

Day Two – Wednesday 13 May

KEYNOTE ADDRESS

Professor Ken Wyatt AM, Director Aboriginal Health, Western Australia Department of Health

I want to commence by acknowledging the Elders who are present and those that have gone before that have imparted knowledge, wisdom and the skills that we carry with us into this generation and future generations. I also want to acknowledge people in this room whose contribution in the work that you do remains critical in the way that we impact on the lives of Indigenous communities in Australia. I have a 37 slide presentation but I am going to go through it fairly quickly because I want to leave it as more of an info source for which you can refer to later in terms of some of the points that I make reference to.

The context for Western Australia plays a significant role in the way that we consider the allocation of resources and the way in which we look at the proportion of Aboriginal people against mainstream Western Australian society. It's particular in terms of resource allocation; areas of need verses the challenge of submission based approaches where strong organisations get good writers to put in bids and then attract the largest sums of money. That is a practice that exists right across Australia in any arena. If you are small then you tend not to have the skills mix.

The demographics for Western Australia; we take up one third of the nation and it is challenging. You look at a capital city with the proportion or the ratio of Aboriginal people to non-Indigenous Australians is in the lighter colour and then progressing outwards.

What's interesting for Western Australia compared to all other jurisdictions including the territories which sometimes means that the communities aren't in the process. That's part of the challenge and it's through the individuals and I know one that I want to acknowledge in my team is Rob Mullane; his passion, his commitment and his connection is the fact the he brings back intelligence along with the work of Jim Dodds and Matthew Lester. Because their contribution and Owen Ashby's over a period of time has seen a commitment to environmental health programs.

On our program we can see that our focus is on key areas and I want to take us to a challenging thought halfway through this presentation that says that whilst we focus on those we sometimes develop a mind set. If I say to you "don't think of an elephant" very few of you would think of anything else but an elephant. In environmental health, when we talk about environmental health we think of a set of paradigms within that so we stay locked into that and sometimes we don't go outside the square and I think Xavier and Tarun yesterday made comment about the strategic gains that we have not achieved in terms of the level of resourcing required because there are different mind sets that are operating within the level and layers of government at the national, certainly at the state and then the local government role let alone the Aboriginal communities within the construct of the way they work.

Environmental health; what will be interesting is I wouldn't mind at some point looking at our report in Western Australia; what we achieved in 2004 in terms of those benchmarks and see how far we have travelled since then to 2008, when the most recent survey

was conducted – whether or not the report highlights the same issues or identifies other factors that come into play that means that we have not been able to reduce that number or alter. I find it fascinating that in a country like ours there are two communities I am aware of where the water that they drink is of a quality where it has uranium salts within their drinking water supply. We would not accept that in Bondi, Sydney, Perth or any other area. But our community chooses to live on country because country is important. What we don't look at is the technology that changes the quality of water that the community receives.

Are we making a difference? Yesterday I heard a couple of our people making comment that maybe we haven't had the gains we should have. We certainly haven't had the level of resourcing in the way that we would like. Do we measure our success and failures? And when we have success why does it work and why can't we translate it uniformly across the nation? What about giving community ownership? Sometimes we lead projects, initiatives and activities, but we never empower the people who it impacts on to take control and manage it themselves with the adequate resourcing and paradigms and framework that need to be there.

Community engagement is challenging. Sustaining that engagement is even more challenging, and we have still not got that right. How do we then argue the resources using the data? The new directions are going to be very interesting. Yesterday there was reference to COAG. This is what the COAG bowl of spaghetti looked like. There were some key areas that were the priorities that the Commonwealth Government through the Rudd Government established for all states and territories to respond to. You can see across the top we end of with interesting names you have PORG, you had HORG, you had WGIR, you had NIRA, we had people involved with climate change but the grey boxes are the most challenging. Those are the heads of treasury who in their brief by COAG have been asked to look at the effectiveness of expenditure against all projects and programs in the future and to particularly focus of Indigenous initiatives. That's being led by Ken Henry at the national level and Tim Mahoney from Western Australia is equally working very closely as the Under Treasurer for our state, with Ken Henry about saying if we are pouring money into Aboriginal affairs and into Aboriginal initiatives what are the outcomes? Why aren't we seeing change after a decade? What do we hope to see as changes in the future?

There is a commitment to whole of government approaches by COAG. People who have not read the papers around the COAG National partnership agreement will see reference to coordinated policy development, active engagement and consultation and in fact in some of the partnership agreements it is now a requirement that governments at all levels implement initiatives to draw in other key stakeholders and better coordinated and strategic use of funds. This is where there is an opportunity for this group in its leadership role, and Xavier in terms of the work that you do; it is to look at the opportunities and seeing where the points of connection are to argue for additional resources or more effect use of some of the resources that are going to be coming. The Prime Minister indicated that he was going to appoint a Coordinator General after presenting his report in Parliament he tabled it, he then went on to say that housing and infrastructure and remote communities needed a coordinated approach. So he announced

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the appointment or the creation of the Coordinator General to drive a number of key projects and recently Jenny Macklin MP announced the 15 communities across Australia which would be the priority focus of the Coordinator General. He or she will be responsible for major reforms in remote housing, infrastructure and employment in remote communities. Western Australia has 3 designated areas, the Territory has I think 6 and Queensland and then there is one other state. But the intent is that the learnings from his work will inform Commonwealth Government's and COAG in the sense of what the other buy-ins for other communities as they start to roll out the Commonwealth funding. Now I would think that if we look at those last, because they will work closely to establish whole of government arrangements to support the achievement of the remote service delivery strategy. But they are also going to have appropriate levels of authority to cut through red tape. They are going to have access to all of the secretaries of Commonwealth departments. They are going to have unfettered access to the Minister to identify where blockages are occurring within the Commonwealth and state jurisdictions. In a discussion I was involved in two weeks ago there is a degree of nervousness about the appointment of this position and what are the states' rights in respect to what this position will generate in the way of both Commonwealth and state coordinated approaches. And Xavier I think one of the challenges for both you and your colleague who chairs enHealth is to look at to the opportunity of meeting with the Coordinator General to look at where the points of connection are for the work that you are doing and driving because I think you will find that there are some very strong synergies around the visions that both committees have.

There are 21 partnership agreements under the new COAG arrangements. All the bilateral agreements that used to exist have all disappeared. But the key ones for all of us in this room is the national partnership on closing the gap in Indigenous health. That has a series of measures that go to the critical health issues that we argue for out of the environmental health context. And if we are improving health outcomes then these are some of the critical elements that we will have to consider and there are measures, key performance indicators and outcomes in each of the National Partnership Agreements (NPAs) Each of those measures now have to have an identified Indigenous element to them. So states and territories have got to report on the trending on Aboriginal people against those benchmarks including elective surgery and waiting lists.

So the paradigm of opportunity has shifted significantly. The National Partnership of Health Prevention is a very critical piece of the NPA jigsaw because it goes quite strongly to the front end of prevention and generates a debate on the focus of prevention. The other three are NIRA as we affectionately call it in its shortened term because we are good at acronyms, that has building blocks in it and the building blocks are about quality of life at the community level. It has a number of key planks that will also be in a sense underpin and relate to the work that you do in environmental health, it goes to community infrastructure. National partnership on remote service delivery is all about the infrastructure of a community and this is one where I see a very powerful connection in terms of driving some reform thinking in terms of environmental health and impacting on communities across Australia. If we don't take that opportunity then we have set ourselves the mindset that we

always want and we may have to bend and accept other people's ideas and approaches and at the same time piggy-back ours onto it.

The National Partnership Agreement (NPA) on Indigenous economic participation is also another key opportunity CDEP is going as people in this room are very much aware; CDEP underpins some of the environmental health workers working in a community. We have to now look at whatever opportunities are being created though this agreement plus the budget announcements last night because that is critical in opportunity.

There are three work force NPAs of which Indigenous people are a significant factor in each of those. We have been looking at pathways in education and cadetships that will take Aboriginal students in year 8 and year 9 into something like 20 health qualification pathways that will help to give them long term employment; environmental health is one of those that we've met.

Housing; there are four partnership agreements on housing. Again we have not unpackaged the opportunities in these but there are substantial funds. If you want to look at the detail of these go to the Council of Australian Governments website. COAG has now started to list the National Partnerships and the quantum of money that is committed over a four year period.

I just want to show you that if you take an agreement there are interconnections within those agreements that are not static and stand alone. In a talk I gave recently to a group of health people that if we take six of the NPAs there are strong points of connection in every one of those if we want to improve outcomes. That's how we have to play with all the NPAs. No individual owns a single NPA. NPAs I believe are owned predominantly by the community and that's why I make the comment that people education is important because if you can access information you make informed consent decisions. You can argue with some rigor around what you need within your community. All of the NPAs provide opportunities; it provides opportunities for public servants to think outside the square if they choose too. But equally for Australian society and the Aboriginal Community and Torres Strait Islander Community to get hold of these as well and ask them hard questions. This is in a sense for Indigenous Australia a once in a lifetime opportunity to change some of the status quo. But the other one that is underutilized and there are many people in this room that will not have used this report at all. The Australian Minister's and Director General's or CEO's of health, the key leadership in Aboriginal health within the public sector including the NGO sector have agreed to the Aboriginal and Torres Strait Islander Health Performance Framework. The framework really has a set of measures and is based on the National Aboriginal Health Strategy. The Productivity Commission now want to use some of our reporting out of that to inform their reporting under the overcoming Indigenous disadvantage reports which will take on a new name.

Here are some of the measures, there is a measure in there; 2.01 access to functional housing. Now all of these measures are set up to say why is the measure important? The second part we wanted to know was what are the findings from around the world, what are the findings from within Australia, build that into the measures into the report so that people reading it could determine trends

from around the world. The third part that was important was what are the implications; what are the implications if do something and what are the implications if we sit on our hands and do nothing. So the health performance framework sets out three components in their measures that really lays open the opportunity to use it. When I co-chaired the COAG Health and Ageing Indigenous Working Groups we used this framework to argue for the \$1.5b that we acquired through the COAG process. We underpinned our argument with measure and evidence. It was through that process that we won over ministers Macklin and Roxon in the early stages. In fact we were not anticipating our ambitious claim ever being met. But when they came back and said that we accept your argument for \$1.5b over 4 years for Aboriginal health then what that did was reassure us that the Health Performance Framework was a good instrument to use in the negotiations. The other thing we did was we transcended all our jurisdictions, including the Commonwealth, part of what I appealed to was to transcend who you belonged to. Talk about 27 leaders who could make a difference for the health of Aboriginal people and on that basis the team working in a way that was very different to the mindset that often prevails in the way committees lobby manage and ensure they have a slice of the action. I work with a group of professionals and my co-Chairs here from Queensland also acknowledges that we took a different approach and by doing that we went outside the square, we gained the amount that far exceeded our expectations.

You can see that it covers those very critical areas that you deal with on a regular basis. Overcrowding in housing and transport, two others that are in that framework of measures. Transport we often don't give attention to but it is critical in terms of people accessing services resources and points outside their community. Access to functional housing is a typical burden. If you are the principal person who provides the income the care and protection and you are a senior matriarch as well, then you accept and anticipate that overcrowded housing will prevail; it's just common logical sense in the kinship structures we have. Single parent families by age group 2.12. Access to traditional lands 2.17. Outside the normal thinking of the scope of health but they are now embedded as measures that we report on.

Social and economic factors are very strongly embedded in tier two because there were three tiers. Health Stats, Social and Economic, and then Health System Performance which had never been in there before because we want the health systems to be measured. Education participation the literacy, numeracy impacts on the work that we do in environmental health. Employment status including CDP participation 2.07, income 2.08, community and safety and prime and there are three of them and transport 2.16. So can change be sustained through a new approach to achieve environmental health reform? I believe it can because certainly I want to take a tangent that is slightly different. One of the measures I argued for along with my colleague; he and I caused a great deal of debate in the technical advisory group because people said how do you measure community functioning and report on it? You will never get director generals or ministers for health wanting to have information about community functioning included in a health performance report. How can a community function and take on environmental health programs and health programs and not be responsive to the individual human rights of any Australian in this country. It doesn't matter whether the

community is a family of two to communities of 500 plus there is still a need to make sure that people access the range of services and this was challenging it took us 18 months to get agreement and consensus on this measure across the national. We had two sets of consultants working on this one and the debates were very rigorous and if any of you have worked with Shane Houston you would know the way in which he sits there, waits until somebody puts their point of view and then he dismantles their argument in a very gentle way. And part of that was very testing for both sets of consultants because they had to go back and re-think. So we can see that we challenge the traditional approach in order to bring debate. But health providers' planners and health and social policy interests require more than say the level of sickness in a community if they are to work with a communities and families to achieve health equality in life. I see environmental health clearly set in the middle of that statement because it's not just about fixing sickness it's about fixing communities in which people live.

The infrastructure had been identified as one element affecting community functioning but there are other factors that are equally important in community functioning. Hospitals was a factor as well. Some of the environmental health illnesses if they are not addressed tend to be left until they become worse because hospitals are not just five blocks or two suburbs away, they are significant distances. The slide that you were shown yesterday morning showing the relationship of communities and access to hospitals was a clear marker of some of the challenges and these are just some that I will let you ponder on.

We don't always in our thinking other than those that live in areas, think about communities being cut off because of rains. You hear of a flood, I was talking to one of my ex-colleagues from NSW and who still remains a colleague, about the rain they have been having in their area. When I was talking to Rob I said I had watched the impact of the floods and we assume that when a flood happens in a couple of days the roads are clear and in some of these places the roads are not clear for a couple of weeks because they are gravel or they are dirt and you can't afford to drive on them with vehicles because you will damage the roads. Housing conditions, access to clean water, sewerage, it is all embedded in community functioning. It is a significant measure that we have not considered in the context of some of the strategic thinking we have to do. It covers educational services, communication, transport, community services, connectedness to family land and history, culture.

I won't dwell on this. I believe that often in our communities we play draughts. We take one step at a time and sometimes you hear a mob will say oh we got so far down the road and we have this, this and this but the government changed its funding priorities and policies and so we don't have money. A classic of that for those that are old enough will know the Miller Review looked at traineeships and training in Aboriginal communities and when the Miller Review was finished Dawkins who was Treasurer at the time decided that he would abolish all traineeship for Aboriginal communities. The Hawk Government then transferred \$60 million to create the Torres Strait Islander Regional Authority. What they didn't do was appropriate the additional \$60 million out of the Commonwealth Budget; they abolished programs which meant that a lot of strategies put into place to skill young people and environmental health in WA was one of the pathways we used

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that particular source of funding under Andrew Penman to start training some of the people. That disappeared and so in a sense some gains we had made stopped. I believe that as leaders we have really got to draw the charts and the maps and look at the strategic directions that we take in acquiring the services I have had the opportunity, no actually a privilege of working in two Jurisdictions; NSW as a Director of Aboriginal Health and WA, and WA in two agencies; health and education- the two biggest. What I have seen is a trend of leadership occurring but not being sustained. That leadership taking a thought; running with it but not mapping it and charting the direction; that we need to take community projects and initiatives. Strategically we have probably for the first time in the COAG strategic group in Indigenous Health working group process mapped the pathway then charted the course and strategically achieved the changes that are needed we need to do the same in environmental health. The small amounts that keep coming for environmental health are often impacted on by efficiency dividends by Commonwealth and state government agencies when they have to review budget cutbacks. It is a soft area; it is easy to cut. So in a sense we need to take a leadership role.

