential to the successful response to COVID-19 in WA, which demonstrated the critical role of the ACCHS sector in keeping communities safe. In particular, AHCWA would like to thank the Hon Amber-Jade Sanderson MLA, Minister for Health and Mental Health, for her strong support for the ACCHS sector during the pandemic response. Strategic investments will help to deepen existing partnerships and build on our successes into the future.

With these goals in mind, this submission includes recommendations for the following priority areas: dental services; the AHCWA Youth Program; Aboriginal-led Registered Training Organisations; the Indexation Policy for the Non-Government Human Services Sector; Patient Assisted Travel Scheme; Aboriginal housing; a Stolen Generations Reparations Scheme; and youth justice.

Recommendations Summary

Recommendation 1	Expand the services provided by WA Dental Health Services to the ACCHS sector by: • increasing the frequency with which dentists visit ACCHS already receiving some support; and • commencing dental visits at ACCHS that currently do not receive any support.
Recommendation 2	Provide sustainable and long-term funding to Derbarl Yerrigan Health Service to ensure the continuation of culturally secure dental services in the metropolitan area.
Recommendation 3	In partnership with the ACCHS sector: • undertake a study to determine the level of dental care need in Aboriginal communities; and • develop a plan to meet this need including (where appropriate) funding and training dental staff, and providing infrastructure within ACCHS, to ensure the provision of culturally secure dental services for regional and remote areas.
Recommendation 4	Provide recurrent funding for the AHCWA Youth Program to build on the program's success and continue to work with Aboriginal young people to improve Aboriginal youth health outcomes.
Recommendation 5	Increase Aboriginal-led RTO capacity by: • increasing the per student/per hour funding formula for Aboriginal-led RTOs to ensure the provision of sustainable, culturally secure training; • amending funding agreements to enable greater flexibility in the delivery of blended learning models that meet students' needs; • funding a pilot to employ 1.0 FTE SEWB Officer/Student Support Officer/Mentor at Kimberley Aboriginal Medical Services' RTO, to support students during their studies (and, if the pilot is successful, roll the model out at other Aboriginal-led RTOs); and • funding 18 RTO educator scholarships to increase the number of Aboriginal trainers at Aboriginal-led RTOs.
Recommendation 6	Introduce greater flexibility in the Indexation Policy for the Non-Government Human Services Sector to ensure the sustainability of essential community services.
Recommendation 7	Expand PATS guidelines to explicitly include: • the coverage of compulsory screening assessments by allied health professionals and specialist GPs, where it is a necessary preliminary part of a multi-disciplinary service headed by a specialist; • all urgent dental procedures, and those requiring general anaesthetic (for both children and adults); • travel to residential treatment facilities; and • expansion of the 'escorts' guidelines to include travel subsidies for accompanying children, where alternative arrangements cannot be made.

Recommendation 8	In light of ongoing community concerns, and given the time that has elapsed since the parliamentary inquiry into PATS, undertake a public evaluation of whether PATS is adequately addressing issues related to accessing health services.
Recommendation 9	Fund the development of a long-term Aboriginal Housing Strategy (inclusive of an analysis of Aboriginal housing needs, an audit of existing housing stock, and a commitment to increase the capacity of Aboriginal community-controlled housing organisations).
Recommendation 10	Fund a remote maintenance model that builds local capacity and ensures maintenance occurs in a timely manner; and undertake a scoping study to determine the proportion of Aboriginal-owned maintenance providers within regional and remote communities.
Recommendation 11	Establish a Stolen Generations Reparations Scheme to support Western Australian Aboriginal people that were impacted by forcible removal policies.
Recommendation 12	Fund culturally secure, holistic health and wellbeing services delivered by ACCHS and ACCOs, to address the many chronic developmental, physical and mental health conditions of the children in youth detention. Derbarl Yerrigan Health Services is ideally placed to assist with the management of the complex needs of youth detained at Banksia Hill Detention Centre.
Recommendation 13	Expand funding for early intervention and diversionary programs that address the underlying causes and drivers of Aboriginal youth incarceration and reoffending.
Recommendation 14	Raise the age of criminal responsibility from 10 years to 14 years old.
Recommendation 15	Repeal the application of mandatory sentencing provisions in the criminal justice system.

Dental services

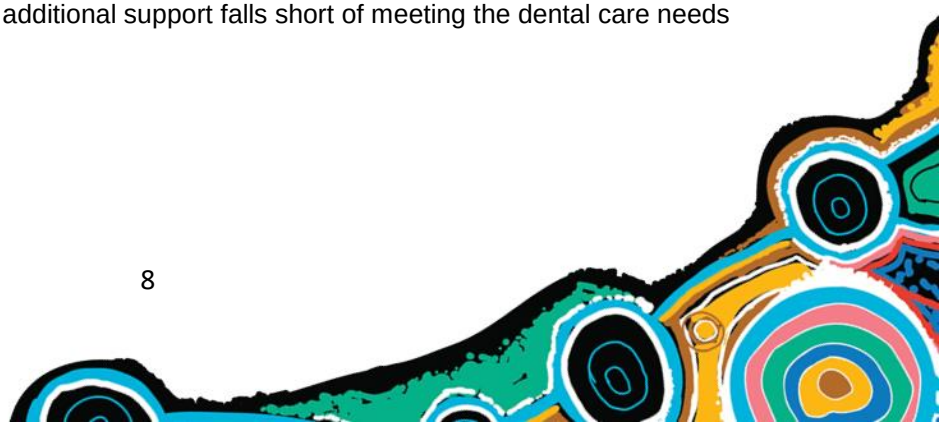
Oral health is a fundamental aspect of a person's overall health, which can be impacted by chronic disease and increase the likelihood of particular illnesses. Despite this, there is a lack of funding for and access to dental services for Aboriginal people across WA.

Oral disease can lead to physical and psychological issues, inhibit an individual's ability to acquire adequate nutrition (due to reduced chewing functionality), and worsen chronic illnesses, such as cardiovascular disease (including rheumatic heart disease (RHD)) and diabetes mellitus[6]. For example, there is strong epidemiological evidence that chronic periodontal inflammation and infection causes poor blood sugar control in people with diabetes and more than doubles their risk of renal and heart disease[7]. For people with RHD and damaged valves, oral health care is a core component of their chronic disease management. It is reported that 'regular oral healthcare and education may reduce the long-term risk of infective endocarditis for patients with RHD'[8]. Poor oral health affects both children and adults, 'causing pain, embarrassment and social marginalisation'[9].

