

## Submission to the Inquiry into Service Delivery in Remote and Discrete communities

This submission has been prepared by:

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The submission has a focus on the following key terms of reference:

- the levels and patterns of government expenditure in services;
- interactions between investments made by commonwealth, state and local governments as well as the private sector;
- Whether services are based on good practice, co-designed with communities, delivered in a culturally capable way and maximise opportunities for building local skills and jobs; and
- The identification of investment practices for services and/or programs that are likely to be most effective for improving outcomes for remote and discrete Aboriginal and Torres Strait Islander communities.

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## A case study of a proposed project to develop a model of youth health for Yarrabah

In advance of the establishment of the Cooperative Research Centre (CRC) for Developing Northern Australia, in March 2017, the Commonwealth Department of Industry, Innovation and Science called for applications for short term collaborative research projects that would lead to direct impacts for northern Australia. Funding of up to \$3 million was made available for industry-identified and industry-led projects which addressed industry problems in tropical health and medicine, including models of care; and tropical and northern agriculture including animal and plant improvement and sustainability.

Indigenous health should be a priority focus for the CRC domain of tropical health and medicine in northern Australia. The gaps in health equity for Indigenous health are well documented. The White Paper which informed the development of the CRC, had recognised that “the north will only truly achieve its potential with the participation of all the people who live there, including Indigenous Australians” (Commonwealth of Australia, 2015, p. iv). Yet, for the purposes of the funding applications, Indigenous organisations were effectively excluded from leading an application. The eligibility criteria for application stated that “The lead participant must be an industry entity”, with an Industry entity defined as “an entity where the majority of its revenue is not derived from any government, capable of deploying research outputs in a commercial context; excluding: a research organisation; and entities where the primary function is administrative or to provide support services to a project” (application form p. 4). Given that almost all Indigenous health organisations receive the majority of their funding from governments, they are ineligible to lead funding applications. This submission describes one case of developing an Indigenous youth health proposal, particularly the challenge of framing a useful proposal that was led by an industry partner.

### *The Yarrabah context*

Yarrabah is a discrete Aboriginal community in far north Queensland, 60 kilometres south east of Cairns. The traditional custodians of the area are the Gunggandji people. Yarrabah is now the largest Aboriginal community in Australia. According to the 2011 census, the community is home to 2686 residents; however local estimates place the population at around 4000 (Australian Bureau of Statistics, 2017). Yarrabah has a very young and mobile population, with the median age being 23.4 years in 2015 compared to a national median of 37.4 (Australian Bureau of Statistics, 2017). Yarrabah was also ranked Australia’s most disadvantaged local government area in 2011, based on the Socio-Economic Indexes for Areas (SEIFA). SEIFA is a measure of people’s access to material and social resources, and their ability to participate in society (Australian Bureau of Statistics, 2013).



Although Yarrabah faces challenges, there are also many strengths in the community. A Yarrabah Leaders' Forum has been established to take leadership of community issues. Groups and organisations are working hard towards improvement and empowerment, and achieving progress against their goals. Many permanent employees work across various sectors including public administration and safety, health care, education, land management, social services and local government. The aspiration of Yarrabah is to enable the community and individuals to choose and coordinate their own path to empowerment and development (Yarrabah leaders community planning workshop, 2016).

A notable contributor towards the empowerment and development of Yarrabah priorities is the community-controlled health service, Gurriny Yealamucka Health Service. Gurriny assumed control of primary healthcare services in 2014, and has since performed well above national key performance levels for the majority of healthcare indicators (McCalman & Jones, 2015). Gurriny's approach of fostering long-term generational change through community-controlled and family-centred programs is critically important for improving health outcomes and mitigating their risk factors. However, continuing poor health outcomes suggest a need for resourcing to work intersectorally to address the social determinants of family health and social and emotional wellbeing. Youth health has been identified as a priority.

Many of the indicators for Indigenous youth health demonstrate poorer outcomes than for their non-Indigenous counterparts. The Productivity Commission has documented poorer results for indicators of the determinants of youth health: Resilience and wellbeing issues among young Indigenous people have not seen any improvement nationally, and in some cases have got worse; these include family violence, psychosocial distress, hospitalisations for self-harm and juvenile detention (Steering Committee for the Review of Government Service Provision SCRGSP, 2016). Globally, the best way to improve youth health is to make "structural changes to improve access to education and employment for young people" (Viner et al., 2012, p. 1641). The CRC funding round offered an opportunity to apply for funding to develop a model of Indigenous youth health based on mentoring young Yarrabah people to opportunities for education, training and employment.

*The Governance and Funding of Indigenous health: The case of the Promoting Resilience by Mentoring into training and Employment (PRIME) proposal.*

The key challenge in developing an application for the CRC funding round was the ineligibility of Gurriny to lead an application, given that, as a primary healthcare service, the majority of their funding was derived from the Commonwealth and Queensland governments. This meant that an alternative lead organisation was required that could: a) be trusted by Yarrabah organisations to assume the power to make decisions about what and how youth services were delivered; b) be accountable for financial management; and c) demonstrate the values and capacity to work collaboratively with Yarrabah organisations and industry partners.

A lengthy process of review of potential lead and other industry partners by Yarrabah community organisations was undertaken. Potential lead partners, and the other required two industry partners, were invited to present their credentials, capacities and plans at a community meeting attended by representatives of key Yarrabah organisations. A selection process was undertaken, with a lead organisation chosen. Serendipitously, the chosen lead organisation was a good fit. It was a youth service with majority philanthropic funding, a Yarrabah resident as a director, a keen interest in contributing to Yarrabah youth health, and willingness to work collaboratively. The selected lead youth organisation was keen to collaborate with Yarrabah organisations and there is potential that the youth service will enhance the existing programs offered by Gurriny through collaborative practice. Two Yarrabah organisations, five industry partners, a QLD government department, an Australian research organisation and an International research organisations were also reviewed and selected to participate in the project application. All provided in kind contributions. The PRIME application was submitted to the CRC for Developing Northern Australia.

Nevertheless, the funding guidelines limited the capability of the project potential. In a community where, the aspiration is to enable the community and individuals to choose and coordinate their own path to empowerment and development, community representatives were required to place power in an external lead organisation. Two community organisations which had been closely involved in the development of the proposal chose not to participate. Should the application be successful, a clear governance structure will be needed to guide decisions about project employment, youth engagement strategies and opportunities.

The first funding round of the CRC for Developing Northern Australia funding criteria effectively excluded leadership by the service which is at the centre of a health issue and which is most likely to be most effective for improving outcomes. Such funding criteria are not be in the best interests of good practice programs which are co-designed with communities, delivered in a culturally capable way or that maximise opportunities for building local skills and jobs.

## References

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