The red tie I'm wearing I wore deliberately because it's part of a strategy we had in education. I went to a meeting and I said when I was asked to give a keynote and I said "What happens if we look at the apparent retention rates of Aboriginal kids, we look at their progression from year 1 to year 12 we would see the following" and I identified the following, but I said "Just imagine if every principal in a government and non-government school took two Aboriginal kids out of every year level group and mentored and sponsored them through to their year 12 with a TER or whatever it is in each jurisdiction. And if there were 2000 schools you would have 4000 Aboriginal kids graduating. The Australian Principles' Association or APADC as it was then took up that challenge and took on the slogan of 'Dare to Lead' and they negotiated with every principal and they have signed up principals now to start closing the gap in educational attainment. In health we don't do that. In health we don't even sit second to native title or land arguments. We don't sit in relation to education and yet health and education have an incredible intrinsic link; you need both to improve. So in a sense for environmental health which is part a sub component of the big health picture. When it comes up against elective surgery lists, waiting lists we sit well and truly down the continuum. So the challenge then becomes how do we better position ourselves because one day when I go to community I want to see their view. I want to see a view where our people have quality housing, quality infrastructure. Have the framework that you would expect to see in a major community.

One of the things and one that I want to acknowledge is the jewels in the crown back in the early 1990's; that instead of having a small number of environmental health workers we would have had environmental health workers in at least 120 of the Aboriginal communities that needed them. But we are not there. I would have expected us to have influenced the Commonwealth Government around community infrastructure and environmental health under-pinning some of the NPAs but it is about resolving what parliamentarians and task forces have seen and what I hope that in any of those NPAs that have been rolled out that we see the reforms that are needed. So it would be good if all of us took

the leadership role, both collectively and individually that the network of maintained links is developed and made stronger. The website link that was launched yesterday is the beginning step. But collectively we can chart the pathways; we can map the directions. The only thing that we have now got to do and it's people like myself and Tarun, Xavier and yourselves have got to be strategic in influencing other people. Because if we don't in 10 years time or 5 years time I wonder if we will be looking at a report from today and saying these are the five key points out of that report we still have 83% of communities without sufficient water supply. We still have communities without sufficient rubbish disposal arrangements. We have a percentage of communities whose sewerage systems are still problematic and we still continue to allow the three tiers of government to in a sense pass the buck to each other because that is what happens in the environmental housing arena.

I thank you for the opportunity of being with you. I enjoyed yesterday's sessions and I must apologise that I have to return to Perth at lunch time. I would have liked to have joined you at dinner tonight to have listened and engaged in some of the conversations but to all of you thank you for the work that you are doing.

INDIGENOUS COMMUNITIES EMERGENCY RISK MANAGEMENT PROJECT, EASTERN GOLDFIELDS

Kenan Bender & Troy McKrill, City of Kaloorlie Boulder, WA and John Lane, WA Local Government Association

Hello everyone, as has already been mentioned, I am Troy McKrill, this is Kenan Bender and this is John Lane. We're presenting this morning on the Emergency Risk Management Project we're currently running in Indigenous communities in this region.

Before we start, we too would like to take the time to acknowledge the people on whose land we meet, their elders and history and the people of this country present today. We'd like to thank them for their ongoing help in the completion of this project and hope that it leads to safer communities for Indigenous people throughout the region.

Introduction

Firstly I'd like to give a brief overview on the City of Kalgoorlie-Boulder and its Indigenous EH Program and explain how the project came about.

Some stats on the city:

- It has a population of around 35 000 people.
- It covers an area of over 95 000 square kilometres.
- It's located in central WA. It looks as though all of you found it so you should be right there.
- It has 2 Indigenous Communities within its boundaries but acts as a service centre for much of the region and beyond.

The city also through funding from the Office of Aboriginal Health runs an Indigenous Environmental Health Program which covers

the Eastern Goldfields region. Kenan and I in conjunction with Bega Garbiringu Health Service and the community based environmental health workers provide environmental health services to 12 communities.

It takes over 2000 kilometres round trip to visit all of the 12 communities we work with.

The Need

The need for the City to undertake some sort of an Indigenous EM project first became apparent in 2007 when, during a review of its local EM arrangements and plans, the city identified that their documents did not contain content on indigenous emergency management/planning.

This was also supported through our regular visits in aboriginal communities as it also became apparent that they are threatened by multiple emergency risks. Over the course of my 6 years in the area, I've heard of many fatal car accidents on roads from communities, there have been three house fires that destroyed the buildings on fire and in the space of a year three people died from exposure after their vehicles broke down between town and their community. If a larger emergency were to affect a community, many people could very well be stranded without basic provisions or a transport link to services.

The city had previously purchased an emergency tent and some portable toilets through a lottery grant so we were aware of the situation but we didn't have any action plan or strategic approach in place. The more we thought about it the more potential issues and problems arose. How would we get even the equipment we had to communities if the roads had been washed out?

So then we thought about investigating to see if there was any projects/plan or research that we could use to help address the EM issues... surprisingly, there was very little information, plans or templates available.

Despite the risks we have not identified any research into the emergency risks effecting communities in our region or any emergency plans for communities.

This is a problem for local government as the WA Emergency Management Act 2005 says that local government has to ensure that effective local emergency management arrangements are prepared and maintained for its district and that it must manage recovery following an emergency affecting the community in its district. Circulars have been disseminated by FESA to stipulate that this includes Indigenous communities. From my experiences I think its very unlikely that any of the arrangements prepared for the mainstream town in the local government area would be effective for any Indigenous community that may be hundreds of kilometres away.

This being the case, it was the case we thought it was essential that emergency arrangements be made for Indigenous communities in the region. We're hoping that this project goes a good way to meeting this need by providing effective emergency arrangements for some regional Indigenous communities and providing the structure needed to make arrangements for the remaining

communities.

Background

To give you some background into the region, the area around here is made up of semi-arid eucalypt woodland which runs from about 100 km north of here and continues east and south. Beyond the eucalypt woodland is open mulga scrub that becomes sparser as you go east until you reach the nullarbor. There are 30 Indigenous communities situated in the region. In which we only provide services to only 12 of these. Three of them are located in the middle of eucalypt woodland, five in the mulga while some are town-based. Four of the communities are situated over 100 km from the nearest town with one of them being around 600 km away from the nearest town. The only regional hospital is in Kalgoorlie with half of the communities being over 200 km away. Most of the roads are gravel as soon as you leave the north-south connecting highway or go beyond Laverton so much of the time the most appropriate method of evacuation in emergency situations would be by air.

The communities we work with have a resident population of between 30 and 150 but at times, like cultural business, funerals and footy carnivals, the population can swell a lot sometimes reaching 300 or more in places.

The Project

The City was able to source \$38 000 of funding through an application to the Fire and Emergency Services Authority of WA, FESA's AWARE program, that is All West Australians Reducing Emergencies. Usually local governments are restricted to applying for \$30 000 but as we were proposing to run the project in an area of known need and across multiple local government areas FESA provide the additional funding.

Some reasons for the extra cost included;

The cost of (diesel) and flights, accommodation, and the need to adapt training material for indigenous focus. We also have to allow extra time for community members to absorb the material so that people understand. It is evident that there is a clear gap present which needed to be addressed. However we are under budgeted with contract fees etc, to effectively deliver this project to its full capacity.

The aim of the project was "to identify and evaluate the emergency risk profiles of three representative Indigenous communities situated in the Eastern Goldfields Region and advocate adequate emergency risk management planning at a community and a local authority level."

So we want to find out what emergencies are likely to occur in these communities and how bad they'd be and we want to help get the communities start getting ready to deal with them with the Shire, City or Council.

The Scope

Firstly, the City IEH program works while based in City of Kalgoorlie-Boulder also works in the Shire of Coolgardie (next door), the Shire of Dundas and the Shire of Menzies, Leonora and Laverton to our north and we've restricted the project to communities in these areas where we've already got links with the people and where we

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know the area. Kenan is gazetted as an EHO in each of these LG's. Second, we also only limited to work with three communities due to time and budget limitations but our main aim was to keep the project manageable.

And thirdly, we're just looking at identifying the risks and drawing up arrangements, we're not looking at mitigation strategies or treatment options in this project. We intend to submit another application for AWARE funding to look at these items.

Lastly we tried to choose communities which were 'representative' of the our 12 communities we look after.

Consultation for Project

There has to be continuous consultation and plenty of feedback to a successful project. Kenan and I have done a lot of work, even before we had applied to run the project, making sure there was interest and support in the communities.

Once we had sourced funds we both met stakeholder face to face to discuss the project and by phone to set meetings and training up. We formed a project committee with Yvette Griggs from FESA's community emergency management who provides support to community initiatives and Moya Newman from FESA's manager for Indigenous Strategy and Policy. Teleconferences have been used for the committee to communicate as a group; we've all been in different locations and this has presented some difficulties. Emails have also been useful.

A lot of effort was put into liaising with Indigenous community staff to find the best ways of communicating with community people, whether there were special needs like translation and the best ways to run the training.

Plan / Arrangement

As opposed to just sending out emergency risk surveys with no precursor, we ran the project using presentations in conjunction with workshops slash training seminars. One of the objectives was to train community stakeholders in emergency management awareness so that valuable information on emergency risks could be gathered. We thought this could best be done in a workshop presentation format with discussion and a lot of pictures to get across the emergency management ideas we were trying to get across.

In all of this, there is a very strong commitment to seek the views of the Indigenous communities and we endeavour to engage people in the emergency management process. Accordingly, we are using a community survey which will largely focus on identifying community perceptions of risks of emergencies (e.g. fire, flood etc).

The surveys have been designed to help people identify the emergency risks to a community and it is an expectation that some assistance may be required to complete them so project personnel are involved at a hands on level with people as they complete the surveys so that they are not misunderstood or incorrectly completed.

Considerations in Arrangements

It was important that the project was tailored to suit the intended participants. There were a number of issues the project needed to consider so that the objectives could be achieved.

These issues needed to be adequately planned for, in formulating the method of project implementation, as they could become potential issues that could inhibit the successful execution of the project:

- funerals
- cultural business
- reading / writing skills / language barriers
- delivery distance
- taboos
- kinship
- gender issues
- Aboriginal sites

I will now hand you over to Kenan Bender and John Lane to go through the remainder of the project.

Objectives

The major outcome of this project is to initiate the emergency risk management process in the Indigenous communities of the Eastern Goldfields Region with following objectives.

Beginning we have to analyse the 12 Indigenous communities in the region and select 3 for inclusion in the AWARE project.

Getting local governments (and other stakeholder) involved was seen as an important part of the project. As you've seen, local government holds a responsibility towards Indigenous communities in regards to emergency management arrangements and it's important for them to be kept in the loop as to the project so that they can put the information from the project into their larger plans.

We needed to investigate and arrange appropriate training for relevant community members and key stakeholders. Indigenous community members and community staff needed to be trained so that they were aware of emergency management precepts and were able to combine their experience, providing the valuable information needed to identify emergency risks. In regards to agency stakeholders like the local fire, we knew that they had a lot of skills and experience in emergencies but we thought that they may not have the skills and experience in Indigenous communities to provide an adequate service to those communities.

The project aims to clearly demonstrate the differing roles of both the local government and the Indigenous communities in emergencies. The local government has a responsibility to have in place – arrangement and plans – but what support and assistance do they need, how should they engage communities etc? Indigenous communities obviously have the knowledge of the area and history. They know about emergencies that have occurred and the cultural issues that must be respected. So how do we fit indigenous communities into the emergency management process in a cultural sensitive way?

With this in mind, we believe it is important that we facilitate

partnerships between the local government, the Indigenous community and hazard management agencies (furies) so that they can plan for emergencies together. Local government already has structures in place to deal with emergencies but they don't know much about the situation in Indigenous communities. They need the support and knowledge from Indigenous communities to be able to do their job well...and Indigenous communities need local government so that the management of emergencies in their communities is not ad-hoc and thought of when the emergency has already occurred. Indigenous communities need to be able to fit in to the emergency management structures in place so that the state emergency management agencies know what to do when an emergency occurs.

Local Emergency Management Committee

A large part of this partnership will be formed by getting Indigenous community involvement in their Local Emergency Management Committee, the LEMC and the FESA Community Emergency Management Officers. LEMC a local committee that is run (and often chaired) by local government, its main function is to advise and assist the local government in ensuring that local emergency management arrangements are established for the district.

LEMC also:

- liaise with public authorities and other persons in the development, review and testing of local emergency management arrangements
- carry out other emergency management arrangement activities as directed by the State Emergency Management Committee or prescribed by regulations
- prepare and submit an annual report of activities undertaken throughout the year to the District Emergency Management Committee (DEMC)
- participate in the emergency risk management process.

LEMC is a forum where emergency management information from Indigenous communities can be put into the larger emergency management arrangements for the area. It's really important that Indigenous communities get involved here, on an ongoing basis, so that the LEMC is kept up-to-date with emergency management on the communities and can keep improving their response. It's here that work can keep on happening to make sure that everyone is ready for emergencies in communities. Everyone knows what's in place: what resources there are to deal with the situation, who to call, where to go.

Obviously, we want to have a starting point from the project by finding out what the greatest emergency risks are for the target communities now. The project aims to find out what the risks are from community people, from the emergency management agencies, from records and from our own experience of the communities. As we've said, a number of emergencies have occurred while we have been here.

Lastly, we're going to identify resource sharing opportunities that may assist in management, response and recovery of the 3 target Indigenous communities from emergencies. If a fire breaks out, it's good to know if you've got a fire truck, to know where to find transportation to remove people if you need.

Project Management

G'day everyone. We knew that there would be quite a few more things to do than we were used to so we developed some project management sheets with tables showing the different tasks, responsibilities and deadlines that were needed during the project and allowing us to track progress; whether a task hadn't been started, whether it was in progress or had been completed.

As has been shown, the project brings together many different agencies that are involved in the hazard management process. Apart from FESA, WALGA and local government other agencies we involved include the WA Police, the Department of Indigenous Affairs, the Department for Child Protection and the Department of Housing. We had a meeting before project kicked off to see what resource sharing opportunities there were between the different agencies and were given offers of help with transportation from the Department of Indigenous Affairs and assistance with shared visits with various organisations.

One of the most important areas for managing the project was in the area of vital communications and liaison, especially with our target communities. It was extremely important for us to keep the lines of communication open to these communities so that visits and training could be run. We knew it was important from the beginning and we had multiple methods of communication with the communities using phones, faxes and emails. We tried to fit in to the community calendar and made ourselves aware of funerals and cultural business that could affect project delivery.

Having said that we knew this, it was still one of the most difficult issues we had to deal with. We didn't want to waste a 400 km round trip with a flight added on for John but we found that there is sometimes still no guarantee that a trip is going to be successful. At times it seems impossible to contact the communities we're dealing with. We needed to have flexibility built in so that despite running into problems, we would be able to continue. One advantage we had was that John was running the city's mainstream emergency management arrangements at the same time as our project with Indigenous communities so when we had a hiccup with communities, John could continue working on the mainstream arrangements.

Community Selection

Selecting 3 target communities was one of our objectives. We needed these communities to be reasonable representative of all the communities in the region so that the framework or template we come up with at the end will be suitable for use in other normal Indigenous communities.

Some other key areas we were looking at in the selection process was that the communities we selected would have different emergency risks, the likelihood of participation and cooperation we thought we'd get and the stability of population and community administration.

It's not that we wanted to bar communities where we were not going to get good results in all these areas, but we needed to make sure we had a good range. The communities with unstable populations and with less likelihood of participation could well be more at risk from emergencies.

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We did find, however, that the communities with less stable administrations were much harder to deliver the project to than the stable administrations.