Aboriginal people across Australia experience more oral disease and dental caries than non-Aboriginal people[10], with the rate of potentially preventable hospitalisations due to dental conditions higher for Aboriginal people (4.4 per 1,000 population) than for non-Aboriginal people (2.5 per 1,000 population)[11]. Aboriginal people in WA are often unable to access affordable, reliable, and culturally appropriate dental services, resulting in oral health deterioration. The provision of dental services in WA is often reactive, addressing needs at an acute stage rather than focusing on prevention and early intervention. Given the lack of access to preventative dental care and its subsequent impacts on overall health, AHCWA considers a greater focus on prevention and early intervention essential. Evidence indicates that 85 per cent of Australia's dental services are provided through the private sector[12] – this is not an affordable or accessible option for many Aboriginal people. Therefore, there is often a heavy reliance on communities accessing dental services provided through partnerships between the ACCHS sector and Royal Flying Doctor Service (RFDS) or the WA Dental Health Service (DHS), which only provides subsidised dental care for people who hold a health care card or pensioner concession card. Despite these partnerships, there remains a large dental service gap, with great variability in services across the state.

For example, AHCWA is aware of one remote ACCHS that does not have funding to provide dental services within its local clinic, nor access to local DHS services. Given this ACCHS' level of remoteness, it utilises both WA RFDS and RFDS Central Operations dental services for different locations in its region. However, WA RFDS does not visit the more remote communities in this region. To ensure these very remote communities can access dental care, the ACCHS funds a bus and driver to transport community members to a clinic in a larger community centre that is visited by the RFDS (although this does not help elderly people at an aged care facility for whom travel is challenging).

In a separate example, DHS provides dental services in a regionally-based ACCHS clinic once a week. However, the backlog of patients makes it difficult to prioritise preventative care options, and the ACCHS does not have a sustainable dental funding stream. This ACCHS has a long patient wait-list, and out of necessity must prioritise emergency work rather than preventative care, resulting in many clients not being seen. Dental care is limited to management of advanced disease, which removes rather than protects teeth. Given the limited services in the region, clients are often sent to Perth for wisdom teeth removals and other surgeries. RFDS visits the ACCHS 4-5 times a year, 2 weeks at a time. However, the level of additional support falls short of meeting the dental care needs of the community.



While circumstances are different in the metropolitan area, Derbarl Yerrigan Health Service (DYHS) still faces hurdles when trying to provide sustainable dental health services. For DYHS, the short-term nature of funding contracts (up to 12 months) creates challenges for recruitment and long-term service planning. DYHS reports that people travel from across WA to access its dental service, as it is one of the only comprehensive, culturally appropriate dental services in WA. DYHS would have greater capacity to manage the high demand for its services if it was supported by a more sustainable funding model.

In light of the limited access to dental care described above, the Australian Dental Association recommends that governments 'devise a model to recruit and retain dentists and support prevention of oral disease in [regional and remote] areas'[13]. Given studies indicate oral health greatly impacts quality of life and overall physical health[14], further investment is needed to meet the high level of need for dental services across WA.

AHCWA recommends that the WA Government partners with the ACCHS sector to determine the level of dental care need in WA and explores opportunities to increase dental staff and infrastructure within ACCHS and expand existing state-funded dental services, to ensure culturally secure dental services are accessible in regional and remote areas. In addition to the National Agreement, this recommendation aligns with the State Oral Health Plan 2016-2020, which notes the need to 'improve oral health outcomes and reduce the impact of poor oral health across the life course for Aboriginal people'[15]. AHCWA's recommendation particularly aligns with the strategy to 'develop integrated models of care that incorporate oral health education, prevention, and screening with other primary care services'[16].

<u>Recommendation 1</u>: Expand the services provided by WA Dental Health Services* to the ACCHS sector by:

- **increasing the frequency with which dentists visit ACCHS already receiving some support; and**
- **commencing dental visits at ACCHS that currently do not receive any support.**

<u>Recommendation 2</u>: Provide sustainable and long-term funding to Derbarl Yerrigan Health Service to ensure the continuation of culturally secure dental services in the metropolitan area.

<u>Recommendation 3</u>: In partnership with the ACCHS sector:

- **undertake a study to determine the level of dental care need in Aboriginal communities; and**
- **develop a plan to meet this need including (where appropriate) funding and training dental staff, and providing infrastructure within ACCHS, to ensure the provision of culturally secure dental services for regional and remote areas.**

* Although this will only increase access for people with the required concession cards and is therefore not enough to fill current service gaps.

Youth Program

AHCWA's Youth Program provides a platform for Aboriginal youth to lead and participate in decisions affecting their lives.

In April 2018, AHCWA's Western Australia Aboriginal Youth Health Strategy 2018-2023[17] (the Youth Strategy) was launched by the Hon Ken Wyatt MP, then Minister for Indigenous Australians, at the WA Aboriginal Community Controlled Health Sector Conference. The Youth Strategy was based on an extensive consultation process, which recognised the need for a comprehensive approach to meet the specific health needs of Aboriginal young people.

In 2019, AHCWA received Commonwealth funding for the implementation of the Youth Strategy. This allowed AHCWA to establish its Youth Program, which (among other things) ran a successful Aboriginal Health Youth Conference, facilitated several regional workshops, established an AHCWA Youth Committee, and participated in various working groups. These activities provided Aboriginal youth with opportunities to have a voice on policies, strategies, programs and services that impact them. AHCWA's Youth Program is currently unfunded, with Commonwealth funding having ceased on 31 December 2021. AHCWA is using its own funds and temporary philanthropic support to maintain the program, but this will only be sustainable in the short term.

AHCWA acknowledges the resilience of Aboriginal youth and the protective role that culture plays in allowing them to flourish. Nonetheless, Aboriginal youth continue to experience significant health and wellbeing challenges.

Some of these Aboriginal youth-specific challenges are observed in an Australian Institute of Health and Welfare (AIHW) 2018 report, which indicates 'around two-thirds of Indigenous people aged 15–24 experienced 1 or more personal stressors in the previous year, the most common being not being able to get a job, and 1 in 3 reported being treated unfairly because they were Indigenous'[18]. Furthermore, AIHW reports that 40.3 per cent of WA Aboriginal young people (aged 15 to 24) are participating in the labour force, which is significantly lower than the rate of non-Aboriginal young people[19]. The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 'aims for Aboriginal and Torres Strait Islander people to represent 3.43% of the national health workforce by 2031.'[20] Additional efforts are required to meet this national target, as well as the WA target of 3.2 per cent by 2026[21]. This makes clear how important it is to develop mechanisms that introduce Aboriginal youth to careers in the health sector, which is one of the key functions envisioned for a future AHCWA Youth Program.

