



TRANSCRIPT OF DAY 1 – PUBLIC HEARING

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MS SUE-ANNE HUNTER, Commissioner
MR TRAVIS LOVETT, Commissioner
DISTINGUISHED PROFESSOR MAGGIE WALTER, Commissioner
THE HON ANTHONY NORTH KC, Commissioner

MONDAY, 27 MAY 2024 AT 10.04 AM (AEST)

DAY 1

HEARING BLOCK 7

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<THE HEARING COMMENCED AT 10:04 AM

CHAIR: Thank you. Welcome, everyone. I'd like to welcome you all to the Yoorrook Justice Commission's Hearing Block 7 hearings into Social Injustices experienced by First Peoples in Victoria. To begin with, I will ask Commissioner Hunter to provide a Welcome to Country.

COMMISSIONER HUNTER: Thank you, Chair. I would like to acknowledge we are on the lands of the Wurundjeri and pay my respects to Elders past and present and all those who have come before us. I would also like to acknowledge that yesterday was Sorry Day and as we go into Reconciliation Week and may Bunjil watch over us as we conduct Aboriginal business. Wominjeka.

CHAIR: Thank you, Commissioner Hunter. I'd like to introduce Commissioner North, Commissioner Lovett and we are missing Commissioner Walter this week due to illness. So there's an apology there. Over the next four weeks, Yoorrook will be hearing evidence about Systemic Injustice in Health, Education, Housing and Economic Prosperity. Less than a month ago, Yoorrook concluded the hearings into Land Injustice, and I want to thank everybody, and I mean everybody, who was involved with that hearing block because we did some things that we didn't think we would be able to do, and I particularly refer to some meetings that happened on Country, Portland, Coranderrk, and Robinvale. The people in those communities, for our history, for our people to heal, it was very important that those hearings happened in the way they did, and those visits happened in the way they did, because it's for our people who are sometimes forgotten in distant parts. It puts them on the public record forever.

So I thank everybody, and I thank everybody who is working with us and for us and around us and our legal people in all of those endeavours, because it is a huge effort and we are doing something that's so important, notwithstanding it has never been done in this way before or to the extent that we're confined about a long story that is expected to be delivered in a short time.

Yoorrook's decision to hear evidence about Land Injustice before the evidence we're about to embark on now with health, housing, education and the other matters, was a conscious decision on our part. It's the fact that we sought to give all Victorians an understanding of how damaging protection and welfare has been to First Peoples of Victoria.

It was a systemic and legal attempt to eradicate First Peoples' cultures and identity, and it enabled over a century of negative attitudes to thrive and to persist. The deep connection we, as First Peoples, have to land, sky and waters, is central to our existence, to our spirituality and to our cultural identity. Disrupting that connection to land, therefore, has a flow-on effect to First Peoples' health and wellbeing. When forced on to missions, we were deprived of kinship ties, culture and language.

And as Aunty Marj Thorpe told Yoorrook, dispossession, disruption of lifestyles, rapid cultural change, disruption of families and communities, discrimination, cultural exclusion, poverty and lack of educational opportunity and poor health have been the legacies of colonisation.

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The evidence of health, education and housing and economic life is being heard over the next few weeks. It will reveal how the original theft of land created an unbroken line of injustice that has led to the social and economic injustices experienced by First Peoples today.

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We will also hear evidence about the transformation needed to Close the Gap and overcome the Systemic Injustices. First Peoples had governance and structures around health, education and community continuity. But First Peoples' inherent right to self-determination and the right to determine our futures is still not a given but it is fundamental to our future.

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The Victorian Government has committed to Treaty-making processes for First Peoples that restores the right to self-determination. I don't know that "restores" is the word, because we have not had it. Yoorrook has heard many apologies from government during this important truth-telling process. Such apologies and commitments need to lead to change and to actions.

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Last week we heard an historic apology from the Chief Commissioner of Police to the Stolen Generations. It was welcome, but it took some 27 years to make that apology. They have identified within the police service some 79 actions they wish to take. I hope that timeline is not an indication of how long that might take, but we're looking forward to watching what happens in that space.

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Yoorrook will make its findings and recommendations at the conclusion of all of the evidence, and Yoorrook's recommendations will be important in identifying the reforms that will be part of Treaty-making process. Thank you. Counsel. May I have appearances, please.

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MS MCLEOD SC: Thank you, Chair, and thank you, Commissioner Hunter, for your Welcome to Country. If the Commissioners please, I appear as Co-Senior Counsel Assisting today with Mr McAvoy of Senior Counsel. In this hearing block you will be assisted by Mr McAvoy and myself and Junior Counsel Ms Fitzgerald and Mr Goodwin and we are joined by Ms Weinberg of Counsel. On behalf of Counsel and Solicitors Assisting the Inquiry. We too acknowledge the Wurundjeri people and all the First Nations of the State of Victoria who are looking to work with this Commission to aid their dealings with the State government and to others and to ensure that the truth is told in this place.

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I too acknowledge the work of ancestors and Elders to continue to speak truth to power.

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MS CAFARELLA: Good morning, Chair, Commissioners. My name is Ms Cafarella, and if it please the Commission, I appear on behalf of the State of Victoria. The State of Victoria acknowledges that today's hearing is being held on the land of the Wurundjeri people and recognises them as the Traditional Owners of this land, and I thank Commissioner Hunter for her Welcome to Country this morning. The State also acknowledges that sovereignty was never ceded over this land. The State pays respect to all Wurundjeri Elders, past and present; to all Elders who are participating or watching today's hearings; and to all First Peoples who are participating and watching in this hearing block. Thank you.

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MS MCLEOD SC: Thank you, Chair. As you've noted, this week Yoorrook commences a four-week block of hearings focusing on Social Injustice. That injustice is historic and ongoing, reflected in systems and services that often treat First Peoples differently and unfairly without regard for the unique knowledge and practices. This evidence will build on the important work of the last hearing block with its focus on Land Injustice, the loss of land, water and associated uses and resources, and your consideration of the body of historical, archival and oral material.

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Commissioners, you will recall the acknowledgements of senior Ministers of the State and many others that sovereignty was never ceded and the spiritual and ancestral ties of Traditional Owners to their lands and waters that has not, and can never be, extinguished. You will remember the early and uncontested history of this State, described by the historians and accepted by all witnesses, of illegal squatting by settlers and the subsequent State assertion of sovereignty, with the continuation of acts of dispossession continuing to the present day.

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You will recall the ready admission by various Ministers of the Crown that this legacy compels the State as beneficiary of multiple acts of violence and dispossession and as a recipient of the extraordinary wealth that accompanied that dispossession to secure the economic prosperity and wellbeing of First Peoples. You will recall the acknowledgements that First Peoples are largely shut out of sharing in the wealth of Victoria's resources in a number of ways, and their ancient knowledge and practices are not valued and protected.

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In this hearing block, Commissioners, we will reflect on that legacy and the consequences of that state of affairs on the health, wellbeing, rights and interests of First Peoples in a number of critical areas of life. We will focus on health, including mental health and family violence; education at all levels; housing and homelessness; economic empowerment; and participation in political life.

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Throughout this hearing block, you will hear from senior bureaucrats and responsible Ministers, including the Minister for Housing, Harriet Shing; the Minister for Mental Health, Ingrid Stitt; Minister for the Prevention of Family Violence, Vicki Ward; the Deputy Premier and Minister for Education, Ben Carroll; the Treasurer, Tim Pallas; and the Minister for Health and Health Infrastructure, Mary-Anne Thomas. Many witnesses will reflect on the legacy

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impact of early colonialisation and continuing impact on First Peoples in the delivery of critical services.

5 They will share their experiences and understanding of inequity and the failings of these services and describe the way that the past continues to live in the present. In some cases, they will recount stories of racism embedded within our schools and universities, our healthcare, our housing services and in the opportunities accorded to First Peoples to improve their lives and the lives of their communities.

10 They will speak of the strength and success of First Peoples-designed and delivered services. Today we commence with the topic of health and a panel discussion on the aspirations and shortcomings of Closing the Gap and the review of the recent Productivity Commission. The panel will comprise Nerita Waight and Michael Graham, the Co-Chairs of Ngaweeyan Maar-oo, alongside the
15 Executive Director, Lisa Briggs. This will be followed by a session with Aunty Jill Gallagher and Sheree Lowe of the Victorian Aboriginal Community-Controlled Organisation, VACCHO. Tomorrow we continue on the topic of health, and the Commissioners will hear from Professor Ray Lovett, followed by the co-chairs of the First Peoples' Assembly, Ngarra Murray and
20 Rueben Berg.

Hearings will then resume the following Tuesday with evidence on the topic of housing and education, and the continuation of the investigation into health. Commissioners, we might seek a short adjournment in order to assemble the panel
25 of witnesses to be led by Mr McAvoy and continue with the evidence.

CHAIR: Thank you, Counsel. Thank you very much. We will adjourn for a few moments.

30 **<THE HEARING ADJOURNED AT 10.17 AM**

<THE HEARING RESUMED AT 10.21 AM

CHAIR: Thank you, Counsel.

35 **MR MCAVOY SC:** Thank you, Chair, Commissioners. We are fortunate this morning to have representatives from Ngaweeyan Maar-oo appearing before the Commission. I call Michael Graham, Nerita Waight, and Lisa Briggs. They are in the witness area, Commissioners. I might start with Lisa who is closest to me.
40 Lisa, could you tell the Commissioners your full name.

MS BRIGGS: Lisa Lorraine Anna Briggs, Gunditjmara woman from the western district of Victoria.

45 **MR MCAVOY SC:** Do you undertake to tell the truth in the evidence that you will give today to this Commission? Thank you. Michael, could you tell your - tell the Commission your full name, please?

MR GRAHAM: Yes. Michael Bruce Graham. I'm from the Dja Dja Wurrung and Wiradjuri mob.

5 **MR MCAVOY SC:** Do you undertake to tell the truth in the evidence you are to give to this Commission today?

MR GRAHAM: Yes.

10 **MR MCAVOY SC:** Nerita, could you tell the Commission your full name, please?

MS WAIGHT: Nerita Noelene Waight, Yorta Yorta and Narrandjeri woman.

15 **MR MCAVOY SC:** And do you undertake to tell the truth in relation to the evidence that you will give to the Commission today?

MS WAIGHT: Absolutely.

20 **MR MCAVOY SC:** Thank you. Now, I might indicate to the Commissioners that the evidence today from the panel primarily come from Michael Graham and from Nerita Waight, although if there are additional issues, Lisa Briggs might add to that evidence. I might first, then, start with asking Nerita Waight to introduce herself and her role with Ngaweeyan Maar-oo.

25 **MS WAIGHT:** My name is Nerita Waight. As my day job, I'm the CEO of the Victorian Aboriginal Legal Service, which provides legal services to Aboriginal communities across Victoria. In terms of my role with Ngaweeyan Maar-oo, I'm
30 a Co-Chair. I was elected to represent both justice and youth justice a little over two years ago at this point, and I've been deputy - sorry, Co-Chair for three months, yeah, three months at this point.

CHAIR: Thank you.

35 **MR MCAVOY SC:** Thank you. Michael, could you just make a similar introduction and talk about your role?

MR GRAHAM: No worries. So Michael Graham. I'm the CEO of the Victorian Aboriginal Health Service, and I've been Co-Chair for a bit longer. My position
40 here is I represent the Aboriginal Health and Wellbeing Partnership Forum, and that puts me on this Ngaweeyan Maar-oo group and, yeah, I was elected as the Co-Chair some seven or eight months ago.

MR MCAVOY SC: Thank you. And, Lisa, could you similarly inform the
45 Commission of your role.

MS BRIGGS: So I'm currently the Executive Director of Ngaweeyan Maar-oo. I was previously the Co-Chair. And prior as the Aboriginal housing sector representative of the Victorian Aboriginal Housing and Homelessness Forum, was my role at that time.

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MR MCAVOY SC: Thank you. Michael, I might ask you first to just give the Commissioners some understanding of the role of Ngaweeyan Maar-oo.

MR GRAHAM: Not a problem. Sorry, Tony, we do have a bit of a script here and you have sort of bypassed some of our things.

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MR MCAVOY SC: If you wish to make an opening statement, now is the time to do it. Would you like to do that?

MR GRAHAM: No, it was more of an introduction that we were going to go through before we got into the actual Ngaweeyan Maar-oo but happy to just start on what Ngaweeyan Maar-oo is all about.

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MR MCAVOY SC: I'm happy for you to give that introduction so start from the beginning.

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MS WAIGHT: Maybe summarise.

MR GRAHAM: So, first of all, I did want to acknowledge we are on the land of the Wurundjeri people and pay respects to Elders past and present, and it's always weird talking about what that actually means, because we say we never ceded, and yet that would then put us almost at war with the colonisers. But there's no war tribunals. There's only things like this to talk about. So it's either at war or it was stolen and, you know, if it's stolen then it's time to give it back and maybe it's both.

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But we don't talk about that. But as I said, my name is Michael Graham. Many people know me in my different roles that I've played over time. I've worked in most sectors in the Aboriginal community-controlled area, and also six years in the Department of Education. So I've had a feel of what it's like working in the public system, as well as community-controlled.

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As I said, before I'm from Dja Dja Wurrung and Wiradjuri, and I tend to find myself resting at peace on weekends back on Country. That's where I get my peace and recharge my batteries.

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There is many hats that I do wear as well. I also chair VACCHO, the Victorian Aboriginal Community Controlled Health Organisation, and co-chair the Aboriginal Health and Wellbeing Partnership Forum with Minister Thomas. And I also co-chair the Northern Metropolitan Aboriginal Strategic Governance Group. I sit on the National Coalition of Peaks as well as sit on the National Joint Council. And I'm on a couple of boards including Yappera Childcare Service and ACES as

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well. So I sort of spread my knowledge and experience across a range of Aboriginal affairs. I'll pass on, as far as introductions go, to Nerita first before we get onto Ngaweeyan Maar-oo. So, Nerita.

5 **MS WAIGHT:** Thanks, Mick. So, as stated, I am incredibly new to this role, three months. But the reason why I took on this, whilst being CEO of VALS, Treaty co-convenor for First Peoples, and overall public nuisance on law and order issues like bail and youth justice is because I've got two little boys, two boys who I want to make sure they grow up in a system that means they don't see
10 over-representation in child protection and criminal justice as normal. They don't think that they have to be less than or they have to be perfect in order to avoid detection. That they can grow up safe, strong in cultures and communities. I believe that the work of Ngaweeyan Maar-oo, particularly its members, all works towards that aim.

15 What we have let down by is continue system failure because the funding enablers aren't there. The ability to engage in decision-making is not there and also issues such as workforce and capacity remain an issue every day.

20 I also want to say that as my role in FPAV has certainly highlighted Treaty, certainly is that hope for the future, but it is for the future. And there are children and families now who need support, who need change, who can't wait. And I really see the role of Close the Gap as providing that foundation for that later transformative change through Treaty, and certainly really positive that we can
25 achieve that, if the government is actually willing to partner with us. Mick.

MR GRAHAM: The National Agreement on Closing the Gap or the National Agreement is between governments and Aboriginal community-controlled organisations, or ACCOs, as we call them. Its fundamental aim is to improve the
30 lives of Aboriginal people in Australia. The initial agreement, the National Indigenous Reform Agreement known as the Closing the Gap commenced in 2008. It has changed a little since then, and both Lisa and myself were part of the original one as well.

35 However, this was only an agreement between Australian Governments. No representatives of Aboriginal and Torres Strait Islander people were parties. The development of the current National Agreement signed in 2020 came after 20 years of limited progress under that previous framework.

40 Aboriginal peak bodies were the drivers of progress leading to the signing of the National Agreement, the first Intergovernmental Agreement to be negotiated and agreed between all Australian governments and representatives of the Aboriginal and Torres Strait Islander people. The collective of Aboriginal and Torres Strait Islander representatives is known as the Coalition of Peaks. The National
45 Agreement calls for an unprecedented structural shift in the way governments work with Aboriginal and Torres Strait Islander people to drive better outcomes.

In signing the agreement, governments made a commitment to a fundamentally new way of developing and implementing policies and programs that impact on the lives of Aboriginal and Torres Strait Islander people, and to do it in a way that takes full account of, promotes and does not diminish in any way the culture of Aboriginal and Torres Strait Islander people.

Today's landscape is very different when the National Agreement was signed in 2020. It is now one of the key government commitments with the aim of improving the lives of Aboriginal and Torres Strait Islander Peoples across Australia, including the establishment of the First Peoples Assembly of Victoria, legislated truth-telling processes in Victoria and Queensland, a legislated Indigenous voice to Parliament in South Australia.

The National Agreement also brought in a new governance system. In signing up to the National Agreement, governments agreed to report on their progress to a national body with representation from governments and the Coalition of Peaks. This is called the Joint Counsel on Closing the Gap or the Joint Council. The Joint Council is made up of 12 Coalition of Peaks-elected representatives and Ministers and local government representatives. Each jurisdiction has its own community led organisation which is a member of the Coalition of Peaks.

This connects the work in the jurisdictions to the national level decision-making structures. Nerita.

MS WAIGHT: Under the National Agreement, the Victorian government must have a formal Closing the Gap implementation partner. The Closing the Gap Partnership Forum is the Victorian Government's formal mechanism for National Agreement implementation. That Partnership Forum is made up of senior government representatives, so you are talking Secretary level, and Ngaweeyan Maar-oo, representatives of the Aboriginal community-controlled organisation sector, and the Aboriginal Governance Forum. So think the Aboriginal Justice Caucus, the Dhelk Dja agreement, Aboriginal Children's Forum, et cetera.

Ngaweeyan Maar-oo means a voice of and from the people in Gunditjmarra dialect. We represent over 50 years of community-controlled knowledge and expertise that the Victorian government can harness now if it is serious about honouring its commitments under the National Agreement and to the tears shed here. We have 13 ACCO representatives from 14 sectors elected to represent the sector. Those include social and emotional wellbeing, which is the Aboriginal Health Service; education and skill, which is the Victorian Aboriginal Education Association Incorporated; land and waters and economic development and employment, which is the Federation of Victorian Traditional Owner Corporations; housing, which is the Aboriginal Housing Victoria; justice and youth justice, obviously VALS; child and family services, the Victorian Aboriginal Child Care Agency; family violence is Djirra; language and culture is the Victorian Aboriginal Corporation for Languages; disability is Rumbalara Aboriginal Cooperative. Youth is, of course, our Koori Youth Council. Elders and aged care is the Aboriginal Community

Elder Service Incorporated. Early childhood care and education Bubup Wilam, Aboriginal Child and Family Centre Incorporated. And health is the Victorian Aboriginal Community Controlled Health Organisation Incorporated.

5 As stated, we cover the Aboriginal Children's Forum, Aboriginal Justice Forum, Aboriginal Strategic Governance Forum, Dhelk Dja Partnership Forum, Marrung Central Governance Committee, the Victorian Aboriginal Economic Employment Council, the Victorian Aboriginal Health and Wellbeing Partnership Forum, the Victorian Aboriginal Housing and Homelessness Framework and Implementation
10 Working Group. Members are elected and as such accountable to their sectors and community.

Our strength is our diverse representation. We demonstrate the benefits of a collective and holistic approach to Closing the Gap. So we are not looking at
15 things of - say, a 13-year-old is arrested for assault. We are not looking at it in the prism of let's deal with this legal issue. We are saying for that cohort of children, what are the supports that they need at home, in community, in school, to stay safe and strong. Ngaweeyan Maar-oo is also committed to Closing the Gap through promoting culture, connection and community and preserving our culture and
20 supporting our Aboriginal Elders to empower the next generation of proud, strong and thriving Aboriginal people.

We encourage the Commissioners to engage in further conversations with our members, which I believe you will be doing over the course of this hearing block,
25 as well as the Coalition of Peaks to better understand the national architecture.

MR MCAVOY SC: So you have spoken briefly in relation to the National Agreement on Closing the Gap. And just so we're clear, that National Agreement provides for the Closing the Gap targets and also some priority reforms.
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MS WAIGHT: That's correct.

MR MCAVOY SC: Can you just explain for the Commissioners the difference between the two broad areas within the agreement? The National Agreement?
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MS WAIGHT: So we have the targets which obviously cover all the different sectors. So, for example, for youth justice, you've got overrepresentation rates, which we are meeting in Victoria. And then for child protection for example you've got removal rates, education, participation, as well as kindergarten, which
40 is early childhood. And then priority reforms are focused on kind of how do you reform the sector, to be honest. So things like sector strengthening, things like transfer of decision-making and resources.

MR MCAVOY SC: Would it be appropriate to describe the priority reforms as more directed to the structural reform?
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MS WAIGHT: That's correct. When you hear Closing the Gap in the media, particularly post-Voice referendum, there was a lot of focus on kind of the measures and targets end, but really underpinning that is the call for structural and systemic transformation through the priority reforms, which are designed to drive

5 the foundational shift needed to actually reach the targets. Priority reform 1 is obviously about partnerships and shared decision-making to ensure full involvement of Aboriginal people. And, in our experience, that commitment is rarely achieved in practice, and in terms of its commitment level, it's really open to interpretation.

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MR MCAVOY SC: We will come to the priority reforms in a moment. I just want to ask you some more questions about the structure of the National Agreement. The National Agreement does provide for implementation and monitoring procedures; correct?

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MS WAIGHT: Correct.

MR MCAVOY SC: And one of those procedures is the development of State implementation plans. Second is reporting by the Australian Productivity Commission every three years.

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MS WAIGHT: Correct.

MR MCAVOY SC: And it's correct to say that in Victoria there is a State implementation plan?

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MS WAIGHT: Correct.

MR MCAVOY SC: And that there has been recently the release of a Productivity Commission study in relation to the performance against the National Agreement?

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MS WAIGHT: Yes.

MR MCAVOY SC: I'm going to ask you a fairly broad question now, perhaps to launch into some of the issues relating to performance of the Closing the Gap commitments. And I ask you - I will ask you this question, understanding that the Close the Gap targets are just that. It is the statement of proposed targets at a national level. Is the recording, then, of commitments in a State implementation

40 plan and the reporting upon that by the Productivity Commission in your observation so far sufficient to secure performance by government of the commitments that it makes?

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MR GRAHAM: I would say no, straight up. What I'm seeing that it's just business as usual for them and there's no investment into the right areas. So I think at the moment - and this is probably why the Productivity Commission was so damning - is that things aren't changing as quick as they should be, because this

was supposed to finish in 2030, right. It's not that far away. And we're not doing anything different as yet. And no matter how many times we go back to them and say we need more investment in the front-end, in the early intervention prevention, that kind of work, they're still just doing business as usual, and if there's any
5 investment it's in tertiary.

And I'm talking State. When I talk about Commonwealth, it's less in the urban and built-up areas and more in remote, which is - they need it up there as well. But most of your population, Aboriginal population, I'm going to say around 75
10 per cent, live in built-up areas. Now, if we don't address those issues and invest more into that early intervention and prevention area, things aren't going to change and Nerita's children and my children and grandchildren, they are going to be sitting here talking about the same stuff in another 20 or 30 years. And we know that because we were sitting at the tables with our parents saying the same things,
15 20, 30 years ago.

MR MCAVOY SC: How does that make you feel as a parent and potential grandparent? You know, clearly, it would be frustrating, but that's perhaps putting it mildly. Are you able to just talk to the Commissioners about your sense of
20 frustration at the pace of change?

MR GRAHAM: Well, to be honest with you, Tony, I came into this room feeling a bit sick, and the reason I feel sick is because I focus a lot of my time and energy on prevention, and I know the people who have come in here and the stories
25 they've told. And it hurts me to know so much pain has been opened up here in this meeting by people who have got their own stories but the stories of their old people. And it makes me sick to think that my children and grandchildren will be telling the same story.