To select the communities, we created a matrix that allocated a score to each community based on the above factors and various emergency risk factors. I've included the matrix in the next 2 slides.

The communities are listed across the top, while the factors we included run down the side with the final scores at the bottom.

The factors down the side are:

- the community remoteness which we sourced off Accessibility/Remoteness Index of Australia +(ARIA+)
- population Size with small being below 50 people, moderate being between 50 & 100 and large being over 100 people
- population stability
- internal political/administrative stability – some subjectivity but based on our experience
- familiarity with English
- how participative the community has been with our EH program in the past
- what their road access conditions were like
- whether they had air access
- whether they'd had a major emergency in the last 5 years
- what local government they were located in.

The weighting we gave to these factors may have needed a bit more work but I think it did identify those communities with the highest risk factors.

In the end we selected the 2 communities with the highest scores, Tjuntjuntjara & Coonana and one with a lower score, Kurrawang. Each had different risk factors like remoteness and accessibility and stability and taken as a whole, were representative of Indigenous communities in the region. The inclusion of Kurrawang allowed us to run the project where we knew we would get cooperation and where we could ensure we were on the right track to be able to deliver the project elsewhere, to the higher scoring communities.

We now had to run out the training and data retrieval activities like the survey in the communities. I'll hand over to John to talk about these activities.

Training Focus [John Lane]

I would like to thank the organisers for allowing us to present today and of course to pay tribute to the owners of the land on which we meet today.

A little about myself and the Western Australia Local Government Association (WALGA) is a peak body for local government in WA. We have 139 member councils and it's up to (WALGA) to provide for the policy direction and advocacy to government. Local Government has a responsibility in WA for 950 pieces of legislation. The Emergency Management Act is another one that got placed on top and I might add without any extra funding for local governments. So it's an extra is an onerous piece of legislation as well. One of the extras local government had to get their heads around was not only

did they have to produce emergency management arrangements for their communities but what they had to do now was to include Indigenous communities or Aboriginal communities that were part of their local government area.

A business area called Emergency Management Services was basically raised to assist local government with a myriad of legislation responsibilities under the Emergency Management Act and all of the policy that comes out of State Emergency Management Committee.

My part of this was the fun part of the process and a fairly onerous part as well. Whilst Keenan and Troy have alluded to how they set the program up and how they wanted to run it and include the Indigenous communities. We had to come up with a way that we would bring emergency management knowledge and emergency risk management knowledge to Indigenous people and that was quite a task. We had a starting point and that starting point was the FESA program called Safer Country. I suppose that most people in WA have probably heard of that and have had a little bit of dealing with Moira Newman from FESA she is only one person in that organisation that deals with Indigenous emergency management so we decided that we would look at what their program had to offer and how we could probably improve on that and probably simply it a fair bit. When you have a look at the Safer Country Program it was quite mind boggling it was about 120 slides in a Power Point presentation that went over three days and it went right across the whole gambit of emergency management structure in WA. I spent probably the best of my career, my previous life as a police officer in the last 32 years I have spent a good part of my career in communities in the Western Desert trying to explain to them what emergency management and risk management is all about. So that what we had to come up with. What we decided to do was to simplify quite succinctly and bearing in mind we were going into communities like Jun Jun Jarra, Pitandjara speaking people; English is not their first language and so we have to use interpreters. We didn't put the program together and translate it Pitjandjara language what we did was put the program into simpler terms so that anybody could pick it, read it and get the knowledge and then translate it if there was an issue with understanding the program. We decided we would run it in three modules or three sessions. The first was an introductory session to the AWARE Program and what emergency management is in WA and how it fits together and how it can affect Aboriginal communities. The next module was emergency risk management which was a light introduction to risk management if you have a look at risk management process and how that actually operates and the intricacies of the risk management process there would be no way that you would expect Aboriginal people would understand. There are a lot of people out there in the EM industry that still do not understand it. We didn't send out a survey to everyone in the community because that would defeat the purpose so we gave a survey to the people at the sessions we were conducting. So that would give us a good insight into what the risks were in that community and those people through the running of the program their understanding that they gained out of the sessions would have a better insight into what we were trying to get through the survey.

As Keenan has already alluded we had a good communication

process but trying to get the community involvement in the process was fairly hard we went out to Kerrawang which is only 20 kms from Kalgoorlie. They put up their hand fairly early and said that they wanted to be involved and we got good involvement from them. But when it came to trying to get involvement from the other communities that was a little more difficult and we may even have to revisit who were are going to see because of that non- involvement.

What we wanted to get out of this process is to identify the risks within Indigenous communities now that has never been done in WA before. The process has been explained but they have never actually gone into a community. So what we wanted to do, and I am very grateful to the City of Kalgoorlie-Boulder because it's the first local government that has actually put their hand up and said that they want to be involved in this and we want to involve our Indigenous communities no other local government in Was has done that yet. So we are very pleased that Kalgoorlie-Boulder has done that. As the Professor pointed out not so long ago in his presentation was that if you document what these risks are and you go through the process then your bargaining power to get something done about those risks and mitigate those risks is going to be enhanced. It's alright talking about that we've got a very narrow road in the community, or that our electricity goes out because there's branches hanging over the power line or we have speeding vehicles in the community which endangers our children, you can talk about those things till you are blue in the face but until its actually put on paper nothing can actually be done about it. The AWARE Program has got \$40k involved in it for mitigation for each local government that actually wins it. Now \$40k in mitigation is not an awful lot of money the whole program is \$400k and that is specifically for emergency risk management. That's across 139 local governments. Through this project and what we have done in this project what we are hoping is that part of the \$80M over 4 years can actually go to making some difference in Aboriginal communities for mitigation of risk.

We put together a survey, we wanted to really identify what the causes and sources of risk were in the communities and we wanted them to understand it as well and what we were going to do was sit down alongside them and ensure that we got understanding of what we were actually on about so it worked out quite well. We have a few areas that we need to make some fine adjustments to. The terminology that was not really understood. To wind up Kerrawang Community – loss of drinking water was their biggest one right down to road crash which was the less severe and severe storms came in at number 5 and you get some quite severe storms in Kalgoorlie-Boulder. They were some of the things that they highlighted that they thought were issues in their community and there were quite a few of those that I have already alluded to and quite a few of those are in evidence in most Aboriginal communities.

So we have a lot of ongoing work to do and we are hoping that other local governments will follow the lead and WALGA will hopefully be in the mix of that. I will leave you with one little thought, have you ever thought of what causes emergencies happening worldwide currently we think of all the things that are happening worldwide and it seems to be getting worse and I would just like to ask you are the Chinese really to be blamed for all this? And if you have a

look at it in 2007 the Chinese New Year celebrated the year of the Chicken, and what did we have? We had bird flu, decimated Asian countries all over the place. In 2008 they celebrated the year of the horse, and what did we have in Australia? Equine influenza, which decimated the racing industry across the eastern seaboard. In 2009 year of the pig, what have we got? Swine flu! And you can look up what 2010 year is. Thanks very much for your invitation for speaker here.

Ongoing Work

We've still got a lot of work to do to get the project complete. We haven't yet done the training in our 2 remaining communities. We're now making our last efforts in organising training with Coonana & Tjuntjuntjara but if it turns out that it's just now going to happen we'll run the training in our back-up communities around Laverton and we'll still come up with a very good and representative results. The survey will also be completed in these communities and we'll work with the administrations to make sure we collect more specific community information on emergency management resources they already have.

We've then got to collate the information we've gathered and write up the project report and compile the risk statements for each of the communities. The risks will then be evaluated and analysed so that the risk plans can be drafted and fed back to the communities and local governments / LEMCs. The project report and risk plans will also be provided to the FESA funding providers for comment and evaluation.

Where to once complete?

When the project is complete, we'll continue to assist local governments to partner with our target communities to formulate their emergency arrangements. We'll also be encouraging the communities to get involved in the local LEMC. These were two of the main objectives of the project and are the avenue for the ongoing sustainability of emergency management in the communities. The risks effecting communities are not static and will need to be maintained and reviewed by each of these parties regularly.

The city will also be applying for further funding under the AWARE Stage 2 program where we'll be looking at treatment options to deal with the identified risks.

The framework or template for community involvement in LEMC will be provided to all regional local governments and Indigenous communities so that they have a model of involvement and can use the template as a stepping stone.

Takeaways

Over the course of the project, we've learnt a number of take away lessons. We really need to plan for a good amount of 'face to face' meetings with each community to ensure that there is engagement with the project and emergency management process. Budgeting for these trips, for translation services and for experienced officers really needs to be sufficient to cover the eventualities.

The timeframe we initially planned had to be pushed back quite drastically. This was not too problematic on ground level as we just need to keep FESA informed of the situation and an extended

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timeframe can be authorised but the budget will inevitably rise with the duration of the project.

In future we also think that it would be better if a local government representative could participate in any training, surveys and presentations on relevant Indigenous communities so that there is a smooth hand over to both of these parties at the end of the project.

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OPERATION, MAINTENANCE AND MONITORING OF WATER AND SEWERAGE IN DISCRETE ABORIGINAL COMMUNITIES IN NEW SOUTH WALES

Gillian Barlow, Paul Byleveld & Jeff Standen, Department of Aboriginal Affairs, NSW Health

Thank you for having me here today to talk about our program to maintain, operate and monitor water and sewerage in discrete Aboriginal communities.

I would firstly like to acknowledge the traditional owners of this place and to pay my respects to Elders, past, present and future.

In July 2008, the New South Wales Government in partnership with the NSW Aboriginal Land Council commenced a program to monitor and maintain the water and sewerage systems in discrete Aboriginal communities. This sounds pretty simple but to begin to understand the program, it is important to understand a little of the context and something about Aboriginal communities in NSW.

The history of NSW is that many Aboriginal people were made to live together in locations on the edges or some distance from a town. These may or may not have been missions and became generally known as 'reserves'. They were the responsibility of firstly the NSW Aboriginal Protection Board, then the NSW Aboriginal Welfare Board and finally handed to the Aboriginal Lands Trust. It was these organisations' responsibility to oversee everything on the land - including the provision of municipal and essential services. How this was done, and how well, varied.

In 1983, the NSW Government enacted the Aboriginal Land Rights Act. This resulted in these former Aboriginal reserve lands, being transferred to Local Aboriginal Land Councils or LALCs, who had an Aboriginal elected Board of Aboriginal members. 121 Local Aboriginal Land Councils were established.

Whilst the Aboriginal Land Rights Act was intended as an act of

reconciliation, it brought with it a large number of responsibilities that the newly created LALCs were not familiar with, had little or no training in and were ill prepared for. For example, each LALC was now responsible for the management and repairs for all the housing on its land. Neither the houses nor the infrastructure was necessarily in good condition when they were handed over.

Most of these communities are located at some distance from, or at best, on the edge of a town and may not be connected to the mainstream infrastructure. This means that although the community has had access to water and sewerage, the infrastructure is often located within the boundaries of the land and hence owned by the LALC.

Under the Aboriginal Land Rights Act, the land was transferred to the LALC as a large single parcel of land, even though it might contain many dwellings. The Local Government now treated the land as private land and charged rates on it as a single parcel. Rates are used as a contribution towards municipal and essential services, such as the removal of household garbage. It is also used for the provision of water and sewerage.

In the cases where water and sewerage is available, the Council was responsible for these up to the boundary of the land but it became the responsibility of the Land Council from there to each dwelling. This might be reasonably close (such as Bowraville on the north coast) or it might be at some distance away - many kilometres even.

Where the reserve was some distance from a town, the land might have its own sewerage treatment or water treatment works. The Land Council was then totally responsible for the provision of water and sewerage for its tenants. These types of systems for water include:

- groundwater (bores)
- rainwater
- river water - generally with a chlorinating system.

For the sewerage removal, the on-site systems include:

- septic tanks
- aerated waste water systems
- oxidation/evaporation systems
- land application areas
- sewerage pump out systems.

All of these systems have their own issues and require a certain technical knowledge to maintain and monitor.

Where local government provided water and sewerage to the boundary only of the land, because the land was a single parcel, rates were calculated on the basis of a single dwelling on the property, even where there was substantially more dwellings than this. Obviously a lot of houses use a lot more of everything than just one house and therefore the rates were charged at the exorbitant "excess use" rate. This has meant LALCs have paid thousands of dollars for water or sewerage use, when calculation of the rates and charges on a "per dwelling" basis would have resulted in no or little "excess use".

Whilst funding has been spent since 1983 on capital works – upgrading pumps or installing new filtration systems, by both the Commonwealth and the state, there has been little or no assistance to land councils for the maintenance or regular repairing of them.

Regular monitoring of each community's water has been undertaken through comparatively ad hoc arrangements, often requiring community members themselves to be involved in this. Whilst the employment in doing this has generally been welcomed by the individual or individuals involved, it means that should they go on holiday or have other business, the monitoring may be left until another time, leaving a community in a potentially serious position. In regards to sewerage disposal, when an emergency occurred, a solution of some sort would be worked out but it remained the responsibility of the Land Council to look after the system. If funding couldn't be sourced to replace a poor system, the Land Council had to manage this as best as it could.

This is how things stood in 2004 when a working group was established by NSW Health to develop a coordinated strategy to investigate the water and sewerage infrastructure needs in discrete Aboriginal communities.

Although this all seems comparatively straight forward now, when the working group first started to meet, it wasn't so. Noone was clear as to what the situation was or who was responsible for what. What was clear though was that it didn't work and communities were having to pick up the pieces when something went wrong and as systems got older, more and more things were going wrong.

The working group was made up of a range of state and Australian government agencies as well as key peak stakeholder bodies, many of whom had refused to talk to each other about the situation before, so angry were they all about it.

In May 2007, the working group completed a paper which outlined the issues involved and suggested a way forward. It included a desktop study of discrete Aboriginal communities.

The study defined a discrete Aboriginal community as one which satisfied all of the following criteria:

- It must be in NSW.
- It must be bounded by a physical or cadastral boundary.
- It must be owned and managed by an Aboriginal organisation on a community basis.
- It must be lived on permanently.
- It must have a minimum of 3 houses.

67 communities were included.

This study outlined how the water and sewerage was provided to each of these communities. It did little else because not much more than this was known about the actual systems - let alone the condition of them in each of these locations.

The Issues Paper explained how the problems had come about and made a series of recommendations. In particular, it noted that the situation was not acceptable and needed to be fixed. It mentioned that there was no single agency which was responsible

for supporting the discrete communities to maintain their water and sewerage infrastructure and that LALCs were unable to sustain these systems over the long term as they often lacked the resources and/or skills. Besides, no other communities in NSW were expected to do this.

As a result of the Issues Paper, a full survey of each of the discrete Aboriginal communities was done to get more information about their systems and work out what was needed to fix them. From this, a business case was established and funding sought.

In July 2008, therefore, the NSW State Government and NSW Aboriginal Land Council agreed to work in partnership to deliver a maintenance and monitoring program of the water and sewerage systems in over 60 discrete Aboriginal communities. It was agreed that the program would be the responsibility of the Department of Water and Energy, who had the expertise to do this, and would be overseen by a steering committee made up of State agencies including NSW Health, the Department of Aboriginal Affairs, NSW Treasury, NSW Aboriginal Land Council and the Local Government and Shires Associations.

It is the program's intent to have the relevant local government take over the responsibility of the operation and maintenance of the systems – not take ownership of the infrastructure but to enter into a service agreement with the community to do this work on a regular (and defined) basis – so that it is no longer the Land Council's responsibility to do this and in a manner similar to that every other NSW person would expect.

Noone in Sydney for example would be expected to know anything about how the water and sewerage gets to their house or where it goes when it leaves – let alone how to fix anything if something went wrong – why then should it be expected that people on a community should be able to do this.