In terms of social and emotional wellbeing, a 2022 AIHW report highlights that 'suicide rates are more than twice as high in young Indigenous Australians compared to non-Indigenous Australians'[22]. The Australian Bureau of Statistics' (ABS) Causes of Death 2021 report showed that from 2017 to 2021, death by suicide 'was the leading cause of death for Aboriginal and Torres Strait Islander children', with suicide being attributed to almost one-third (29.7 per cent) of deaths[23]. Data for 2015-2019 show that the suicide rate (per 100,000 people) for Aboriginal people in WA was 34.6, compared to the non-Aboriginal rate of 13.7[24].

Regarding developmental milestones, the National Agreement specifies the need to 'increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent', to ensure 'Aboriginal and Torres Strait Islander children thrive in their early years'[25]. In WA, only 31.3 per cent of Aboriginal children were assessed as developmentally on track across all five domains in 2021, a decrease of 0.1 per cent from 2018[26]. According to the 2021 AEDC, Aboriginal children in very remote areas across WA, as well as Aboriginal children living in the most disadvantaged socio-economic areas, were least likely to be developmentally on track across all five domains (18.6 per cent[27] and 25.9 per cent[28] respectively). Declines against the five AEDC domains were recorded for Aboriginal children across very remote, remote and regional areas with major cities only improving by 0.1 per cent.

Despite these significant challenges, AHCWA has received feedback indicating that Aboriginal youth are concerned that their unique lived experiences are not always adequately represented, and that polices, programs and services that impact them are designed without recognition of their identity and distinct needs as Aboriginal youth.

The WA Aboriginal Empowerment Strategy states that 'policy decisions about Aboriginal people cannot be made without Aboriginal people'[29]. This also means policy decisions about Aboriginal youth cannot be made without Aboriginal youth. The Aboriginal Empowerment Strategy notes that governments 'have not consistently adopted structures or ways of working that effectively incorporate Aboriginal empowerment. Even though new ways of thinking are required, this is not enough – new systems, processes and behaviours are also essential'[30]. We strongly support this sentiment and encourage the WA Government to take the necessary steps to translate these observations into new practices in relation to their engagement with Aboriginal youth. One of the key areas for development identified is 'recognising, supporting and *investing* in the capacity and governance of Aboriginal structures for leadership, engagement, and partnership' (emphasis added)[31]. The Aboriginal Youth Program is an ideal opportunity to make this kind of investment.

It is imperative that the AHCWA Youth Program continues its advocacy work and empowers Aboriginal young people to contribute to decisions that impact their lives. Investment in AHCWA's Youth Program will help to nurture Aboriginal youth and build their capacity as Aboriginal leaders.

Recommendation 4: Provide recurrent funding for the AHCWA Youth Program to build on the program's success and continue to work with Aboriginal young people to improve Aboriginal youth health outcomes.

AHCWA has developed a budget for the Youth Program for a three year period totalling $1,356,909. Further information regarding budget assumptions are available upon request.

Aboriginal-led Registered Training Organisations

The WA ACCHS sector is experiencing significant challenges with recruitment and retention, an ageing health workforce, and increased staff turnover and burnout. Aboriginal-led Registered Training Organisations have a critical role in tackling these challenges.

Providing greater support to Aboriginal-led Registered Training Organisations (RTOs) is one way to help the ACCHS sector meet its workforce needs. Aboriginal-led RTOs deliver culturally-safe training, increase employment opportunities, and empower Aboriginal people to care for their communities. Data in recent years from the National Centre for Vocational Education Research (NCVER) shows that completion rates for Aboriginal students studying Health (HLT) qualifications in WA were higher at private training providers compared to TAFEs[32]. Aboriginal-led RTOs deliver a holistic and student-centred model that supports the individual learner and meets their cultural needs. Aboriginal people value Aboriginal-led RTOs that are run by people they know and that are able to provide additional support to help students succeed. This is why proper investment in Aboriginal-led RTOs will lead to improved educational and employment outcomes for Aboriginal people.

However, ACCHS RTOs currently face an unsustainable funding model, an increased need for wraparound supports to ensure students complete training, and Aboriginal educator shortages.

ACCHS RTOs have not received a funding increase in over a decade, which creates a significant competitive disadvantage. The current funding formula for ACCHS RTOs operates on a per student/per hour model and is long overdue for an increase. Exacerbating this issue, loading fees for service delivery in regional and remote settings have also not been reviewed. This is of particular significance in light of the cost of living pressures in regional and remote WA, where loading fees are essential to compensate for the increased costs of delivering services. In its review of the National Agreement for Skills and Workforce Development, the Productivity Commission noted that 'per-student funding models do not always adequately cover the costs of delivering VET to disadvantaged students who may require additional support services'[33]. The Commission recommended governments provide 'funding to supplement the per-student funding for RTOs that are best placed to provide VET support services to remote Aboriginal and Torres Strait Islander students'[34].

Additionally, ACCHS RTOs are currently restrained by funding agreements that limit the use of blended learning options. A mixture of face-to-face learning (including training in communities) and online teaching enables students to have greater access to course content, particularly for students that reside in regional and remote locations. Due to work, personal and cultural commitments, travelling to RTOs in Perth or regional centres for classroom-based learning is often not feasible and can be highly disruptive. The report of the Independent Governance Review of the Health Services Act 2016[35] states that the Department of Health 'should work with educational institutions to expand the opportunities for Aboriginal people in remote communities to be trained in skilled clinical and non-clinical roles'[36], and suggests exploring the 'opportunity for more remote learning and supervision […] to provide opportunities for regional people to be trained and employed within their communities'[37]. Access to mentors and other support staff will allow students to utilise online learning and stay in their community. It is also worth noting that the COVID-19 experience has made people and organisations more comfortable with including online components in their learning and work.