I always thought that if I can get in and make a change, then my kids and grandkids won't have to go through that. So I'm really frustrated to the stage where I feel quite passionate and emotional about it and find spending a lot of my time is holding that back. Because of the roles that I play in our community, I often have to be the rock and the provoker of new things. It's not an easy thing
30 to do. So, personally - my wife actually says I don't show much inflection, and that's because I hold so much inside all the time. So, yeah, I'm very frustrated.
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MS WAIGHT: It's frustrating when you see Ministers attend this Commission and shed tears and those tears don't do community any favours. If those tears were
40 genuine, then perhaps you wouldn't be doing the things that you have done and will continue to do. You know, I saw the Attorney-General give evidence and, for all of its purposes, it appeared genuine. But I knew post that, we wouldn't see a change in the way decision-making was made. And sure enough, we decide to bag and tag children rather than engage in preventive investment in therapeutic
45 supports.

These children that you hear about are children who come from trauma backgrounds. They're children who don't have what my children have. They don't have a mum and dad. They don't have a home or a roof over their head. They don't know where they are going to be next week. And yet all you do by making
 5 these decisions is tell them continually, you are the problem, you are the failure. And, for me, my frustration lies in the fact that will coming here telling their truths, hearing our truths, in spite of what I saw in their response to Yoorrook's interim report, actually change for the next generation?

10 Will Matteo see those kids that he grew up with Bubup Wilam be told that they're not good enough simply because they are black? That I don't have any confidence in at this point in time.

MR MCAVOY SC: That's a damning assessment of the procedures that are in
 15 place. It speaks to an entire lack of confidence that the change that everybody talks about can actually be achieved. Do I understand that's your evidence to this Commission?

MS WAIGHT: That is my evidence. I was hopeful pre the response to
 20 Yoorrook's interim report. After that, I felt betrayed, frustrated and less hopeful about the future, to be frank.

MR MCAVOY SC: I might just turn back to Michael for a second. We've talked
 25 about the response from government in terms of frustration but I suggest to you that it appears that you might also be somewhat angry about the way in which government has responded. Is that a fair assessment?

MR GRAHAM: I am angry. I don't know if it's down the track that you may be
 30 thinking because it's more that - I've met Ministers and Secretaries of Departments, and they're just people. They're human beings like the rest of us. They've got families, they have got friends, their own communities. And they come here and I think that, you know, they legitimately feel like there's wrongdoing. And they probably feel some guilt about all of that wrongdoing. And then they leave the room after they've off-loaded their guilt and they feel
 35 a little bit better, and they have the opportunity to make change now but we're not seeing the change.

I've seen Aboriginal people come in here and they open up old wounds and they
 40 walk out feeling worse because the wounds are open again. And it's not just on the individuals but it's also on the families who are watching and our community who are watching and seeing our people in pain.

I don't think it's so much a people problem. It's a system problem. And, you know
 45 - and I do a lot of reflecting on this and I think, well, why is the system like this, why isn't it changing? And I have to go all the way back to when the assimilation policy was put in. That's when the big systems were put in. And we haven't

changed those. All right, we have said we have got rid of that policy, but the systems are still left behind and those systems don't cater for our people.

5 And instead of throwing out the old systems and talking to people and saying, okay, what do we need going forward, they try to amend things along the way, but it still keeps that framework of the old system that says you blackfellas need to assimilate or we are going to put you into an institution, we will force you to assimilate, and if you don't do that, you're going to die. Those are the choices we have got. So I'm very angry about the whole thing, and I think the only way we're
10 going to change this is we have got to change those systems.

MR MCAVOY SC: Now, the questions that I propose to ask you as we go through this session - well, I will take you to some of the Productivity Commission's report, and the Victorian government's implementation plan, but the
15 pressing question for this Commission is: How then does it fashion recommendations that effect change that you've identified? How do you change a system that has deeply embedded systemic and structural problems?

I invite you, at this point, to make some comment as to your views as to what
20 those changes might be.

MS WAIGHT: Well, in terms of my viewpoint as Nerita Waight - I just want to clarify that - it is that you make recommendations that build towards dismantling and building new systems because those systems that don't work for Aboriginal
25 communities, they actually don't work for regular Victorians, whether they're recent migrants or been here for generations. They're not working because they don't account for things such as disability, things such as mental health or vulnerability in general.

30 And it's great to go for those big headlines - let's transfer systems, let's move decision-making, but how do you get there? There are steps that need to be taken, and what I find often is everybody just goes for the beautiful little headline and doesn't do the work to step out how we get down that path. And there are things that certainly in the Close the Gap Agreement, if implemented in the spirit that is
35 intended, would help build that pathway.

MR MCAVOY SC: Do you wish to add anything, Michael?

MR GRAHAM: No, I think it's pretty much in line with what Nerita is saying.
40 It's about doing the consultation with people, and, you know, there's different generations coming through now compared to when I was younger and it was kind of hard-line, "This is just how we're going to do it". The generations come through now - so I'm part of the X generation, but the ones coming in after me are a little bit more sensitive about other people around them, and they want to
45 support them in whatever ways they can.

So I think, you know, sometimes it's a matter of sitting down and talking to younger people and saying, "How can we do this better?" And I think consultation - I mean we do this in the ACCO world all the time. Consultation with people as to their needs, do that in the background, and then when it's time, transfer it over.
5 But, yeah, other than that, probably just the same as Nerita.

MR MCAVOY SC: The Productivity Commission specifically points out racism as one of the drivers of a failure to make the structural change that is necessary. Do you agree with that observation?
10

MS WAIGHT: Racism in all its forms, yes.

MR MCAVOY SC: So if you could just explain to the Commission what you mean by racism in all its form.
15

MS WAIGHT: Well, there's direct racism. There's indirect racism. There's systemic racism. All of those things play a part. Sure the system itself can be racist, but there is still a person who is applying that system who then applies their own biases, their own viewpoints and so, for me, it's racism in all its forms.
20

MR MCAVOY SC: Michael?

MR GRAHAM: Yeah, I have to agree with Nerita and it's - a lot of that racism we see comes through media. It's always identified if an Aboriginal person is doing wrong but not enough on all the great stuff that has been happening. To say that our Aboriginal young people are playing up but then not say that about non-Aboriginal people is a show of racism straightaway.
25

Identifying anything we do wrong - I mean, everything is under cameras nowadays because people carry mobile phones, so you can't step out of line in anything. But they seem to highlight if we do something wrong. And that then has an influence on the rest of the public, because all the public sees is all of these things going wrong for us. So I think that plays a key part. And, you know, governments have to think outside of their term.
30

35 So if you're in government, you want to get voted in, well, you go with the majority. And, you know, you watch the media, go with the majority, get your votes, get back in. Let's be courageous. Let's say - you listen to the inaugural speeches of some of these members of Parliament, they are great speeches, and then as soon as they get into that system, it falls away. Be brave. Go in there for what you said you are going to do. Make the change. And if you're not there in four years' time, well, at least you came in and made that change. But right now, what they're doing is they're letting racism continue to flow through, through these systems and media.
40

45 And there's other things too. There's things like, I've been to some great hospitals and great mainstream services and it looks like this. It's culturally aware inside.

And the staff can be great too. Not always, but they can be. But you're sitting in a room with public who have a racist view of you. You don't feel comfortable, which is why you want to go to an Aboriginal community-controlled organisation. So it's in your face constantly.

5

You know, if I go shopping and I've got my Aboriginal t-shirt on, I know I'm going to get great service because the people in the shop are following me wherever I go. Right? So I'm getting the best service in town. But if I go in there dressed in a suit, they hardly come near me. They don't watch what I'm doing. They just wait until I come up and throw my money at them. There's racism everywhere. And whether we want to believe it or not, as in all of our society, you need to really sit back and have a think about it.

10

MS WAIGHT: And our youngest are aware of it. They see it play out in their schools, in the way that their teachers treat them, in the way that their grades are considered, in the way that their performance is assessed. My youngest is - sorry, my oldest now - is six and he's incredibly aware of racism and, in fact, so aware, post-referendum, of the racism that exists in the systems that he was afraid to go into a mainstream school, to be around children and teachers who were not Aboriginal because he didn't feel safe.

15

20

He didn't feel like he could be heard, and he didn't feel like he would be considered good enough. And I think that there is a lot of work that we have to do as a society, all of us, you know, Joe Blow on the street, Prime Minister, Premiers, Ministers, police, school teachers on how we can address racism in all its forms to make sure that all Victorians feel safe and heard.

25

MR MCAVOY SC: Is there a point at which the buck stops, if I can use that expression, in terms of dealing with systemic racism within the government that's blocking - or is understood by the Productivity Commission, in any event, to be blocking the cultural changes necessary? Is it with the departmental Secretaries? Is it with the Minister? Is it with the middle managers? Are you able to comment about where that sort of responsibility lies?

30

MS BRIGGS: I think with the systemic racism, there's a couple of things that happen. It's in the policy development to begin with. Like, when you have a look at eligibility criteria for people to enter into the system. When we look at mental health systems, you have to be a certain category to be able to get a certain service. If it's too high needs of a service, then you are not allowed to access that service and you have to go to hospitals. Hospitals are not all equipped to look at the high needs - there's a gap as part of that and that's when the ACCOs will pick that up. So you are systematically denying Aboriginal people their right to a good health service as part of that process, or accessible, available, affordable and appropriate as part of that. And eligibility criteria over the last 10 years have seemed to be a way of increasing systematic racism in terms of turning people away.

35

40

45

So I think when you actually look at that and then who is actually then filtering this and building this and are they consulting enough with the ACCO sectors, with the legal services, with whoever the discipline is to ensure that it does not impact on available access to essential services for everyday people like us. Not to segregate us as part of that and be only the responsibility of the Aboriginal community-controlled sector. Because what I see at the moment is that society, since the referendum, has been looking at us like social welfare and social welfare dependency rather than all the economic value that we bring into society.

5
10 We are the largest employer - Aboriginal community-controlled organisations are the largest employer of Aboriginal people in the country, and even in Victoria, I would say more than 50 per cent is employed by the ACCO sector, what Nerita and Michael do. Along with that, they are the largest service provider of any Aboriginal people in the country, and it is documented through the Productivity
15 Commission, and it is documented in the Australian Institute of Health and Welfare datasets. But where is the recognition from governments, from local government, from state government?

20 When the Close the Gap campaign first started, Counsellor, there was a bipartisan commitment that we would improve the health inequality of Aboriginal people up until 2031. Where is it? We just had a budget, both federally and for the State. I never heard anything. Where is the commitment to the state government about what they're going to do? The Productivity Commission talks about there's a response that's supposed to happen by the Victorian government by September.
25 Are they then going to announce what they are going to do in terms of their commitments and honouring the agreement both nationally and the State? The implementation plan that you talk about?

30 Or is it a bit of systematic racism that we are actually sidelined, it's an ACCO problem. You know, what are we going to do? We need to get the government back on board. Treaty is one mechanism. It is not the only mechanism. And the Aboriginal community-control mechanism has been around for every 50 years and has experience, cultural knowledge that no other provider has, which is why it makes us unique, which is why we are the largest employer, service delivery, but
35 we are not getting the recognition that we need as part of that process.

I would even challenge and say where we are written in law as part of Aboriginal community-controlled. I don't know any Aboriginal community-controlled organisation or even philosophy that has actually been written in any Victorian
40 law that actually enables us to achieve both the agreement and the targets and, more importantly, the four priority reforms that have been listed under this Coalition of Peaks. That's the starting point and, yes, we do need the consultation and, yes, we need to do the buy in, but we need more than lip service. And at the moment what I'm seeing is a lot of lip service and not a lot of action. And you are
45 not going to remove racism and institutional racism and attitudes if we can't start doing that base stuff.

MS WAIGHT: Just to add to that, in the policy space, we know that governments assess policies and legislation and proposed legislation against the Charter of Human Rights and Responsibilities and that does have provisions relating to First Nations communities within it. But what they often don't do is actually assess what will that policy or legislative response actually create for Aboriginal communities, what needs, what overrepresentation may it increase and, therefore, what kind of consequential costs in terms of supports need to be put in place.

10 You see that done - you see that not done time and time again. Yet if they did it often enough, they wouldn't be making erroneous decisions and they would be able to mitigate any effect on Aboriginal communities, thus helping them meet their targets. But often enough you are struggling uphill with government to get them to do what they need to do.

15 **MR MCAVOY SC:** The natural corollary of the observation you have just made is that the people who are in the decision-making roles, the departmental Secretaries and the Ministers, the Members of Cabinet, are not able necessarily to see the discriminatory effect of policies and programs. Is that what you're saying?

20 **MS WAIGHT:** Correct. The only time it comes to their attention is if you're a rather active trouble-maker in the space and you're putting it in their faces that this is what the effect will be. But you shouldn't have to rely on that as a system response. You should be able to rely on tools and mechanisms within policy development, within departments to bring this up and then seek to address it.

25 **MR MCAVOY SC:** Thank you. Commissioners. Are there any questions on the topics we've covered so far?

30 **COMMISSIONER HUNTER:** Just when what you were talking about, Nerita do they not consult with you under the Closing the Gap? It's fairly new. Is it fairly new? How long is the - sorry, I can't pronounce it. I'm not going to try because I will get it wrong.

35 **MS WAIGHT:** Ngaweeyan Maar-oo. I think it's roughly at this point it's just over two years - don't hold me exactly to that. I'm only three months in.

COMMISSIONER HUNTER: That's fine.

40 **MS WAIGHT:** But in terms of consulting on policy development, no. What you would see is Departments, when they're developing policy and legislation, consulting with a range of stakeholders that will include ACCOs. But there are some policy and legislative initiatives that they won't. So, for example, recently the Victorian government announced that they would electronically monitor children in the youth justice system. They didn't consult in the system as well, except the police and Police Association in relation to that decision. So it really is consultation at their will.

COMMISSIONER HUNTER: You have this body that has a whole lot of people at the table?

5 **MS WAIGHT:** Mmm.

COMMISSIONER HUNTER: So I don't understand why that wouldn't be a - would that be a flaw there within - because everybody is at that table. Right? How many bodies are at that table?

10

MS WAIGHT: You've basically got representatives across all of the sector, Commissioner Hunter, as well as all of the governance forums. So they cover off on all vital areas. Would it be beneficial for the Victorian government to harness the expertise of Ngaweeyan Maar-oo in policy development? Yes. But do I think it stops there? No. Each Department needs to be engaging with Aboriginal stakeholders in developing policies, and also allowing Aboriginal community to develop those policy responses themselves for their own communities because, as we know, we know what works best for our communities and often what works best for communities outside our own.

20

MS BRIGGS: Commissioner Hunter, can I just make one comment because you raise a very valid point. There's no impact assessment done on any of the policy stuff. And that's what needs to be done. We are the most researched society in the world as First Nations people, yet they fail to do any impact assessment on the policy, even eligibility criteria, to see if it will work or not work in our favour. So there needs to be - I mean, this is not a new thing. They do do that in other places. They just don't do it for us.

25

COMMISSIONER HUNTER: Can I just, sorry, can I just - when was Closing the Gap overall first implemented before, Mick?

30

MR GRAHAM: It was 2008 was the first one, but that was without any Aboriginal input, really.

35

COMMISSIONER HUNTER: And we have got the Victorian Closing the Gap Implementation Plan 2021-2023, yet we are still consulting; right? Is that correct?

MS WAIGHT: Yep. Well, sometimes we consult, I think is our evidence, Commissioner Hunter.

40

COMMISSIONER HUNTER: Yes. Well, that's exactly right and the plan is out of date. It's 2023. It's been extended to -

MS WAIGHT: Yes, for a further 12 months.

45

MS BRIGGS: Just as a noting for yourselves, Commissioners, the Close the Gap targets are not necessarily aligned to all the Victorian Aboriginal frameworks that

are in place. So then when you look at the VGAAR datasets that's developed by DPC, they are also - they're not aligned, which is why they can't measure how effective the Close the Gap investment really is, or it isn't really reported. One of the key things, one of the number one things out of the Health Inequality Report
 5 was to get life expectancy the same as every other citizen in Australia. We can't measure that in Victoria. We are in 2023 or 2024 and we have no measure of how to measure Aboriginal life expectancy as an exact answer. How is that possible, when that was the number 1 goal?

10 The second thing is when you look at target 3 around infant and young children and it talks about birth weights. How can you measure that when we consistently see failings within the current data that says that local government and the way it's currently funded, which is through mainstream servicing, is not actually able to pick up the needs to make this generational change?

15 So the other part of the targets is to make generational change. So you do need to focus on children. But where the focus is, it's with incarceration. It's with child protection. It's actually not with growing babies and making them healthy from the womb all the way until their first maternal and child health visit. And so there
 20 are significant things that the government needs to re-shift and refocus on if we are really - or if they're really fair dinkum about meeting the generational changes required for our children.

COMMISSIONER LOVETT: Under the Self-Determination Reform
 25 Framework in government, they have committed to transferring power and resources. I think you have been talking about partnership quite a lot. I think our people have been coming to the table for more than 30 years. How much power and resources do you have as a governance mechanism? Or how much power and authority to influence probably a better question?

30 **MS WAIGHT:** Little. Very little is a fair assessment. And that's not only just as a mechanism. If you look at the canvassing of our members, they don't have adequate funding or resourcing in order to do the work they need to do, let alone engage in transformative thinking and working with communities to develop
 35 Aboriginal-led responses. We also don't have the same kind of workforce to harness as the government because that work hasn't been done and that resourcing hasn't been provided on growing a suitable Aboriginal workforce, let alone paying them what they're worth.

40 When government looks to fund an Aboriginal initiative, they are often quite excited because they can do it at a cut rate as compared to what they would provide to a mainstream provider doing the exact same service, which is why you see Aboriginal workforces, you know, underpaid by 25 to 30 per cent at any one time.

45 **COMMISSIONER LOVETT:** And what about - so I think someone this morning mentioned about the budget coming out and the lack of investment in

Aboriginal affairs, in particular around implementation of Closing the Gap. Have you as a governance forum had any involvement in any of the development of the budgets or that part of the process at all?

5 **MS WAIGHT:** No. No.

COMMISSIONER LOVETT: Are you aware of any our people working with government around developing budget proposals to ultimately go to cabinet?

10 **MS WAIGHT:** I'm not aware of any.

MS BRIGGS: No.

MR GRAHAM: No.

15

MS BRIGGS: Can I also add, Commissioner Lovett, when you spoke before about investment. At the minute, Ngaweeyan Maar-oo receives \$3.5 million for the next two years as part of our Close the Gap coordination. However, State government has within each of its portfolios over 30 million plus that looks at all the other partnership forums that were in government. So where is the parity? Where do you get the parity of decision-making and the balance and self-determination when we are not even at parity and able to deliver and work at the same speed and have the same workforce needs as government has? So there definitely needs to be a shift.

25

COMMISSIONER LOVETT: Yeah. And the reason why we are asking questions about self-determination and where government hasn't transferred power and resources is - and this is not lay blame to our governance forums - the Aboriginal Justice Forum, family violence forums and so forth as well - is really to highlight there has been commitment from government but no follow-through on when the tangible transfer of power and resources is. Again, we have had Ministers come and say that they have transferred over a broken colonial system and then call that self-determination.

30

35 So just trying to really understand - and we are looking for it. We are actively looking. For people listening in, we are actively looking for really good examples of where government has done that, but it's very few and far between to date.

MS WAIGHT: And I think part of the reason why it is hard for Yoorrook to find those pieces of evidence is because the term "self-determination" has been bastardised to such an extent that nobody agrees on what it means any more, and everybody doesn't understand its pathway into self-governance and what that actually means for Aboriginal communities. It means that we have the power and authority to make decisions for our own communities in every - and in each and every sector, to create strong and healthy communities that survive for generations to come, and I wish you all luck in your endeavours.

45

MR MCAVOY SC: Just following on from that question, you are aware of the United Nations Declaration on the Rights of Indigenous Peoples?

MS WAIGHT: Very, very familiar with it.

5

MR MCAVOY SC: And the declaration makes a specific provision about the exercise of the right to free, prior and informed consent.

MS WAIGHT: Correct.

10

MR MCAVOY SC: And it makes specific reference to the use of the institutions of the communities, the Indigenous peoples involved.

MS WAIGHT: Correct.

15

MR MCAVOY SC: Rather than the formulation of other bodies by government to provide its advice. And so do I understand from your comments to Commissioner Lovett that that is an issue?

20

MS WAIGHT: Yes. It is an extensive issue. It's an issue that we have raised with Yoorrook in terms of the Victorian Aboriginal Legal Service in prior submissions on different sectors and in ones that are upcoming. And part of this goes back to the fact that government adopted the word "self-determination" and then came - ascribed it with its own meaning. It didn't transfer the scope and content that the United Nations had negotiated - not a day or two. You are talking quite extensive work to come up with an agreed self-determination, and we threw the baby out with the birthweight and just came up with our own. That means all those core elements of free prior informed consent but also the pathway to self-governance has not yet been realised for our communities.

25

MR MCAVOY SC: And I think the word you used was "bastardised".

MS WAIGHT: Yes, apologies if I'm not allowed to use that term here.

35

MR MCAVOY SC: No apology is necessary for that word. I just want to go back to something that you said, Lisa, in relation to the failure to align the data, so that in Victoria there's no way to track mortality rates.

MS BRIGGS: Correct.

40

MR MCAVOY SC: And that - those data failings occur across the range of targets, in the Close the Gap process?

MS BRIGGS: Correct.

45

MR MCAVOY SC: Firstly, the observation might be made that the whole process of the Closing the Gap National Agreement is to be able to measure and

compare and remove the gaps. So this misalignment seems to strike at the centre of that agreement. Is that a fair observation?

5 **MS BRIGGS:** It is a very fair point.

MR MCAVOY SC: One must then wonder how it is that a government as large as the Victorian government, has not been able to align its own datasets with the National Agreement on targets for relief of social injustices for Aboriginal and Torres Strait Islander people. Is it something that has been purposely done or is it
10 just a failure in terms of people not taking enough care or not understanding the policy areas well enough?

MS BRIGGS: I think there's two layers to it. I think there was a lot of - I'm trying to find the word, sorry - responsibility on the Commonwealth around the
15 collection of Aboriginal data and so, therefore, the Victorian government may have taken its foot off the accelerator. But we are nearly 20 years in. So what's the excuse, really? Because we should have been able to build the foundations.

When you look at Aboriginal community control, we report, when we get
20 government funding, no matter how little or how big it is, over 4,000 indicators. So of those 4,000 indicators, why is it, in 2024, we have not been able to get the government to use the information that they are receiving to actually then assess how we are doing as part of the process, because it is very much aligned.

25 There are things I will say, when you are looking at mortality data, the births deaths and marriages do need - they have to have an investment to get that work underway, but that should have started. Like, this is not new. It is not something that was not unknown. It just hasn't been actioned yet. And we're never going to know unless we start building those foundations. So that would be a key priority,
30 I would think.

COMMISSIONER NORTH: Mr McAvoy, is it an appropriate moment? I want to ask something arising out of the last set of questions.

35 **MR MCAVOY SC:** Certainly.

COMMISSIONER NORTH: I think, Michael, you mentioned the problems that have been identified are systemic, that is, the system of government interaction with Aboriginal people. And then in the following discussion I think you have all
40 identified racism as a problem, a systemic problem, and the lack of self-determination or transfer of power. And these are themes that we have heard, unfortunately, time and time again in earlier hearings.

45 The question that troubles me, or the answer that troubles me - the elusive answer - and I'm not sure that it's fair to ask you because it's a big question and it's one that we have to grapple with in the recommendations we make. But the question is really what's the answer to solving the identified problems? The

problems are there to see. But what steps can be taken which will make our report not just another piece of paper that, as Michael, you said will revisit 30 years later with regret?

5 I notice that the Productivity Commission has come up with some ideas and I wonder whether - what you thought about them and whether you have other ideas about how to get things moving in ways that hasn't happened before? You each have one minute.

10 **MR GRAHAM:** I'm happy to start with that, Commissioner. There's a couple of things that came up through that discussion as well, and, Commissioner Lovett, you brought up with power and resources and that kind of thing. And we don't want to pick up a broken system. We don't. The power and resources have to go into the right areas in order to make a difference in the future. We know that.
15 And any sensible person would know that.