Each of the discrete Aboriginal communities is visited by a team lead by the Department of Water and Energy. All parties are present at this first meeting - community representatives, members of NSWALC, the local government or local utility provider, the health workers and any other interested parties. The program is explained. The various elements of the infrastructure are examined and faults, malfunctions etc are noted. The community has a chance to outline any issues they have with water and sewerage.

Notes from the meeting are sent back to the community and the local government representatives and once they are agreed on, negotiations start with the local government to see how they can take over the maintenance, monitoring and operation of the systems.

If there is any emergency works required, the Department of Water and Energy is responsible for seeing these are done as quickly as possible. At this stage, there is no funding for capital works as such, but it is part of the intention of the program that with regular maintenance and monitoring, each system should be able to work to capacity and should last for a considerable length of time.

It is an advantage to have a range of technical experts on site at the same time as they tend to challenge each other into finding the

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best solution to a problem.

For example at one community, there had been considerable difficulties with a chlorination pump which was required to treat the creek water which was being used. The water was being drawn from the creek, chlorinated and then pumped around to each house. People at the bottom of the hill, close to the creek, complained that their water always smelled of chlorine and was unsuitable for drinking or using as a result. Often they would turn off the chlorinating pump because of this. This meant the water was not being chlorinated at all and people could become sick. Everyone was boiling their water as a result – a serious situation.

An initial solution included installing a second water line in which the freshly chlorinated water would be taken directly to the reservoir at the top of the hill. It would only be this water that would then be distributed to the houses – the problems with having very strong smelling and tasting chlorinated water would hence be solved as the water would have had a chance to sit in the reservoir before distribution.

This solves the problem certainly but it was at considerable expense. What is also important here is that it was known that in a few years time, the water could be sourced via an alternative mainstream method and then they would no longer have to use their small creek's water at all – which was becoming increasingly difficult to do particularly with the effects of the drought.

After some deliberation, it was felt that a different solution might lie in pumping water from the creek and chlorinating it in the middle of the night – say from 1:00am to 4:00am when people were unlikely to be using it. The freshly chlorinated water would be able to sit in the reservoir for a length of time before being used by anyone – by which time it should be suitable for drinking without the strong chlorine smell that can occur when it has only just been chlorinated.

This solution was worth a try at least – if it didn't work then the second line could be put in – if it did, substantial amounts of time and money could be saved and the community would be able to save on operating costs by using off peak electricity to pump.

To the end of April, 2009, 28 communities have been seen by the Department of Water and Energy.

Five have started negotiations with the local government for an interim arrangement of operation of their systems and one has a finalised arrangement in place. This community which was the very first one visited because it was known to have a large number of issues associated with its systems, has had no problems with its water and sewerage since.

An agreement between the state government and NSWALC to work together over a length of time, at a minimum of 25 years, has been signed.

Agreement between the relevant agencies will be developed so that they too know how to work together over this same length of time. The "working together" a foundation of the Two Ways Together Aboriginal Affairs plan where agencies and Aboriginal

people are asked to work together to formulate the best possible results for Aboriginal communities, has been difficult at times and the program is an excellent example of how it can occur and have a great outcome.

Individual agreements between each community, the local utility provider and the Department of Water and Energy are currently being developed – as well a risk management plan will be drawn up for each community. This plan will outline what each community should do if something does go wrong - who they should call, where they should go.

There are of course still challenges to be met by the program. One major one is employment. It is hoped that a number of full time positions will be able to be secured. Before, people from a community were often employed a few hours a week or month to monitor and test the water or to ensure the infrastructure was working properly. By having regular maintenance and monitoring and overseen by the local council, a full time position that includes this work as well as a range of other activities is anticipated. The Steering Committee is continuing to work on this aspect.

By the end of 2009 all discrete Aboriginal Communities will have had the program explained in detail to them and have had the opportunity to be involved. Hopefully by then many of them will also have at least started negotiations with the relevant local council to undertake the work.

Whilst it is a single program run for Aboriginal communities across the State, each community is looked at individually and a unique solution is being worked at so its particular needs can be met. No solution is generic – each agreement is for that community and its water and sewerage alone.

Most importantly however, is that once they have an agreement in place with their local government, the community will be able to be confident that their drinking water is safe to drink and that their waste is being removed and disposed of properly.

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BRIDGE OVER TROUBLED WATER

THE *COMMUNITY WATER PLANNER FIELD GUIDE*: AN INFORMATION PACK FOR WATER MANAGEMENT IN INDIGENOUS COMMUNITIES

Robyn Grey-Gardner and Kat Taylor, Centre for Appropriate Technology

Introduction

One of the greatest contributions that can be made to improving water supplies in Indigenous communities in Australia is through planning and management based on risk management principles. This paper will describe a project called 'Guidelines and Best Practice Documentation – Water Supplies in Remote Indigenous Communities', which was the basis for creating the *Community Water Planner Field Guide*. The *Field Guide* is an information pack to help service providers and Indigenous community residents in planning the effective management and operation of small water supply systems. The information pack consists of a series of posters with guidance for appropriate participatory methods and approaches.

The *Community Water Planner Field Guide* was commissioned by the National Water Commission (NWC). As the name suggests, the *Field Guide* supplements the standard water planning tool, *The Community Water Planner* (NHMRC, 2005). The *Field Guide* will assist Indigenous communities and service providers, including governments and utilities, with local water management. The project was led by Water Quality Research Australia Ltd (WQRA), and the Centre for Appropriate Technology (CAT) developed and trialled the *Field Guide* in four remote communities. A steering committee and a working group with health professionals and technical specialists contributed to the content, design and strategy of the *Field Guide*.

Trialling the *Field Guide*

We asked four diverse remote communities in different states to work with us on the project so that the pack could be tested in different legislative, cultural and climatic contexts. The case study communities were permanently occupied, had a population of between 20 and 200 people, and agreed to take part in the project. The communities in the trial were: Buru (China Camp) in Queensland, Yuelamu in the Northern Territory, Mandangala (Glenn Hill) in Western Australia and Malabugilmah in New South Wales.

To assess the *Field Guide* materials, we surveyed the residents. The short face-to-face survey asked residents about their community, their knowledge of water supply management, and how the materials in the *Field Guide* could be improved. The survey responses influenced the information in the pack materials and shaped the guidance materials. The project began in April 2008 and the final trial site visits were in June 2009.

The *Community Water Planner Field Guide*

Indigenous communities are located in varying climatic and environmental conditions and each community may have a unique language and cultural perspective. In order to make the *Field Guide* applicable to any Indigenous community in Australia, we created a generic pack which incorporates the following considerations:

- Applicability to remote Indigenous communities
 - Recognition that English may be a second or third language
 - Small water supply system design, including technology that is used in remote areas
- Adaptable
 - Can be used with a range of water supply types, community contexts and legislative structures within Australia.
- The *Australian Drinking Water Guidelines* (2004)
 - Emphasis on hazard identification and risk management

The *Field Guide* focuses on preventing microbial contamination of drinking water. The secondary focus is managing other health threats, for example chemical contamination by fuel or lead. Information on water use efficiency (demand management) was also included, but the topic is not the primary focus of the Guide.

The *Field Guide* is packaged in a mailing tube for easy transport and storage. The tube contains posters, activity sheets and an instruction manual for the facilitator. The choice of using posters was a result of discussion with community residents. Several format options, including online tools, were discussed with the residents of Yuelamu and Malabugilmah during the initial phase of the trial. The residents preferred posters to convey the water management information. In addition, posters are an eye-catching way of publically displaying information and they are accessible to a broad audience.

The posters and other materials are brought together using the facilitation process described in the instruction manual. environmental health workers or essential service officers could be facilitators; their skills and technical knowledge would be a valuable resource to the participants creating a water management plan. If, however, the facilitator is not a specialist, they can still use the *Field Guide* by reading the background material and following the process.

The Water Supply Management Facilitation Process

The facilitation process consists of four steps followed by an annual review. The steps are: community water mapping, water supply risk management, asset management and roles and responsibilities. See Figure 1 below for an overview of the process.

Step 1: Community Water Supply Mapping

The first step of the process is mapping the community water supply using the stickers and large blank mapping sheet provided. The colourful stickers prompt participants to include water supply infrastructure such as bores, fire hydrants and tanks. The stickers also introduce water management concepts that might be new to the participants, such as critical control points. Mapping is a fun and inclusive way to start talking about the water supply. Mapping helps to identify any problems with the supply or gaps in knowledge (e.g., does anyone know where the isolation valves are located?).

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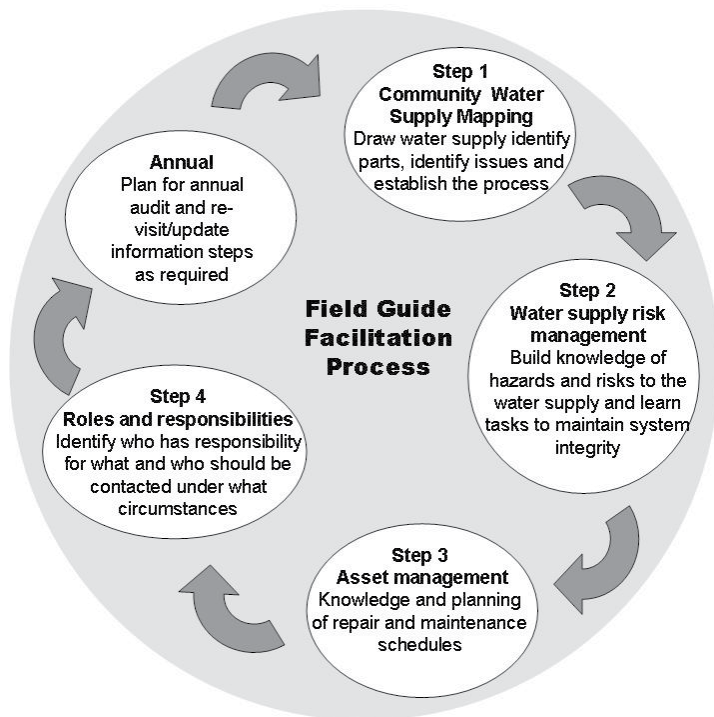


Figure 1: Water Management Facilitation Process

Step 2: Water Supply Risk Management

During the second step, the facilitator and participants go through the water supply posters and identify the ones relevant to their supply. The posters illustrate installation requirements and ongoing maintenance tasks for each section of the supply; source, storage, distribution, use and wastewater disposal. By reading and discussing the posters the participants build knowledge of the potential hazards and risks to the water supply. The posters can be displayed together as a frieze or separately near the relevant water supply infrastructure. Displaying the posters in a public place serves to remind and reinforce the importance of the management activities.

Step 3: Asset Management

The asset management step consists of maintenance posters and a long-term planning worksheet. The colourful posters show basic maintenance tasks for mechanical assets such as electric pumps, diesel generators and chlorination units. Ideally, the posters would be displayed near the asset, in a workshed or similar place.

By going through the asset management worksheet, participants create a plan for infrastructure replacement. The worksheet gives an indication of how long each part might last and allows long-term financial planning.

Step 4: Roles and Responsibilities

The materials used in the fourth step are a series of posters showing the roles and responsibilities of different agencies and government departments. The posters 'map' the relationships between remote communities, legislation and relevant organisations along the 'paths' of both water quality management and infrastructure. The facilitator works through the poster content using a set of scenarios. There is a focus on who to contact and under what circumstances. If a pipe bursts, who needs to know? Names and contact details (e.g. local water utility contact person) can be recorded directly

onto the posters.

Experience from trial sites

Following is an overview of what we learnt from the resident surveys and experience of trialling the Field Guide.

Firstly, engaging people on the topic of water was not difficult. Generally, residents from the case study communities recognized the importance of good quality drinking water and the role that they can play in managing their own water supply.

Secondly, the Field Guide has two audiences. The information about who to contact in an emergency, basic water supply characteristics, and water risk management principles is for everyone. The other audience is made up of water managers and other people who carry out operational activities. They require more specialised information, such as how to handle chemicals safely.

Thirdly, in order for information to be useful it must be tailored to specific community needs and circumstances. One of the challenges we faced in creating the Field Guide was making a generic resource that was flexible enough to be used in a variety of different contexts. We addressed this by including mechanisms for localising the Field Guide throughout the facilitation process. As a result, the information in the Field Guide is accessible. It is also comprehensive and technical. We meticulously cross-referenced and checked it against the Community Water Planner (NHMRC 2005) and the Australian Drinking Water Guidelines (NHMRC 2004) for consistency.

By using the information in the Field Guide as part of the water management planning process, water supply breakdowns can be reduced, water quality improved and this will contribute to better health in remote Indigenous communities.

Next Steps

The Field Guide will be released in late 2009. The Field Guide will be available free of charge and copies will be available at Health Departments in most States and Territories. Additional copies will also be available at the Centre for Appropriate Technology. All Field Guide files will also be available for download from the web.

References

National Health and Medical Research Council (NHMRC), 2005. The Australian Drinking Water Guidelines: Community Water Planner - A tool for small communities to develop drinking water management plans, Canberra.

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MAKING FOOD SAFETY TRAINING CULTURALLY APPROPRIATE

Brendon Sherratt, Northern Territory Department of Health and Families

Good morning, firstly I would like to acknowledge the traditional owners of this land on which we meet this week. This morning I want to share with you my experiences and challenges which I observed whilst delivering food safety programs in Kriol. To a family centre Beswick just outside of Katherine. I will give some information about Beswick; Beswick is a medium sized community which encompasses a local school food store, shire council office and health centre like most communities. It goes from the Stuart Highway right through to Gove in Arnhem Land. The Beswick family centre is responsible for the preparation and distribution of meals to the school program the crèche and the aged care program. The centre has a number of staff members that work for them usually 3-6 staff members at any one time mostly women but there are some guys that work for the centre as well that help out with cooking and tidying the yards. Because the family centre caters for those vulnerable population groups it was paramount that they under took some form of food safety training and to gain information and to take information from the Environmental Health Officer from Katherine.

With language as an immediate barrier Indigenous people begin to feel uncomfortable and tend to distance themselves from the presenter this I have noticed first hand when delivering food sessions or information sessions in the past. Traditionally food safety training and information sessions delivered in Australia use a scientific approach to explain germ theory including this approach in the scientific rational can be difficult to comprehend not just to the population groups that don't speak English or English as a second language but to people that don't have a science background.

A lot of the time non-Indigenous health and other agency professionals working in Indigenous communities take some cross cultural awareness programs prior to their commencement. This is an effort to bridge the gap in some way and get the awareness of the Indigenous culture to these new employees. Having some knowledge of the Indigenous cultures around the top end of the Northern Territory I believe cross cultural awareness is crucial when partaking in community based activities. My former colleague identified this as a barrier when he attempted to conduct food safety programs in another community just out of Katherine with very limited success couldn't deliver the program effectively. So he then approached the local language centre in an effort to his avail they could do that and as a result the two formats were created a written version for those that could read Kriol and an audio version for those that could not.

So in the food session we deliver its still outlines the fundamentals of food safety programs like design as well as hand washing, temperature control, cleanliness, pest control and good hygiene practices. As a child growing up in Katherine I got the privilege of going to school and developing friendships with other children that spoke Kriol. Over my schooling years I began to understand and recognize some of the words that were spoken; some of the

first words I learned weren't the nicest and I won't repeat them here today! So when I got the opportunity to deliver this resource I was very excited about the potential about the way in which this would influence the way in which I would deliver community based activities in the future.