ACCHS RTOs also face challenges in funding ancillary student support. As noted, students are often required to travel off Country to complete their studies. These students have family, work and community obligations which can make extended time away from home practically and emotionally difficult. This especially impacts women who are not in a position to leave their families. These factors also impact completion rates, with instances of students failing to return after tuition break due to family and cultural commitments. Moreover, AHCWA is aware of instances in which Aboriginal students are triggered by course content due to their own lived experience and issues related to intergenerational trauma, prompting students to walk out of classrooms and adding additional barriers to course completion.

In these instances, RTOs support students and address health and safety risk by utilising available on-site clinical staff to provide social and emotional wellbeing (SEWB) support. As one study has found, 'positive training coordination and support was a factor that helped [Aboriginal] trainees to remain in courses, despite their personal and family circumstances'[38]. This is supported by the 2019 Strengthening Skills report[39], which suggests 'new funding models be developed [for vocational educators] to provide flexible wrap-around social support services […] to keep their learners engaged'[40]. Currently, these wrap-around supports are provided by drawing on existing staff and resources, but this approach is unsustainable. To ensure students receive the extra support they require at any stage of their studies, AHCWA proposes piloting the employment of a dedicated support position for Aboriginal students[41]. For example, this support person could be a trained counsellor or an Aboriginal Health Practitioner undertaking a peer mentor role.

Moreover, ACCHS RTOs face shortages in RTO educators. The 2019 Strengthening Skills report indicates 'that Indigenous students are more successful when they are taught by local trainers and are able to engage in their learning on country and in their own language'[42]. This highlights the significant role of Aboriginal educators in fostering improved Aboriginal student wellbeing and completion rates[43]. RTO educator scholarships would enable Aboriginal-led RTOs to develop in-house educators and support new and existing staff with upskilling opportunities (in particular, by supporting them to complete a Certificate IV in Training and Assessment). To build the capacity of the ACCHS sector's RTOs, AHCWA recommends funding 18 RTO educator scholarships to increase the number of Aboriginal trainers at Aboriginal-led RTOs. This will help to increase the number of Aboriginal people successfully completing health qualifications and ensure the delivery of training remains culturally appropriate.

In light of current workforce challenges, building the capacity of our sector's RTOs has never been more important. The Closing the Gap Health Sector Strengthening Plan notes that 'opportunities to recruit and train local community members through […] ACCHS RTOs would increase access to and completion of supported training pathways through to graduation and meaningful employment'[44]. Investing in our RTOs will also support the achievement of strategic outcomes in both the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031, which aims 'to retain and grow the existing Aboriginal and Torres Strait Islander health workforce'[45], and the Health Sector Strengthening Plan, which includes 'build[ing] community-controlled RTO capacity and improv[ing] the quality of RTO training within or linked to community-controlled health organisations' as one of its actions[46]. These investments would also support improvements in Closing the Gap Outcome 6, which strives to have 'Aboriginal and Torres Strait Islander students reach their full potential through further education pathways'[47].

Finally, building the capacity of Aboriginal-led RTOs will help to meet Aboriginal workforce targets stipulated in the WA Health Aboriginal Workforce Strategy 2014–2024, which commits to increasing Aboriginal employment in the WA Health system to 3.2 per cent by 2026[48]. AHCWA notes that WA Health is introducing the Aboriginal Health Practitioner (AHP) role to the WA public sector health workforce. While this change is welcome, as it will improve the quality of care Aboriginal patients receive from the public system and increase employment opportunities for Aboriginal health professionals, the ACCHS sector risks losing AHPs (which are a critical component of its workforce) if the overall number of AHPs does not steadily increase. Building the capacity of Aboriginal-led RTOs and ensuring they can train more AHPs is one way of helping to address this issue.

Recommendation 5: Increase Aboriginal-led RTO capacity by:

- **increasing the per student/per hour funding formula for Aboriginal-led RTOs to ensure the provision of sustainable, culturally secure training;**
- **amending funding agreements to enable greater flexibility in the delivery of blended learning models that meet students' needs;**
- **funding a pilot to employ 1.0 FTE SEWB Officer/Student Support Officer/Mentor at Kimberley Aboriginal Medical Services' RTO, to support students during their studies (and, if the pilot is successful, roll the model out at other Aboriginal-led RTOs); and**
- **funding 18 RTO educator scholarships to increase the number of Aboriginal trainers at Aboriginal-led RTOs.**

AHCWA has developed a budget for the RTO educator scholarship program for a one year period totalling $480,000, and 1.0 FTE SEWB Officer/Student Support Officer/Mentor for a one year period totalling $280,000. Further information regarding budget assumptions are available upon request.

Indexation

The current WA Government indexation policy is undermining the sustainability of service delivery.

AHCWA remains concerned about the Indexation Policy for the Non-Government Human Services Sector (NGHSS). Earlier in 2022, alongside other community-based stakeholders, the WA ACCHS sector advocated for an immediate increase to the NGHSS indexation rate (from 2.55 per cent to 5.1 per cent) to address the shortfall, backdated to 1 July 2022. In response to public advocacy, the WA Government increased the NGHSS indexation rate to 3.53 per cent. However, this does not adequately address the increased cost of providing essential community services.

The Fair Work Commission announcement on the national wage case has resulted in a 4.6 per cent increase to all modern award wages. This combined with the Superannuation Guarantee increase for 2022/23 of 0.5 per cent will increase wages by 5.1 per cent. AHCWA fully supports this decision but notes that it will impact the sustainability of service delivery if the current NGHSS indexation rate is not reconsidered.

Despite growing operating costs (such as equipment, fuel, materials, and travel costs), there remains a lack of comparable increases in funding. Over the last decade, indexation has consistently fallen short of cost increases (11.77 per cent differential since 2014/15), with a considerable gap observed particularly over the last couple of years. As a consequence of inflation, increased operating costs, and absorption of the deficit in State Government contracts, a significant gap has developed between funding indexation and the ACCHS sector's costs. This has direct implications on staffing, which account for around 70-80 per cent of our Members' total running costs.

Failure to increase indexation impacts employment opportunities for Aboriginal people, as well as increasing the possibility of ACCHS having to reduce staffing hours, driving staff out of the sector. At a time when there is already a real shortage of skilled care staff in WA, and many have already left to take up better-paying work in other sectors, this is likely to further impact public health services. For these reasons, AHCWA considers the current NGHSS indexation formula (80 per cent WPI / 20 per cent CPI) unsustainable.