And do I have an example of where it has worked, because you did ask, and I would say through the COVID pandemic. Through the COVID pandemic we went to the Departments and we said this is what we need to look after our people
20 through this issue. And we were given those resources. No question. No accountability. Here's the resources you need.

Now, I've said this once before, I think, in Treasury, that our people are very dignified in the sense that they don't ask for more than they need. That's just our
25 culture. That's just our way. If we need plants, we just take what we need. If we need food, we just take what we need. We don't ask for anything more. So during that process, we just asked for what we needed.

And here in Victoria we were the most successful cohort of people across the world, and it was - I've seen some international papers that identified that the
30 Aboriginal people of Victoria were the most successful in protecting their people from COVID than anywhere else across the world. There's an occasion where government said, here, here is what you've asked for, and we were able to look after our people.

35 So now there's an example. I mean, you can't shy away from that. The proof was there. So, for me, it's not about - that's a changing of the system because, as Lisa said, I mean, my organisation alone has to write 115 reports a year, and nine accreditation processes. So we are held accountable more than anybody else that
40 I know of, and I speak to a lot of hospitals and health services and a whole range of things. And I think what is missing is who is holding the Department accountable? Because, yes, we have got the Australian Productivity Commission but who's holding the Department here in this State accountable?

45 And it's great to have this group here to ask those questions, and they will say, you know, "We will do better" and that, but who is going to make sure they do better? Because they will rely on voting and mostly non-Aboriginal people deciding

where they're doing a good job or not. But nobody is looking after us. Do we need an Aboriginal Productivity Commission that's independent of government and everyone, that not only holds them to account but holds us to account as well? I don't have a problem with that.

5

But I think that's where the problem's always going to be is nobody's holding government accountable, and we are being overburdened with accountability.

MS WAIGHT: And that system of creating checks and balances is really important because it means that you can see where power is being utilised for good, where it's been abused and you can check it and seek to (indistinct). But you asked about what's holding this process back. For me, I think that there is a fear of transferring decision-making and power to Aboriginal communities and have them create their own systems, their own responses, because there's two systems, two responses and what they see as two societies. They don't see it as allowing Aboriginal people to self-determine, and that can still mean that we have a community that works into other parts of the Victorian community. They just see it as they're trying to create their own response, they are trying to separate themselves out, and there's that fear of creating a divided society.

20

Then there's also a fear of handing over control. Part of it might be, "Well, damn, what happens if the Aboriginal community actually fix all these issues? We kind of look like jokesters for the last 230 years. How do we bear that?" And I think part of it is also feeling as though, given the way the systems of government are set up, how are you then accountable for those resources that you are handing over to the Aboriginal community? How does that flow through to make sure that you are discharging your duties? I think they are some of the things that I often find in my conversations with parliamentarians and Ministers.

CHAIR: Michael, could I ask you a question. How strong is the appetite in the State for an Aboriginal Productivity Commission, do you believe?

MR GRAHAM: Sorry, Aunt, I couldn't quite hear you.

CHAIR: Sorry, I will go to the mic. How strong is an appetite for an Aboriginal Productivity Commission in Victoria by our people?

MR GRAHAM: I would say it's very strong, particularly with the leaders in the different sectors talking about it quite often. This is what we need. Like I said, it's not just about holding government accountable; it's about holding us accountable too. Not that I think I need any more holding, because the people who hold me most accountable is our community and they will let me know if we're going off track a little bit. But, no, I think an independent body or independent of us, independent of government, I think that's the way to go.

45

MS WAIGHT: And, Commissioner, there has been some work in that space by VACCHO in conjunction with Lowitja on developing what that Aboriginal Productivity Commission would look like.

5 **CHAIR:** I'm asking the question because I have heard different things about it, and it does make sense, really, when you think about.

MS WAIGHT: Certainly.

10 **MR MCAVOY SC:** Thank you.

COMMISSIONER LOVETT: One more, sorry. Currently in the VGAAR, public reporting is annually. Are youse a part of the public reporting process? Like, does government consult with youse on giving an assessment of how they've
15 gone? I mean, I've read it and I didn't see it but I'm wondering if - what engagement do youse have before government push the report out.

MS WAIGHT: So they develop their draft and then they provide it to us for our feedback. We then provide that feedback. Whether they take it up or not is, of
20 course, up to them.

COMMISSIONER LOVETT: And I understand we were just talking about more broadly around governance around potentially a Productivity Commission and whatnot, but do you see any value in having the opportunity, as a governance
25 forum, to be able to provide input into how government has gone? So government tells government how great they've gone but they don't ask our people how they've gone.

MS WAIGHT: An Aboriginal-led review of government's progress against that was not only picked up as a recommendation within the Productivity Commission
30 but as a consistent recommendation that we have made.

MR MCAVOY SC: In response to the question from the Chair, Michael, you've said you thought there might be strong support for an Aboriginal Productivity
35 Commission. I just wanted to clarify, is that strong support within the Victorian First Peoples community or is it within the government sector as well?

MR GRAHAM: I'm not sure on the government sector. And I'm basing that on the meetings that I sit at, whether it's the Ngaweeyan Maar-oo or other, you know,
40 leadership group meetings. There is a strong appetite for this Commission, and I think that's across most sectors. You know, I don't want to speak on behalf of all sectors, but I've been hearing it quite often.

MR MCAVOY SC: Now, there was some comment about the Victorian implementation plan. Perhaps if we could just have the cover page of the Victorian Close the Gap Implementation Plan on the screen. You are very
45 familiar with that plan? It was adopted in 2021. And we can see the cover on the

screen. As was pointed out by Commissioner Hunter, it was a plan covering the period 2021 to 2023. Can you just explain for the record the circumstances of that plan as it presently applies?

5 **MS WAIGHT:** So as you outlined, the Victorian Closing the Gap Implementation Plan was agreed to in 2021 and was set to expire December 2023. It was developed by the Department of Premier and Cabinet in relation to the former Aboriginal Executive Council who was the previous Victorian Government implementation partner on Closing the Gap. We subsequently replaced the
10 Aboriginal Executive Council.

The action list outlines a program of work that is to be delivered through the implementation plan. Significant action items included administrative task decisions such as scoping and setting up working groups and to (indistinct) as
15 successes. And some of those actions include implementation, implement improvements to the Department of the Environment, Energy and Climate Action, systems and processes to enable Aboriginal self-determination, Department of Treasury and Finance to prepare a paper exploring options on how to structure the Self-Determination Fund under the Financial Management Act 1994.
20

As you will see, we need to actually make sure that we are setting the right goals for ourselves and that they actually align to the priority reforms and that we are monitoring progress and using a reporting framework to ensure greater
25 accountability. This also will require getting the funding mix right. As we know, that is not currently there. As Michael outlined in his early evidence, much of the funding is at the tertiary end, not at that proactive end. And as it stands, there are several issues with the implementation plan currently in place. It doesn't align to the priority reforms.

30 Actions for some newer targets aren't included. So digital inclusion is one example. And the modality for reporting on progress has changed over time, making consistent and comparative tracking difficult, and there's never been a thorough assessment of the implementation's effectiveness, the progress of activity of opportunity to make adjustments to reflect changing policies, and
35 which goes back to what I was responding to Commissioner Lovett on in terms of saying that we need an Aboriginal-led review of the implementation review.

COMMISSIONER HUNTER: Sorry, so there's never been a review?

40 **MS WAIGHT:** There's never been an Aboriginal-led review of the CTG implementation plan.

MR MCAVOY SC: Can you just -

45 **MS WAIGHT:** By urging by the Coalition of Peaks and it's also picked up in the Productivity Commission report.

MR MCAVOY SC: And should the Commissioners be concerned that the plan has, on its face, expired and been extended or is that something that is not of particular concern?

5 **MS WAIGHT:** It should be of concern because, for me, it certainly indicates that the government really took their foot off the pedal in relation to Closing the Gap and instead had focused all of their energy and drive in relation to Treaty, which is why they've extended this and said, well, now work with First Peoples' Assembly of Victoria on what a new one would look like.

10

COMMISSIONER HUNTER: So if this isn't reviewed - so some may be implemented, some may be halfway, like, we don't really know - how is the government held accountable for that?

15 **MS WAIGHT:** They're not. There's no accountability mechanism, which goes back to what our earlier evidence is of needing to have checks and balances. It befuddles the mind that this is the situation we are in in 2024.

20 **COMMISSIONER HUNTER:** I'm just looking through dollar figures and, you know, bits - there's like one million and there's different and there's different dates. How do we know like you said before, Lisa, exactly where we are? Am I correct in saying that they ask for a lot of data of a lot of different organisations yet we still can't track the -

25 **MS BRIGGS:** You are correct. It's - for us - and I don't mean to speak on behalf of the sector, but why are we over reporting for what end, for what purpose, if we can't actually then measure it against progress and successful progress? Even if it's not working, it's still something to work with. But at the moment the VGAAR reporting and the target stuff that's in here, it does need a massive re-shift and
30 a refocus to get it back on track. Like it's -

MS WAIGHT: It needs that strategic narrative across all of the portfolios. You need to actually be able to evaluate overall alignment and effectiveness of their actions on the National Agreement. It goes back to checks and balances. Then
35 you also shouldn't be allowing them to retrofit their existing actions into the Closing the Gap architecture because all that does is simply again make sure that investment isn't where it is needed. You also find that there is a rather distinct lack of analysis in that report, and it is very prescriptive and it focuses on activities with limited reporting or outcomes of progress. There's no accountability
40 measures that are outlined there, and the current reporting doesn't have any assessment of progress that you can point to.

We have consistently, as Ngaweeyan Maar-oo, provided feedback to the
45 government that the VAAF is not fit for purpose to measure the CTG targets and shouldn't be utilised. And I think part of the frustration is if you know it doesn't work and you keep being told that, why aren't you changing that and that goes to lack of government appetite.

COMMISSIONER HUNTER: That's fine, thank you.

5 **MR MCAVOY SC:** I just wanted to take the panel to page 11 of this
implementation plan. If we could just focus on the left-hand column of the plan, if
you could zoom in, please. Now, if you could scroll down slightly below the dot
points. You might not be able to see that clearly - thank you - but at this page of
the implementation plan, process is described whereby the State will continue to
10 use the Victorian Government Aboriginal Affairs Report as it's monitoring
structure until a new structure is developed under the Victorian Treaty process. Is
that the situation as you understand it?

MS WAIGHT: Yes.

15 **MR MCAVOY SC:** And do we understand from the evidence given by Lisa that
the Victorian Government Aboriginal Affairs Report fails to align with, then, the
reporting mechanisms under the National Agreement on Close the Gap?

MS WAIGHT: Yes.

20 **MR MCAVOY SC:** And that has been known to government for some time?

MS WAIGHT: Yes.

25 **MR MCAVOY SC:** And, as I think we understand from your evidence, there has
been no attempt to change that, and it's been deferred until a new model of
monitoring is established under the Treaty process.

MS WAIGHT: Correct.

30 **MR MCAVOY SC:** And there's no guarantee that that level of monitoring will
be, perhaps, in the first tranche of the Treaty agreements. We could be talking
about a number of years?

35 **MS WAIGHT:** Yes.

MR MCAVOY SC: And I take it from your evidence that that is entirely
unsatisfactory?

40 **MS WAIGHT:** Entirely.

MR MCAVOY SC: And just on this report at the moment - I won't take you to
the pages, but at Annexure A to the implementation plan, there's a host of actions
which are listed against each priority reform and target area. And if we just look
45 at priority reform number 1, there are something like, on my count, 41 actions
listed against that priority reform. But if one looks closer at each of those actions,
many of them - and, indeed, most and perhaps by far the greater majority - appear

to be continuation of existing government arrangements and commitments. Is that a fair assessment?

MS WAIGHT: That's a fair assessment.

5

MR MCAVOY SC: And so rather than outlining the things that it will do to meet its obligations under the National Agreement, it appears to be departmental agencies reporting on things that they're already doing?

10 **MS WAIGHT:** Yes, very self-congratulatory.

MR MCAVOY SC: Yes, congratulatory. Is that the word you used?

MS WAIGHT: Yes, that is the word.

15

MR MCAVOY SC: Self-congratulatory, indeed. So the question then begs whether the Close the Gap process, the National Agreement, is driving change or is merely creating a vehicle for reporting on the things that the government is doing. I know that's a broad question, but do you have any feeling about whether that might be the case or not?

20

MS WAIGHT: I would agree with your proposed statement. It certainly feels that they're just utilising it say, "Yay, look what we're already doing, we're fantastic", and less wanting to tackle the substantive hard work.

25

MR MCAVOY SC: And so when you combine that with deferral of any significant change to the Treaty process, and the misalignment of data collection, and the expiry of the implementation plan without developing a new plan, taking the time and the care to develop a new plan, it tends to create - paint a picture, I suggest. Would you agree with that?

30

MS WAIGHT: Yes.

MR MCAVOY SC: And how would you describe that picture?

35

MS WAIGHT: I would describe the picture as a lovely depiction of government inaction and inertia. If you can imagine just a person standing still, that is where we are at.

40 **MR MCAVOY SC:** You looked as though you wanted to say something a moment ago, Lisa.

45

MS BRIGGS: I think one of the things is the Close the Gap campaign and the policy platform is the foundation for changing health inequality and parity for Aboriginal people. It really was. It's 20 years old. It's moving on. But it hasn't gone far enough, is the question. I think there's challenges for government when they bring in new government policy as part of it, but it should be government

policy that enhances it. I would say the Treaty policy actually enhances the Closing the Gap policy platform.

5 But rather than look at them in the respect that they both hold, don't amalgamate them to try and push an outcome that's probably not properly designed or consulted or even looked at can it be measured. So that you're actually doing the right investment at the right time with the foundational stuff and we're not reinventing the wheel or rehashing or doing business as usual. And I think one of the key things to the original signing of the Statement of Intent by both the Liberal
10 government and the Labor government was that bipartisan support because we did not want to be a political football.

15 What you can see that may happen - I'm not saying it has happened - in Victoria is that we could be used as a political football for Closing the Gap and Treaty or this part of the process rather than seeing it as a strength-based process, enhancing and respecting the two policy platforms as they should be given. Because they are set up to do two very unique and distinct things. One is so that we live longer and prosper, and this is the mechanism of Treaty that makes it happen but you can't do this one without this one.

20 So, respectfully, it's like a marriage and we need to be able to get that marriage to work. And what we don't have is the other third party of the marriage which is government in helping us foster that and part of community to make sure that we see the best success out of it. That's probably the best way I can put it.

25 **COMMISSIONER LOVETT:** There's a sitting down with the most senior people; right? Can we understand how often do you meet and who do you sit down with as a governance forum, or Ngaweeyan Maar-oo? Like, yeah, who do you sit down with?

30 **MS WAIGHT:** All of the Secretaries are the representatives at the Partnership Forum meetings. Outside of that, there are rather frequent meetings with the Department of Premier and Cabinet, particularly Terry Garwood, the Minister herself, and there also has been heavy engagement personalised with the
35 Secretaries to really kind of get them understanding what Close the Gap is all about, and the work that needs to be tackled. I think the most frequent to this would be Department of Treasury and Finance because of the independent expenditure review process.

40 **COMMISSIONER LOVETT:** Just for people listening in, what level is the Secretary, for those that don't know?

MS WAIGHT: The Secretary reports to the Minister.

45 **COMMISSIONER LOVETT:** A senior bureaucrat.

MS WAIGHT: Correct.

COMMISSIONER LOVETT: So we are getting air time or time with Secretaries of Departments and we are still seeing fundamental issues with seeing any transformation or any change, let alone transformation. We can't be
 5 transformative if we are not even being able to, you know, nail the service delivery component from their point of view,

MS BRIGGS: Where within the public sector charter is the Secretary's performance on or measures for Close the Gap? Or Aboriginal affairs more
 10 broadly so that it actually becomes real? Maybe that's a piece of the puzzle that's missing about their accountability in making sure change happens because they are the leadership. They are next in line to the Ministers in feeding up public policy that impacts on us. So I think there does need to be something different in the Public Service Charter that ensures that the accountability of the highest level,
 15 including the Ministers, that there is an accountability process that feeds into an Aboriginal Productivity Commission because without it, you still get (indistinct) sight.

MS WAIGHT: And there is an example of that in New South Wales but their
 20 Ministers also, as part of their charter of appointments, have kind of commitments under the Close the Gap process which is really interesting.

COMMISSIONER LOVETT: Yeah, and we heard that in the last round of evidence through Land Injustice about very similar - around Secretaries' performance and stuff and the Premier having the oversight to that function as well. So it's interesting it has come up here again as well. Thank you.
 25

MR MCAVOY SC: Commissioners, we have been going for an hour and 45 minutes so far. I note, though, that the next panel is scheduled to commence at
 30 12.30 and what I propose to do, subject to everybody's comfort, is to continue with this panel now until midday and then take a 30-minute break, if that's suitable. Is that suitable to the panel? Okay, thank you.

I will just ask the operators to show on the screen the Productivity Commission study, volume 1, page 3. This is in the Executive Summary, the beginning of this study. And I'll just read to you the comment that appears:
 35

*"The Commission's overarching finding is that there has been no systematic approach to determining what strategies need to be implemented to disrupt
 40 business as usual of government. What is needed is a paradigm shift. Fundamental change is required, with actions based on clear logic about how they will achieve that change. It is too easy to find examples of government decisions that contradict commitments in the agreement that do not reflect Aboriginal and Torres Strait Islander Peoples' priorities and perspectives and that exacerbate
 45 rather than remedy disadvantage and discrimination. That is particularly obvious in youth justice systems."*

That's a fairly strong comment from the Productivity Commission? Is it applicable to the scenario in Victoria?

MS WAIGHT: Yes.

5

MR MCAVOY SC: When the Productivity Commission refers to a paradigm shift what is your understanding of that, is meant by that term?

MS WAIGHT: In terms of my understanding of that, it's that we can't keep doing what we're doing, that we need to be changing our focus from the rather narrow activity base to the strategic end of how do you do that system transformational change, how do you map those priority reforms to really create that better future.

10

MR MCAVOY SC: And that's really largely what we have been speaking about throughout this evidence, is those systems changes and moving away from the existing business as usual model. And the evidence that you've given so far today seems to be that the business as usual model remains firmly embedded in the government systems here in Victoria. That's correct?

15

MS WAIGHT: Yes.

20

MR MCAVOY SC: Is it the case that - sorry, I withdraw that. Given your experience to date with the way in which the response to the National Close the Gap - National Agreement on Closing the Gap has rolled out, do you have strong hopes in relation to there being any paradigm shift in response to the Treaty processes?

25

MR GRAHAM: I would say yes, but we're a long way away from that, and, at the moment, we're kind of stuck in this limbo mode of, well, are we going to make a difference now or are we just going to let people keep dying until the Assembly is ready to pick up on where they need to pick up? There's so much work that needs to be done between the two of us as it is, as the First Peoples' Assembly and Ngaweeyan Maar-oo and obviously we are the experts in our and we know the needs, and have been doing it, as Lisa said, for over 50 years before that.

30

35

But I look at an ACCO and think that, actually, all we're doing is we've made our paradigm shift from when colonisers took over to what we need to do now. So what we are doing is actually tens of thousands of years old. So for me, it's I think we will get to a stage with the Treaty. But I've got people dying every week and I can't wait until that's ready. You know, we need to be moving on these things now and as has already been said, it's been over 20 years and we're still waiting. We can't wait any more.

40

MS WAIGHT: I think it's also about the Victorian government recognising that the things that the National Closing the Gap Agreement talks to in the priority reforms are the things that you need in place in a Treaty world. You need a supported Aboriginal workforce that can meet the needs of Aboriginal

45

communities. You need to have funding models in place that can account for Aboriginal system development and enactment. You need to have an ACCO sector in the community that is ready to have transferred - to have decision-making and powers and resourcing transferred to them. That building the community capacity. This is what the National Agreement is about. It's about making sure that we are ready for a Treaty world.

MR MCAVOY SC: That's the desire and the aspiration, but when you are in the situation where you are speaking to the departmental Secretaries, you are telling them what needs to be done and still you are not seeing the action aligned with the words, does that cause you some concern?

MS WAIGHT: It causes me concern that they still see that they have to be - it's either CTG or Treaty. They don't understand that connection that I just spoke to before, and that worries me in relation to their Treaty readiness, but also their ability to comprehend the views and perspectives of Aboriginal communities that have been espoused long before I was alive.

MR MCAVOY SC: Now, the Productivity Commission report will be in evidence, and the Commissioners will have access to it, and it goes into some detail as to the things, the actions, the work that needs to be done to help deliver on the paradigm shift that they've referred to, the structural changes. What it doesn't appear to do is discuss whether the accountability mechanisms need to have any consequences for non-performance. And I invite you to speak to the Commissioners now as to whether you think that there needs to be some consequences for non-performance because the Commissioners have heard plenty of evidence throughout the course of this Commission about non-performance of plans and strategies and frameworks.

MS WAIGHT: Well, my simple answer is that you can't have carrots without sticks. That there needs - accountability requires consequences.

MR MCAVOY SC: Requires?

MS WAIGHT: Consequences.

MR MCAVOY SC: And what sort of - have you had the opportunity to think about, and communicate to government, what some of those consequences might be? Or have you developed any views within Ngaweeyan Maar-oo?

MS WAIGHT: Certainly there has been the discussion on what sort of consequences would attach to an Aboriginal Productivity Commission in terms of - very similar consequences in terms of naming and shaming, all the things that the current Productivity Commissioner can do. But in terms of that deeper work, it has been made clear to us that that is a discussion for Treaty.

MR MCAVOY SC: But as we've just said, that will be some time off.

MS WAIGHT: Correct.

5 **MR MCAVOY SC:** This Commission has the capacity to make
recommendations in the near future. Some of the discussions that have come
before this Commission relate to the contractual arrangements for the
departmental Secretaries and executive officers in government and whether they
should be contractually bound to perform against their obligations to deliver on
Close the Gap and self-determination plans. Do you have any view about that?
10

MS WAIGHT: That would certainly be beneficial. It just needs to be coupled
with what we talked about earlier in terms of making sure that Secretaries and
Ministers are also responsible for their commitments understand Closing the Gap,
but also that but also you need to update the funding commissioning rules also to
15 explicitly incorporate accountability for funders to abide by the priority reforms.
That is a glaring omission at this point in time. And also making sure that there
are those - an ability to do those Aboriginal impact assessments and where they
are not done or where things are proceeded with against disastrous impacts on
communities there are consequences, and you can see that in the ways that we do
20 charter assessments at this point in time.

COMMISSIONER NORTH: Nerita, you spoke earlier about some scheme in
New South Wales that applied to, what is it Secretaries or Ministers?

25 **MS WAIGHT:** Yes, that's correct.

COMMISSIONER NORTH: How does that work?

MS WAIGHT: From what I understand - because you can't actually see the letter
30 of appointment for a Minister.

COMMISSIONER NORTH: Ministers?

MS WAIGHT: Yes. Yes, and then it flows down to the Secretaries. And what
35 apparently is in those - and Tony might be more helpful getting that information
since he has some connections in New South Wales - is that they have to -
depending on what portfolio that they've been appointed, they directly then have
responsibilities for those targets as well as the priority reforms.

40 **COMMISSIONER NORTH:** What happens if they don't meet them?

MS WAIGHT: That we don't know because we don't know the charter but from
what I understand, that there are - as well as if Ministers are abiding by their
duties, it's the same consequences that would apply. But Ministers and Cabinet
45 are very secretive about those letters and those processes. Maybe the Commission
would have better luck in obtaining that information and passing it along.

COMMISSIONER LOVETT: We've heard a lot - you just clearly articulated here today the lack of accountability on Secretaries and delivery and so forth, but I'd like to ask the question of you. So if youse don't deliver on what you commit to government, what happens to youse as organisation or as a governance forum?

5

MS WAIGHT: We would go by the wayside. We wouldn't be elected and there would be no Ngaweeyan Maar-oo.