When I first arrived at the family centre there were some women and a guy sat outside having a cup of tea. As I introduced myself I got the impression that I made them feel somewhat uncomfortable I believe this was because I was a young guy and because it was the first time I had met them.

I started the presentation with a generic spiel on food safety and what my roles and responsibilities are as an EHO. The participants were looking a little distracted at an early stage as this was not so familiar to them so after my introductions I started to play with the audio of a woman speaking in Kriol in sync with the slide presentation. The presentation was projected onto a wall for better viewing purposes. I tried to cover all bases having the audio, speaker and better visual aid to assist. By the nodding of the heads there were a few funny points during the presentation that I had some difficulty explaining such as temperature control and I explained that it's also difficult to explain that in the non-Indigenous areas to shop owners and proprietors. But overall the Kriol based food safety session went well and this method of transferring English to local based language has some big benefits breaking down barrier it's could also be utilized for other programs and other community based environmental health activities in the future.

Thank you.

Q. Brendan you said that you were running that in Beswick. Are you going to look at running it in some of the other Kriol speaking communities in that area?

A. Yes, most definitely. Beswick was the starting point because the contacts were establish in Beswick but yes by all means, we did try at Borroloola even though they don't speak the same dialect the outcome was similar to Beswick.

Q. What was the cost?

A. Although it was before I started, as far as I know it was a free service.

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KEYNOTE ADDRESS

Mark Bin Bakar

Thank you everybody. We have some Bin's here, there is Bin Maarus, Bin Salleh, wheelie bins, black bins.

It is a pleasure to be here, and gather here at this important conference. The people of the Wongatha Nation, here in the goldfields. We have been here together for generations over. The Wongatha people, like all Aboriginal people throughout Australia, have been the victims of colonization, development and progress of this part of the state. Unfortunately, like every where else, respect, acknowledgement and empowerment of these keepers of this land have been ostracized, demonized, and have become victims of the system that seemed to have failed every basic principle and that is the principle of right of place. The very gift from God, the creator, nature and the land that makes them, like me, nothing else but Aboriginal. I acknowledge the Wongatha country.

I would also like to thank the NATSIEH Conference and Organisers for inviting me, in particular Iris Prouse who harassed me to be here and for inviting me and allowing me to present as a keynote speaker whilst I am here. I would also like to thank the conference for inviting Mary G, who I work with, who will be here as well for your sweets tonight.

She said to me "ask them to thank you as well" in her own demanding and authoritarian manner and she is known to be an environmental mental health safeguard herself.

Some great people, like yourselves, who are leading the fight for better delivery and development of environmental health services or initiatives within our Aboriginal and Torres Strait Islander peoples and communities.

People from community housing providers, health practitioners, community council members, community workers and providers, essential service providers, primary health care workers, local government, environmental health workers, practitioners, health promotion officers, directors, and managers of environmental health services. Now that's a team and a half, isn't it?

So friends, what does it mean to be Aboriginal? It should have, like most of you know, in the past, signified pride, identity, respect, and all the beautiful things that make up a great race of the human world and, to a degree, still does.

This is what Aboriginal people have and to a small degree, still do have, despite the challenges of living in a European way of life, rules and conditions. But when a race becomes suppressed, and kept in a place of deepest abyss of minimal self empowerment and eminence, then what we have is group of fellow men and women, fellow Australians kept in a place of emptiness. The psychological effects of this are a sense of worthlessness, helplessness and despair. Destructive effect on one's life, you either change it or you leave. But, Aboriginal people do not have the luxury of these options as a basic fundamental aspect of their identity, culture in essence prevents them from either changing or leaving.

They are a minority; they are connected to a place like a tree is connected to the ground by its roots. They are not going anywhere and they cannot go anywhere. This is the difference between Indigenous people and westernized people. So by not being able to change their situation or leave they become a part of the shadows of the country, that is very seldom looked at, appreciated and recognized. This is the danger of society that we fall into. This is the failure of responsibility of our society, our state and our nation.

I quote the first ever Aboriginal and Torres Islander Governor in Australia, Pastor Sir Douglas Nicholas, of South Australia who said on the National Day of Mourning event in 1938, 70 odd years ago, "Aboriginal and Islander people are the skeletons in the cupboard of Australia's national life. Outcasts in our own land".

So what have we created here? We have created a sub-culture within our very own communities, under our very own noses and yet, we still generally tend to turn the other cheek and pretend that we do not see or hear or want to see it.

Why? Because as a society we care as long as it does not affect our life. Not our problem perhaps. But while this attitude continues and while the ignorance prevails, we commend members of our community, our country, into a state of emptiness. Sometimes our broader community is not even aware of what they are doing to our people.

I quote Stephen Biko, South African Activist, leader of the Black Consciousness Party, "White people must be made to realize that they are only human and not superior; and black people, we must be made to realize that we are also human and we are not inferior".

So what is Indigenous environmental health? The question that has been nibbling in the back of my mind, since I have been invited to speak, to me it is a holistic approach to managing, understanding and comprehending wellbeing and pride.

It is not just about ensuring basic life-sustaining elements to remote communities which include water, sewerage, rubbish, pest control, vector borne diseases, housing, personal and community hygiene, dog health. It is inclusive of all of these, but I also believe it is also about the mental wellbeing and social wellbeing of our people, let alone primary health for people and in particularly Aboriginal people as immaterial.

A very old quote that was written 431 years before the birth of Christ, written by a man called Euripides who said "There is no greater sorrow on earth than the loss of one's native land". I also add further this quote that I found in some history books written by a white Western Australian pioneer, written in 1833. He said "Think not that the Aboriginal inhabitants of Australia, offspring of the same parent as yourselves, and partakers of all the kindred feelings of a common humanity, can resign the mountains and the seas, the rivers and the lakes, the plains and habitations of their fathers for generations to a foreign foe without the bitterness of grief".

Professor Fiona Stanley says the history of colonisation and its aftermath of the forced removal of children has been the most significant reason for today's picture of Aboriginal health and other

problems. The evidence is overwhelming of the effects of loss of culture, land, voice, population, parents and children. Aboriginal psychiatrist, Dr Helen Milroy who said "So many aboriginal children have a wounded soul from the layers of grief and loss, yet, so many of these children can still experience the joy in life and warm our hearts".

We must own our past collectively, because a kindred spirit a broken soul and a broken heart will continue to undermine the great investment that has been put into Aboriginal and Torres Strait Islander health, including wellbeing, healthy living and environment.

We must heal our Indigenous communities, we must heal our nation. Many people say "our people should get over it and move on". This is a denial. This is a failure by our nation to embrace and acknowledge the suffering imposed on Aboriginal and Islander people. Native title rights is a key here.

So why do we need to heal the country, its people and Indigenous people and their environments? Because, as per this very appropriate quote that touched me and I have been carrying it for a few years, said by David Seegar, a Koori warrior. He said "Lateral violence teaches people to just disrespect and deny the rights of an oppressed group to destroy the values and beliefs. Practitioners will engage in infighting, fault finding and scapegoating. Raising the stakes of competition via jealousy and envy. The attacks are made upon those who already possess low self-esteem, and the attacks lower as they think they become objects of unworthy or respect. They fail from the inability to recognise themselves as a human being. They become convinced that the oppressor owns them and often the oppressor does own them including through financial dependency upon welfare and person dependency on drugs or alcohol."

The key to a greater understanding regarding making a difference for me is we need to be creative and strategic in getting the message through to our people. Our people are ignorant of many facets, they are overloaded with comprehension of the rules to understand the many factors of having a healthy lifestyle and a healthy living environment.

An example: Dogs are family to our people. So historically we do not disrespect the dog by treating it badly or demeaning it. So the pests affecting the dog and the state of the dogs health is overlooked due to this respect.

Our people have never been educated in the basics of hygiene, but we expect them to understand the basics of home maintenance, keeping wet areas clean and disinfected. Germs and bacteria for example is foreign to our people as they are things we do not see. So when one does not see the potential of sickness or infection, it is not looked at as a danger to children, elders or oneself.

Awareness and education is the key.....In the book *Why Warriors Lay Down and Die* by Richard Trudgeon says, "Only dialogue, which requires critical thinking, is also capable of generating critical thinking. Without dialogue there is no communication and without communication there can be no true education." So we must engage with our people and teach them. Not enforce

rules but to encourage reducing limiting sub-standard living conditions that are too often experienced in remote communities. Our goal to improve living conditions of our Indigenous people and reducing the disease rates and produce healthier communities must be also inclusive in a very humorous but laymen's manner of getting them to understand. I add also that some of our people have been educated, thanks to churches and missions in domestic maintenance of homes, families and communities and many have not been educated. Why? No explanation, but generally just a taught behaviors.

H G Wells said "Human history becomes more and more a race between education and catastrophe".

Remember in our traditional state we were nomadic in the environment. Hence why there is a lack of understanding today in this day and age. Today we talk about personal hygiene, like showering. We use some of the best quality soaps and bathing oils. But are we really just washing off radiation protecting body oils exposing skin to the sun? This allows the potential of skin cancers. I use this as an example to express that the natural behaviors that our people practice was not really unhygienic, but considered as unhygienic because of our education into Western concepts of hygiene.

The Aboriginal body and lifestyle had been designed to live with the elements that make up our country. This has been inherited through thousands of years. Today, we expect Aboriginal people to live in a reserve and community and government housing. But our people generally have never lived in one place in their country.

A house is like a cave, a man made cave, and when the sun does not reach in and with wet areas that does not have sunlight, then kitchen areas are accessible by collectively people, kids and animals, we have created a new haven for germs, bacteria and negative hygiene that allows for other introduced sicknesses to morph and become entrenched.

It is assumed that all Aboriginal people understand. I once created a DVD script idea to promote awareness of germs and bacteria and basic environmental health issues, in fact, I have a couple of copies here if anyone would like to grab them later. I submitted this to various health organizations to no avail. They did not seem to see this as a priority. I think it is very bad not to recognize this.

I am presently working on a DVD regarding patients first. Aspects of leaving home to go to the city for medical attention. This is also well overdue. The point is our people do not understand. We must act now and move forward with no obstacles if we really wish to close the gap.

I travel throughout Australia promoting many aspects of health and wellbeing into very isolated communities. The message and the power of this beautiful woman I work with, Mary G, is to bring important messages and making people aware of tools that are available, like Mary G.

This is not a commercial break. Promotion of important messages that are culturally appropriate will give the appropriate outcomes. I travel consistently to the Northern Territory and to Queensland,

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Far North Queensland, in fact I am going back there in June. It will be the third time, courtesy of Queensland Health who sees the value of the character in bringing peoples understanding to their wellbeing and mental health. Now they have invited me to go to Palm Island in Queensland to solve Palm Island's problems.

It is a huge burden and responsibility to put on me or Mary G, but to me it is hard to her it is easy, maybe because she is a woman.

Friends, I have a high success rate in getting the message across to aboriginal and Islander people through the unique ability of the character Mary G. Her acceptance by little children, youth, mature age and elders is a phenomenon. We have won many awards for this work, not to mention credibility. I encourage you all to consider Mary G in the landscape of Australia and her ability to get the message across.

Throughout Northern Territory, Far North Queensland, Central Australia, Metropolitan Areas, Mary G and my company has the ability to present on many forms of live appearances. Our people love to laugh and Mary G has presented credible, successful awareness messages and campaigns for anti smoking, healthy eating, empowerment, general checkup, bi-genders, cyclone cleanup, wellbeing, sexually transmitted infections and diseases, domestic violence, incarceration, education, elder respect, culture, anti alcohol and so on.

I would like to again wish you all good luck at this conference and I am happy to talk and engage with people after this and the use of using Mary G for greater awareness, wellbeing and a better health in a changing environment for our entire mob and our country. We can do it together, in partnership with each other, I think that as I said earlier, everything is linked from native title, to housing, primary health, mental health, environmental health. It is all linked, you cannot support one without the other. We must not just think about what things will be like in one or two years time, but what they will be like in fifteen, thirty or even fifty years time.

The investment put in now will show a thorough outcome in the future. Not slums, poverty, disease and sickness.

I have prepared some stuff for the screen to talk through in a relaxed way. I was going to prepare a dynamic powerpoint for you,

Firstly, that one kind of says it all really about our Aboriginal and Torres Strait Island peoples wellbeing in this country.

First you have the old man sitting on his rocking chair. I remember when the old black man could get into America was to clean up the mess that the white folks had made. That was the only job a black man could have.

The guy sitting there with his banjo, I guess some things never change. I think that is very relevant, at the end of the day the government can throw millions and millions of dollars and servants of government can put all sorts of programs and policies in place, but at the end of the day we have to educate our people, to get them to own and be part of our own destiny.

For those of you who are not aware, two powerful tools quoted from

Why Warriors Lay Down and Die and these two, the book and the DVD I find are very powerful tools, in particular for non-Indigenous people to learn and understand the ways of communicating including Aboriginal people who come from other areas who have not been exposed to culture and understanding as well can learn from this book.

The DVD Kanyini an amazing tool for people to understand the psychic and the mind of Aboriginal Australian, particularly people who have been taken off country and of course the Stolen Generation people.

That certain parts that make us who we are as Aboriginal people, language, culture, identity, country, when you remove from that then you just become lost. That particular DVD really captures that and Bobbie Randall who wrote *Brown Skin Baby* captures that really really well. It should be sent around to Government, to all ministers for health.

I quoted there is no greater sorrow on earth than the loss of one's native land. This I presented at the Mental Health Conference in Perth about 8 months ago. Mood swings in our people - sometimes our people have got the worst temper and all sorts of things effect environmental health that they live in. The state of the environment that they live in.

I stated that quote and I think it is spot on. Sometimes we see children happy and running around and feeling good, but a lot of the times it is a pretty false view of what is actually happening in the mind of the child. That goes for elderly and middle aged people as well.

This slide I found in Queensland, in an isolated community clinic. What brings us down, our people? What are the issues? What makes us spiritual, social, family, mental and emotional? You take the spiritual, breaking the law, cultural troubles all these things that make up the state of mind of our people. Our people kind of have a burden that is on them all the time 24 hours a day. As a nation I am talking, particularly non indigenous Australians have to understand what our people are going through every day of our lives. Even if some of them are sitting, smiling, laughing, non-Indigenous Australians live in a different world. As most of you would know as Aboriginal people, bilingual thinking in our communication, we talk one way to our people and we change when a white bloke comes along.

The living zones of every day Australians you have got your private zone, you lock the door and that is your world. Then you have your professional zone, where you go to work, engage with the world, on a professional level. Then you have your community zone, your local non profit organization, club or society that you may be involved in. That is the world of most Australians.

Escape and time out - that is the message in there.

People can go back into their homes and shut the world out and say "I don't want to know about what is happening at work and I don't want to know what is happening at the club, I am at home, watch TV, have a beer and relax". The private home zone is the most important place for you to have time out to escape. Look after your

wellbeing.

Home zone is all the one thing, you don't knock off, you go back into your home, someone comes knocking at your door, can you lend me \$20 to buy tucker for the family, can you mind the kids, whatever it might be. You guys know most of those issues and that is the difference between the western culture and Aboriginal culture. We cannot separate them, all those zones, because of who we are, hence why we have heart problems, sickness, and environmental health issues. All the one thing.

Mood swings come in with an overload of thoughts, issues, responsibilities, trials, tribulations, low self esteem; they are all stirred by the conditions imposed on our people which leads to major primary health issues. Living in one zone is the major contributor, there is no time out at all.

So back to that graph that I found, what keeps us well, spiritual, family, social, mental and emotional, it is all still there. Basically, spiritual, law, elders, social, country, physical, good tucker, family, friends, hunting, fishing, work, hobbies, sport, change, mental and emotional, know your illness, counsellors, know your early warning zones, positive thinking, flip charts, changing plans.