Changing economic conditions influence the sustainability of a fixed indexation formula. There is no formula able to comprehensively and accurately reflect all possible economic circumstances. Therefore, rather than simply amending the current indexation formula, AHCWA urges the WA Government to be more flexible in its approach to indexation, reflecting annual changes in inflation and wages. AHCWA also supports WACOSS's 2023-24 State Budget Submission recommendation: 'Treasury and Finance work with experts and peak bodies to develop robust, accountable systems and a new indexation policy that ensures agency contracts meet sustainability commitments.'[49]

Recommendation 6: Introduce greater flexibility in the Indexation Policy for the Non-Government Human Services Sector to ensure the sustainability of essential community services.

Patient Assisted Travel Scheme

Given the vastness of WA's geography and the high number of Aboriginal people residing in regional to very remote locations[50], many Aboriginal people rely on the Patient Assisted Travel Scheme (PATS) to access necessary medical services.

WA ACCHS have indicated PATS guidelines are not comprehensive (that is, they do not cover many components of travel related to essential healthcare services) and are often not applied consistently. Challenges with PATS are compounded where transport and accommodation options are limited. In preparing this submission, AHCWA received numerous case studies from Member Services regarding continuing issues with PATS – the following examples have been selected to highlight specific issues and are by no means exhaustive.

Despite recent expansions to PATS guidelines[51], significant gaps remain. Firstly, although allied health and GP assessments are often necessary preliminary parts of a multi-disciplinary service headed by a specialist, PATS guidelines do not explicitly mention transport coverage for these initial assessments. For example, in cases of spinal or bariatric surgical assessments, travel to allied health or GP initial assessment appointments are not covered under PATS, despite assessments being a required part of the referral process. This greatly impacts service delivery as some Aboriginal patients cannot afford to cover travel costs to these appointments, which affects their access to subsequent procedures. Generally, regional and remote Aboriginal communities have difficulty accessing allied health services, which negatively affects Aboriginal health outcomes. (The impacts of limited access to allied health services on child development were highlighted in AHCWA's recent submission to the inquiry into child development services.)

Secondly, PATS provides limited funding to adults and children requiring urgent dental procedures[52]. As per emergency department triage categories, AHCWA considers an urgent dental scenario to be where a patient's condition is 'serious but stable'[53]. However, under current PATS guidelines, only adults with a 'significant medical co-morbidity' requiring 'hospital-based dental services', or 'special needs and requir[ing] general anaesthetic'[54] are covered. These parameters are too restrictive, as individuals who do not have significant co-morbidities or special needs but require urgent care do not have access to a PATS subsidy. For example, patients with tooth abscesses (which can progress into life-threatening scenarios[55]), and those requiring wisdom teeth extractions (under general anaesthetic) are not covered under current PATS arrangements. AHCWA has received feedback from a Member Service about children who are inconsolable with pain from dental carries and tooth decay, but are not eligible for PATS. Given the children do not require hospital care, they are also not eligible for an RFDS evacuation. In these instances, the ACCHS is only able to provide pain medication and advise the family to wait until the next community dental visit. Among other things, this impacts these children's sleep and ability to focus at school, as well as their general quality of life.

Thirdly, PATS does not cover travel subsidies for individuals requiring transport to residential treatment facilities, other than Next Step Drug and Alcohol Services in East Perth[56]. This disadvantages Aboriginal people in remote and very remote communities who do not have access to local residential treatment facilities, and/or cannot afford to travel to regional or metropolitan facilities. AHCWA has received feedback from a remote Member Service indicating that patients experience difficulties accessing residential AOD services through PATS. The Member Service reports that their regional Mental Health Step Up/Step Down treatment facility requires individuals to first attend a detox service prior to admission. However, PATS does not subsidise transport to either the regional treatment facility or detox service, and patients are often unable to afford transport costs.

This often results in the ACCHS' staff transporting the patient themselves (up to 6 hours travel time one way), even though they are not funded to provide this transport service. To ensure recovery services are accessible for Aboriginal people, AHCWA recommends expanding PATS guidelines to include travel subsidies to all residential treatment facilities. Given evidence suggests that 'for every $1 invested in alcohol or drug treatment, society gains $7'[57], AHCWA considers this proposal an important, cost-saving investment.

Fourthly, AHCWA welcomes the $19.7m commitment in the 2021-22 State Budget which increased the PATS accommodation subsidy to $100 per night, and expanded escort eligibility for patients from vulnerable and disadvantaged groups, as well as maternity patients[58]. However, escort guidelines do not explicitly include travel subsidies for accompanying children[59]. AHCWA is aware of instances where individuals travelling with children out of necessity do not receive additional travel subsidies, but must pay for extra accommodation themselves. There is a risk that those who cannot cover the costs of extra accommodation will either delay or simply not attend necessary medical appointments. For example, AHCWA received feedback about a man requiring renal treatment in Perth whose partner (the designated carer/escort) did not receive a travel subsidy for their accompanying dependent children. The family had to save for the extra transport and accommodation costs, extending the treatment wait-time.

AHCWA is aware that concerns about PATS were raised at state-wide consultations facilitated by WACOSS. It is essential that changes are made to the guidelines to expand the reach of PATS support, given many Western Australians rely on PATS to access timely, specialised care.

Recommendation 7: Expand PATS guidelines to explicitly include:

- **the coverage of compulsory screening assessments by allied health professionals and specialist GPs, where it is a necessary preliminary part of a multi-disciplinary service headed by a specialist;**
- **all urgent dental procedures, and those requiring general anaesthetic (for both children and adults);**
- **travel to residential treatment facilities; and**
- **expansion of the 'escorts' guidelines to include travel subsidies for accompanying children, where alternative arrangements cannot be made.**

Recommendation 8: In light of ongoing community concerns, and given the time that has elapsed since the parliamentary inquiry into PATS, undertake a public evaluation of whether PATS is adequately addressing issues related to accessing health services.

Housing

Across WA, many Aboriginal people are living in unaffordable and unsafe housing.

Access to affordable, safe, secure and good quality housing is essential to ensuring positive outcomes across several areas, including health, social and emotional wellbeing, education and employment. The lack of culturally appropriate housing, insufficient housing stock, costly and inefficient housing maintenance processes, and lack of affordable housing options, result in many Aboriginal people living in overcrowded households or becoming homeless.