COMMISSIONER LOVETT: What about from an organisational standpoint as well, if you don't deliver on your reporting requirements to government, what happens to youse?

10

MS WAIGHT: We don't get our funding and we lose that. That also means then community suffer, and that's why Aboriginal Community-Controlled Organisations like my own don't miss our reporting or our accountabilities.

15

COMMISSIONER LOVETT: And if you don't report, they would be quick to move on that, wouldn't they?

MS WAIGHT: Incredibly quick.

20

COMMISSIONER LOVETT: Yeah.

MS WAIGHT: But we also know that where we do often report - and I think Mick said he had 110 or 107 - often enough, those agencies actually don't read those reports. I had a recent example where we ran Aboriginal Children's Legal Services called Balit Ngulu and does some fantastic work. Nobody had read our funding reports for three years, despite them being submitted. So they didn't understand all the positive impacts that service was having on children, keeping them away from criminal justice system, weren't paying attention to us highlighting the need for us to represent children just a few steps across the hallway in the family division, and thus meant that Balit Ngulu is still stuck in this position of not being able to provide a full service for Aboriginal children in need.

25

30

So it always makes me laugh when we talk about funding reporting. I'm like, I report to the ether. Nobody is reading them except me.

35

COMMISSIONER LOVETT: Yeah, yeah. And then again they are quick to jump on if you don't deliver but then when you ask for accountability of them to deliver, we don't have any power or authority.

40

MS WAIGHT: Correct.

COMMISSIONER LOVETT: Another question I have as well for Michael, talked about all the funding reports, most of them would be the same Department; is that right?

45

MR GRAHAM: I think there's a majority of one Department and then there's a sprinkle of others, and the other parts, just to follow on from the statement before, is that if we don't provide those reports, there's a good chance an administrator will come in and take over. So if we are not doing our job, they'll
5 send somebody else in. You know, imagine that happening within government.

COMMISSIONER LOVETT: We heard on Land Injustice one of the Traditional Owners having 52 funding agreements with the same Department. Same Department. We did get some commitment from Minister D'Ambrosio that
10 she will follow that up. So I'm looking forward to seeing what comes of that follow-up.

MR GRAHAM: And there has been reports done on the overburden of reporting. The first one was a long time ago. Was it 20 years ago, roughly?
15

MS BRIGGS: Yes.

MR GRAHAM: And they've done some more work on it just before COVID. And, look, COVID distracted everybody. But it hasn't been followed up since.
20

COMMISSIONER LOVETT: One other question I had is about data, and government is committed to transferring power and resource through the Self-Determination Reform Framework and also about data sovereignty. Now, a lot in this portfolio that we are inquiring into, health, housing, economic
25 development and education, there is a lot of data, obviously. What efforts have been made around transferring data back to communities? Or ACCOs or even youse as a governance forum.

MR GRAHAM: It's mostly that talking stuff happening. So lots of talking but no actions.
30

MS BRIGGS: But also I think -

COMMISSIONER LOVETT: Sorry, can I just jump in? How pivotal is data sovereignty, having access to data, for organisations to be able to advocate for resourcing and power from government? How important is data?
35

MS BRIGGS: If we continue the way we are going, we are doing policy on the run, and it's fictional, in some ways. The essential part of data sovereignty is that
40 it is our data, from what we know. Just using VAHS as an example, they are the largest provider of health services in Victoria. The amount of knowledge and know-how that we could - that the government could do to work with us on how to improve life. Very simple. It's all in there. But they just need to come to the table and do that, and then you are actually developing evidence-based policy
45 rather than policy on the run.

MR GRAHAM: I actually get more funding to heal broken people rather than to prevent them from getting broken. It just doesn't make sense. We want to stop people from going into hospitals and into, you know, different types of areas - justice, family violence and all that kind of stuff. But we're not being adequately funded to do that, even though we have shown the models. We have drawn it up. Here's the model. But no - no investment.

COMMISSIONER LOVETT: Interesting. I mean, you took -

MS BRIGGS: Sorry, there's a thing. If we were a commercial enterprise and we were the shareholders and the Victorian government treated us like their shareholders, how different would it be? Where you see a lot of commercial enterprises actually looking for bail-outs, increased funds. Very different conversation than when we're talking with government about increasing funding based on needs of our community.

So somewhere along the line, they need to look at us and apply those commercial principles to the Aboriginal community-controlled sector, which would actually then make a difference, I think, in their attitudes, in how we actually evolve and do things in a much more coordinated way. You can see we are very successful. It's written everywhere. There's so much evidence around Aboriginal community-controlled being successful.

And there's a lot of budgets over a period of time, both Commonwealth and the State, where you've seen them do bail-outs and investment where they have failed. So surely we have earned our stripes to actually at least be looked at in a commercial sense as shareholders in a different light as citizens of Victoria so that we can actually make a difference, based on the Treaty process, and I think the Treaty process makes a very good mechanism for that to happen.

But honouring the Close the Gap, because one thing around the Close the Gap - and I'm not sure if that has been said before, Counsellor, is that it is around essential services. And essential services the responsibility of government for all of their citizens. So, therefore, you cannot - government cannot relinquish their responsibility of essential services for us but it must be done in a way where we are actually getting a lot better than what we're doing now.

COMMISSIONER LOVETT: Picking up on the point before just around the positive example during COVID, that example would have saved the government millions of dollars. You're saving our people's lives during COVID and other organisations as well, that would have ultimately had a flow on effect in a positive way of saving government millions of dollars; right?

MS BRIGGS: The cost in avoidable hospitalisations just from COVID because of Aboriginal community-controlled, I don't think has been recognised, but it should be actually done because when you - you are exactly bang on. Like, the cost to the health system was huge, given its time.

COMMISSIONER LOVETT: Yes. Also one other question, sorry, is how much intersection are you having with the Department of Treasury and Finance. There seemed to be a bit of a missing component to a lot of what we have heard
5 through evidence around this whole Commission.

MS WAIGHT: I think Lisa can speak to what has been some really frequent interaction as a result of the independent expenditure review.

10 **MS BRIGGS:** It started. It has started and there's a change of Secretary which has made that change more effective, I may add. And they are working on a new framework. But we've got to try and get Cabinet beyond siloism of their government, which I think is a real barrier for us, to Aboriginal portfolio funds, and be comfortable with that, both with its voters and within its government, no
15 matter which government gets in. And I think until we actually shift that tie, we are still going to have this political football so that's probably a critical lever.

COMMISSIONER LOVETT: Thank you. Because it's been on my mind since the last hearings where one of the Ministers came forward and openly admitted in context of truth-telling and truth-sharing that our people didn't meet the threshold,
20 so just wanting to unpack that just a bit further. Thank you for that.

MR GRAHAM: Can I just give you an example. One of the things we did speak to the Secretary about was we have got the Dandenong Aboriginal Co-op not too
25 far away from here. And it's fallen apart. It's very old and it's battling along and it's falling apart. I think it's less than 2ks up the road, is the big hospital, and it got hundreds of millions of dollars to upgrade its emergency department, everything like that, but no investment into helping the Dandenong Aboriginal Co-op where they are preventing people from going to hospital. No investment at all. And they
30 just let it fall apart and they don't care because they are going to look after the other end. As a human being that just doesn't make sense. But that's just one example. I mean, it's one of the things we brought up with the Secretary of Treasury.

35 **MS WAIGHT:** I think it's also an example of just the lack of - the way they are often seeing the Aboriginal funding and Aboriginal service delivery rather than capital funds, and it's a real struggle for the sector to get any funds to support capital infrastructure.

40 **CHAIR:** So is there any hope of changing that attitude, do you think, through your presence and assistance? I mean, it doesn't make sense.

MR GRAHAM: No, and I feel like we fall on hope a lot. We hope it's going to change. We hope we're making a difference. We can only just sit at the table and
45 keep pushing it and pushing it, and - but without any kind of accountability mechanisms or anything like that, it's just hope.

MS BRIGGS: Can I just add to what Michael's talking about. In terms of infrastructure needs, the health system without Aboriginal community control would be in dire straits. Like, we would have more people still presenting at ED. You know, you're already seeing so many ambulances ramping up. Our services specialise in chronic disease management with multi - you know, our people have multiple complex needs, and what they are doing is stopping them from going to hospital and then stopping the pressure on the system. So then why is there no recognition of an Aboriginal community-controlled health organisation being part of the health system?

10

If it was - and I'm happy to be corrected if it is; I doubt it, though - why is it not included in the infrastructure funds? Why is it not included as part of planning? You know, we look at the corridors. We already know that the western suburbs of Melbourne is one of the highest population growth rates for our people. The northern corridor is the same. We have had the Northern Hospital recently expanded and provided dollars for that. Where was the dollars for VAHS to expand as part of that mechanism? Where are the dollars for new services to be established in the west to ensure that it caters for its people?

15

The money is in there but why are we not included? And we should be for a long time now, because we have been doing it a lot, and just purely based on all the hospital - the avoidable hospitalisations and the savings we are making just in that area alone, never mind talking about the legal services and education and the ACCOs of the world because they equally do the same.

25

MS WAIGHT: It's just the way they consider consequential costs. So consequential costs are considered through the lens of the mainstream Victorian community, not through the lens of Victorian Aboriginal community. So it means that when they build a new hospital, they will look at how they can - how they need to provide funds to the mainstream health provider. If they are opening a new court, then they fund Victoria Legal Aid and the Office of the Public Prosecutions but not VALS or Djirra because they are not looking through that Aboriginal prism.

30

And I think part of leveraging the change is, as I stated earlier, making sure we actually change those funding models and the funding rules to make sure you have to look through our lens, you have to account for our consequential costs and they have to be provided to community.

35

COMMISSIONER LOVETT: This is the reason why I'm asking about Treasury and Finance, the Department.

40

MS BRIGGS: One - I've got to mention this because if I don't I can hear the Elders giving me a slap, but the fact that we have only two Aboriginal aged care facilities in Victoria. Now, we are supposed to be a growing population and we are ageing, thank goodness, but, you know - but what happens when you get older? They haven't actually accounted for us as that process. Where do we go?

45

We have got institutional racism within service providers. We have got poverty, so we actually don't have the resourcing to actually pay for ourselves to go into these services that are available for other citizens in Victoria.

5 So where is the planning for us around ageing? And, you know, I think Rumbalara and ACES have carried the load far too long, but we talk about also independent living. You know, they want the grey army and they want us to live longer independently. With you where is our independent living quarters? Like, ACES doesn't have any. Rumbalara has 10. How many of us are there? Like,
10 there is no planning for us. So somewhere along the line there's this real disconnect between our growth, our needs and government responsibility that they give to everybody else, and that needs to change.

MS WAIGHT: And those things need to be dispersed because you can't
15 underestimate the effect of cultural harm of moving somebody out of their - basically out of their lands and into another's. My Pop is at Rumbalara aged care facility but he is a South Australian Narrandjeri man, who has spent all his life on Muthi Muthi Country, and having to move has caused him quite a lot of cultural harm which has accelerated his dementia. And now poor Pop, yeah, is in
20 a harmful state. So we need to be making sure that we don't try and create new missions in a sense by putting services in certain locations and then moving people out of their countries and their supports.

MR GRAHAM: And it's the same in childcare as well. We don't have enough
25 childcare centres. And our childcare centres do more than just babysit your child for the day. They actually talk to parents and they help them through their issues and things like that, because it's always that holistic stuff for our Mob. And I spoke to a peer in Queensland and he said to me that since they lost their funding for their childcare centres, their child protection rates went up. So there's all this
30 work that can be done. Nobody is putting it into place. They say they're listening, but they are not making the changes.

COMMISSIONER LOVETT: The advocacy is there.

35 **MS BRIGGS:** Commissioner Lovett, one last comment. Over the last few Yoorrook hearings where we have seen Ministers come in and talk about the funds that have been raised within government for goals or resources or whatever that's happened, you think about what 10 per cent of those funds could have done in reinvestment and redirection for Elders, for children, for families or for
40 prevention, for living longer, for wealth and prosperity. You know, it's not that it's not there. So what do we need to do to move from the lip service to shifting to affirmative action, not just action, to make sure that we are going to get what we need to do for our people.

45 **MR MCAVOY SC:** Thank you. Now, witnesses, I propose to ensure that there's no other questions from the Commissioners, but we have discussed the issue of the Closing the Gap National Agreement at a high level. There are a lot of areas that

we haven't been able to cover in the time that we've had, and I'd just like you to think for a moment whether there are any closing remarks you would like to make, whilst we hear from any further questions from the Commissioners, so that at least you feel that you've had the chance to say things that you think need to be said,
 5 that we might not have covered. I know Lisa has -

MS BRIGGS: There's one thing that I haven't seen - and I'm a part of the original Close the Gap campaign. So I was formulating this type of policy in 2005 with Oxfam Australia, and so I probably carry the longest memory of its true
 10 intent from the beginning until now. And one thing that I have not seen - and this is a failure of all governments, and including local. Like, local government has really been let off the hook, and they really need to be made accountable, and they really need to be asked what they are doing in terms of their responsibility against the targets.

15 They have - I think it's target 9B is directly their responsibility around essential services for housing and stuff, waters and all of that. So they have a role to play, but they haven't played in that space. They have done a little bit of work around maternal and child health but the record shows that they're failing. So what's the
 20 penalty, do they get for failing our children? Because that's pretty much what we're doing.

There's nothing that I've seen around a theory of change. So what is the theory of change and trajectory? So originally when we were doing the targets and the
 25 formulation, we were looking at what can be measured and then how long is it going to take. We work on the plan and off we go, and we stick to that plan until we meet that outcome. Where is it? Where is it aligned to this plan and the implementation plan?

30 So I think if there is a lesson learnt, we actually need to do a theory of change, we need to do the trajectories, we need to get that data sovereignty up ASAP and moving because we need to know what data we are collecting, what data we don't have, and how we actually - what are the steps we need to do to make it happen so that we are not doing policy on the run, we are doing evidence-based policy that's
 35 actually going to make the change required.

And on top of that then, we need the commitment from the Victorian State government and the Commonwealth to make sure that they're actually going to invest in Closing the Gap, not just policy of Closing the Gap, but actually true
 40 budgetary reform that will make a difference.

COMMISSIONER LOVETT: Can I just jump in as well. But also building on what you just said as well, doing the Treaty process at the same time, right, not doing the Treaty process, doing that as well.

45 **MS BRIGGS:** Honouring the two mechanisms as very strong policy points that are strengthening each other. They are not - they have unique differences. One is

about health inequality and parity. This one actually is the mechanism to help us get there. How do you bring them together to make it work? Us. And be the change. Be bold. Be brave, like Mick said.

5 **MR MCAVOY SC:** Commissioners, are there any further questions of the witnesses before I ask - are there any further remarks that you, Michael or Nerita, would like to make in relation to things that we haven't had the opportunity to cover or any closing remarks you would like to make?

10 **MS WAIGHT:** No, I think I'm back to you in a later hearing block so all good.

MR GRAHAM: And that's pretty much where I was going to go to is that there will be other sectors within our group that will be able to elaborate more and give more detail on what's working and what's not working for them. But I did just
15 want to finish, because I am in the health game, and I do hope that youse are all looking after yourselves because I can only - I can't even imagine, really, the pain of the people who sit here in front of you and give their stories, and those stories that you hear as Aboriginal people, you know, that must take its toll, and it must be quite a heavy burden for you to hold that.

20 And I have seen some of the recommendations that have come out and the questioning and things like is. Youse are doing a fantastic job, but make sure that you're looking after yourselves as well and looking after your families as well that at least know that you're here and they're probably worried about you as well. I'll
25 just leave it at that.

CHAIR: Thank you, Michael. Thank you very much for saying that. It's been a fantastic session because it's something I've been waiting for a bit more in depth around these issues, and this is really important that we have heard this and the
30 fact that the Productivity Commission has put that report out. I mean, there's nowhere to hide, where we're headed, and you've added more detail to that by the comments you've made and, Lisa, your latter comments about connecting and not using Treaty as an excuse, that there is a connection and there are roles to play for everybody. It's going to be hard for government, isn't it, very hard. We are going
35 to have to keep them honest.

MR MCAVOY SC: Chair, I understand that Commissioner Lovett may have one more question before the witnesses are excused.

40 **COMMISSIONER LOVETT:** Is there any further insights or reflections that you would like to share, particularly for people listening in, but government but also future governments that potentially come in the future?

45 **MS WAIGHT:** Look, I think, from my perspective, it's just emphasising that you can do more than two things at once. The Aboriginal community has proven that not only can they act to protect their communities, but they can also act to enact change, whether that be legislatively, whether that be socially or culturally. And

it's important that the Victorian government takes up that example and does the same thing. We are not asking you to take your foot off the pedal on Treaty. What we are asking you to do is to make sure that there is a pathway to create safer futures right now for children and families who can't wait because the
5 situation is so dire for them.

And for those future governments that perhaps might hear this, I hope that you are in a better place, you are in a place where there is a dual system, where there is Aboriginal children who are safe and strong and know their worth and I hope you
10 protect that.

MR GRAHAM: Look, I'll probably direct mine more to community and that is whilst you hear all of these negative comments throughout all of the hearings, we are making advances. You know, we now have Treaty negotiations happening.
15 That's something we've been asking for, for decades, maybe more than that. But - it's not moving as fast as we want, but it's moving and the fact that we have this truth-telling process - I mean, 20 years ago, we weren't talking anything like this but here we are today at truth-telling, and we have got not just us here, but government Departments, Ministers everything. So we're making advancements.
20 So stay strong. Stay staunch. And, you know, keep fighting the fight and never give up.

MS BRIGGS: I would only say as a message - and this is really to governments, to our politician leaders: If you do not support Treaty, you do not support Close the Gap, because Treaty is the mechanism to get us there. And we hear a lot of conversation around, "But we support Close the Gap". But you need both to be able to make it succeed. You can't do one without the other. So I really do lean on the leaders out there. Community supports Close the Gap. Wider society supports Close the Gap. There's lots of evidence to say that. So to State - I think
25 we just need to rebrand and re-message that you have to do them together. You can't do them in isolation.
30

MR MCAVOY SC: Thank you, Chair. We have gone somewhat over time but the issues that this particular panel have given evidence about are central to this Commission's work, and we are grateful to the panel for staying on longer than they were originally asked. Might the panel be excused? I understand that we are now to adjourn for a short period and to recommence at a time to be advised, but shortly.
35

40 **CHAIR:** Thank you. We adjourn this session of the Commission until advised of the time. Thank you.

MR MCAVOY SC: Thank you, Chair.

45 **<THE WITNESSES WERE EXCUSED**

<THE HEARING ADJOURNED AT 12.24 PM

<THE HEARING RESUMED AT 1.04 PM

5 **MS MCLEOD SC:** If the Commission pleases, I call this afternoon's witnesses, Aunty Jill Gallagher and Sheree Lowe from the Victorian Aboriginal Community Controlled Health Organisation, VACCHO. Could I start with you, Aunty Jill, and ask you to state your full name, please?

10 **AUNTY JILL GALLAGHER:** Yes, my name is Jill Gallagher and I'm a very proud Gunditjmara woman from western Victoria. I would like to also state that I am Aboriginal because I have blood ties and cultural ties. I am Aboriginal because I have lived experience. I am Aboriginal because I am accepted by my community. Thank you.

15 **MS MCLEOD SC:** Aunty, do you agree to tell the truth to this Commission today?

AUNTY JILL GALLAGHER: Definitely. Yes.

20 **MS MCLEOD SC:** And, Sheree, can I invite you to state your full name and to introduce yourself, please.

MS LOWE: Thanks. My name is Sheree Lowe. I'm a Djab Wurrung Gunditjmara woman.

25 **MS MCLEOD SC:** Do you also undertake to tell the truth to this Commission?

MS LOWE: Yes.

30 **MS MCLEOD SC:** Thank you, both. It might have been me, I think, fiddling with the microphone so I will be careful, Commissioners. Aunty Jill, can I invite you to start with the testimony that you provided this morning to the Counsel Assisting team in terms of your introduction and what we might do - I think the Commissioners are having that delivered shortly, but what we might do is to
35 identify that testimony, and we'll get a number for it so it can be uploaded into the database and also to identify the submission from your organisation.

40 So the testimony doesn't have a number yet. The submission Health and healthcare, Housing and Homelessness, Education submitted by VACCHO is NUT.0001.0445.0003. Do you have a copy of that handy?

AUNTY JILL GALLAGHER: Yes.

45 **MS MCLEOD SC:** Yes, great. So coming to your testimony, the number will be introduced shortly, but can I invite you to introduce the prior work you've done as Treaty Commissioner and current CEO of VACCHO?

AUNTY JILL GALLAGHER: Thank you. Yes. But before I do that I would like to acknowledge that I am on Aboriginal lands, and wherever we are, we are on Aboriginal Country, and - but lands that were never ceded and I would like to pay my respects to all Elders, past and present. Some of those Elders actually shaped who I am today. And I have very fond memories of those that have gone, that helped shape the work that I do. So thank you very much.

If we're to truly understand the health and wellbeing of Aboriginal communities today, we must first reckon with colonial legacy. The scars of colonisation, they run deep. Echoing through generations, shaping the very fabric of Aboriginal life. The historical exclusion from basic healthcare continues - the - I'm repeating because it's so important - the historical exclusion from basic healthcare continues to haunt Aboriginal communities, leaving enduring marks on our health outcomes. Intergenerational wealth disparities further exacerbate the divide, perpetrating a cycle of disadvantage that is so difficult to break.

These social determinants are the invisible shackles that constrain us as Aboriginal people, impacting on our lives far more than genetics or individual choices ever could. But it wasn't always like this.

MS MCLEOD SC: Before we turn to the next topic for discussion, can I invite you, Sheree, to also indicate your role at VACCHO and make any acknowledgements that you wish to make?

MS LOWE: Thank you. I echo the sentiments of Aunty Jill in acknowledging Country, also acknowledging today as the anniversary of the '67 referendum and pay respects to the legacy of our Elders, ancestors and people who have fought the hard fight for where we are today and the giant footsteps which we walk in.

My role at VACCHO, I've been at VACCHO for three years now. And the role was to stand up the Centre for Excellence in Social and Emotional Wellbeing, which is called the Balit Durn Durn Centre which was launched in May 2022. So we just celebrated a second year in that establishment. But the essence of the work I do is centred around the outcomes of the Royal Commission into Victoria's mental health system, and there's some specific regulations that VACCHO has the responsibility for - in delivering on, out of that Royal Commission.

But also just as an Aboriginal woman who's lived all my life in Ballarat and on Wadawurrung Country there, so lived off-Country but have really strong ties to my ancestry. But it is with that lived experience that comes with being able to advocate for my people and have done so all of my life in very various different shapes and forms.

The last 25 years, it's been really focused on social and emotional wellbeing, but also in cultural safety and what that looks like in our systems and how can we as Aboriginal people be able to kind of rightfully have our place in this State, but also being able to heal from what Aunty Jill just mentioned, the impacts and the

ongoing impacts of colonisation. And I think that people think about colonisation as a point in time, but we know and we see in the work that we do in social and emotional wellbeing that the ongoing legacy, the transgenerational trauma that we see with our people, that we've still got a long way to go.

5

CHAIR: Thank you, Sheree. Can I thank you for reminding me that the anniversary of the '67 referendum is today, and it's so important that we remember that that was the time that the Commonwealth was given the legal right to fund Aboriginal Affairs in that particular legislation, and that we were, from then on, counted nationally in the census. That was the requirement under that change. I just want to note that for people that may not know, that may be watching, that that was the impact, and thank you for that reminder.

10

MS LOWE: I think it's important too, Aunty Eleanor, because I'm of that generation. I think of my dad who was born a non-citizen in this country. And when we think about intergenerational trauma, I think - and when we think about historic practices, I think people think that that happened a long time ago but, really, it's current and within that generation of that impact, and we see that on a day-to-day basis of that legacy of displacement, disconnection, to our culture and practices.

