

Submission of ideas to

Service Delivery in Remote and Discrete Aboriginal and Torres Strait Islander Communities

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The following is a list of suggestions that would enhance the health and wellbeing of persons residing in remote Indigenous communities.

Healthy water parks

Some form of swimming/water activity is vital to healthy communities however swimming pools are very often the first casualty of tight council budgets. Specifically directed funding would be a proportionally small cost item that would have enormous health and social benefits. This will assist in addressing hearing loss through common infection which is one of the main causes of the poorer status of Indigenous Australia auditory health. Also rheumatic heart disease from streptococcus (almost unheard of in first world societies) would greatly be controlled through the process of swimming in chlorinated water.

The social benefits of a place to gather with children and cool down cannot be understated in the extreme temperatures of northern Australia.

Another consideration in this domain would be a water based park that has no 'pooled' water and thus requires no lifeguard.

Single Men's quarters

Single men are unlikely to be granted social housing as families are the priority. This means single men permeate the housing occupied by families. Single men are often those that disrupt houses through their alcohol consumption. This is why children are scared at night and tired at school. A single men's quarters (with some shared facilities) could be an economically viable way to house large numbers of individuals and alleviate this social stress on families.

Single Mother's quarters

Similar to the single men's quarters it is often hard for a young mother to get access to housing quickly and when she does there is social pressure to accept other occupants that then drain the resources the mother is granted through welfare. A centralised quarter for women, close to shops and or police station would be helpful. This is also something that may be more quickly accessible for those living with domestic violence than the traditional application through housing. Barriers to leaving domestic violence situations are housing and social support. A group of women in similar situations will be able to provide each other social support.

Both men's and women's quarters could have an activities room. This would allow agencies to bring their services to a centralised area with an audience that then does not have to travel and remember schedules. Coordination is often a barrier to successful service delivery.

Flexible work arrangements

In any particular community there are a number of work roles often performed by white people from outside the community. This includes receptionists at clinics and council offices amongst other roles well within the capacity of locals. Often it is felt by the operators of these organisations that it is 'too difficult' to rely on the local workforce whose attendance is significantly hindered by anxiety and depression caused by community and personal trauma. An adjustment to the nature of employment would easily alleviate this situation. A pool of casually rostered local employees with a central coordinator would allow ready access to backfill personnel.

Wellbeing Centres

The Wellbeing Centre operations in Aurukun, Hope Vale, Coen and Mossman Gorge have generally been successful programs. Aboriginal people sometimes struggle with the concept of being referred from one agency to another and prefer to bond with individual service officers for assistance navigating government, banking and counselling needs. A one-stop-shop with multi-agency workers with generalist counselling ability would be advantageous.

Stay of rent if in rehabilitation

Those accessing rehabilitation are expected to transfer their Centrelink funds through to pay for their stay. This can mean that a potential rehab client cannot retain their community based housing which they may have had to wait months or even years to secure. Thus a parameter of rehabilitation becomes a significant barrier to taking up that service. To resolve this issue a stay of rent or part thereof whilst a housing tenant is in rehab may be helpful.

Cultural rehabilitation centre on Cape York

Rehabilitation centres are difficult to access. Centres servicing Cape York are in Yarrabah and Townsville and this requires a long and expensive journey. Also the removal from country impacts the individual emotionally. A rehab centre located more centrally on Cape York and near bushland rather than the trappings of large cities would have benefit. The town of Laura springs to mind as a good option with sealed road access from Cairns. This would facilitate ease of employment for qualified staff as well as closeness for transfer from various locations on Cape York – potentially by car rather than the current expensive fly out requirements. Vehicle transport is also more immediate and allows for admission of client closer to the moment of decision. Delay in treatment often allows for clients to change circumstance and decision to enter rehabilitation.

Suicide Stress for clinicians

The following refers to clients of social and emotional wellbeing services rather than Queensland Health Mental Health with whom suicide services currently reside.

Suicide potential in clientele causes undue stress and high levels of unnecessary bureaucratic intervention for clinicians in the social and emotional wellbeing space. Whilst all workers are intensely interested in suicide prevention the fear of reprisal from a coroner's court creates unwarranted pressure in services that are in general directed towards other client needs. Most clients of SEWB services will not suicide and most that will c suicide benefit little from intense risk assessment activity. Rather they benefit more from good therapeutic intervention which is what all clients receive anyway. Some legislation acknowledging this paradox of service delivery and redirecting efforts to 'therapy' rather than 'clinician focussed protection from legislation' would provide better outcomes for clients.

Bluecard Access

Many Aboriginal and Torres Strait Islander people are excluded from appropriate work opportunities due to criminal histories affecting their Blue Card eligibility status. The criteria appear too strict and whilst there is some flexibility it is usually not timely (for good reasons). Non-child related offences whilst significant (including murder) should not preclude an individual from working as a cleaner/groundskeeper or even as a community health worker when the community feels the person is an appropriate person. Some formal process for community to confer eligibility status in spite of exclusionary history would greatly benefit communities with regard to re-establishing the social normality of employment. Such a system could include sign-off by police, council and medical staff to expedite Bluecard eligibility.

Trades

Gaining a trade is difficult for remote community persons. Tradespeople visit for short projects and employment of local persons is not feasible for them. Likewise the weekly TAFE requirements do not suit the situation.

A more flexible trade acquisition process is completely feasible however requires some coordination. This could include TAFE conducted say every eight weeks intensely rather than weekly and some incentive for visiting tradespeople to take on apprentices in community for short periods. Some original thinking will get around this issue and will ultimately save government money with local persons available to do work traditionally requiring outsiders to be transported in.

Alcohol Management Plans (AMP)

AMPs require some further thought and linking with other changes. Sly grog creates binge drinking of strong alcohol. Spirits are easier to bring in due to lower volume. Alcohol being so expensive due to its contraband nature is consumed quickly – partly to avoid police detection but also to reduce humbugging from family and friends. Thus AMPs can inadvertently promote high consumption of

high alcohol content beverages. There is little doubt that AMPs have had positive effect in places such as Aurukun. Nonetheless some further deliberation on optimum legislation is warranted.

Foetal Alcohol Spectrum Disorder (FASD)

FASD is prevalent in remote Aboriginal communities. Some form of ante-natal intervention is warranted. Current legislation does not provide services any opportunity for intervention in situations where pregnant mothers-to-be are clearly consuming alcohol at levels harmful to the unborn foetus. At what point does this activity constitute knowledgeable and avoidable harm such that some loss of liberty is warranted. Consideration could be given to prioritising family rehabilitation for families with expectant mothers at venues such as the Cape York Family Centre near Cooktown.

School support officers

Schools in remote communities suffer from the consequences of community trauma. Children with a history of trauma and in the absence of sleep and food are often disruptive. Remote schoolteachers are frequently fresh out of university and regardless do not have adequate time resources to de-escalate every situation. For a period of time in Aurukun the Wellbeing Centre provided two youth workers to the school. Part of the role included attending to children when they became upset and or disruptive in class. Children would be taken from the class which allowed teaching to continue. Children would be assisted to settle their emotional state and then returned to class. This was a highly successful period of intervention that could easily be replicated.