According to the 2021 ABS Census, almost 1 in 5 (18.6 per cent) Aboriginal people are living in overcrowded housing[60]. Based on the National Aboriginal and Torres Strait Islander Health Survey 2018–19 (NATSIHS 2018–19), Aboriginal people living in overcrowded households increases by remoteness, with approximately 12 per cent of Aboriginal people living in non-remote WA areas residing in overcrowded dwellings, compared to approximately 29 per cent in remote WA areas[61]. On Census night in 2016, 'Aboriginal and Torres Strait Islander people made up only 3.1 per cent of WA's total population, yet made up 29 per cent of people experiencing homelessness'[62]. Moreover, according to the NATSIHS 2018–19, 35.4 per cent of Aboriginal households in WA reported living in dwellings with major structural problems, including major problems with plumbing, cracks in walls and electrical issues[63]. The Closing the Gap Housing Sector Strengthening Plan notes that Aboriginal households renting 'in urban areas were almost twice as likely […] to be paying more than 30% of household income on rent' compared to their non-urban renting counterparts[64]. For Aboriginal people in WA, 'rental stress increased from 22% in 2001 to 39% in 2016'[65].

Housing is an important social determinant of health, with studies showing there are poorer health and wellbeing outcomes for Aboriginal people who experience overcrowding and poor-quality housing. For example, research has shown that overcrowding and a lack of housing maintenance is associated with gastrointestinal infections and skin-related diseases[66]. These issues are of particular concern given evidence indicates that 'in 2020, 393 communicable disease notifications involving Aboriginal Western Australians were […] attributable to the environment, with the Kimberley, Perth Metropolitan and Goldfields regions the largest contributors'[67]. The persistence of RHD, skin infections and trachoma, all of which disproportionally impact Aboriginal people, is attributable in large part to inadequate housing[68].

Overcrowding also impacts social and emotional wellbeing, with increased psychosocial stress due to 'food insecurity, the sharing of limited resources, exposure to tensions and conflict, [and] the lack of privacy'[69]. Moreover, overcrowding can impact sleep and household routines, having effects on child development and 'imped[ing] school attendance and performance'[70]. COVID-19 exacerbated these concerns, with more individuals having to reside in a single household to minimise their exposure to the virus. Looking ahead, there are serious concerns that 'inadequate funding and attention paid to climate preparedness in new builds, refurbishments and retrofit programs'[71] will further exacerbate these health and social wellbeing impacts. Concerns have also been raised about the lack of culturally appropriate housing options, as much of the housing stock does not reflect the unique cultural needs of Aboriginal people. For example, most houses do not accommodate for extended families or outdoor cooking facilities.

Future housing planning and investment must respond to the needs of Aboriginal people and their communities. This includes sharing decision-making with Aboriginal people regarding housing solutions, and identifying capacity-building opportunities for Aboriginal community members to manage and maintain the dwellings in which they live. Target 9 of the National Agreement aims for Aboriginal people to 'secure appropriate, affordable housing that is aligned with their priorities and need'[72], with the associated target stating: 'By 2031, increase the proportion of Aboriginal people living in appropriately sized (not overcrowded) housing to 88 per cent'[73]. The WA Closing the Gap Implementation Plan notes that 'to reach the 88 per cent target, *further investment in affordable housing options will be required*, as well as a more agile housing system that underpins individual, family and community wellbeing'[74] (emphasis added). It outlines key actions to achieve this target which includes 'strengthen[ing] the role of Aboriginal organisations and communities in co-designing and delivering culturally appropriate responses for Aboriginal people'[75].

AHCWA calls on the WA Government to act on its existing commitments and provide the additional investment it has stated is needed. To address the issues highlighted above, a dedicated WA Aboriginal Housing Strategy should be developed, including:

- A comprehensive analysis of Aboriginal housing needs in metropolitan, regional and remote WA communities, as well as an audit of the existing housing stock in Aboriginal communities to determine the improvements needed to extend the life of existing assets and ensure they are safe and of a high quality;
- A clear plan to increase the capacity of Aboriginal community-controlled housing organisations through growing the number that are registered, enabling them to access government programs and funding, and transferring asset and property management to Aboriginal community-control (consistent with the commitment to grow Aboriginal community-controlled sectors under Priority Reform Two of the National Agreement).

An audit to analyse Aboriginal housing needs and increased investment in Aboriginal housing align with the State Government's responsibility under the Housing Sector Strengthening Plan to 'develop strategies to meet housing need in Aboriginal and Torres Strait Islander communities through increased and improved Aboriginal and Torres Strait Islander housing stock'[76]. It is also consistent with a recent Productivity Commission report that recommended governments identify 'unmet housing need for Aboriginal and Torres Strait Islander people'[77].

Additionally, remote housing maintenance processes are costly and inefficient, and lack transparency and accountability, leading to poorer outcomes for tenants. Many stakeholders have made the Department of Communities aware of concerns about the reliance on fly-in-fly-out maintenance providers and instead expressed a preference for employing community-based Aboriginal maintenance providers. The reliance on external providers can lead to significant delays in repairs (especially when providers only complete maintenance work that is already logged), resulting in further building deterioration, which in turn perpetuates overcrowding, as people may need to stay with family and/or friends. It also adds significantly to program costs, with much being spent on unnecessary travel.

In a 2019 forum held by Shelter WA and the Department of Communities, the Department committed to a new maintenance model that would 'include improvements to the timeliness and cost of maintenance work, increased employment opportunities and pathways for local Aboriginal people'[78]. To address issues with the remote housing maintenance program, AHCWA recommends the Government commits to:

- Reforming housing maintenance contracts to ensure these are awarded to ACCOs and local community-based Aboriginal providers. Only when local Aboriginal providers or other Aboriginal providers are not available should non-Aboriginal providers be awarded the contract. In these instances, contracts must require maintenance contractors to first explore options to utilise local Aboriginal tradespersons, as an opportunity to upskill the community.
- A scoping study to determine the proportion of Aboriginal-owned maintenance providers within regional and remote communities. AHCWA suggests that there be a commitment to upskilling identified communities where there are not any local Aboriginal maintenance providers, to support regional Aboriginal employment and build Aboriginal community-control.

Only if the State Government makes the changes required to address the homelessness crisis, transform the Aboriginal housing landscape, and ensure that agreed targets are reached, will it be able to achieve the outcome in Western Australia's 10-Year Strategy on Homelessness 2020–2030 of ensuring 'Aboriginal people have safe, secure and stable housing that is culturally appropriate'[79].