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CHAIR: Thank you, Sheree. Thank you so much.

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MS MCLEOD SC: Just as a matter of recording the numbers so that those following the transcript later can access these documents, VACCHO made an earlier submission on the topic of Land Injustice and we will just refer to the number. It's NUT.0001.0340.0003. And we have numbers to give to your testimony, Aunty Jill, and the attachment BAL7.0001.0003.2769, and .2805.

30

So could you just explain the role of VACCHO as the, and the membership organisation and the work it does in broad terms?

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AUNTY JILL GALLAGHER: VACCHO is a peak body for Aboriginal health and wellbeing. We are not service providers. We do not provide services. What we do is advocate, where we can, very strongly to governments at a state-wide level, what are the issues. And also what are the solutions. We also have 33 Aboriginal organisations sprinkled around the State who are members of VACCHO. But I do need to be very clear, that VACCHO is not a peak body for community-controlled health only.

40

We are a peak body for health and wellbeing. If people see us as community control, then we don't have an influence in what happens in mainstream, you know. It's very important that VACCHO also has a voice and an influence in what happens in hospitals and what happens in mainstream services, and that will become evident as we continue to go through our testimony. Thank you.

45

MS MCLEOD SC: And, Sheree, the Centre for Excellence, Balit Durn Durn, that you mentioned, that sits within VACCHO?

MS LOWE: That's correct.

5

MS MCLEOD SC: And how is it resourced and staffed at the moment?

MS LOWE: Through the Department of Health investment which came out of the Royal Commission into Victoria's mental health system. So there were two iterations of the findings of that Commission. So the first was an interim report which outlined the recommendations to establish a centre, and furthermore, in the final report, there were four other recommendations which VACCHO has a role in. But the centre's wholly funded by the Department of Health out of that specific recommendation.

15

MS MCLEOD SC: I might come back to that in some more detail as we go and the work that's in progress with the centre at the moment. Aunty, you mentioned in your introductory comments that the individual shackles that constrain Aboriginal people - and you said it wasn't always like this. So do you want to share something personal in relation to your reading and the stories that were passed to you about Aboriginal birthing, for example?

20

AUNTY JILL GALLAGHER: Thank you. Thank you very much for that and, yes, I have read articles, and, yes, Elders have talked to me about traditional birthing methods. And not so long ago as we all know, birthing was carried out in one's own Country using traditional - using traditions such as within a birthing tree. Aunties would act as midwives giving physical and emotional support to women who were birthing. Birth in our traditional society was always women's business. Male relatives were important in the postnatal period since they were involved in ceremonies directed to establish the baby as a being.

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30

During pregnancy, our diet was healthy as well as breastfeeding. There was never any other option. Breastfeeding. The umbilical cord was cut by a sharp stone and the placenta was buried in whatever Country the baby comes from. And in some parts of Australia during the 19th century, Aboriginal midwives were the only people with expertise to act as midwife for black and white women, and - but then came missions and the banning of our culture, which destroyed traditional rituals and traditional ways of knowing, being and doing that surrounded childbirth. Missions, reserves and stations were designed to erase - were designed to erase - our cultural identities.

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40

We were separated from our lands and our families and we were not allowed to speak or practise our cultures. For generations, Aboriginal individuals were subject to a system of healthcare marked by colonial control. Picture the mission hospitals. These institutions were not places of healing. They were symbols of oppression where Aboriginal individuals were subject to standards of care and

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denied dignity that they deserved. Missions were cold places. They weren't happy homes. They were not places of culture, Country and lore.

5 **MS MCLEOD SC:** Just pausing there, the rituals that you've just shared with us around birthing and the burial of placentas on Country, were those rituals continued on the mission or were they abolished?

10 **AUNTY JILL GALLAGHER:** They weren't allowed on the missions, but some women used to sneak, not just with placenta or burying your placenta - I mean, for those non-Aboriginal people who don't know, but burying your baby's placenta is introducing that baby to Mother Earth. That's the whole concept and idea of it. So when - I remember the late Aunty Connie Hart, who was a very prolific traditional weaver, and she told me stories of when she lived on the mission, she used to have to sneak around with other women and teach them how to carry on that culture of
15 basket making because it was not allowed, and neither was traditional birthing allowed on missions.

20 But some time ago, I can't remember when, the Wathaurong Aboriginal Co-op had a women's Koori maternity services program there and they developed a birthing garden for women, Aboriginal women, to bury their placentas either at the Co-op or Country that they would like to have their baby's placenta buried. So it is one of those practices that was denied us to continue on missions, yes.

25 **MS MCLEOD SC:** And this is an example of rituals and practices, but were there practices around wrapping the child in skins, for example, as well and the skin staying with the child of significance?

30 **AUNTY JILL GALLAGHER:** Yes. There is - and not all Mobs practise that practice. It varied. But I remember many, many years ago when I worked for - back then it was called the Victorian Archaeological Survey and who is now part of Aboriginal Affairs Victoria, who is now First Peoples State Relations - is that correct? Okay. There was a burial bundle found up near Horsham, and this little baby bundle was stuffed up in an old tree on some farmer's property. And this little girl was wrapped in a possum skin cloak and she had a whole lot of grave
35 goods.

40 But what was interesting about that burial was that - because it's called a delayed burial - was she that had grave goods with her to take to the Dreamtime but she had traditional grave goods but she also had European grave goods. So that actually told a story. There are other burials that I am aware of, of Aboriginal children being buried and wrapped in possum skin cloaks. But as I said, not all Mobs do that.

45 **MS MCLEOD SC:** I want to come back to your submission where you make the link between traditional practice and culture, and hope and health and wellbeing, and then the other side of it, the loss of culture, despair and health impacts go with

that despair. Can I just ask you to explain - we hear the term "intergenerational trauma" a lot. Can I ask you to explain your understanding of what that means?

AUNTY JILL GALLAGHER: I will give you my basic understanding, because
 5 I am not a clinician, but I just know what I know. I actually might also defer to Sheree, being - heading up the Balit Durn Durn Centre, but transgenerational trauma, I mean, to put it simply, if you've got a - if you've got a people who have been treated the way our people were treated constantly and there's lack of hope in that space, and there's despair in our communities, sometimes things happen that -
 10 and there's European colonial influences coming into the families, that trauma of that lack of hope, that trauma of being seen as not even as citizens until the 1967 referendum, that's transferred from generation to generations.

And some clinicians may say that's clinical also through genetics, that trauma can
 15 cause, for example - and I might tell you a personal story that might reflect this. I wasn't going to. But my brothers, who were all taken away from our Mum when they were little, and they were raised in a home. They were raised in homes that weren't they nice.

20 And all my brothers take epileptic turns, epileptics. We have the same Mum and the same Dad. And I've always been thinking, "What is that?" So I asked the specialist about six months ago, a brain specialist, "Is there a epilepsy, a form of epilepsy that just targets the male genes?" And he said, "Not to my knowledge". He says, "Is there anything different between you and your brothers?" I said,
 25 "Well, they grew up in institutions. I didn't." He said, "Well that could be it."

MS MCLEOD SC: Sheree, would you like to add anything?

MS LOWE: I don't think I'll add anything to the definition as such, but just kind
 30 of explaining maybe a little bit more in how we see intergenerational trauma and how that plays out. And I think that Aunty Jill has made a good synopsis there of how it looks in practice, in that trauma that transfers through generation to generation, and we see that. And like I said in my opening remarks in that when we're talking about generational, this is not historic, many, many years ago. It's
 35 very much within the generations of people that are living. It's not to say that that trauma from previous generations is still not existent; it's just important to know that it is current, and it plays out in a current context.

40 And if we think about pre-colonisation, if we can kind of visualise that and sharing in some of those rituals that society and nations and how they operated in their own rules, in their own lore, and had their own practices, kinship structures and all of those things that make up us as a being under that broader context of culture, but, really, for us, when we talk about culture, we talk about our l-o-r-e. Culture is kind of a bit more western term that's kind of come in, but it's those practices that
 45 make us who we are.

And there was intention through colonisation. And I was at a conference just over 12 months ago and I was listening to a doctor speak, an Aboriginal woman, and kind of really called out, you know we are three per cent. There was a point in time in this country where we were 100 per cent of the population. And through
 5 colonisation - and not wanting to kind of repeat other aspects of other hearings, but just to reiterate that there was an intention, disruption to us as a people and a being, and there was significant history in the intentional efforts by governments in this country to destruct and displace and disrupt us as a people.

10 So that may be through massacre, murder, through all of those things that we hear about through colonisation. But also through the ongoing impacts of exclusion, stigma, racism and discrimination, and we see that exclusionary and racism really play out in the mental health and wellbeing of our people, and that aspect we see through that transgenerational trauma, how does that play out and what does that
 15 look like in a day-to-day? We see people have a really strong mistrust in systems because of what has been inflicted.

And sometimes us, that next generation on - so that's for me, that next generation on - we do things that we're not kind of sure why we do that. Why wouldn't I go
 20 to the police and report something? Because I'm not sure how they're going to respond. Why wouldn't I go to the hospital with my sick baby immediately as a first point of contact? That's the intergenerational trauma of those stories and experiences of those systems have never necessarily worked out well for us.

25 So what we also see in that mistrust of that intergenerational trauma is people accessing services really late on. So when looking at people entering into the health and wellbeing system at that tertiary end, when they are in psychological distress, when options of treatment, care and support are quite limited and actually are treatments that could inflict further harm rather than help heal and move on.
 30

And so I think we see that on a day-to-day basis, that intergenerational trauma, and I think that, particularly from a mental health perspective, that we live in this western model of healthcare where we're looking for diagnoses and we're looking for treatment, care and support and an identification of a problem, where that's not
 35 necessarily the case for our people. And it's far more interconnected and deeper than that, and we will probably talk through that, about what Aboriginal health means to Aboriginal people.

COMMISSIONER HUNTER: Ms McLeod, can I just ask, could you give us, if
 40 we take Aunty Jill, for example, about the babies and the burying of the placenta, could you just elaborate on how that would have an impact on Aboriginal women back then and then how that plays out today, if you could. I know it's a big question but just generally, that - it's just so people can understand there's a connection between that and today, because roughly, if I'm correct - and correct
 45 me if I am wrong - it's roughly six generations to come out of - you know, to start to heal that.

So just an example of what that might - what that would do to a mother/baby bond and bond to culture and not being able to practise those practices as a mother?

5 **MS LOWE:** I think there's multilayers to that. That is a big question. I think there's multilayers to that, but I think that we need to think about it from a perspective of understanding our culture and how culture plays out for anybody but, in particular, mothers and babies that we're talking about here and the role. But also understanding more deeply about that connection to land, our ancestors, our songlines. And some of those practices that Aunty Jill just spoke about is very
10 much that first introductory of our babies, our boorais, to the kind of outer world in some ways.

Not being able to practise those types of things interferes with that sense of belonging and connection and when we talk about belonging and connection
15 around social and emotional wellbeing and sense of place is really critical, and if you think about the social and emotional wellbeing framework which was designed by Aunty Pat Dudgeon and Dr Graham Gee and Dr Schultz, there are aspects that - for us as Aboriginal people that support our good mental health, and that is that connection to Country, culture, spirituality, our ancestries, our families
20 and our communities.

So when we break those bonds or break those practices, it can have an impact on that connection of place, but we also know in a whole range of different research around the importance of those bonds and that connection between mother and
25 baby. And when those connections are interfered with in a whole range of ways - if we think about in a contemporary setting, birthing in hospitals and aspects around that, who is in the birthing suite, do you get to keep the placenta afterwards, those kind of things happening in a western system can put shame on the mother and the baby. It can place judgment and that stigma.
30

And we all know for that positive kind of relationships and connections, that culture is a real protective factor in that way and in that sense. And so I think that they are some of the ways in which that can play out. And when you don't have that strong connection or that strong modelling of parenting and what parenting
35 looks like as well, that's when we kind of all - not so much not strong. It's like the understanding of different ways of knowing, being and doing. And that's when we see this western system really come in on top of our people and, you know, the impacts of that we see on a day-to-day basis.

40 **AUNTY JILL GALLAGHER:** I believe also, to add to what Sheree said, that if we - and there has been a gap - if our women were not allowed to conduct that particular practice of burying the placenta, then our connection, our spiritual connection to our Country is broken. And I think that, in the back of your mind thinking - you know, I mean my mum didn't have the opportunity to bury my
45 placenta because she come from the mission era. So women, Aboriginal women, having babies today can do that. But there's a gap and that has a big impact, that,

you know, I mean - Aboriginal people as you well know, Commissioner, Aboriginal people don't see land as a commodity.

5 We see our land as our spiritual connection. That's who make us, and that's where - if that's broken, then that's where things can go wrong. That's my perception.

MS MCLEOD SC: Aunty, you wanted to refer to some letters from the Board of Protection as examples of colonial practices. Could we bring up, please, on the screen - the Commissioners don't have this document yet, I don't think, the
10 testimony document - BAL7.0001.0003.2769 at page 3. So just to help people follow along when that's up on the screen. The first is a letter from Lucy Pepper.

AUNTY JILL GALLAGHER: Lucy Pepper. Okay. I'm happy to read it.

15 **MS MCLEOD SC:** That would be great. If we could turn to page 3 and zoom in on that letter.

AUNTY JILL GALLAGHER: Okay. This is a letter out of that publication, Aboriginal Women from Victoria. It's from Aunty Lucy Pepper, at Hospital Creek
20 to Mr Murray, Chief Secretary, 15 February 1915:

*"Dear Sir, I'm writing to you for a little help, as I want to leave Gippsland before the winter sets in. I have been suffering for this last seven years with tubical of the
25 left lung and also bleeding lungs, and in winter I am subject to haemorrhage, and the doctor says a change would do me good. I would like to go over to the Western District Purnim at Easter. Once I get over to Purnim, I can get a little help with my children. I have six, and the eldest is only seven. And they cannot do for themselves when I am sick. Over at Purnim, I have relations that would help me a lot. I am compelled to write to ask you if you could give me and family
30 a pass at Easter to go to Purnim. Both my husband and myself..."*

And I quote this by the way, I'm quoting from a document:

35 *"...my husband and myself are half-caste Aboriginals. The police in Cunningham can let you know what a hard struggle we have with sickness. Hoping you will help me and give us a pass. I am, and oblige your humble servant, Lucy Pepper."*

40 After more requests, Lucy and her family did go to live at Lake Condah but within two years were back in Gippsland lakes.

MS MCLEOD SC: Next letter,

AUNTY JILL GALLAGHER:

45 *"Dear Sir, I am writing to you again, as I cannot stand the winter here at the Lakes."*

MS MCLEOD SC: Turn the page sorry, Aunty. Thank you. Top of the page,

AUNTY JILL GALLAGHER: Top of page 4:

5 *"I am not too well just now. I would like to get away from here before the very cold weather comes. My little boy is not too well either. I think it would save doctors' bills, as I do not get too much to live on. I hope you have not forgotten my case. I have been waiting patiently for an answer. Hoping to hear from you soon. I would be very thankful. I remain yours sincerely, Mrs L Pepper."*

10

The Secretary replied on 9 May 1917 that her application had been considered by the Board and could not be granted. We know that living on missions were - we know what living on missions was like, Commissioners. My mother called the mission where she was at on concentration camp. My mother later on in life
15 refused to go back because it brought back bad memories.

And we know that when they closed, Aboriginal people were turfed out with nowhere to go and nowhere to live. We know that Aboriginal people weren't allowed into hospitals, being told to wait and be treated outside. Women gave
20 birth on the verandahs, meaning the first experience an Aboriginal baby had was one of racism and exclusion. That's our lives. That's how our lives started and continued.

My mother, at 13 years old, when she lived at Framlingham, had no access to
25 healthcare. She was rushed to the Warrnambool Hospital. Her whole body was poisoned. She nearly died at 13 because her teeth were all rotten. At 13 she had her teeth removed and wore dentures ever since. 13 years old.

30 Reports from the Lowitja Institute such as Bringing Them Home and Strong Spirit, Strong Mind highlight the interplay between historical traumas, systemic inequalities, and the importance of restoring hope as a key factor in achieving positive health outcomes and community wellbeing. Traumatic events such as the forced removal, dispossession, discrimination, impacts on individuals, families and communities, affecting their and our mental health, our sense of identity and
35 the overall wellbeing. The transmission of trauma.

MS MCLEOD SC: Pardon me for a minute, Aunt. Chair do you have any issue if I sit for a moment for the next section of evidence?

40 **CHAIR:** No, of course not.

MS MCLEOD SC: Thank you. Sorry, Aunt, would you continue, please, with your story about the kitchen table design you've prepared nor the NAIDOC week t-shirt. We might bring up the design from the slides on the screen. The kitchen
45 table design.

AUNTY JILL GALLAGHER: Thank you. I can talk to that. The transmission of trauma known as intergenerational trauma is real and there's plenty of evidence out there to prove it. To address generational loss of hope, we need to address historical and contemporary factors. Our struggle is not historical but a present-day reality. A stark reminder of the unfinished business of reconciliation following colonisation. For NAIDOC this year, myself and two other Aboriginal women, we sat around the kitchen table at my house and created a design for a T-shirt, and the story of that VACCHO and VACCHO's NAIDOC T-shirt.

10 I want to show you - that's it up on there on the screen and I want to talk about it a little bit. The beginning, beginning of that piece of artwork depicts pre-contact, because it's bigger than the others and it has multiple, multiple Mobs. It depicts pre-contact and the strength of our culture and community, and this is well before colonisation.

15 We had lots of Mobs and our own languages. We would meet for ceremony, Sorry Business and trade. And then colonisation came and separated us and our communities, which impacted on our cultural ways of knowing, being and doing. Colonisation took hold, an invasion of our Country did so much damage, with
20 massacres, slavery, incarceration. We were forced into missions and our children were taken from us.

We couldn't speak our language or pass on our lore for future generations. The effects of this trauma live on today. People who survived this onslaught are still
25 alive, and their children are also dealing with the traumatic environment they are growing up in.

MS MCLEOD SC: Can I just ask you to describe the design that you prepared that's up on the screen there?

30 **AUNTY JILL GALLAGHER:** So basically that design is, as I said, the first is prior to colonisation, and second is basically when colonisation began. And as we go on down the road, it's where - all the designs depict the impacts of colonisation and - I'm struggling to read it. Can you read that, Sheree?

35 **MS MCLEOD SC:** So in the first, the first line says "kitchen table". Then it just describes your names. In the first picture, pre-colonisation, that is an image of communication and community?

40 **MS LOWE:** That's correct. That's correct.

MS MCLEOD SC: And the second one, which is early colonisation. What does that depict?

45 **AUNTY JILL GALLAGHER:** Yes. That actually depicts that - that is the beginning of the impacts of colonisation, the second one.

MS MCLEOD SC: And the image of - is it a mother and child or is a person represented in that image?

5 **AUNTY JILL GALLAGHER:** The second image or the third image?

MS MCLEOD SC: The second image.

AUNTY JILL GALLAGHER: I don't - I didn't see that, no.

10 **MS MCLEOD SC:** Okay.

AUNTY JILL GALLAGHER. No.

15 **MS MCLEOD SC:** The third image?

AUNTY JILL GALLAGHER: The third image is how much destruction has happened to our clans, our Mobs, our communities and our cultures. And the same with the fourth image. But as you can see, as the images go on, it's us rebuilding, the resilience, us coming back to where hopefully one day we'll get to the beginning.

20 **MS MCLEOD SC:** So you wanted to make mention of the fact today is the anniversary of the 1967 referendum, as Sheree did before.

25 **AUNTY JILL GALLAGHER:** 1967 referendum, yeah. I was actually 12 years old back in 1967. I wasn't old enough to vote, but I was old enough to remember all the excitement. And since then, there has been work that has been done, whether it's Native Title, that was created in a way to make - since then there has been Native Title, but that was created in a way to make it extremely difficult for us in south-eastern Australia to claim our lands back.

30
There was also the apology for the Stolen Generation, the anniversary of which was yesterday, but saying sorry is a good start but it's not enough. We need to make sure that we make change and meaningful change. It's what - it's what you do about - it's what we do about it that matters. So when the apology first happened, yes, everyone was excited and, yes, this is a change, it's a turning, but now I think it's time for action and proper action, not just - not just tokenistic action.

35
40 **MS MCLEOD SC:** How was the failure of the Voice last year received in terms of that hope or that time for action?

AUNTY JILL GALLAGHER: Well yes, we tried to build an Aboriginal Voice. To me, how I saw that was it was that hope that was going to bring back, one, recognition of us as the First Peoples of this country, and our cultures that came with us, and also empowerments. To me, that's hope. Yes, we didn't - we didn't get the referendum. It was devastating, and if it was a referendum just with

Aboriginal and Torres Strait Islander people in this country, we would have passed with flying colours. But, unfortunately, we've got a lot of people out there who are in positions of influence who did everything within their power to stop that movement, and anyway. And that was rejected, though we heard the racist abuse.

5

We have had 250 years of trauma. People talk as though it's in the past and as Sheree said before, that's not in the past. It's in the present too. And it's within me right now, to be honest with you. When I think about the failed referendum, it's there. That trauma's there. When I think about what my mother went through, the trauma's there. When I think about what our people went through, the trauma's there. When I think about that Aboriginal and Torres Strait Islander culture in this country is not recognised on a national platform, the trauma is there.

10

COMMISSIONER HUNTER: Aunty Jill, what does that do to our people? Just so people understand. What does it do to our people when you have so many people come out and say no. What does that do to this - well, there's multiple generations; right? So what does that do to them? Like, on a health, and social and emotional wellbeing perspective.

15

AUNTY JILL GALLAGHER: It makes you unwell. I mean, it makes you very unwell. Leading up to that, it made us Aboriginal people unwell. When you hear a lot of the negativity and the racist remarks out there. I feel that failed referendum has set race relations between our people and the rest of Australia back 100 years, and I know that people might see that as harsh but that's how I feel.

20

25

I thought, all those, all that work that we put into not just having the referendum, you know. It was devastating to think that the majority of Australians basically told us to F off, really. And some people say to me, well, you got some comfort, six million voted Yes. To me that's - that, you know maybe we can build on that six million. People ask me now "Well, where to from here?" I don't know. I really don't know because I'm tired and so are a lot of people my age. We're tired but we keep hanging in there because there is a need. So what it does to us, it makes us unwell. It gives us back that - it takes away that hope that we had.

30

35

MS MCLEOD SC: Talking about the impact of historical trauma and stress, we might bring up the submission, the VACCHO submission, NUT.0001.0445.0003 at page 9 of the document or .0011. Under the heading of Current Levels of Health and Wellbeing - do you have that, Aunty? Sorry that's not the right document.

40

AUNTY JILL GALLAGHER: I don't have this document.

MS MCLEOD SC: Not the one on the screen. This is a VACCHO submission on Health and healthcare.

45

AUNTY JILL GALLAGHER: I've got that, thank you.

MS MCLEOD SC: If we turn to 00.1 or page 9 of the document.

AUNTY JILL GALLAGHER: Page 9 of the document. Where's page 9.

5

MS MCLEOD SC: It hasn't got a number on the bottom, but if you look up the top - you might have not numbers. Can you find page 11?

AUNTY JILL GALLAGHER: Yes, I've got 11.

10

MS MCLEOD SC: Turn back one to Current Levels of Health and Wellbeing.

AUNTY JILL GALLAGHER: Yep. Got it.

15 **MS MCLEOD SC:** See in the middle of that paragraph there at the top of the page, the line starting, "The impact of historical trauma"?

AUNTY JILL GALLAGHER: Yep.

20 **MS MCLEOD SC:** So would you like to read that out?

AUNTY JILL GALLAGHER:

25 *"The impact of historical trauma loss of cultural identity and ongoing racial discrimination contribute to elevated stress levels, which are linked to various health issues. The Victorian Agency for Health Information reported on the findings from a population health survey done in 2017, and the report sets out the ongoing effects of colonisation and racism and the impacts that this has on a person's health and wellbeing."*

30

MS MCLEOD SC: So that survey was conducted in 2017. Do you know if that survey has been repeated since then?