What destroys us and what keeps us strong: spiritual, physical, family, social, mental and emotional and you could add in there the other leaf the environment. This is all one, or maybe it's the stem that holds the leaves.

I will give you a quick intro to Mary G again. Mary G was formed as an absolute accident on radio one night in Broome I started to get bored in myself in the studio so I started talking to myself in this woman's voice. This was back in 1992. Whilst I was doing that show people in the community were saying "who is this woman?", "where is she from?", "we have never heard of Mary G before". Then we went national on radio and then people wanted to see the character live that was the hard part with connotations of homosexuality ... I thought I would just stay on radio then people started hassling me, someone wanted to make a TV commercial with this women and communities wanted to see Mary G live. So I started to dress up, shaved by beard and mo off and grew my hair longer. I was never into drugs or alcohol or a wife basher and I realised that the character had power and with that power came responsibility for respect for Aboriginal women. When I first started the character some women said I was offensive to Aboriginal women so I was happy to not do it any more. Lo and behold those women in the community from Beagle Bay and Broome told me to keep going and I wasn't sure if I should keep going as some people were offended and they as "who?" and I said "oh such and such" and they said "Oh don't worry about them they weren't even black when they were young!" That was the turning point for me and I thought I would continue and I have never had an issue ever since. What it has done is to touch a lot of Aboriginal women around the county from many languages cultures and country.

So using the arts I can strike a cord to bridge the gap and by using humour people feel good about themselves and using black humour as people relate to that. Thank you everybody.

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WASTE MANAGEMENT ON APY LANDS

Trevor Adamson, APY Lands, Anne Prince, APC Environmental & Tony Davies, Davies Consulting Services

Anne: We are going to do things a little different.

Trevor: Firstly I would like to say thank to the Wongatha people for having us here in their community here and I just want to sing one of the songs translated from Waltzing Matilda.

I would like to pay tribute to past and present owners and also to the South Australian Department of Health who have paid our expenses to be here to share the information we have today about the waste management project on Anangu Pitjantjatjara Yankunytjatjara (APY) Lands. I can't sing, I can't dance but hopefully I can share a little bit about what we are doing on the lands with you during this presentation.

For those of you who may not be familiar, the APY Lands is an area of 105,000 km² located in far north-west of South Australia, in which 3,000 people are living in 13 main communities and about 30 homelands. The area is between 400 – 900 kms South West of Alice Springs and is significant because in 1981 the Land Rights Act gave these communities self-determination for their land. The APY is actually managed by its own Lands Council and the Council is made up of a chairperson from each community.

Waste Management on the APY lands has been neglected for over a decade, and is inappropriate and something needed to happen – the SA state government and Commonwealth have joined forces to fund a Regional Waste Management Priorities and Implementation Plan for the Lands. The objectives or the aims of the Waste Management Plan is to reduce waste on the lands, to increase the recovery or recycling of resources and to improve land management. The deliverables were very clearly articulated to us; government wanted realistic, practical, affordable recommendations with an action plan of how to improve things over a span of 5 years. The focus was to maximise training and employment opportunities on the lands and to create partnerships with other agencies and organizations.

We had to review how waste is collected and managed on the lands. Some particular waste streams were specified that needed attention including old motor vehicles, scrap steel, paper and cardboard, beverage containers, waste building materials, used oil, lead acid batteries and tyres.

We were also asked us to investigate the introduction of the deposit system that has operated in South Australia (SA) for the past 30 years where a 10c deposit is paid on all return of all cans and bottles of beer and soft drink and beer as a litter control measure. APY is part of SA yet for some reason for 30 years that deposit system has never been operating in the lands.

In addition to the collection of waste we also need to look at landfills and to develop a Landfill Guideline which considers siting, design, management, maintenance, closure and post closure management strategy. None of the landfills are licensed by the SA EPA and government are seeking guidance on budget and

financials for both capital expenditure and prioritise a landfill improvement plan and ongoing operating costs. Basically, how do we get from where we are to where we need to be, how we are going to get there and what it's going to cost.

In May 2007 I asked if I could do an initial scoping visit to the lands as I had never been to the lands and I wanted to know what I was getting into before I agreed to do it. It is the most stunning beautiful countryside. We went to the APY Executive in Alice Springs in August 2007 to seek approval to do a waste plan for their Lands. We then submitted a proposal and got the funding approved. Trevor Adamson is centre piece of our team. He can sing, dance and is our translator and guide and he is very good friend. Tony Davies, well known to many of the local indigenous people and has worked on the lands for 30 years, he is an engineer and has been responsible for installing water infrastructure through the lands. He is my water and landfill guru. My role is trying to facilitate improving the collection, recycling and separation of materials.

With my local government back ground I was thinking about how I'm going to collect the rubbish and Craig Steel from SA Health said to me "No, you have to get it out of the house. You have to get them to manage it in the house" So that's where we are starting the project right back in the house trying to get rubbish in garbage bins in the kitchen rather than traditionally thinking about how I am to pick it up, where am I going to take it to and how am I going to get it there.

We did a lot of community engagement with the Municipal Service Officers (MSOs) who manage the community and the Essential Service Officers (ESOs) who manage power, water and sewerage, the schools, clinics, Community Development Employment Program (CDEP), the stores about what happens now and what their thoughts were on what they would like to see happen in the future. We talked to the chair people, we talked to the white fellas that run these places but I wanted to go and talk to the community and that's what Trevor did. We held community BBQs in every community to provide an opportunity for Trevor to talk to the community. Trevor had a picture book that we went through about talked about what we are doing now and what we would like to do in the future. All of this is contained in a interim report with 40 recommendations. We now have the funding to precede to the next stage. Now Trevor is going to talk to you about what happens on the lands now.

Trevor: Following up I just want to say a few things about what happened in 1996. The Government gave the communities \$1 million for trailers for the stores and the community and homeland people living in homeland trying to clean up rubbish, new trenches dug for rubbish and toilets (bio-solids) and wheelie bins for houses, the art centre, the school, clinic and public places in the communities were introduced. Then 10 years later all those trailers broke down and trucks were not working but wheelie bins were accepted because they were good but some have no wheels. Some communities were using the truck on community work but the trailer is better than using the truck because young people don't 'ding' it. There are no fences around the dump, plastic is not really good for people's health and a lot of rubbish is blown away from the rubbish dump.

Later, government was looking at the waste oil and putting a collection area in every community and 30,000 litres of used oil has been removed out of the Lands. A new garbage truck was given to one community and some of those other communities are trying to tidy up the rubbish dump so they can put in separate areas cars, batteries, timber, tyres and metals rather than dumping it in one the rubbish hole and putting in a way so people are able to use it.

Anne: So in our report we recommended that some things can be done immediately and some things we need to see if they will work and we need to do trials on. We suggested that a car removal contract be let - about one car dies per day on the Lands and about 5,000 are now on the lands scattered in and around communities. Wheelie bin stands be provided in public areas and schools in all communities to stop the horses, the donkeys, the people and the dogs from knocking them over. Because if the bin gets knocked over no one wants to pick it back up and put it into the bin so we were going to try and stop the bins being knocked over in the first place.

We want to do a waste and litter audit to find out how much rubbish is on the ground and how much rubbish and what sort of rubbish is in the bin so we have baseline data of what we have now so that we can compare it to what's happening in the future. KSABC – the Keep South Australia Beautiful Council have done a fantastic job doing community clean-ups and that is a ongoing rolling program and they have separate funding for 3 years.

The other thing of course is education. The schools are the cornerstone and KESAB has a 'waste wise' program that they are using in the schools. Trevor has done all the translations for posters and stickers to tell everyone what we are doing and why things need to change. We are using the local radio and a locally written 'rubbish song' and interviews to provide updates about what is happening and announcements about when to put your rubbish out. We are also hoping to use local television for some advertisements.

In terms of the trials we are putting all these trials into different communities. We thought about putting all the trials into one community and then we decided that it was probably too much for one community to have. So we are spreading out the trials so every community has at least one trial and some communities may have more than one trial.

The first trial is to to install house bins or to give one community bins for all their homes and to see how that works and to trial different sorts of bins to see if some bins are better than others. These bins will be emptied into the garbage bins which they already have. We will be installing bin stands, like we have in the public areas, by attaching these to the front fences of each house, so that the bins do not get knocked over by animals or by people in an effort to try to reduce the amount of litter in the communities.

We are then going to introduce a monthly bulk waste or "big rubbish" collection as most of the people do not have any way of getting these big rubbish items to the tip and they are not picked up by the normal rubbish collection. This was a suggestion that came from the consultation we did with the health clinic staff -

they would like to see the yards cleaned up on a regular basis and this is one way that we can do that.

Waste collection; we are looking at whether the trucks or purpose built trailers are the way to go. The truck we are going to use is the new one that has already been provided and we are buying two purpose built trailers so now instead of using box trailers which will maybe move 6 bins at a time we are looking at a low car trailer type that will move 18 bins at a time. The bins are put on the trailer using a ramp and then the whole bin and rubbish taken to the dump and emptied.

Dry goods to the stores come wrapped in heaps on plastic shrink wrap so to reduce that we are seeking to use fully enclosed secure reusable transport cages that can be used to transport goods in to the community and backload items out - reverse logistics back into Alice Springs. At the moment everything comes into the lands but nothing goes back out. The local transport company, ABC Transport, are willing to help us do some reverse logistics of items back out of these communities.

Currently, all of the cardboard from each store goes to the dump and is the main fuel for fires. So we are going to put in a cardboard baler to bale the cardboard and then take it back to Alice Springs and then to Adelaide for recycling. We are also introducing a deposit system in a couple of different communities and trialling different ways of doing it. In one location it will be through the school, in another using the CDEP people where a small depot will be opened and people can redeem the cans and bottles, receive a piece of paper with the amount of money that can be cashed in at the local store. Some of the proceeds will go to the individual who picks the rubbish up, some will go to the school and some will go to a sporting group. We are proposing different models to see which one we think is the most appropriate for the Lands. We will be using wool bales and also buying a purpose built trailer mounted baler to bale the cans and plastic items to reduce size for transport from the communities back to Adelaide.

We are looking at separating waste for re-use and recycling, waste metals, car batteries, timber, electronic waste, chemical pool containers; some of the communities have recently had pools installed and now we have a whole new waste stream which is the 20 litre drums of pool chemicals.

We are proposing two different trials for stripping of cars and white goods; one using CDEP and one using a family enterprise model whereby the proceeds of the value of the scrap or the value of the spare parts goes to the community or family that actually does the stripping of these materials.

We are currently getting memorandum of understandings signed off by all the stakeholders who will become the custodians of the equipment or who are required to assist us by completing surveys sheets to measure and monitor how the programs go. We are currently buying equipment and will then be implementing measuring, monitoring and evaluating over a 6 month period from June to November, 2009. We will be undertaking monthly field trips, both Tony and I separately and together just to keep things moving and to identify challenges and problems that may occur so we gain the knowledge and information of how things are working

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and if they are not working why and how they are not working. There has been a governance process put in place as to what the reporting mechanisms will be; there is a steering committees and all the funding agencies are involved with regular meetings of all the key stakeholders to report progress made to date.

This project is about trying to change behavior and create cultural change rather than putting engineering type solutions in place. Our final report with go to government in March 2010 and that will identify the 5 year forward program of what money needs to be allocated for what tasks and priorities.

I certainly hope and I am sure that Trevor does as well that we can maybe report back on the progress that we have made at your next conference in Darwin in 2011.

The other project I am working on is also a landmark project - a pilot project on Warraber Island in Torres Strait which has a whole totally different waste stream, totally different challenges including a whole range of quarantine issues to deal with moving materials from one Island to another or from one Island back to the mainland. We are looking at putting a significant composting program on Island for all the organic waste - food, garden and cardboard. So it would great to come back and talk to you about both of those projects and our lessons and our experiences that we learned from these projects.

Thank you for your attention.

Q. Anne, you mentioned that there was 30,000 litres of oil removed what was the source of that oil? Was it all from motor cars?

A. No, it was all from power stations. Recently a number of the eastern communities have just gone onto a central power source so the majority of that is on a centralized grid and the old generators are obsolete .

Q. Isn't that the responsibility of the power company to remove that?

A. When you are that far from anywhere and no one is looking, who is going to know if it's still there or not there? There is a whole range of inherent problems when no one's watching what is going on, and anything's going on! So what we are trying to do is see what is actually happening and then put in programs to try to manage the waste streams that are there and eliminate them in the future.

Q. If the present scheme isn't working there must be a lot of money there for someone to take those cans back to Adelaide?

A. The deposit system has never been introduced on the lands in 30 years and nobody in government can actually tell me why the APY lands were never part of the deposit system. The litter audit and the waste audit we do will give us some indication of the amount available and we know what the unit sales are through the stores. What we need to find out is how much of what goes in we can actually get back out though a voluntary collection program and that's why we are looking at whether it should be the individual or

the footy club or the school that are the beneficiaries of the funds. In different communities the communities have told us different things - some communities want it to go to them, some want it to go to the school and some communities want it to go to the footy club so we are working with whatever system the community want and where they think the money should go and the see how it works. They have said that's what they want so we want to see if that really is what they want when it actually happens.

Q. I would like to know how you went with the community engagement side of things? Did you get a lot of interest in the communities like you have mentioned about doing BBQs and you used their own language?

A. We had a BBQ we get everyone to the BBQ and then we have a community meeting. So we feed them they all sit down and then Trevor was out the front talking to them, basically going through these slides and showing them and telling them what we want to do and asking what their thoughts were. Then at each community at the end we would then say to them these are the trials we want to do, which trial would you like in your community? That's how we allocated trials to different communities so we are putting things in communities that they wanted - a number of communities all wanted the same things but pretty much they were happy to have different ones. This is how we have done it is that how other programs have worked or do you think this has been a different way of doing it to other projects Trevor?

Trevor - This is how we do other things as many people see all these people (consultants) coming in and don't get an opportunity to talk to them so this is how I decided to do it so we get a lot of people from across the Pit Lands to come in and listen and talk about waste management talk about it.

Anne: Out of the 3000 inhabitants I think we spoke to about 600 people attended the BBQs so that was significant community engagement and consultation. We did the posters and everything was in translation so everything was in language first, and English second and much smaller font than language. The 2 posters that we did were put up everywhere so if people couldn't come to the meeting they could read about it.

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DEALING WITH ASBESTOS – BAGOT INDIGENOUS COMMUNITY CLINIC

Barbara Klessa & Christopher Blow, Northern Territory Department of Health and Families

Christopher: I really appreciate the opportunity to be able to speak here today. And I acknowledge the traditional owners for letting us get up and talk about environmental health conditions and issues in our communities. I originally came from Queensland and I've travelled all around Queensland but now I live in the Northern Territory where I have been living for 12 years. I live with a desert woman and I see a lot of her family and other Aboriginal people living in terrible, unhealthy conditions and that really concerned me so that's the reason I got into environmental health. Maybe through me and through other Indigenous people practicing environmental health and working with main stream EHOs we can help alleviate some of the health issues associated with Indigenous people.

I'm a student at Batchelor Institute, studying to get my degree in environmental health and I also work for the NT Government with the Department of Health and Families in the Environmental Health Section. I am very grateful for this position and it was made possible for me through the National Indigenous Cadetship Program and Environmental Health Darwin. So am still only learning all facets of environmental health which there are so many so I am not any kind of expert yet so today I am just going to try and get a message across to you through this presentation about one of many environmental health issues that you come across in the urban Indigenous town camps around Darwin. Any way more Indigenous EHWs and EHOs are important for better health in this changing environment.