<u>Recommendation 9</u>: Fund the development of a long-term Aboriginal Housing Strategy (inclusive of an analysis of Aboriginal housing needs, an audit of existing housing stock and a commitment to increase the capacity of Aboriginal community-controlled housing organisations).
<u>Recommendation 10</u>: Fund a remote maintenance model that builds local capacity and ensures maintenance occurs in a timely manner; and undertake a scoping study to determine the proportion of Aboriginal-owned maintenance providers within regional and remote communities.

Stolen Generations Reparations Scheme

WA and Queensland are the only states that do not have a Stolen Generations Reparations Scheme to support survivors and families who were impacted by forcible removal policies.

In 2022, a petition[80] was circulated that called for the introduction of a WA scheme, drawing on the findings of the 1997 Bringing Them Home Report[81]. This petition has been tabled in parliament. AHCWA considers a Stolen Generations Reparations Scheme an important step in WA's own reconciliation process. Among other things, the Bringing Them Home Report recommends that 'reparation be made to all who suffered because of forcible removal policies including,

1. individuals who were forcibly removed as children,

2. family members who suffered as a result of their removal,

3. communities which, as a result of the forcible removal of children, suffered cultural and community disintegration, and

4. descendants of those forcibly removed who, as a result, have been deprived of community ties, culture and language, and links with and entitlements to their traditional land.'[82]

According to the report, from 1910-1970, between 'one in three to one in ten Indigenous children were forcibly removed from their families and communities'[83]. AIHW reports that 'the highest rate of removal occurred in Western Australia'[84]. Using data from the NATSIHS 2018–19, AIHW estimates that approximately 34 per cent of 'Indigenous Australians aged 46 and over [were forcibly] removed from their families'[85]. Furthermore, AIHW estimates that 55.6 per cent of 'Indigenous Australians [in WA], aged 18 and over […] reported [being either removed or] descendants of [those] removed'[86]. It is also reported that almost 40 per cent of the institutions that housed forcibly removed Aboriginal children were in WA[87].

In WA, those forcibly removed were often sent to settlements to complete domestic and stock work[88], and many suffered immense emotional, physical and sexual abuse by perpetrators on missions[89]. The profound impact of forcible removal policies reverberates over generations – those forcibly removed aged 50 years and over experience 'substantially higher levels of disadvantage' across several health and wellbeing outcomes[90]. A 2021 report by the Healing Foundation notes that

> *Aboriginal children who were forcibly removed from their families and raised in non-Indigenous settings did not end up healthier, better educated or more likely to get jobs than those who were raised in Aboriginal communities. Rather, forced removal led to a cycle of poverty, ill health, discrimination and incarceration. As a result, the Stolen Generations are one of the most disadvantaged groups within the broader Aboriginal and Torres Strait Islander population[91].*

There are alarming rates of child removal in WA today, 'with 18 Aboriginal children in care for every one non-Indigenous child' (the second highest rate in the country)[92]. AHCWA hopes that a focus on rectifying past actions and policies will be accompanied by a serious assessment of present-day institutions, such as the justice and out-of-home care systems.

AHCWA acknowledges that a Redress Scheme and a Stolen Wages Reparation Scheme were introduced in WA in 2008 and 2012, respectively[93]. However, given they are no longer in operation and did not comprehensively address the challenges faced by Stolen Generation populations, a separate scheme is necessary. Although no amount of money can compensate for the immense suffering experienced by Stolen Generation populations, a systematic, state-wide response will at least partially address the 'endured lifetime of trauma, grief and loss, and […] significant burden of health, wellbeing, social and economic disadvantages' experienced by Stolen Generations survivors and their descendants[94].

Recommendation 11: Establish a Stolen Generations Reparations Scheme to support Western Australian Aboriginal people that were impacted by forcible removal policies.

Youth Justice

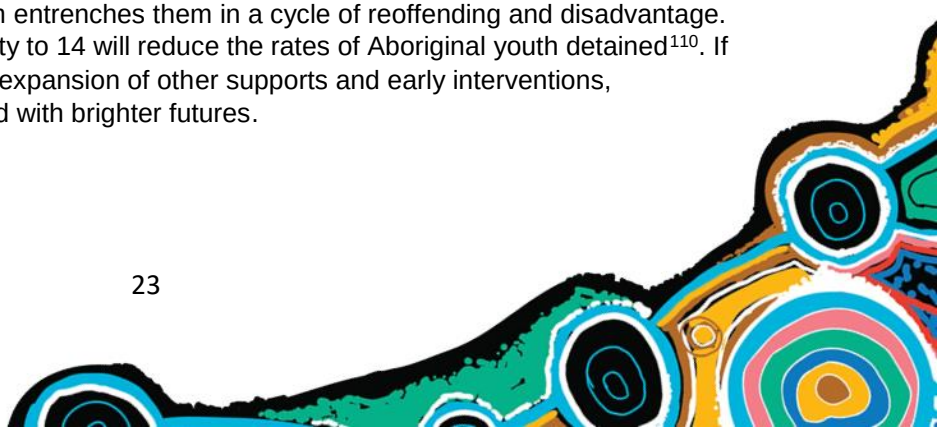
There is an alarming number of Aboriginal youth in detention. Our youth are our future – they need to be nurtured and supported, especially when they find themselves in difficult circumstances.

In 2021, AIHW reported that 79 per cent of WA youth in detention aged 10–17 were Aboriginal or Torres Strait Islander[95], and in the June 2021 quarter, WA Aboriginal children were 54 times more likely to be detained than non-Aboriginal children[96]. WA had the highest rate (40.8) of young people in detention on an average day (per 10,000 young people) in 2020-21[97]. Despite, steady improvements in reducing the Aboriginal rate per 10,000 young people in detention in WA, as per Closing the Gap Target 11, further work is necessary to address the serious issues in WA's youth detention and legal system.

Studies suggest that youth in Australian detention come from mostly disadvantaged communities, with experiences of intergenerational trauma and adversity during their early years. Youth in detention experience 'increasingly poor physical, mental, cultural, social and material health' causing 'intractable social disadvantage and exclusion, and increase[d] risk for anhedonia and offending behaviours'[98]. A previous report found that the 'younger an offender, the more likely they are to return to prison'[99], which is of particular concern in light of worsening recidivism rates[100]. There is a clear need for investment in early intervention and diversionary programs to help address the underlying causes and drivers of Aboriginal youth incarceration and reoffending. Such investment would result in cost-savings, given WA spends over $500,000 annually per child incarcerated[101], compared to '$114.01 per day to place one child under community-based supervision'[102]. While the Premier's recent announcements regarding further investment in this space are an important first step, it falls short of making the wider changes required to address the systemic issues that lead to contact with the justice system.