AUNTY JILL GALLAGHER: To my knowledge, no.

35

MS MCLEOD SC: If you look at the dot points halfway down the page, these are some of the findings of the surveys.

AUNTY JILL GALLAGHER: Would you like me to read them out.

40

MS MCLEOD SC: Yes, please, those dot points.

AUNTY JILL GALLAGHER:

45 *"Mothers are two times more likely as non-Aboriginal mothers to have children of low birth weight. Children have 1.6 times more decayed tooth services than non-Aboriginal children. One in five Victorian Aboriginal children enter school*

at high risk of clinically significant problems related to wellbeing ... children are eight times more likely than non-Aboriginal children to have involvement with child protection in Victoria."

5 Eight times more likely.

MS MCLEOD SC: So just starting with the first dot point, if 12.6 per cent of Aboriginal mothers have babies of low birth weight, we know that low birth weight is a good indicator for infant health.

10

AUNTY JILL GALLAGHER: Yes.

MS MCLEOD SC: Already, there's twice the number there of infants with low birth weight in that survey. This data, I imagine, is able to be recorded and reported on routinely?

15

AUNTY JILL GALLAGHER: Yes.

MS MCLEOD SC: It's not difficult to keep this data?

20

AUNTY JILL GALLAGHER: No.

MS MCLEOD SC: All babies, including those delivered at home, should have their birth weight recorded as soon as possible.

25

AUNTY JILL GALLAGHER: Yes. Yes.

MS MCLEOD SC: Okay. The survey also found some alarming results. Would you read out the next two dot points?

30

AUNTY JILL GALLAGHER:

"Approximately three times more likely to experience high or very high levels of psychological distress than other Victorians. 32 per cent of all Victorian Aboriginal people; 23.5 per cent for the general population."

35

It's big difference.

MS MCLEOD SC: Yes.

40

AUNTY JILL GALLAGHER: Then we have got:

"38 per cent of adults have been at one point diagnosed by a doctor with depression or anxiety, significantly higher than non-Aboriginal adults, 27 per cent."

45

MS MCLEOD SC: And we have heard that that translates through to various systems including child protection, out of home care and also adults and the adult incarceration.

5 **AUNTY JILL GALLAGHER:** Yep.

10 **MS MCLEOD SC:** Other health disparities, it's noted, include the higher rates of diabetes and dementia for older people and even younger people. So when we're talking about the impact of stress and the past living in the present, is it fair to say that we see a record of health outcomes for Aboriginal people that are reduced on many markers or by many measures?

AUNTY JILL GALLAGHER: Sorry can you ask that question again?

15 **MS MCLEOD SC:** I will ask it a different way because it wasn't very well expressed. We are talking about the past living in the present.

AUNTY JILL GALLAGHER: Okay.

20 **MS MCLEOD SC:** The ongoing impacts of colonisation and the impact of stress. Would you say that the health data reflects that stress and what you've described - both described as intergenerational trauma?

25 **AUNTY JILL GALLAGHER:** I think - and, Sheree, you can tie it in, but I actually think it does to a certain point, but not as much as it could do or should do. I think that's a whole PhD in its own right. And there needs to be a lot more research on that, and that's why it's important that Aboriginal people control the research and influence that research agenda so we can answer those questions. And we have the data to prove it.

30 **MS MCLEOD SC:** If you turn to the following pages under the Current Effects of Colonisation, there's a discussion around the history and you've touched on some of that in your statement, and then there's a heading on page 13 Removing the Right to Self-Determination. Do you see that? Page 13.

35 **AUNTY JILL GALLAGHER:** I'm on page 13.

MS MCLEOD SC: Top of the page:

40 **AUNTY JILL GALLAGHER:** Current Effects of Colonisation.

MS MCLEOD SC: Next page over.

45 **AUNTY JILL GALLAGHER:** Okay. Yes.

MS MCLEOD SC: In the middle of the page there's a paragraph starting, "Missions, reserves and stations". Would you like to read that out?

AUNTY JILL GALLAGHER: Yep:

5 *"Missions, reserves and stations were designed to erase peoples' cultural identity. People were separated from their land and their families, and were not allowed to speak their languages, continue their cultural practices or teach them to their children. Furthermore, Aboriginal people from different communities were pushed together, with the government not understanding or acknowledging the differences in culture, language, and history between certain groups."*

10

MS MCLEOD SC: If you jump down to the paragraph beginning, "Losing hope"?

AUNTY JILL GALLAGHER:

15

"Losing hope is a profound emotional and psychological experience signifying a pervasive sense of despair and resignation. Hope, in a broader context, represents the belief in the possibility of positive change, improvement, and a better future. It serves as a crucial motivator influencing individual and collective resilience, well-being and the pursuit of goals."

20

MS MCLEOD SC: The next one.

AUNTY JILL GALLAGHER:

25

"In the context of Aboriginal and Torres Strait Islander communities, hope holds particular significance as historical injustices, socio-economic disparities, and ongoing challenges have created complex and entrenched issues. The loss of hope within these communities can exacerbate social issues, hinder community cohesion and contribute to mental health challenges. Reports from the Lowitja institute such as Bringing Them Home and Strong Spirit, Strong Mind highlight the interplay between historical trauma, systemic inequalities and the importance of restoring hope as a key factor in achieving positive health outcomes and community wellbeing."

30

35

MS MCLEOD SC: So I just want to spend a moment comparing hope and wellbeing and healing with despair, the harm, and damaging factors that you describe in your submission. If you could turn to pages 16 and 17 with the numbers down the bottom. Perhaps if we could bring up the diagram number 2 which appears on page 16.

40

COMMISSIONER HUNTER: There's just something in this submission that - and, firstly, I don't know whether you agree with this, but:

45 *"Hope is the belief that we are going to have a better future."*

AUNTY JILL GALLAGHER: Yes.

COMMISSIONER HUNTER: So in your submission, you've got concept of:

5 *"The loss of hope being generational can be understood through the transmission of trauma and socio-economic challenges."*

10 Can you just explain that a bit more? Because you also just mentioned before losing hope through the referendum as probably a community, and I think that's - I think that's right between people that wanted Yes or No, who voted that, to actually have that outcome. So there's a bit of hope loss there. So for the socio-economic which we're also looking at, what does that mean for that, for losing hope for a future? What does that do for us as a people? Sorry, Ms McLeod. I just wanted to go backwards.

15 **AUNTY JILL GALLAGHER:** Yeah, well, losing hope gives you nothing to grasp onto. It gives you nothing to - you can't see a future for yourself or your people or your family or for your cultures. That loss of hope is - I've seen where - how can I put this? I've seen where hope can change people's lives. I've seen where someone was diagnosed with terminal cancer and they had no hope because
20 they were told by the health professionals they were going to die.

But they - they had an experience that gave them hope, and it comes back to Aboriginal culture, and that hope actually kept that person alive for a long time and she is still alive today. So hope can do a lot. It can build you up, and - I don't
25 know whether you want to add to it because I'm struggling for words here - I know -

COMMISSIONER HUNTER: It's a big question. It was just in your submission and I guess it does - what I was getting to how does it help the social
30 and emotional wellbeing? Because everything you're talking about, Aunty Jill, really goes to the psyche of people and it goes to the social and emotional wellbeing and the mental health, but that also affects our physical health, yeah. So I'm just trying to get at what does that mean for our people that that loss of hope, but how do you hold it and then how do you bring culture in? It's a big concept.
35

AUNTY JILL GALLAGHER: It certainly is.

MS LOWE: And I think that interconnection to it, physical health and social and emotional wellbeing, is a really important part to understand. If you think about
40 that loss of hope or that broken spirit, and when we often talk about healing from that broken spirit, often in a western health model, we are kind of just looking at the symptoms. Like, it may be an addiction. It may be an episode of psychological distress, and it's like, here you go, here is your little treatment, on your way.
45

But I think that lack of understanding of that deep interconnectedness of health and wellbeing, which is what Aunty Jill said at the start, that it's really important

to understand both and they're not separate. And thinking about going back to the conversation a little bit earlier around the referendum and I think that that signalled a lot of different things for a lot of different people, but I think, as our young people, how we've tried to heal from this intergenerational trauma and tried to bring trust and safety back into society for us as we know it, because we've grown up in generations of compounding impacts of racism, discrimination, you know, isolation, all of those types of things that happen from a social perspective, but also things that kind of come out of when we talk about that social economic - the impact of just coming from profound poverty and what that causes and how that influences into our health but also social and emotional wellbeing.

But going back to that outcome of the referendum - and I agree with you, Commissioner, around the referendum meant different things for different people, but for young people, I think that we've done a lot to try to rebuild that trust in society, but I think that what that signalled is that deep racism that our country has is very real and very current, and it just kind of surfaced itself. So, in some ways, we hadn't protected our young ones as well as we should because we wanted them to kind of have the best of everything.

I believe that is what my Elders fought for, for us to be able to walk in two worlds, be strong in culture, but also fit within society. But I think the outcome of the referendum kind of reinforced some of those things that underlie, when we talk about trauma that we have always kind of felt, it took us all back to those moments where, you know, that we hadn't been included or that we had had some poor health service or education service or whatever it was based on us as Aboriginal people. And so I think that when that spirit is broken, we often don't talk about getting to that healing of that. We're often at that surface level still of, you know, what's the treatment that you need.

So I think that we do question that hope now because what we've tried to instil in that next generation that you can be whatever you want to be, but when you are kind of getting these other signals of you can be what you want to be but just not that, and so then questioning where do I fit? Where is my place as a First Nations person? And how we see that because they haven't experienced what we've experienced. It's not that - it's different, all people's experiences; it's not like a trauma-off or something like that, who has bigger trauma.

I think in my generation, it was just more out in the open, like remarks, like those events and activities. It wasn't as hidden as it has been in the last, you know, 10 to 15 years. People have been good at masking what racism looks like. But at the core, it still exists, and we see that in a whole range of different services of what people try to access but, in particular, from a health and wellbeing perspective, we've got an endless supply of case studies of where people have been mistreated in our health systems and wellbeing systems based on being Aboriginal.

And I think that also what we had spoken about earlier, about this distrust and the lack of safety in those systems, that we see our people accessing them at a really

later point in their care and support, and if people could kind of access support and care in that prevention kind of space, or have a culturally safe health and wellbeing system in its entirety, then maybe we wouldn't see so many people at that real tertiary end of health and wellbeing outcomes, and maybe they're seeking that care earlier.

COMMISSIONER HUNTER: But is the money put into prevention? That's the point, right?

MS LOWE: No. That's right. But we don't invest in that, in this State, and we haven't for a really long time. So what we see from a mental health perspective is that people are presenting in our hospitals in psychological distress, being turned away or being admitted to adult acute, being subject to seclusion and restraint, being placed on compulsory treatment orders, where there could have been a model of care for that. It just exuberates trauma and isn't really getting to the core of that broken spirit and healing from within and what that looks like.

But, yes, prevention would be great, and being able to recognise the importance of that and what that looks like for Aboriginal people, because it looks different.

COMMISSIONER HUNTER: It's not a medical model. It's its own -

MS LOWE: It's not a medical model, no, and it's not a clinical model, but it's complementary to those. We are not saying either/or. But when we talk about clinical practice, what does that look like from an Aboriginal paradigm and what does that look like when we talk about Aboriginal ways of knowing, being and doing? And there's quite a disparity between that. And so we see people not getting what they truly need in their healing journey.

MS MCLEOD SC: So just to tease that out a little bit, Sheree, you've talked about hope is the word we focused on, but there might be other words for it, such as strength of culture or spirit or other words. The way you're describing it, that hope is not an optional extra, it's fundamental to wellbeing. Is that correct?

MS LOWE: Without hope, what do you have is the question back, I guess. I think that hope is really critical because when you've lost that despair - that resilience and hope is what keeps you going. It gives you that little fire in your belly that, you know, you've been knocked down 10 times but you will get back up for an 11th aspect, or you've navigated a complex health system looking for health, but every door you kind of open, or access, isn't the right one for you, but you keep going. And it may look different for different people, but it is that hope that there is something better.

But there's also the right as First Nations People. It's not just hope. It's our right for First Nations People for Aboriginal people in this country, you know, our First Peoples, to be happy, healthy and to be living connected and being able to celebrate our culture and here we are as people without that being a disadvantage

or without that being a point of we're not actually sure what's going to happen. Are we going to be treated differently? Are we going to be excluded? Are we going to be subject to racism? Are we not going to be taken seriously on health matters? Like, there's a whole range of things that, as our communities bravely
5 identify, because the reality is that our systems aren't always safe and not able to meet the needs, because they're not built for us. They're built for the wider community. They are not built for us.

10 So every time - and this is just a Sheree view - but every time an Aboriginal person identifies in these systems, then it's a brave step, because you never know what's going to happen in that identity. We have just been raised that way, right, to be proud of who we are, to be able to advocate for what's right and particularly for the people who don't have a voice. But you don't know what comes with that, and it's that resilience and strength that's really important. And we see that,
15 whether you call that hope or whatnot. We know that sometimes in response to that, the system continues to act in a colonial way, and we talk about that as colonial violence in a contemporary setting and those types of things. You can call it, you know, what you want.

20 But the reality is that the impact of that is people not getting the health and wellbeing services that they need when they need it, and that's why we see that disparity in health outcomes. We see people dying from things that they probably shouldn't die from.

25 **MS MCLEOD SC:** So just touching on their other influences, could you just explain the concept of social determinants of health?

MS LOWE: Sure. This is probably the one that you can answer off the top of your head.

30 **AUNTY JILL GALLAGHER:** That's all right.

MS LOWE: But I think for us, if you look at SEWB framework, The Social and Emotional Wellbeing Framework, I'm not sure whether there's a diagram of that in
35 our submission or where I can reference to that to you. But if we talk about social and emotional wellbeing and putting us at the centre, and what we know for good health is, for us, having those connection points to culture, family, kinship, Country, ancestry, spirituality, but also we know on that outer of the SEWB wheel is that there is that historical and political and social impacts to our health and
40 wellbeing.

MS MCLEOD SC: I might bring that up on page 34, the diagram number 3, page 34 of the report.

45 **MS LOWE:** So when we talk about the historical impacts - we talk about that a lot in the impacts of colonisation and what that looks like. When we talk about the political impacts and the political environment that Aboriginal people live

within, we just spoke about the referendum, which was a very recent political aspect of what happened to us and continues to happen, but we have also mentioned other things in point in time - Native Title, Traditional Owners Settlement Agreements, you know, we're in a state of Treaty and negotiations.

5

But those political aspects of Aboriginal people having to continue to tell their stories, continue to be able to justify who we are, when we talk about those political aspects, but then our social determinants are our health aspects - well, it's broader than health. We talk about our employment, education, you know, the things that I talked about before, around that profound poverty and what kind of comes with that, and trying to participate in a society that has intentionally since the time of colonisation worked against trying to exclude you.

10

Like, we have got long evidence of attempts of assimilation and whatnot, and sometimes it feels like that is what is playing out but just in a contemporary setting, and it might have different labels, but those social determinants are those extra bits that are what we refer to as those life stressors that contribute to, you know, one's health and wellbeing. So, you know, we've got -

15

MS MCLEOD SC: We have got the wheel up on the screen. As I understand it, the social determinants you're referring to include such things as the impact of poverty, unemployment, homelessness, educational attainment, racism and other forms of discrimination. Political might include land rights, the opportunity to participate, being empowered to express views and things of that nature. Historical are the things we have been talking about in terms of the context of colonisation. So could you just explain that diagram and how that's used?

20

MS LOWE: Sure. I think that we have kind of talked about it a bit so I won't go over those aspects. I talked about those elements around us. So placing the person centre. So I am connected to, and so when we talk about a model of good social and emotional wellbeing, then that person in the centre would have all of those connections to those outer wheels. It doesn't always look symmetrical to everyone, like a complete circle, because how we connect in those ways may look quite different depending on the person and their lived experiences.

25

30

So if somebody had been displaced from family, stolen and grew up somewhere else, that their connection to Country and culture practised on that Country may look a little bit different. I think kind of the wheel gives the symbolism of balance is important, but we know for people's personal experiences, that it looks very different, depending on their life experiences.

35

So we say that that person in the centre lives within that outer wheel of those historic, political and social determinants. But each of those aspects influence on social and emotional wellbeing. So it's not looking at the inner in isolation. It's also looking at the outer and how those determinants play out. And you can't look at one without the other.

40

45

So somebody could have all of these great connections but we're still living with our intergenerational trauma. We are still living in a world where we are still having to make agreements with the State and others to be seen as First Peoples, to be recognised of our culture and what that means. And also I just kind of think
 5 sometimes in the work that I do, from a cultural safety perspective, probably 80 per cent of the work is trying to work with people to understand these historic events in time, and it distracts from the actual doing.

So we spend a lot of time and effort trying to reconcile historic events and how
 10 that plays out where there's an endless body of evidence that explains how the two are kind of interconnected. So maybe it's time that we need to kind of shift from having to justify ourselves to actually getting into the let's start on that healing and what does that look like and what are the things that we need to implement in this system to be able to, you know, flip the outcomes on the disparity that we see
 15 between Aboriginal and non-Aboriginal people.

MS MCLEOD SC: In the submission, you talk about these sort of factors as being fluffy or light or optional extras, and there's a quote on page 35 from an Aboriginal leader:

20 *"We are constantly asked what's the evidence, what's the model of care, what are the clinical guidelines to support healing."*

And the comment that:

25 *"Aboriginal therapeutic ways aren't really thought to be effective or seen as real therapy or trusted."*

So what do you say is needed in terms of the central focus on health - on
 30 emotional wellbeing to Aboriginal people's health outcomes?

MS LOWE: I think that's one of the things - and one of the purposes of the centre, the Balit Durn Durn Centre is to be able to embed this thinking within the current mental health system. So it is often seen as something that doesn't have as
 35 much weight as a clinical response. And I think that that goes back to the point that I was talking about earlier, that often a clinical response is treating symptoms, and it's not actually getting to the root cause of what has happened to that person or what has happened to that person.

40 And I think that, from our perspective, we know a lot of what has happened to people currently but also historically, that impacts on their health and wellbeing. You know, removal from families, compounded grief and loss, you know, the list can go on of what has happened, but we often don't talk about that. And so
 45 I guess, for us, one of the purposes of the centre is being able to bring that knowledge to the table and being able to influence the western model of mental healthcare to be able to understand the SEWB wheel and how that plays out.

And I think because when people don't understand, they do kind of be dismissive of that, and they do kind of think that it is a little bit, you know, fluffy and a nice to have, when we know, and the evidence that we can bring to the table, is that being able to incorporate that model of care in with clinical, that the outcomes are far greater and more beneficial to the person seeking treatment and care.

Because, if you think about it from a perspective of a very white biomedical model of assessing someone's needs and not taking in any cultural considerations at all, then how are you really ever going to treat that person and be able to meet all of their needs in an entirety? I think that that SEWB framework is an excellent research model that can help complement other systems and what that looks like.

It's not going to - the model is not going to - it's not a model of healing, as such. It's a model of good health and wellbeing. Healing is really being able to get to the crux and fix that broken spirit, which is a bit of a different model of care and we're fortunate enough to be yarning with the Victorian community at the moment in designing a healing model of care and what that looks like. So that's quite, you know, therapeutic in itself of being able to self-determine a way for our communities to heal.

MS MCLEOD SC: Just a reminder to those following the work of the Commission and the testimony you are giving, both of you, that there are resources available on the website. If people are feeling the need to reach out and seek services, they should reach out to their networks and those resources on the website.

Can I ask you specifically about racism and, Aunty Jill, I know there are some examples you want to share, in your testimony. I've jumped a little. But it goes to page 13. In your report, just to note this, because, in your submission, the section on racism starts at page 22 and these facts are noted from the survey that we've been discussing by the Victorian Agency for Health Information.

Almost one in five Aboriginal and Torres Strait Islander adults experienced racism in the 12 months preceding the survey, greater than all cohorts such as people born overseas and far greater than non-Aboriginal people. The most common place where racism was experienced was in public by a member of the public, and the second most commonplace was in a healthcare setting, perpetuated by a member of staff such as a doctor or nurse, 47 per cent of respondents.

So, Aunty Jill, can I invite you to share your examples of racism with us, please?

AUNTY JILL GALLAGHER: Thank you for that. Just before I go on to that, I mean the conversations we've just had were amazing. You know, when you look at pre-colonisation and when you looked at the graphic design of the t-shirt that VACCHO is yet to produce, basically, the pre-contact was Aboriginal people, you know, we had our own of ways of knowing, being, doing. We had our own doctors, if that's how you want to put it. We had our own lawyers, our own

counsellors, our own dietitians. You name it, we had it in a traditional society. So - and then when colonisation impacted and then the missions started - and then when the missions closed, where did Aboriginal people go?

5 What hope did they have to attain any education or owning a house, and the list goes on? That racism has been there from day dot. It's not a new thing that's just been introduced. Racism really hurts. Whether you're Aboriginal or non-Aboriginal, it hurts. And when you've had 250 years of racism that impacts on you as an individual, a family and a community, that does some damage.

10

Low self-esteem. It does some damage, when you look at the suicide rates in Victoria, when you look at the mental health in the SEWB, episodes of care through hospitals. It hurts and it kills. So I just needed to say that. So when missions did close, co-ops started to evolve, and that was through the need to have access to services, but services that weren't going to judge us so our own Aboriginal community controlled health services were established.

15

One I want to focus on a little bit about that's Rumbalara. And that's one of our biggest services. As a result of the Cummeragunja walk off, Rumbalara basically was created, and it provided a whole range of services to communities. But when you look at the impacts of racism in the systems today, whether it's the health system or whether it's police systems or whether it's the justice system, or whether it's the corrections systems, there is racism alive and well, and that's in the record.

20

I don't know how many reviews we have to do to highlight that. So but a couple that I actually want to go to now is some case studies, some real life case studies, that happened not that long ago, by the way. Not five years ago. Not three years ago. Just in recent times. So I want to tell you a story about an Aboriginal man and a citizen of this country. And his name is Lawrence Lovett.

25

Lawrence lived here in Collingwood, in the walk-ups not far from Yoorrook's offices. He was in a local hospital. He was admitted because he was very unwell. Lawrence's story goes he went downstairs to the front of this hospital and he started to roll himself a cigarette. And apparently another man came up to Lawrence and asked him for - to have one of his rolling papers, that you roll tobacco in. Somebody saw this and saw an Aboriginal man - what they thought was dealing drugs.

30

So somebody saw this and assumed, and told security guard. The security guard - told the security guard that Lawrence was dealing. The guard marched Lawrence upstairs to his ward where he was searched, body searched, and his personal belongings beside his - in the cupboard in his hospital bed. Emptying his bag and his pockets and everything all in front of everyone else looking on and judging this young man, Lawrence Lovett.

35

There was nothing, of course. Lawrence wasn't doing anything wrong except being Aboriginal and being sick. Lawrence left hospital, and I'm not sure if he

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was discharged or he left on his own accord. I'm not sure of that fact. But he called me about - I can't remember whether it was two days or three days after. He called me to tell me what happened. He told me he felt he had been in prison and not in a hospital. He was furious at how he had been treated, and he told me
5 he felt like climbing up that bloody hospital wall to get to the flagpole and tear down the Aboriginal flag, because they had no right to fly it when they treated Aboriginal people like he was treated.

That was the last time I spoke to Lawrence. Four days after leaving the hospital,
10 Lawrence passed away. I lodged a complaint, but nothing happened. And I often wonder, if he had been treated differently would you have stayed in hospital or went back to hospital? Would he have died four days later? That, I'll never know.

There was another time - and these are my own personal experiences. I was in
15 emergency department - and I was actually the Treaty Commissioner at the time - with two Aboriginal friends of mine, and one of them was actually in emergency. It was late at night, about 10.30 pm, and we were in the emergency area waiting to be treated. And there was this Aboriginal woman in the bed across from us, and she looked at myself and my other colleague and my friend in bed and said, "Are
20 you fellas blackfellas?" And I said, "Yes, we are". She said, "Will you please come over?" So I went over to talk to her. She told us that she had been in hospital all day.