Asbestos and Indigenous Communities

The majority of the old NT Indigenous communities that exist are former church missions, old and obsolete. Some of these buildings are still being used but most are derelict and prone to vandalism and destruction by severe weather conditions such as cyclones and thunder storms. Also structural damage from termites. This poses a public health risk where people could be unknowingly be exposed to asbestos fibres. People who live near these buildings or children who play in them are especially at risk to being exposed. There are also a lot of homeless people in Darwin who have come into town from communities for various reasons and they congregate in a lot of these old buildings. One of these particular buildings was the old Bagot clinic and hospital and Bagot Aboriginal reserve in Darwin. So I am mostly going to talk about this building and how it became an environmental health problem as well as a social problem for the people that call Bagot home.

Firstly we need to look at the history of the Bagot community to get an idea of what Darwin, NT and Australia was like for Indigenous people of the era. The traditional owners of Darwin are the Larrakia people and respect goes to them in the context of this presentation. The early 1900s was when Darwin was expanding as a frontier town and there were many different races of people there. As one historian quoted the 1930s the number of Aborigines

residing in Darwin steadily increased there was public pressure to get them and mixed race children out of town. So this is when a reserve of land 6.5 km out of Darwin town was proclaimed as the Bagot compound for Aborigines. On this compound, a model village for Aborigines, a medical clinic with two large wards and an administration office was constructed. This is the old Bagot Hospital. Around the same time World War II was encroaching on Northern Australia and as the army for desperate for hospital space an order was given to clear Bagot compound of Aborigines. These people were sent back to their traditional countries or moved across Darwin harbour to a new settlement. The Bagot hospital had 258 patients during the war. After the war Bagot was returned for Aboriginal peoples use and the hospital and clinic was again operated by Government Agencies.

After many years use louvered glass bays for cross ventilation and light and the roof was lined with corrugated asbestos tiles and asbestos ridged vents to the main beams. Now only the concrete walls and floor stand.

So over the years this building was just sitting it got neglected and vandalised and the extreme weather conditions of Northern Australia really damaged the building and it slowly deteriorated. Then on the 4th May 2007 the Community Development Officer for the Bagot Community wrote to the Minister for Health requesting funding to assist in the removal of the asbestos from the old building because he was a concerned about the broken asbestos lying around.

Environmental health was contacted and a public health assessment was done and this assessment advised that all broken and loose asbestos sheeting be removed to prevent risk to public health. The health risk where asbestos fibres could be blown around by strong winds or people. Environmental Health Darwin then wrote a letter to the Bagot Community requesting that the Bagot Council as a matter of priority should clean up the asbestos. Two months later Environmental Health again spoke to the Community Development Officer and requested that a robust cyclone fence and signs warning about asbestos be erected around the site. By November 2007 a fence had been erected and the Development Officer advised that the fence was working and there was an increase awareness within the community about the dangers of the building. This action was a short term measure to minimise the health risks but the asbestos was still on site.

There was a lot of further meetings between the Bagot Community and various government departments trying to work out a final solution as the problem could only get worse with the more cyclones and with the building just deteriorating more.

But this building had significant historical value to the people of Bagot and the Community Council wanted to preserve as much of the building as possible for future use. This was when we at Environmental Health could issue a formal public health notice to the community council to remove the health risks within a specified time frame or the other option was for the Bagot Community Council and government departments to work together finding a viable solution.

We at Environmental Health are in a precarious position with

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regards to dealing with these types of asbestos issues as there is no distinct policy on resolutions. Plus there is a considerable overlap with roles of other agencies such as the Environmental Protection Agency (EPA), Worksafe NT, Indigenous Housing Organisation and the Darwin City Council all of these organisations acknowledge that asbestos issues have ministerial implications. So the Bagot Community Council wrote to the Health Minister to help them clean up the asbestos and they had a lot of meetings with various Government Departments. After the meetings the Minister engaged an independent engineer to determine what was best for the building. The engineering company reports stated that the building was so badly vandalised and neglected that the only practical solution was total demolition.

The Minister urged the Bagot Community Council to fully demolish the building and offered them the funds to have the building demolished; they just wanted the asbestos problems removed. The Bagot Community Council decided to pursue other options as they wanted to retain as much of the building as possible for its cultural and historical value. The Health Minister put a lot of pressure on the community to accept the offer or the money would be withdrawn. He also tried to play the guilty conscience card on the community by saying that your letter indicates that the Bagot Community Council now accepts all liability associated with this building and the potential health threats it poses. He also goes on to say "I once again urge you to consider the potential health risks you may be exposing the Bagot Community to through your ongoing indecisions" so once again we have Health Minister who lay the blame onto the Indigenous communities for their government's inactions in providing the appropriate service for people's safety on our communities.

This building would have been sitting and deteriorating for many more years if it wasn't for the concern shown by the community and the Development Officer. I don't think the Minister for Health was concerned about asbestos and the people of Bagot. Prior to all this happening the community had already signed a shared responsibility agreement with the Federal Government in August 2005 and this agreement was finally implemented with the help of the local government in Darwin and it was used to resolve the issue.

The buildings foundations were preserved, and all of the asbestos has been removed.

So I believe that if environmental health is made to be more of a priority on all of our communities and more Indigenous EHOs are trained to liaise much better with the government service providers then and communities that they represent then these serious health risks can be spotted earlier and rectified.

The Indigenous community councils that have been underfunded neglected and mismanaged won't then be the ones to blame for the many high levels of government's failure to deliver equity in all areas of health services to Aboriginal people.

So it is now known that asbestos is a serious health risk on a lot of Indigenous communities and we as environmental health Practitioners have a commitment to prevent these health risks. Education and awareness needs to be provided to the many

communities that come across asbestos and for the communities they work with. They are confident and have strong negotiating skills. The unnecessary government bullying and bickering could be avoided with well informed Indigenous EHOs who know how to communicate and liaise between all parties. So it is important that we train more reliable hardworking Indigenous EHWs and EHOs on our communities. We can then monitor asbestos and other environmental health problems and work with the mainstream EHOs who are trying to get around these problems to find more solutions. We can then educate our communities about this asbestos problem and other very important environmental health issues. Our knowledge and awareness could create harmony between divisions and a healthier safer environment for our people in communities. Thus creating better health outcomes in a changing environment. Thank you.

Q. You have those photos about it being safe and ready for the future. Does the Bagot Community have anything planned for what they want to do with that site now?

A. They want to make a cultural centre. There is also an historian that has become interested in it he works as Charles Darwin University and they have been doing some work there because it was also the first Darwin hospital. So there has been quite a lot of talking about the future.

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REVIEW OF THE ABORIGINAL ENVIRONMENTAL HEALTH TRAINING PROGRAM

Adam McEwen, Northern Sydney Central Coast Area Health Service & **Stephanie Smith**, Aboriginal Environmental Health Unit, NSW Health

Adam McEwen: Thank you everyone and welcome to this afternoon's session. I will start off by acknowledging the Wongatha people, whose land we are gathered on here. Stephanie and I are going to present this afternoon about the review of the Aboriginal Environmental Health Training Program run by NSW Health. I will begin by giving you a background of the traineeship program.

In 1995 the NSW State Government convened an Aboriginal Environmental Health forum to address some of the problems of environmental health issues in Aboriginal communities. One of the key activities was the development of a training scheme for Aboriginal EHOs.

The trainees are employed full time and work within public health units alongside other public health professionals. The trainees undertake a degree through the University of Western Sydney by distance learning which usually takes between 5-6 years. Whilst studying the trainees are entitled to study leave up to a maximum of 2 days per week during study periods and are granted 4 weeks per semester to attend compulsory residential schools. The trainees are guaranteed 2 years employment in the public health unit post completion of the degree.

Now a background of the review and how it came about. The training program has been running for over 10 years whilst there has been quality improvements along the way there have been no formal review. The purpose of the review was to assess the effectiveness of the program and to identify strategies to maximize the benefits of the program and to ensure its long term sustainability. The review intended to examine workplace issues, program management and the tertiary education elements of the program. From there the review was divided into two stages.

Stage 1 focused on research and consultation with key stakeholders. These stakeholders being trainees, graduates, former trainees, program managers and directors of public health; basically anyone who has anything to do with the running of the program.

The consultation involved interview with these stakeholders to determine what was working well and where improvements could be made.

Stage 2 of the review focused on the long term sustainability of the program.

Within Environmental Health in NSW Health Aboriginal graduates and trainees now make up 17.6% of the workforce. NSW Health has a target of achieving a minimum of 2% Aboriginal/Torres Strait Islander representation across its work force. So 17.6% is something to be proud of. It is important to note that before this training program there was no Aboriginal people employed in NSW Health in the environmental health sector.

A total of 24 trainees have participated in the program. The program has yielded 8 graduates. The program is the only one of its kind in Australia and possibly the world.

The stake holders interviewed were positive about the value of the program and saw the need for it to be continued and possible expanded. However, the review did find that the program was expensive to operate compared to other training programs and because of this NSW Health needs to find better ways of capitalizing on its investment by ensuring greater levels of permanency in employment for graduates within environmental health or within the health system.

The review identified there has been a degree of confusion about why the program operates and what it hopes to achieve. It recommended a program logic be developed. This will allow NSW Health and all the stakeholders to be absolutely clear about why the program exists; and it provides for a shared understanding that the ultimate aim of the training program is to achieve improved health outcomes and increase the lifespan of Aboriginal people. So how do we get there?

The short term outcomes that are happening as a result of the program are that there is an increase in the number of Aboriginal people employed in the environmental health workforce. As a result of this we are getting increased engagement in the Aboriginal communities by environmental health and all sections of public health.

Medium term outcomes as a result of this engagement; an increase in workforce is that we are seeing improved environmental health condition in Aboriginal communities which hopefully will lead to the ultimate outcome of Aboriginal people having improved health and longer lives.

Stephanie: We asked the consultants to outline what they saw as the strengths of the program. Probably the most significant was that trainees have helped to focus or re-focus the work of the public health units on the environmental health needs of Aboriginal communities. Trainees have initiated dog programs, undertaken water sampling and have initiated the number a health promotion activities such as 'Mr Germ'. However, one of the key things we need to be cautious about this is that the trainees should not be seen as the only link with communities. It is vital that we develop ways to ensure all environmental health officers feel confident in developing links with communities themselves.

The consultants also recognised that NSW Health had developed some good work supports for trainees and supervisors over the past ten years. These have included the competency assessment guide and process, that aims to ensure trainees develop all their workforce competencies. We have also developed a traineeship manual that outlines the funding responsibilities of the NSW Health Department and the Areas Health Services and the responsibilities of supervisors and trainees. The trainees have developed an orientation manual for new trainees coming into the program and there is also a very strong Aboriginal environmental health network that meets on a quarterly basis.

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The review identified that the University retention rates are comparable with all other Indigenous people undertaking tertiary studies; which is around 42%. However, over the last two years we have had 100% retention rate in trainees which is really significant and all the trainees are passing their University subjects. We put this down to a range of reasons; including better recruitment processes, and improved arrangements with supervisors. However, one of the key things trainees have identified in the review is that strong peer support mechanisms exist, that continue to grow and develop. Currently there are 5 graduates working in the NSW Health system and we have 7 trainees. The trainees and graduates throughout the process have been able to provide new trainees with individualized orientation. This has included trainees and their families, recognizing that it is a long commitment to being involved in the program up to 6-8 years. Families need to be aware of this level of commitment and we need to look at ways that we can support them to support the trainees.

While we have a comprehensive competency assessment process it is really important that we look also at other broader work experience opportunities, including in other government departments and local government. We also need to look at developing a more structured mentoring program. At the moment there is quite a lot of good informal peer support networks but the review recommended that we tap into other programs such as those run by the Department of Premier and Cabinet. We also need to provide supervisor training. While we have got quite experienced senior environmental health officers we can't assume that they are adequately skilled in managing trainees.

If the program is expanded it will be important that resources within the Aboriginal Environmental Health Unit (the unit that manages the program) are increase to ensure its effective administration.

Adam: Some of the employment or workforce issues that were identified within the review. NSW Health Aboriginal employment strategy is a State policy aimed at increasing the Aboriginal and Torres Strait Islander representation in the work place. Its goal as I have mentioned previously is 2%. At present the overall percentage of Aboriginal people in the NSW Health workforce is 1.6%. We are currently at 17.6% in the environmental health workforce. Again it is important to note that at the commencement of the program there was no Aboriginal people working in Environmental Health. So this is quite significant.

The issue of most concern for the trainees and graduates is that there is no guarantee of permanency of their position. While this is clear in the beginning it is extremely daunting toward the conclusion of the traineeship and a related weakness of the program is the failure by NSW Health to utilize the skills and expertise of the graduates.

There has also been discussion about how the success of the program is measured. Some stakeholders believe that a graduate employed within the health system is a success; others believe that working with local government is a success. Generally it is believed that the graduates will take them their environmental health experience and it will contribute to improving health outcomes. The review supports the need to ensure trainees have planned career pathways. This could include rotations within other parts of the health system including working with other professionals

working within the public health unit, stints in Aboriginal health and health promotion. This will expand the trainee's ideas and potential career options within NSW Health meaning they are less likely to be lost from the system. So this program can contribute to achieving the overall targets within the health system and possibly have greater buy in from other areas of the health, which helps ensure its continuation.

Some educational components of the trainee program. At the moment the trainees complete their degree by distance education at the University of Western Sydney (UWS) usually taking 5-6 years. An option for future attainment of the degree could be enrol at The Batchelor Institute. There appears no reason why trainees within the program could not enrol at either Batchelor or UWS. Alternatively students could take some subjects at Batchelor and gain credit at UWS and vice versa.

At the beginning of the program there was a dedicated research unit at UWS with a full time research officer. This officer had responsibility for coordinating delivery of the course to the Indigenous participants. After the Commonwealth funding was withdrawn that academic support provided by the research officer was no longer available. This had a marked effect on the trainees and the program. From 2004-2007 the program had no specific academic advisor for the trainees. After much negotiation a part time Academic Support position has been created. One of the limiting factors of the current UWS program is that there is little flexibility for the trainees around when courses are available externally. Most trainees reported that the length of the current program at 6 years was problematic. For some this has attributed to pressure on their families and personal relationships and others commented that maintaining enthusiasm for over 6 years was a real challenge.

The review also canvassed the possibility of introducing a VET qualification into the university degree pathway. Whilst there is a strong need for a more flexible pathway to professional qualifications there was a concern about de-skilling the sector. VET trained environmental health workers that exist in other states and territories do not exist in the NSW Health system. As a result the VET pathway does not fit into the traineeship program objectives and would not be of benefit to NSW Health as these positions do not exist. However, in the future if the program expands to working with other partners, such as local government and local Aboriginal land councils, VET training may be a viable option.

Stephanie: We asked the reviewers to give us an assessment on the program costs. They concluded that it was an expensive program to operate in comparison to other cadetship programs. There was a need to examine how to make NSW Health funds go further. But at the same time ensure any changes to the program do not reduce retention rates of trainees in the program. As environmental health is the responsibility of both state and local government in NSW it will be important to focus on partnership opportunities.

So in terms of looking at how we maintain and grow the program we are currently looking at the potential of the Commonwealth National Indigenous Cadetship Program and what that might offer and how it might fuse that with our current funding program. We are going to examine working in partnership with Area Health Services.

Under the current program NSW Department of Health funds the program fully. However, we have just embarked on a partnership program with Hunter New England Area Health Service where we have a 50/50 in funding agreement. This actually allows us a double the program's investment. There is a lot potential options for partnerships with local government.