It is widely reported that children with neurodevelopmental disorders are disproportionately represented in youth justice systems[103]. A 2018 study assessing the prevalence of youth neurodevelopmental impairment in Banksia Hill Detention Centre revealed 89 per cent of the detained youth 'had at least one domain of severe neurodevelopmental impairment, [and 36 per cent] were diagnosed with FASD'[104]. The study concluded with a recommendation to enhance diagnostic pathways to improve their rehabilitative process[105]. Additionally, intervention strategies are identified as having a positive influence on children in detention and the potential to reduce recidivism[106]. Building upon these results, a 2022 study noted that youth in WA detention had 'high rates of unrecognised and unmet health and wellbeing requirements, including undiagnosed FASD'[107]. Given this evidence, the WA Government must acknowledge that there are many Aboriginal detained youth that have undiagnosed developmental, physical and mental health conditions that require *culturally secure* diagnoses and treatment.

To ensure children do not end up in detention in the first place, there is a clear need to raise the age of criminal responsibility. Despite the UN Committee on the Rights of the Child urging Australia to raise the age of criminal responsibility to 14 to conform to the internationally accepted age[108], WA continues to use 10 years as the age of criminal responsibility. Evidence suggests that children under 14 years do not have the cognitive capacity to form criminal intent[109]. Additionally, introducing young children into the criminal justice system entrenches them in a cycle of reoffending and disadvantage. Raising the age of criminal responsibility to 14 will reduce the rates of Aboriginal youth detained[110]. If this change were accompanied by the expansion of other supports and early interventions, disadvantaged youth might be provided with brighter futures.



AHCWA notes that Tasmania has raised the minimum age of criminal responsibility to 14 (coming into effect at the end of 2024). The Northern Territory has increased the age to 12 years, whilst also seeking to reform mandatory sentencing laws. Other jurisdictions have indicated they plan to make legislative changes in this space. For instance, the ACT is planning to raise the minimum age of criminal responsibility to 12, and then to 14 years within two years after that.

AHCWA is also concerned about mandatory sentencing laws in WA and their impact on Aboriginal youth. The Australian Law Reform Commission has identified that WA mandatory sentencing provisions disproportionately impact Aboriginal people[111]. Mandatory sentencing removes the discretion of the Court to take into account the different personal circumstances associated with certain offences. It also denies the application of the principle of 'imprisonment as a last resort'[112], and is more likely to trap Aboriginal people in cycles of incarceration. As a 2017 WA Auditor General's report noted, 'police divert offences by Aboriginal young people less than they divert offences by other young people'[113]. This is highly concerning, and combined with mandatory sentencing laws, demonstrates the increased risk of Aboriginal youth entering detention. The Law Council of Australia and WA Aboriginal Legal Service have raised concerns about the application of mandatory sentencing to children, as it directly contradicts several articles of the Convention on the Rights of the Child[114]. Further, the UN Committee on the Rights of the Child has specifically urged WA to 'repeal mandatory minimum sentences'[115].

At Banksia Hill Detention Centre, reports have revealed self-harm, suicide attempts and mistreatment. Amidst chronic understaffing and rolling lockdowns, children at Banksia Hill have faced extended stints in solitary confinement, being restricted to their cells in some cases for longer periods than detainees in adult prisons. The extensive confinement of children to cells was declared unlawful by the WA Supreme Court in August 2022. It is clear that urgent change is needed. Consistent with commitments the Government has made under the National Agreement, these changes need to be made in partnership with Aboriginal communities and organisations, underpinned by genuine shared decision-making.

The State Government's review of the *Young Offenders Act 1994*[116] may address some of the above issues, although we note that some changes are not dependent upon this review process. Implementing the below recommendations would help the WA Government meet its obligations under the National Agreement, including Outcomes 4, 10 and 11. However, even if the following measures were adopted, much more work is required to seriously address WA's youth detention and legal system, and to ensure Aboriginal youth are given the chance to flourish – this will require a broader and more thorough redesign of the justice system, as well as significant changes across a range of areas where Aboriginal youth and their families experience disadvantage.

Recommendation 12: Fund culturally secure, holistic health and wellbeing services delivered by ACCHS and ACCOs, to address the many chronic developmental, physical and mental health conditions of the children in youth detention. Derbarl Yerrigan Health Services is ideally placed to assist with the management of the complex needs of youth detained at Banksia Hill Detention Centre.
Recommendation 13: Expand funding for early intervention and diversionary programs that address the underlying causes and drivers of Aboriginal youth incarceration and reoffending.
Recommendation 14: Raise the age of criminal responsibility from 10 years to 14 years.
Recommendation 15: Repeal the application of mandatory sentencing provisions in the criminal justice system.

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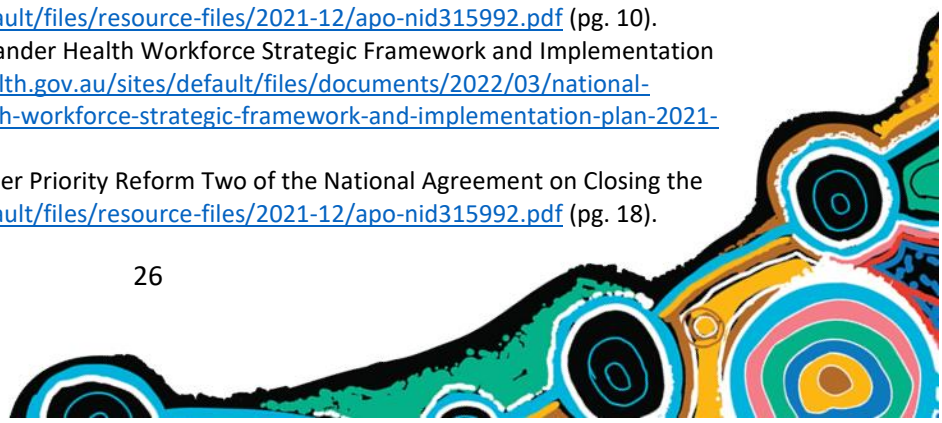

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