She told us that she had been found unconscious in the gutter. Her knee was
25 swollen and she had no knickers on. She feared she had been raped but could not remember. She had refused to give the doctors and the nurses her name. So they apparently just left her alone - all day. She told me she had nothing to eat or drink nor had a visit from a Aboriginal Liaison Officer.

This was roughly 10.30 at night that she told me that they were going to put her on
30 her crutches, give her her bag of clothes and turf her out at 10.30 pm at night. This Aboriginal woman, you could see she was injured. And I told - and the woman told me her name and I said, "I will try to help and ask the doctor if he could keep her in overnight so the next day she could actually speak to a hospital
35 liaison officer the next morning."

There was nowhere to go for this woman. She wouldn't be able to carry her bag. She was hobbling on crutches. I could see the racism in the eyes that - who I
40 spoke to, and the doctor on duty - and I have the utmost respect for most doctors, by the way. The doctor on duty told me, "This hospital isn't a motel".

There was one nurse who was friendly and actually offered to make a cup of tea for that Aboriginal woman. After many conversations and great discussion with the doctor and the nurses, they allowed her to stay that night in emergency.
45

All this could have been avoided if the doctors and the nurse had engaged her respectfully or got hold of the Aboriginal Liaison Officer program during work

hours - because she was there all day - during work hours. But because she refused to divulge her name - and this woman was obviously a blackfella. You couldn't mistake it. So they just let her sit there all day.

5 If that's not racism, what is it? Cultural safety training isn't just a nice - isn't just nice to have. It is a fundamental necessity, if we are to provide equitable and respectful care to our peoples. We must ensure that cultural safety training is not just an afterthought, or not if the hospital feels like it. It has to be mandatory. It has to be part of their funding agreements to undertake ongoing cultural safety training. It is only then in major hospitals can we dismantle the barriers that prevent Aboriginal people from accessing the care that they deserve and need as citizens.

15 One more case study that I'd like to talk about. This one is going to be a hard one, sorry. In recent times in Melbourne, there have been a number of suicides in hospitals. That urgent - lastly - too often, promises are made and then forgotten, leaving our people to languish in the system that does fail them. The lack of accountability is what is needed in the system and changes to priority.

20 The urgent need is clear when we know that three Aboriginal people have gone into hospital in the last two years and died whilst in hospital by suicide. Two years, three Aboriginal people. They were not going there to die. They were going there for help and to live. Before I speak about this young person, I'd like to mention that she is now with her ancestors in the Dreaming, and that many people here today and listening online may have known her. And I send my heartfelt condolences to her family and her friends and her community.

30 I would also like to pay my respects to her people. Makalie Watts-Owens was a vibrant 24-year-old Aboriginal woman whose life was tragically cut short. Her grieving mother, Sharon Watts, is demanding answers from St Vincent's Hospital in Melbourne after Makalie died by suicide within the hospital mental health facility. Makalie's family has given permission to use her name, to highlight the urgent need for answers and justice.

35 On a Thursday just months following her 24th birthday, Makalie admitted herself to St Vincent's Hospital Mental Health Unit. She had confided in her mother that she was not feeling well, after finishing her shift at the Office of Public Prosecutions. She sought help at the hospital, disclosing her suicidal thoughts to the staff. Despite this, she was given a sedative and left alone in a room for over 40 a half an hour. Left alone in a room for over a half an hour.

45 Later, she was found unresponsive and was transferred to ICU for life-saving care. She did not recover, though, and her life support was turned off on the following Monday. Ms Watts, devastated by the loss of her daughter, expressed, and I quote:

"We are heartbroken. We just want our child back. This should never have happened. They failed my child and failed to keep her safe."

5 Unquote. She believes that Makalie being an Aboriginal woman was at higher risk of self-harm and required more frequent supervision, she said. They - and I quote:

10 *"They had a duty of care. She should have been watched. How can someone go into a hospital, be left alone after what Makalie had told them? It's not good enough. Our family and our communities will never be the same again."*

15 Unquote. Makalie had moved from Adelaide to Melbourne to pursue a Bachelor of Arts at the University of Melbourne and was due to graduate this year. She had a profound passion for justice, aspiring to become a lawyer and work in child protection. Our community has lost a future leader.

20 In sharing Makalie's story, we call for accountability and systemic change to prevent such tragedies from happening again. And my love and heartfelt condolences go out to her Mum and the rest of the family. And I believe her family and the community need answers. Where did the system fail Makalie? So it never happens again.

MS MCLEOD SC: Thank you for sharing those examples, Aunt.

25 **AUNTY JILL GALLAGHER:** The other - sorry, I need to say one more thing. As a result of Makalie, I see a lot of social media firsthand from our Mobs in Melbourne. Community members who are warning each other not to go to St Vincent's because it's not a safe place for Aboriginal people. It's tragic that a hospital, which should be a place of care, is seen among our community as
30 somewhere that is unsafe. We need to change that. We need transparency in what happened in the case of Makalie.

35 **MS MCLEOD SC:** The Commissioners have also heard examples of racism or inadequacies, at the least, in the delivery of health services in the criminal justice system and in the delivery of police and corrective services' response. Is there anything you would like to share on those topics?

40 **AUNTY JILL GALLAGHER:** Yes, I would, thank you. It is tragic when you read reports that have been done on care of prisoners here in Victoria. Was it last year or the year before? Just recently I was involved in a review of Corrections. And despite the wide-ranging recommendations put forth all those years ago about the Royal Commission, meaningful change has remained elusive. Some recommendations have been implemented and some partially. So the others
45 completely ignored.

What does it say that in Victoria, more Aboriginal people have died in prison during the last 10 years than in the preceding 30? It tells me that government has

failed and is continuing to fail. They are locking our people up and then neglecting our care. I think it needs to be stated that, to keep in mind, our people are being locked up, but the majority are being locked up for crimes of poverty. The Victorian Aboriginal Legal Service have numerous stories from clients
 5 outlining how their health needs have not been heard.

There is one story of a client with an intellectual disability who lost access to disability supports when entering custody and was instead held for months in a cell for 23 hours a day. Another client spoke to them about delays in receiving
 10 emergency medical assistance after they had a stroke. Other clients say they have to wait weeks to see a GP and months for specialists. They speak of being denied prescriptions that they received in community, and the health of practitioners with no cultural training.

15 I was one of three people who visited every prison in Victoria, speaking to staff and people being held there. In our final report for the Cultural Review of Adult Custodial Correctional System, we concluded, quote:

*"Without exception, every Aboriginal and Torres Strait Islander person in custody that we spoke to reported serious challenges in accessing medical treatment, including an overwhelming sense they had no control over their health needs. The cultural review heard many stories of people living in custody with chronic pain. They were poorly treated, under-recognised, dismissed and which, over time, in addition to the physical pain, resulted in anxiety, depression and emotional
 20 instability."*

Aboriginal people told me that they were reluctant to use health services because they had been subject to racism. This is health services in prisons. Dismissing and minimising their health conditions and needs. We're still waiting to see how
 30 the government will implement the recommendations in that review. And while we wait, the Victorian Ombudsman has uncovered reoccurring issues of inadequate mental health support for Aboriginal people in prisons, delays in accessing healthcare and harmful attitudes held by both custodial and healthcare staff. The Ombudsman concluded that the Department of Justice and Community
 35 Safety failed to demonstrate a strong understanding of health from an Aboriginal perspective.

MS MCLEOD SC: What was the response of the Department to that report?

40 **AUNTY JILL GALLAGHER:** The Ombudsman report or the cultural review report?

MS MCLEOD SC: The Ombudsman's conclusions?

45 **AUNTY JILL GALLAGHER:** Okay. I'm not sure in writing, but we were very disappointed in the response that we saw come out in the media of the Ombudsman's report. Their response was -

MS MCLEOD SC: This is the Department's response?

5 **AUNTY JILL GALLAGHER:** This is the Department of Justice response, as if
that's what their response was saying. So VACCHO had a meeting with the
Minister and his top people in the Department of Justice and basically said that
they were not sure how that got out there but they were going to come out publicly
and say that's not the case. They do recognise the voices of Aboriginal people in
10 prisons need to be listened to.

But our cultural report, that wasn't done just with Aboriginal prisoners. That was
done with all prisoners. So that's the report that needs to be implemented and the
recommendations out of that.

15 There's another - I want to talk a little bit about another case, and this is to do with
death of an Aboriginal person in prison. Currently, there is a coronial
investigation into the death of an Aboriginal man in prison who, after repeatedly
saying, "I'm dying" was seen attempting to drink water from a toilet because he
20 was denied water. He was left to die because paramedics were called too late.

MS MCLEOD SC: We don't want to pre-empt the Coroner's findings, of course,
but that's the information you have about the circumstances of that death?

25 **AUNTY JILL GALLAGHER:** Yes. But can I say I actually think we're not
going to pre-empt anything in relation to the Coroner's recommendations to
Veronica Nelson.

MS MCLEOD SC: Yes.

30 **AUNTY JILL GALLAGHER:** I would be asking government, have they
implemented those recommendations?

MS MCLEOD SC: Yes.

35 **AUNTY JILL GALLAGHER:** And what change with the system to stop that
happening again. The overall problem, I believe, is not knowing what
governments do in this space, the same with the hospital.

40 **MS MCLEOD SC:** Perhaps we can put the State representatives on notice that
we'd like that addressed at the end of the year in the accountability hearings.

AUNTY JILL GALLAGHER: That would be really good. And also the results
of the internal investigation into the suicides in hospitals, what came out of those
45 investigations, because Aboriginal community aren't privy to those investigations.

MS MCLEOD SC: Are you aware of whether those hospitals have undertaken root cause analyses of these -

AUNTY JILL GALLAGHER: Yes, they have.

5

MS MCLEOD SC: And they haven't been made available to you?

AUNTY JILL GALLAGHER: No.

10 **COMMISSIONER HUNTER:** Are these in different hospitals across the state?

AUNTY JILL GALLAGHER: The hospitals - am I - I have already named St Vincent's. Do you want me to name the others?

15 **COMMISSIONER HUNTER:** No, I think we can talk about that later.

AUNTY JILL GALLAGHER: Okay.

20 **MS MCLEOD SC:** So hospitals, to my understanding, conduct root cause analyses for all significant adverse events including deaths, but access to those reports is not widely disseminated so there's no measure of accountability to community.

25 **AUNTY JILL GALLAGHER:** To my knowledge, no. And I know the other two suicides in hospitals, they did the root cause analysis, don't know the results of those, and whether a system was tweaked so it can't happen again. I have no idea. I think that's the whole issue, is transparency with - you know, it's not about - look, I don't know what happened at St Vincent's, and I don't know what happened at the other two hospitals, but I want to be assured that it's not going to happen again.

30

I don't want to go pointing the finger at anyone and saying you're responsible for that. It's not about blaming individual people because I reckon those individual clinicians would probably be - what's the word? Would be devastated - I'm hoping. But who knows. We are not privy to those root cause analyses. We are not privy to the results of them, or what has changed as a result of them.

35

MS MCLEOD SC: Would you like a short break?

40 **AUNTY JILL GALLAGHER:** Yeah, that would be good.

MS MCLEOD SC: The topics I still want to address, if you have time, include the work in progress to implement the Royal Commission recommendations that you touched on before, Sheree, and aspirations including the work of the ACCOs, so if we can come back to those with you. Can we have a short break?

45

CHAIR: Yes, how long would you like?

MS MCLEOD SC: Would 10 minutes be sufficient?

AUNTY JILL GALLAGHER: That would be nice.

5

CHAIR: 10 minutes. Yes.

<THE HEARING ADJOURNED AT 3.02 PM

10 **<THE HEARING RESUMED AT 3.17 PM**

CHAIR: This session of Yoorrook Justice Commission has now resumed.

15 **MS MCLEOD SC:** Thank you, Chair. Just a reminder to those following today that wellbeing support resources are available on the Yoorrook website and also at 13 YARN, 13 9276. Thank you.

CHAIR: Thank you, Counsel.

20 **MS MCLEOD SC:** Aunty Jill and Sheree, I want to turn briefly to the Royal Commission into Victoria's mental health system and bring up the recommendations, Sheree, that you mentioned before. BAL7.0001.0003.0261.

25 **AUNTY JILL GALLAGHER:** I was wondering whether I can just finish off this prison health?

MS MCLEOD SC: Yes, of course.

30 **AUNTY JILL GALLAGHER:** No, I actually think, oh, I didn't get to say that.

MS MCLEOD SC: Absolutely.

35 **AUNTY JILL GALLAGHER:** That would be good and then you can go into those BL dot dot dot, whatever that is.

MS MCLEOD SC: That's the Royal Commission report. They're just our numbers.

40 **AUNTY JILL GALLAGHER:** That would be good. And I won't take long but just to finish off that prison, the reports and the recommendations, but we all know - and we probably already know but I just want to reinforce it again, that in Victoria, we are the only State that provides private for-profit company to provide health services into prisons, except for Dame Phyllis now. They've just done it a little bit different. And I think it's Tarrengower - yes, Tarrengower - they are
45 piloting a public health model in those two prisons instead of a private health model. But I think that's half our problem, is to have a for-profit company that provides these health services.

And we're currently recommending that the State government that we transition Aboriginal community-controlled health services to be able to provide health to Aboriginal prisoners, and that's an Aboriginal community-controlled health model.
 5 So - but thank you for allowing me just to finish that off. But, yeah, but that's it, thank you.

MS MCLEOD SC: So there was other material you wanted to talk about with the ACCOs, and those community-controlled organisations care for the whole person,
 10 not just a presenting medical issue; correct?

AUNTY JILL GALLAGHER: That's correct.

CHAIR: Counsel, can I clarify one thing before we leave the prisons. That
 15 organisation that you were talking about, is Australia using people from overseas? Or are they - I just wanted to clarify that. I wanted to know that -

AUNTY JILL GALLAGHER: It's my understanding - Sheree what's the name
 20 of the company? GEO, is an American-based company that provides health services to prisons here in Victoria.

CHAIR: That's what I wanted to clarify, thank you.

AUNTY JILL GALLAGHER: Yeah, except for as I said, Dame Phyllis and
 25 Tarrengower. Department of Justice are trialling, or piloting, whatever word you want to use, to actually see how that public health model goes.

MS MCLEOD SC: Are you aware of whether there's any data, preliminary or
 30 otherwise, about health outcomes using cultural health services compared to mainstream?

AUNTY JILL GALLAGHER: At the moment in Victoria, no. But there is
 35 a case in ACT in Canberra where the local Aboriginal controlled community health service actually provides - are contracted by the government to deliver services in prison. But they only have one prison up there, by the way. So - but they are making better outcomes for Aboriginal prisons.

MS MCLEOD SC: I want to talk about the Royal Commission recommendations
 40 and the work that's being implemented or is in progress and come back to that issue that you talked about preventive healthcare or preventative models of health. Could we bring up the Royal Commission Into Mental Health Recommendations. I've just given the number but if we could bring up that document, the recommendations 33.1 and 33.4. So if we could just zoom on that 33,
 45 recommendation 33, and number 1. These are the recommendations, Sheree, that you were mentioning before. And so I can't actually read that on the screen, but you are familiar with those recommendations and they are the inspiration for the work that you are now doing?

MS LOWE: That's correct.

MS MCLEOD SC: Yes. So could you tell us a little bit about the program of
5 work that's underway.

MS LOWE: Sure. So firstly, I'd like to just acknowledge peoples' stories and
contributions to the Balit Durn Durn report. So I will take those back a little bit.
That when the - and this was a little bit before my time at VACCHO, but when the
10 Royal Commission was announced into Victoria's mental health system, there was
an interim report handed down which had a couple of recommendations in that
report that centred around Aboriginal social and emotional wellbeing, and that's
where the recommendations around the centre, the Balit Durn Durn Centre, sat
within the interim report.

15 In that report, there was also a recommendation around expanding social and
emotional wellbeing teams within our Aboriginal health organisations where
there's 25 of them across the state, and there was also an introduction to
a scholarship program to increase the number of Aboriginal and/or Torres Strait
20 Islander people undertaking that bachelor-level study under that social and
emotional wellbeing umbrella.

What happened was in between the interim report and the final report, VACCHO
led a piece of work which is now referred to as the Balit Durn Durn report, and it
25 brought to the surface - I think although there was a number of Aboriginal
organisations and some people who contributed to the first round of evidence in
the Royal Commission, they felt like there was a need to go deeper and to be able
to really speak to people who were accessing or had that lived experience of the
mental health system in Victoria.

30 So a process was undertaken in speaking with the Aboriginal social and emotional
wellbeing workforce but also with people, consumers and carers. And through
those conversations, the Balit Durn Durn report was established and tabled as
a response to the interim report, which then informed the final report
35 recommendation 33 and, in particular, 33.1 and 33.4 of those recommendations.
We had five recommendations - or we didn't call them recommendations in the
Balit Durn Durn report. We actually referred to them as solutions because we
didn't see them to be, you know, you could do this. But we actually, through the
evidence that we collected through those conversations, that there were clear parts
40 of solution to improve service access to the mental health service sector for
Aboriginal and Torres Strait Islander people.

So that was to invest in healing centres, and we asked for five healing centres. We
also presented that within the mental health system, there's a really fragmented and
45 unstable investment in what that looks like. So we asked to ensure long-term
sustainable and flexible investment into social and emotional wellbeing, invest in
recurrent funding, so not having programs that stop and start, critically invest in

Aboriginal-led solutions to suicide prevention and self-harm, and appropriately invest in Aboriginal leadership and culturally safe services across all levels of the health system.

5 So when the final report was handed down, and the chapter 33 is all around
Aboriginal social and emotional wellbeing and what that means and what that
looks like, and so, in particular, for us the Balit Durn Durn Centre has
responsibility for recommendation 33.1 and 33.4, which 33.1 is around
co-designing with the Aboriginal community two healing centres. And
10 recommendation 33.4 was similar in being able to co-design with the Aboriginal
community but this particular service model was an intensive social and emotional
wellbeing service for zero to 11, which was family-centred.

15 So we're really pleased in the work that we have been doing across both of those
recommendations. The work that the centre does really tries to align to the
principles of the UNDRIP, and when we think about those four overarching
principles of self-determination, decision-making, culture, and free of racism and
discrimination, we kind of set up those projects in that way.

20 So both of these projects have a knowledge-holder group which advises the work
that we do and guides us. So we see our role, although being funded by the
Department of Health into VACCHO and the centre delivering these services, we
see those knowledge-holders as a really critical part of our connection to
community, along with our member services being able to guide the work in a
25 culturally responsive way.

We also embedded through both of those co-design processes a number of
culturally-informed mechanisms to be able to create cultural safety in those
processes and being able to ensure the knowledge-holders and other Aboriginal
30 service providers and community members who have participated in the process
that they can experience a culturally safe way of contributing to those co-designs.

35 So at the moment for 33.4, we have finalised the service framework and we're now
moving into a process of budget fitting and looking for money to be able to make
that service become a reality. So we're looking at future budget bidding for that to
occur. So there's no ongoing money. So the investment -

40 **COMMISSIONER HUNTER:** Sorry, I just needed to interrupt there. It says - 4
says resource Victorian Aboriginal community and you say you're looking for
money?

MS LOWE: Yes. Resource the co-design of the framework not the actual
standing up of the service.

45 **MS MCLEOD SC:** So you're not even at the standing up budget yet? You are at
the frameworks.

COMMISSIONER HUNTER: And they're not funding setting up?

MS LOWE: The initial investment wasn't for setting up, no. So it is the design part. I know you look perplexed - yes.

5

COMMISSIONER HUNTER: No, well, it's just how can you fund something that you want to do properly but not fund it properly to be able to - we know - you know, VACCHO knows, that you have to do, and you're doing it well. You have got the knowledge-holders, you're doing co-design, you're doing - and why would they not fund that?

10

MS LOWE: Well, I think that now going into this next phase of where these projects are at and leading into it, why they made the decision not to invest it all up front, maybe it was because they didn't know what it would look like or what it was going to look like. But I share your sentiments about resourcing appropriately, and I think that sometimes that can cause a little bit of confusion out into community about the processes and the expectations that we've tried to manage quite sensitively in that, with these conversations and co-design processes, it does send messages to community that we, as in VACCHO, have that money to set these services up and these services are going to be there.

15

20

But there is a process, I guess, that we manage and navigate to the best of our abilities in our relationship with the Department around resourcing and what that looks like.

25

COMMISSIONER HUNTER: Sorry, Ms McLeod, but in that, how much authority and power do you have and will you be given the money for the centres? Like -

30

AUNTY JILL GALLAGHER: Can I try and answer that. If you look at recommendation 1 there, it says to social and emotional wellbeing centres, to establish two; right? But first, before we can establish two, we had to co-design what they're going to look like. So our first tranche of funding was to actually do that co-design work that Sheree just spoke about. The next phase, once we have finalised the co-design, it's our understanding government will then put up new budget bids for capital.

35

COMMISSIONER HUNTER: But it's not guaranteed; right?

40

AUNTY JILL GALLAGHER: No, it's not guaranteed. That is exactly right.

COMMISSIONER HUNTER: That's right. That was just - it can easily set you up to fail; right?

45

AUNTY JILL GALLAGHER: Yes.

COMMISSIONER HUNTER: VACCHO and your reputation with community.

MS LOWE: That's right. And we are holding a lot in that space because the Royal Commission and the Balit Durn Durn centre are just babies in this process. Right? Our leaders, VACCHO and others, our members, have been advocating
 5 for healing centres for as long as I can remember, and I think if you look in the numerous reports and reviews and evaluations, all roads and paths lead to the importance of healing and addressing that broken spirit of all the things that we have spoken about earlier on around the impacts of colonisation, trauma,
 10 compounded by racism and discrimination is kind of, you know, the ecosystem that we are working within. But, yes, that's correct, in - there isn't ongoing funding.

COMMISSIONER HUNTER: There's no in-line commitment to fund that? No, okay.

15 **MS MCLEOD SC:** I was just going to ask, this Royal Commission reported the final report more than three years ago, and in terms of recommendation 33.1:

20 *"Build on the recommendation, resource social and emotional wellbeing centre to establish two co-designed healing centres."*

The Victorian Government committed to implementing all these recommendations. Is that your understanding?

25 **MS LOWE:** That's correct.

MS MCLEOD SC: And they committed to do so in a staged way over a 10-year cycle.

30 **MS LOWE:** That's correct.

MS MCLEOD SC: And this work that you are undertaking is part of that 10-year cycle.

35 **MS LOWE:** Yes.

MS MCLEOD SC: So implementation of number 1, the establishment of two co-designed healing centres, that work is underway, you're saying.

40 **MS LOWE:** Yes.

MS MCLEOD SC: When do you expect those healing centres to be operative?

MS LOWE: Dependent on funding.

45

MS MCLEOD SC: Funding, yes.