Q. Is there a reason why there is no guarantee for employment?

A. Stephanie: There is a cap on employment within the public health units and there are only so many environmental health officer positions out there and they are unlikely to grow.

A. Adam: In the last couple of years that has only been 3-4 replacements of EHOs. Like other sectors environmental health staff is an aging workforce. In NSW Health there are only 51 EHO positions.

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STUDYING ENVIRONMENTAL HEALTH AT BACHELOR: A STUDENT'S EXPERIENCE

Patrick Alberts & Tait Farran, Batchelor Institute of Indigenous Tertiary Education, NT

Patrick Alberts: On behalf of my self & Tait Farran we would like to acknowledge the traditional owners of this land upon which we meet here today, the Wongatha people.

My name is Patrick Alberts and I come from Cherbourg in Queensland. My grandmothers and grandfathers were sent to Cherbourg (formerly Barambah) not because they wanted to but because they were ordered to. Sounds familiar? Most people who were born in Cherbourg now claim to be a part of the traditional owners of the area the Wakka Wakka tribe/clan.

Studying at Batchelor in the Northern Territory is quite an experience. I applied in 2006 and would never ever think that I would be constantly travelling for studies in the NT. I tried studying at the University of Western Sydney (UWS) in 2003 but did not agree with certain things. This was another reason for me to try my luck at Batchelor. It is turning out to be the best thing I have ever done. The services provided are first class and administration is as good as can be expected.

I've never spent more than five days at a tertiary institute but I can see me doing everything I can to gain my Degree level at Batchelor. The Degree level I opted to do was Environmental Health because I

am employed by Cherbourg Aboriginal Shire Council (CASC) as the EHW. I began my employment with CASC in 1999 and then had a two and a half year break. I gained my Certificate, Diploma and Advanced Diploma in Primary Health Care at Cairns TAFE being completed in 2002.

Tait Farram: This presentation should give people an idea, of what, we; the students of the Institute, think of the Bachelor of Applied Science, Environmental Health Degree at Batchelor.

I first heard of the Institute at the 5th National Aboriginal and Torres Strait Islander Environmental Health (NATSIEH) Conference at Terrigal in NSW, and became interested in studying there.

Entry requirements and how you can study at Batchelor.

Patrick Alberts: If you are interested in studying at Batchelor, the entry requirements for the Institute include:

- a satisfactory year 12 program, or
- pre Tertiary Studies (PTS) Enabling Program - for students who have not completed year 12, or
- equivalent tertiary enabling / bridging programs offered by universities or
- Diploma/Advanced Diploma in Environmental Health or
- appropriate work experience in and environmental health related field (discuss with course coordinator

Further information is available at the Institute's website: www.batchelor.edu

How you can study at Batchelor;

- 3 years full time course,
- part-time over 6 years,
- students travel for a 1 to 2 week block for their various courses.

What do the students learn?

Tait Farram: First year of study students travel for an orientation week at the Batchelor Campus where students are able to get to know the campus facilities, meet the lecturers and some fellow students. This week is very helpful for students as I found out in my third year when I got to finally do it, a bit late, but better late than never.

The Common Units, both Public Communication and Telling Histories are also very helpful with your study. These studies are completed by all students at Batchelor.

Patrick Alberts: The main study load for Environmental Health Science in the first year of study is focussed on introducing the students to environmental health science, environmental health hardware and construction issues as well as sustainable biodiversity and environmental management practices. First year covers environmental health from a broad perspective.

Students also learn about human physiology and different environmental health issues and their determinants.

Second year study introduces students to further construction issues, as well as sustainable community development, planning and Industrial process and methods of pollution control.

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Students learn microbiology, as well as public health knowledge, professional development skills and the various environmental health laws and legislations.

In the second year of study students also choose one of the following electives:

- Independent Studies
- Information Technology in Environmental Health
- Sustainable Land Care and Management

Third year study at Batchelor

By the third year students are prepared for learning about food safety and legislation, emergency management preparations and quarantine and vector control knowledge, as well as water quality monitoring and assessment and further study on construction before students undertake practical placement, working as an EHO. Third year units focus on specific environmental health issues.

Electives in the third year include a choice of one of the following:

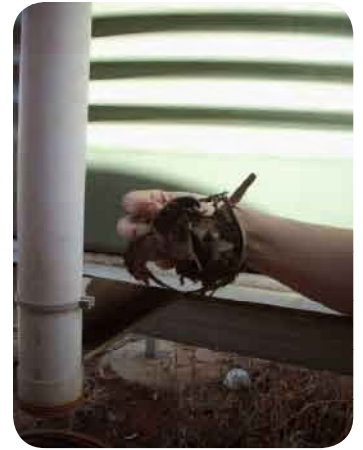
- Independent Studies
- Waste Management
- Environmental Impact and Assessment

The study and exam weeks for BIITE are held in June and November and Graduation ceremonies are held in June and September.

Tait Farram: Due to time restrictions, we have limited our talk about these units and I will talk about just one of the units involved in the degree, but this does not take away any credit from the other units.

The following slides are photos of environmental health hardware during a BIITE BASEH unit workshop on water quality monitoring and assessment.

The students travelled with a BIITE lecturer and a local community health worker to a remote community in the NT and investigated the water supply there and things such as; where the community's water came from, where it was store, and what the water is used for. The students measured different parameters of the water from different sources throughout the community with testing equipment, and students were asked to make recommendations that could be made to improve and maintain the water supply and possibly improve the water quality for the community.



The two students are using monitoring equipment to record data about this community's water quality; the photo next to it is of leaf litter caught in the downpipe of a rainwater tank.

The photo, bottom left, shows the students investigating the water storage tanks and the associated pumps and pipe work.



In these slides you can see dust built up on the solar panel and leaves caught in the gutters of one household. There were also leaks in some of the pipe work; as shown in the photo above.





Photos of different Bores

These photos show a comparison between the bore set-ups at some remote communities and a city's bore, notice the top photo as the bore has no protection.

To hear the different opinions and suggestions from fellow classmates as well the lecturer about the water and health hardware issues within this community was a valuable experience for myself in my own work due to my involvement in town water sampling within my own shire at the time working for Bega Valley Shire Council.

The Institutes BASEH Lecturers

Patrick Alberts: Previous and current lecturers of the degree are listed here in recognition for their efforts towards the degree; we would like to take this opportunity to thank them for their contributions.

Dr Peter Stephenson – Pro Vice Chancellor (Research) BIITE

Zane Hughes – Indigenous Affairs Advisor for Xstrata mining company, North Queensland

Dr Emma Young – Research Development Coordinator, BIITE

Michael Honer – PhD candidate in the School for Environmental Research at Charles Darwin University

The current lecturers are:

- Dr Kirstin Ross – BASEH Course Coordinator
- Steve Patman – Lecturer

Lecturers involvement in the BASEH Degree at Batchelor

Tait Farram: These lecturers have also contributed to the Degree and also deserve the students' thanks:

Dr Christopher Reynolds, Dr Gerhard Ehlers, Paul Endres, Dr Ron Proudford, Richard Luxton, Dr Robyn Grey Gardner, Jasmine Raju, Emma Kraft, Jeff Standen, Dr Kate Senior & Dr Richard Chenhall, Menzies School of Health (Darwin), Dr Catherine Holmes, The common units' lecturers and all of the Institutes staff.

NB: Some of these people are no longer the course lecturers.

The locations for study

Patrick Alberts: Students study at BIITE in various locations throughout Australia, some of these include;

- Batchelor, NT
- Alice Springs, NT
- Darwin, NT
- Cairns, QLD
- Townsville, QLD
- Brisbane, QLD
- Adelaide, SA

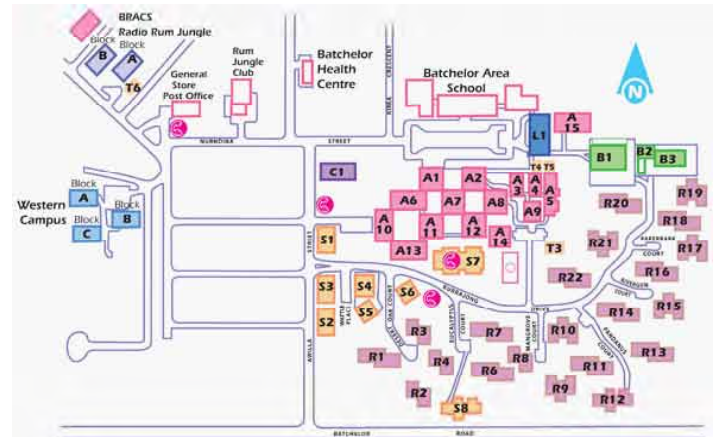
The main locations for study are Batchelor and Alice Springs.

NB: Some of these locations are no longer used by the Institute.

The services that the Institute provides

Tait Farram: The Institute provides a wide range of services for students:

- all flights to and from campus locations for workshops
- accommodation on and off campus for workshops
- 3 meals a day on campus (breakfast lunch and dinner)
- 24 hour computer / internet access
- library / on-line library for students
- counselling services, campus doctor & first aid officers
- night patrol/security
- TV - movie/games room and some musical instruments



Map of Batchelor Campus

Details of the map are located at the BIITE website, www.batchelor.edu.au/main/maps



Photo of Institute accommodation at Batchelor
Air-conditioning, shared bedrooms, shared bathroom, kitchen and laundry facilities.

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Photo of Batchelor Institute Library
Batchelor Library is for students and the community. It has computers, on-line library, books and other learning resources



Photo of the Institute's basketball court
Tait Farram: The basketball court at the Institute is a good place to meet other students.



Map of Alice Springs Campus
Alice Springs Campus has similar services to the Batchelor Campus; smaller campus, close to town, share accommodation, bathrooms and laundries. Women's accommodation on the inside of the East Building and Men's around the outside of the East Building.

Details of the map are located at the BIITE website, www.batchelor.edu.au/main/maps

New site for the Institute's Alice Springs Campus

Tait Farram
The Alice Springs annex of BIITE is being redeveloped at a new site in Alice Springs that is known as the Desert Peoples Centre (DPC). It will also incorporate the Centre for Appropriate Technology (CAT). The new campus is up and running at the moment, with further courses and staff to move to the new site over 2009 and 2010. Student accommodation is also planned for the new site. Dr Peter Stephenson confirmed this by email on 24 March 2009.

Possible Study Troubles

Tait Farram: Some possible study troubles that students may encounter;

- long travel
- late arrivals/departures
- coping with weather changes
- getting used to meal times and change of diet
- sharing a room



The Institute's student coffee shop and convenience store.

Tait Farram BIITE Recreation Hall

Another great asset to the Institute is the recreation hall, where students, staff and lecturers can gather for different occasions. Some of the events held there that I was able to attend, and in some cases be involved in, included; traditional cooked meals, Aboriginal and Torres Strait Islander traditional singing and dancing, also break-dancing and hip-hop classes, where I attempted to rap and dance. Yes, many fond memories and many fans now.

- phone problems
- finding the time to get the study done.
- time away from family and work.

Patrick Alberts: Issues with both students and staff can, and have arisen at times throughout my study at Batchelor, but in the end, we have to work together as a team which our Environmental Health group have been able to put into practice very well in various courses.

It should be noted that these have been our own problems and they do not necessarily represent the possible study problems experienced by other students.

The BASEH course at Batchelor

Patrick Alberts: The Bachelor of Applied Science Environmental Health (BASEH) Degree course began at BIITE in 2004 with 4 students, since then it has grown to 17 students with its first graduates to graduate this semester.

Congratulations

Patrick Alberts: We would like to say congratulations to; Brendan Sherratt and Frank O'Donahoo. First BIITE BASEH Graduates 09

Tait Farram: The rest of the students at BIITE also deserve congratulating for their efforts. Keep up the good work.

Our experience at Batchelor

Tait Farram: My experience of BIITE has been excellent, it has made me stronger as a person, and I feel that both the degree and the work have broadened my work and life opportunities. The course has been inspirational many times, through the people I've met, the conversations I've had and through the various units I've studied.

I am glad to have chosen this line of work and study; and would recommend this study to anybody with an interest in ensuring the health of the environment in their community.

Throughout my study at BIITE I have been encouraged and supported by my lecturers and fellow students, my family and workmates.

Through my work for Bega Valley Shire Council I have been able to improve the health of my local environment and the living conditions for many people through education and awareness of environmental health issues relevant to their situation.

It's the right idea, as far as I can see, to train Indigenous people in environmental health practices and procedures, enabling them to help their own people who can then educate others within the community as well.

Education is the key; you are never too old to learn something new.

Patrick Alberts: Since I began my studies at Batchelor I have

accomplished things that I thought I would never achieve. Things like meeting strangers who end up being colleagues and friends. Being surrounded by Indigenous students from all over Australia has been an experience never ever encountered before for myself. The Institute has a comfortable way of studying, has excellent surroundings to live in, professional attitudes by students and lecturers and many different locations for study.

The things my self and Tait, have liked about studying at BIITE include;

- Aboriginal and Torres Strait Islander people studying together in a both-ways learning environment.
- The friendships formed and the networking opportunities for us.
- The knowledge that is gained over time and the group outings on free time.
- The Professional and friendly lecturers, and the travel destinations for courses.
- Inspiration to study more.

The role of an Environmental Health Officer

Patrick Alberts

- Upon graduation students can become environmental health officers (EHOs) anywhere in Australia.
- An EHO has knowledge that can be utilised in many work and community related roles.
- An EHO does also have the legal tools for their particular jurisdictions that support them in their roles, as an example, the Environmental Protection Act.
- These associated powers allow the officers to carry out the work required for the job.

Some of the work an EHO can do includes:

- food shop inspections
- health & building related inspections
- water sampling and monitoring
- investigate pollution threats - minimise damage to the environment and protect public health
- have a say in local environmental policy making and local development issues

Tait Farram: A few reasons to study to be an EHO:

- Over the course of the degree, students will gain the knowledge to help sustain healthy communities.
- To gain the knowledge to deal with health related problems within your own community.
- To help promote community action through working with the community to produce healthy outcomes.
- Environmental health officers can be great facilitators for community health education.
- The work can also be diverse as there are many different aspects to an EHO's job.
- It can be rewarding, fulfilling work and you can get a sense of achievement out of your work's outcomes.
- The study and the work you do can be inspirational.
- You can be an EHO anywhere in the world.
- EHOs are also in great demand.

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I believe that Indigenous people both remote and in cities and towns, throughout Australia and the Torres Strait, should all, have some sort of access to an Indigenous EHO who has the Environmental health knowledge that is applicable to the health hardware associated with their housing and also to promote healthy living practices in a culturally appropriate manner.

Thanks for listening.

We would like to thank again, the traditional owners and elders, BIITE and fellow students, BIITE BASEH lecturers past and present, The 7th NATSIEH conference organisers, and everybody here today, for listening.

Thank you.

Information to enrol at BIITE

Free call; Batchelor Campus: 1800 677 095

8:30am – 4:00pm CST

Course Co-ordinator: Dr Kirstin Ross

Department of Applied Science

School of Business, Health and Science

Ph: (08) 8946 3831

Fax: (08) 8946 3833

Email: kirstin.ross@batchelor.edu.au

References

Batchelor Institute of Indigenous Tertiary Education 2009, about Batchelor Institute, BIITE, viewed 23 March 2009,

www.batchelor.edu.au/institute/about-batchelor-institute

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www.batchelor.edu.au/main/maps

Photos: Tait Farram, Merle O'Donnell & Kirstin Ross.

FOR MORE INFORMATION

Tait Farram

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