- 5 **MS LOWE:** But the original intent was to have them resourced and stood up by 2026, I think it was. Don't quote me on that. But that was kind of the first big tranche of implementation of the recommendations. But there hasn't been any signalling to us that there isn't a non-commitment to these recommendations, and so, like many things, we go in this with the goodwill of, you know, making this happen for our communities and what that looks like. So I know that there is still the sentiment of that investment in each of those recommendations. So it is about looking at what is happening in the next part of the design part.
- 10 But there is a draft healing service model and a practice model that we're finalising with our consultants who we have engaged to do that. So then what comes next from that is the budget bidding around investing in that service model infrastructure, capital investment and those types of things.
- 15 **MS MCLEOD SC:** Just to clarify, Commissioner Hunter, the State government responded to this Royal Commission with a budget commitment, two years ago now, of \$3.8 billion into mental health and wellbeing services. So it may be a forward estimates issue in terms of delivery of these healing centres. We can clarify that.
- 20 In terms of number 4, that is, design and establishment of culturally appropriate family-oriented services for children, you are at the design phase of that and you're looking for the next cycle budget bid for the design piece of work, or are you more advanced than that?
- 25 **MS LOWE:** More advanced. The design of recommendation 33.4 is completed. There's a model that now we refer to as The Nest, that has been created. It's been co-designed, it's been oversighted by the knowledge-holders and is now very much in that business case in process of looking for that investment.
- 30 **MS MCLEOD SC:** So can I ask both of you, reflecting on this work that's underway and your earlier evidence that preventive measures are really essential, where are we at in terms of the delivery of those services in this state for First Peoples?
- 35 **MS LOWE:** As in healing services and intensive social and emotional wellbeing services?
- 40 **MS MCLEOD SC:** Yes.
- 45 **MS LOWE:** Like 1 and 4. I think that we are still a little way off, particularly in recommendation 33.4 in that how that recommendation is written, it's very - written by the Commissioners at that time. So it's very kind of western in their interpretation of, "This is what is needed". So in that process that I outlined just before of being able to kind of co-design in an Aboriginal ways of knowing, being and doing model, that the first part of that was - that recommendation was decolonising what actually that recommendation meant.

There's some really specific language in there around "intensive", what does that mean, around children and young people, what does that mean, like infants and children, in that cohort of people. And when we talk about families and
5 "culturally appropriate", they are all kind of trigger words of what do we actually mean when we talk about that?

10 So we went through a process with the knowledge-holders to be able to articulate what that looked like. Then we went out to a whole range of stakeholders who work in that children and youth space and infants, and we're really pleased with how that piece of work has landed, pleased because there's a real diverse range of community and services that participated in that process and brought their knowledge to the table. So that end service framework is really reflective of those needs of people working on the ground and us bringing that all to the centre.

15 Additional to what's happening in these recommendations, in the interim report, there was a recommendation about expanding social and emotional wellbeing teams within the Aboriginal community-controlled health organisations that I mentioned before, and so I think that that investment has started as well in being
20 able to increase the capacity of what SEWB teams look like on the ground within a community-controlled setting.

25 So it's probably a long way around of saying that the establishment of 1 and 4 that we're really looking forward and hoping that the next budget cycle gives us that investment to continue and start that implementation looking at service providers to actually be able to, you know, work alongside the Balit Durn Durn Centre and VACCHO in standing up the centres and implementing the infant, child and youth services.

30 They've got very different models of what that looks like. The centres are kind of standalone and complementing other services. Where the service framework landed in the co-design process for 33.4 was that it's very complementary in trying to strengthen the existing service system.

35 And I guess one of the really important points when we went through that decolonising process of 33.4 was that that is designed to design a service at level 5 mental health services, which is a subacute bed-based service. What the clear messaging from our knowledge-holders was that that's not good enough. Why are
40 we building something and waiting for people to get to that extreme kind of tertiary-end service and that's, you know, not helpful for what we need in community now.

45 And so one of those kind of language, you know, clarifications was around "intensive" and then it really talked to the importance of preventive, the early intervention but also about the role that our ACCO system kind of plays within that broader service system as well in that first point of contact kind of care and those kind of interrelationships that those services have with other services within

community. So it's a very different model to that of where the healing centres are going.

5 **MS MCLEOD SC:** You talked about the mainstream medical services - and I'm paraphrasing now - being reactive to a presenting complaint. What is needed to drive improvement of First Nations peoples' health generally, health and wellbeing? What's needed in this State to transform the shocking data that we've been talking about?

10 **MS LOWE:** I kind of think through the work that we do at the Balit Durn Durn Centre is that it's some of the things that we've already spoken about, and I think that people come to the table and people are looking for these profound solutions, like what's the innovation, what are we not getting, what is the new kind of shiny thing that is needed to address this disparity. Whereas I kind of don't see it like
15 that. I really see that it's fundamentally simple in that - as in understanding what is needed and, for me, that is understanding our shared histories in this country, which we don't get taught in our school system, which we don't speak about, which we see in significant events like January 26th of how divided our nation is on the story of this country.

20 So until we reconcile that - interestingly saying that in Reconciliation Week - we're always going to kind of stumble over, because we are not getting to the root cause of solving. And then what comes with that is racism and addressing racism. There are some really foundational blocks of what is needed to resolve that
25 disparity because what comes from that then is people feel comfortable and safe to be able to access service systems, that we might actually have better empathy and understanding towards the - you know, atrocities that have happened in this country, the load that we carry from those, you know, direct and intentional aspects of colonisation, right?

30 And then there's all those other bits around the service system, right, that need improving: funding and resources, Aboriginal ways of knowing, being and doing and all of those things embedded in that. But the two foundational things for me is understanding what happened, because you have got to know where you've been
35 to know where you're going, and being able to then address the racism and acknowledge it in the impact that it has on our people.

40 They're not new and they're not, you know, looking for something magical. It's just the reality that we don't address those. And when you see recommendations of many reports that, you know, often only half of the recommendations might be implemented, maybe a quarter, you know. The Royal Commission into Aboriginal Deaths in Custody, how many of those recommendations were implemented? How many recommendations of the *Bringing Them Home Report* were implemented? Like, it's not that Aboriginal people haven't been providing
45 the solutions and the answers. It's just sometimes we just need to be heard.

AUNTY JILL GALLAGHER: I think the other thing that's needed is long-term funding commitments, not just a cycle of governments in office, you know, and the piecemeal funding that a lot of ACCOs get, a little bit here and a little bit there. But I think what's needed - and when you look at the difference between, say,
 5 Rumbalara and, say, Cohealth. Cohealth is just down the road here somewhere in Collingwood. There's a big difference between both services. Okay. And what I might do is just highlight some of those differences.

10 First of all, Rumbalara is controlled by their local Aboriginal community that they serve. So their board is elected from that Aboriginal community. And their board are accountable to that local Aboriginal community. And if you live in a small Aboriginal community and you're on the board, community will soon tell you, whether it's in the shopping centre or whether it's down at the local park or
 15 wherever they come across you, because you live within your community, whether you're the CEO or a board member. That's what community control is.

So the community actually control the board, and that's the beauty of that. It holds them accountable. And not only that, it also gives ownership to individual people. "That's my organisation. That's where I grew up." I heard a story the other day
 20 where a 17, 16-year-old Aboriginal boy say in the Dandenong Co-op, "I'm a co-op kid". He was raised there.

So - and the difference between Rumbalara and Cohealth, Cohealth really don't fully understand the people they service. So the people they service come in to
 25 see a doctor, whether it's because they've got a chest infection or something is clinically wrong with them. But at a co-op, you don't have to go in there because something is clinically wrong with you.

30 VAHS is another classic example. People just go in there because they're lonely. The Co-op was that hope that we spoke about not long ago in this hearing. When missions closed down and co-ops started to spring up, we still didn't have Traditional Owner groups, identified Traditional Owner groups. Much later than
 35 co-ops. Co-ops came first. And there's another story in there too, which I won't go down that rabbit hole. So the Rumbalaras and the VAHS' of the world know the community that they serve because the community own them, and the community will soon tell them if I didn't get my house, or I didn't get to see the dentist, whatever the case may be. And that's the beauty of community control.

40 Not only that, the Rumbalara - and what's different to Rumbalara and Cohealth is I'm not sure whether Cohealth has dental. I don't know. They do. I've just seen a head nod. They do. But they don't have housing. They won't look after my housing needs or they won't look after my cultural needs or they won't look after
 45 whatever - I mean, co-ops have - when you mentioned before the social determinants of health, the social determinants are everything that you need as a human being to live. In our case, there's one more, and that's access to our culture and our Country, and that helps us to live better. So there is a big difference.

I think where we need to go, I believe, is we need to be more in the prevention space. We need to look at how do we provide services to the whole family and the whole community. I don't mean the whole community where you have one
 5 consultation with the whole community in the room, but you know what I mean. You know, I mean, you can't just treat Jill Gallagher, who might be the head of the family, and the rest aren't getting the same treatment or whatever the case may be. It's about the prevention.

10 So how do we develop our services where we are treating the whole family. So the family comes in. The family has a Mum and a Dad. You know, they've got five kids. Dad's not working. So how do we build their capacity as a family so they grow culturally strong, they grow strong in their identity, and they grow strong in their own financial economic growth.

15

MS MCLEOD SC: Would you prefer to see co-located services?

AUNTY JILL GALLAGHER: Our co-ops have - they - the majority of - 26 of our co-ops, our members, provide those wraparound services but what they don't
 20 provide is - where we are dropping the ball, I believe, is that navigation to the broader service system. For example, you know, if dad needs a job. So who do we need to bring around that table so we can get dad a job or get mum a job or whatever the case may be. It's about how we navigate the mainstream service system to come in and help develop that family.

25

MS MCLEOD SC: Would you see the successful ACCOs like Rumbalara scaled up or replicated across the state at a micro sort of local level or a combination of both?

30 **AUNTY JILL GALLAGHER:** Okay. Because when you look at Rumbalara they also have residential aged care and they have aged care in the home. So those whole - those social determinants of health that they deliver, that needs to be replicated across a number of other ACCOs. And that community control needs to be the focus because it's the community that keep them accountable.

35

MS MCLEOD SC: In a moment I'm going to invite Commissioners to -

COMMISSIONER LOVETT: We have about seven minutes, but I've been
 40 polite.

40

AUNTY JILL GALLAGHER: I'm sorry.

COMMISSIONER LOVETT: You mentioned a bit earlier about having to decolonise recommendations. Anything further to say on that? I just found that
 45 really interesting.

MS LOWE: I just think that language is really important, and words and what that looks like, and I guess when things are written, again, they're not written for us. And even though we have those words there and we articulate that, what those recommendations and many other recommendations and other bits and pieces, we
5 just interpret it differently because of our life experiences, what that means for us as Aboriginal people.

And there's a big assumption made that - in those recommendations that what is written - and this is for anything - that the reader is going to interpret it in that
10 way. And so our starting point, if you think about self-determination and what that looks like, the first part of that is - because we are working in partnership with the Department of Health, it's like what you interpret that as and what we interpret that as and then being able to create this shared understanding. And that's really powerful because then that determines, one, the whole frame - in this case, the
15 whole frame of design, what we were talking about, and now we have a service framework that meets the needs of community.

Whereas if we had have kept it in the interpretation of in its truest forms designing, you know, a subacute facility for zero to 11, you know, the outcome is
20 very different. So that - being at that starting point of design of being able to share what our interpretation of that was and that took a long time. It took a long time about, you know, talking about, you know, the sub-transitional points between zero and 11. Like all the different little cohorts that - what does zero to four look like, what does pre-birth look like, you know, the kinder kids and then the school
25 kids and all the transitioning points in a child's developmental stages, and that's all just kind of wrapped up in just the infants and children.

And the "intensive" part was a really important part, because I think that we were fortunate in that way of being able to land and make sense and have a solid
30 process, because I think sometimes the processes are just as important as the outcome having the right people around the table, having the right conversation, and having Aboriginal people being able to kind of try to shift that power and control that we talk about, even though we don't have control over the resources and those types of things, being able to influence where we can.

And I think that that's a really important part of the work that we do, because it's sometimes easy or unintentional to be gobbled up into western measures of success, western interpretations because that's what surrounds us. It's the
40 dominant. And unless you kind of step out of it - which means that things take longer, it means that sometimes are harder, it means sometimes we have to go to our authorising decision-making groups to get that permission to go a different path, and we were able to do that. So that's why I said before that we're really proud in that piece of work because we pushed it and re-kind of claimed it in the parameters that we have.

45 And I think that when we talk about self-determination, then that's where we're truly kind of starting to see that shift when - you know, when - when people can

see benefit in that. So there's a process in that as well of being able to shift that power and control that we know all the answers and being able to trust in a process that is a different way of going about things. But we got the same outcome. We have got a service framework. The difference is that we have got
 5 a service framework that meets the needs, that the community own and buy into, and can see have a great impact on the ground in that service provision.

I don't know if we would have got that same outcome if we didn't really interrogate and decolonise that language and get that shared agreement of that
 10 interpretation of that recommendation.

COMMISSIONER LOVETT: Yes. And can I ask what is the governance that oversees these recommendations?

MS LOWE: Yeah. So in the original design or you know set-up of the Balit Durn Durn Centre -- so when I came to VACCHO, there was a prospectus around which was informed by community consultation and with the workforce, and there was a recommendation to have some advisory groups. So a clinical and a cultural
 15 advisory group to guide the work of the centre. So that's still the intent.

20 But we've established three knowledge-holder groups for three critical pieces of work. So one for our suicide prevention, one for healing, and one for infant, child and youth. So we made that decision that through all of that knowledge and bringing all of those kind of expertise together that that is shaping our work, and
 25 so the centre sits within VACCHO. So our ultimate reporting is through the VACCHO board and through Jill but that's the other kind of governance structures that guide the work that we do.

COMMISSIONER LOVETT: Right. And second to that, what's the
 30 governance mechanism with VACCHO to government around government being accountable. What's the body?

AUNTY JILL GALLAGHER: We don't an accountability of government yet. I'm hoping that's going to fall out of the First Peoples' Assembly work that they
 35 do. There needs to be an accountability mechanism, whatever that's going to look like, that's independent of government and independent of services, that can hold the service system to account and government to account for poor outcomes.

COMMISSIONER LOVETT: I've got a couple of others, but I can wait.
 40

MS MCLEOD SC: That's okay.

COMMISSIONER LOVETT: You mentioned a little bit earlier about developing a budget bid. Can you talk about the relationship you have with the
 45 Department of Treasury and Finance, please, if at all?

MS LOWE: Well, it's variant. I would say not a direct relationship with Treasury and Finance. So our relationship to our budget bids are through our relationships that we have with the Department. So it's not a direct submission, right, from VACCHO to DTF. It still has to go through the, you know, the normal processes of budget bidding. It's still reliant on significant internal advocacy to be able to ensure that our priorities are kind of being reached to where they need to be reached. But there isn't a direct relationship.

We know that there is a piece of work which I think VACCA is leading around the budget process, around how to make that process more culturally responsive and VACCHO have played a part in those consultations around that. But a direct line, a direct relationship with DTF, yeah, we don't have those. The Department is always the buffer in between.

COMMISSIONER LOVETT: When you mentioned "co-design" is that co-design with Department of Health? Or do you write a budget bid and then you give it over to them and then you just wait to hear back? How does that - like, how does that process work for youse? Just trying to understand.

MS LOWE: Yeah. So the co-design is around the service model, so recommendation 33.1, 33.4. So Department the one of the many people sitting around the table designing that work. The budget bidding process is a different process in itself, in that it's more aligned with working alongside the Department of Health to work that budget bid up. So we don't really refer to that as co-design but, you know, it could be co-design. But at the moment for us in our recommendations, so those two recommendations that we're talking about there, that VACCHO is holding the pen in doing the heavy lifting bringing all of the intensive supports around budget bidding.

It's significant, what you need to do and what our challenge is - and Aunty Jill might talk about this for the broader VACCHO submissions and stuff, that we are talking to people or presenting cases to people that don't understand all of what we've talked about today. They don't talk about our history. They don't understand the impact. They don't kind of fully glean into social and emotional wellbeing how our interpretation of health is different to others. It's about what does it cost, what am I buying and what is the impact from their knowledge, not from ours. So it's still bringing those two knowledge systems together, right?

COMMISSIONER LOVETT: I did note in the recommendations, not to be critical, but there's no reference to - beyond kind of "culturally appropriate" that, you know, culture, Country, language, tradition.

MS LOWE: That's right.

COMMISSIONER LOVETT: (Indistinct).

COMMISSIONER NORTH: Just to follow on from what Commissioner Lovett asked a moment ago, in recommendation 44, there is a recommendation to establish a Mental Health and Wellbeing Commission, an oversight body. Has that been done?

5

MS LOWE: Yes. And there's new Commissioners. There is a - yeah, I think there's five Commissioners, a new Commission. It's been stood up yes.

COMMISSIONER NORTH: And one of its functions is to monitor the implementation of the recommendations of the Commission?

10

MS LOWE: That's correct.

COMMISSIONER LOVETT: Is there any representation from our people on the Commission?

15

MS LOWE: Not from a Victorian perspective, but there is a Commissioner who identifies as Aboriginal.

MS MCLEOD SC: Do Commissioners have any further questions? I was going to invite Aunty Jill and Sheree to make any final comments they've made. We have imposed on you quite a lot longer than we expected, but if Commissioners have further questions?

20

COMMISSIONER LOVETT: I asked a question earlier about Closing the Gap targets and the progress on achieving those targets, but also progressing the work of Treaty here in Victoria. Do you agree that you need to progress both Treaty as well as work towards Closing the Gap to see transformative change?

25

AUNTY JILL GALLAGHER: Yes. Of course I do.

30

MS LOWE: I think - and I just have to declare I am a member of First Peoples' Assembly, but we can't wait for Treaty. Treaty is very important but we cannot wait. We need action now. As we've kind of referenced throughout today, people are dying in our prisons, in our hospitals, child protection systems that are supposed to protect us and keep us safe in ways when people are in those systems, and those systems are failing us. And if we wait - my concern is if we keep waiting, how long are we going to wait? How many more lives do we need to lose before a change to occur? There should be outrage that stories - people's experiences that Aunty Jill shared, people should be outraged by that. We don't hear the outrage.

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COMMISSIONER LOVETT: And when our people are used as a political football, what impacts does that have on our health and wellbeing? You talked a little bit earlier about it in the referendum context, but just more broadly around - our people always seem to be used as political footballs.

45

AUNTY JILL GALLAGHER: Well, when you look at what the National Party just came out and made some comments in the media in relation to Welcome to Country and also they would like to see farmers have the same rights in respect as Aboriginal people of this country. To me, that behaviour is shameful, and shame
 5 on the National Party for doing that. Shame on the National Party. If that's all they've got to focus on is Welcome to Country, then I think if I was a farmer, I'd be very crusty with those representatives.

And that sort of politicising Welcome to Country from the National Party is
 10 appalling, and all Australians should stand up against that. That is - that is using us as a political football and trying to pit us against farmers, especially in this State where we are on the path to Treaty negotiations and doing truth-telling. I mean truth-telling is not about pointing a finger and making people feel shamed or guilty for what happened in the past. Truth-telling is an important part of the
 15 journey forward and, you know, I just think it's appalling that they use us as a political football.

MS LOWE: I think you see that in lots of mechanisms that are put in place. You just need to look at Native Title, Traditional Owner Settlement Agreements and
 20 the impacts that that has had on communities, families, that social and emotional wellbeing. I know for our Native Title negotiations that all of our original applicants have all passed now, and you think about that legacy and impact from an emotional and social wellbeing, but that physical kind of health as well, of the toll that the need to be able to respond to a whole range of different things has on
 25 our health and wellbeing.

It's like everybody is touched by that. So I think that political aspect - and the same with Aunty Jill. Our political leaders, regardless of their background, should be leading in this process of being able to resolve our history and the impacts of
 30 that, and we don't see that from everyone. And I mean by "leading in" that we are still having a conversation that something has to be given up, in this process of moving forward and resolving some of these complexities that have come from colonisation, that there's something else that needs to be given up.

We don't talk about it in a strength that - you know, 65,000-plus years of
 35 knowledge, knowing, being and doing, the world's oldest living culture in this country and in the world, we don't talk it in those strength base. We are still in this something's got to give, where what if we lived in the world where actually that positive gain is a gift to everyone rather than a, "We're going to lose
 40 something in this process." How good would that be for people's social and emotional wellbeing, that they can actually turn up, identify and be safe.

COMMISSIONER LOVETT: Just one, my last question, which is what does
 45 a shared future look like?

CHAIR: There's a big need in education, though. We have lost a lot of ground in education.

AUNTY JILL GALLAGHER: Yes. We certainly have.

CHAIR: And we do have to pay some attention to the curriculum, informing
5 people, young people. And I know with - COVID interrupted some work that was
happening in the west of the State where there was a series of history lectures
given to the public. They were all an older public. I went to one, and, you know,
it was all from the sources, from the beginning, and some people were shocked
that they didn't know about it. "Why didn't we know about it? Why didn't we
10 learn it at school?" For me, that was a positive thing, but it's not happening. We
haven't got that information in our school system of the true stories of our people
and our places, from our point of view.

AUNTY JILL GALLAGHER: Yes, that's exactly right, Commissioner. I know
15 we're coming to a close and I just want to make one final statement if that's okay?

MS MCLEOD SC: Yes, please.

AUNTY JILL GALLAGHER: I want to finish my testimony by saying we have
20 a motto. "Aboriginal health in Aboriginal hands" is our motto, and we get greater
outcomes. And I want to tell you just a little story very quickly, that there's
a program called the Koori Maternity Services Program. In short, we call it KMS,
and that's been going for some time. And we've actually seen, coming out in the
data, rates of young mums - rates of smoking while pregnant halved. We've seen
25 birth weights increase as a result of the KMS, which is "Aboriginal health in
Aboriginal hands". But I want to read you a small testimony of an Aboriginal
woman. Her name is Beck:

*"Hi. My name is Beck. I'm a Warlpiri woman. My nanna and father were stolen.
30 This impacts me deeply on a daily basis. I don't live on my Country, and I don't
have family supports. KMS had always had a great reputation in my community,
and due to not having my own family support close by, I was so very excited to
link in with our KMS midwife. I wasn't disappointed. KMS was present and
invested throughout my whole entire pregnancy. KMS offered me culturally safe,
35 a genuine and purposefully-built rapport and advocacy for my pregnancy and my
birthing preferences. I was able to share my pregnancy milestones with KMS. It
wasn't just about ticking off consultants on a schedule. Mainstream services felt
cold and isolating. At times, I felt unheard. KMS helped me to give me a stronger
40 voice."*

And that all goes to "Aboriginal Health in Aboriginal hands." So thank you.

CHAIR: Thank you, Jill. Beautiful, thank you.

MS MCLEOD SC: Commissioners, if there's no further questions and nothing
45 further that the panel would like to say in closing - just looking around - that
concludes the evidence for today. It remains to thank Aunty Jill and Sheree for

their evidence this afternoon and particularly for sharing those personal stories which were so moving.

5 **AUNTY JILL GALLAGHER:** Thank you. I forgot to say one thing, sorry. You've got to get this. This is really important Mr Cameraman. KMS is not everywhere, and we need additional resources to implement KMS throughout the State of Victoria. So thank you - for the last time.

10 **MS MCLEOD SC:** No, that's all right because in the map you provided which showed the density of Aboriginal population and the distance from those services, it's quite stark where there's the gaps in the delivery of those services. Thank you.

CHAIR: Thank you very much.

15 **COMMISSIONER LOVETT:** A shout out to our wellbeing services as well. Just to remind that Counsel has been reiterating the importance of health and wellbeing as well. So just if people do need to reach out, 13 YARN, 13 9276, and Beyond Blue, 1300 224 636 and Yarning Safe and Strong, 1800 959 563. If any of the Mob listening in today - quite heavy, quite heavy content, but also, you
20 know, we are dealing with people's lives. These aren't numbers and letters on a page. They're people's lives that we are continually hearing about and talking about as well. So just if people do need to reach out, please access those services. Thank you.

25 **CHAIR:** Thank you.

MS MCLEOD SC: Finally, Chair, there's a tender list of documents to be tendered that are referred to in today's material. So I tender those documents.

30 **CHAIR:** They will be entered into our records. Could I just say in closing also to people who might be watching, if they're interested in putting submissions in, there's still time for submissions in the health space. These are very welcome to us and I understand there has been a growing impetus around our submissions. So please keep it up. But thank you all. Thank you very much and we'll adjourn until
35 tomorrow morning at 9.30.

MS MCLEOD SC: I'm just looking for the nod. Yes, 9.30. Thank you Chair.

40 **CHAIR:** Thank you. We will now adjourn for today. Thank you. Thank you all very much. Thank you so much, everybody behind the scenes as well. Thanks.

<THE WITNESSES WERE EXCUSED

45 **<THE HEARING ADJOURNED AT 4.17 PM**