

# **Nindilingarri Cultural Health Services**

## **Consolidated Health Promotion Programme**

### **Evaluation Report**





## **Acknowledgments**

We would particularly like to thank the staff of the Nindilingarri Cultural Health Services for inviting us to undertake this evaluation, and for their generosity of time and honest participation.

We are enormously indebted to all of the partner organisations who contributed their time and experiences, and most of all we would like to thank the people of the Fitzroy Valley for inviting us into their communities.

Priscilla Robinson

La Trobe University, Victoria

Bill Genat PhD

University of Melbourne, Victoria

Penelope Smith MPH

Lowitja Institute, Melbourne, Victoria

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All photographs were taken by one of the authors as a part of the record of the evaluation.

## **The Road to Fitzroy Crossing, before the Wet**



**Fitzroy River in the Dry Season**



**Fitzroy River in the Wet Season**



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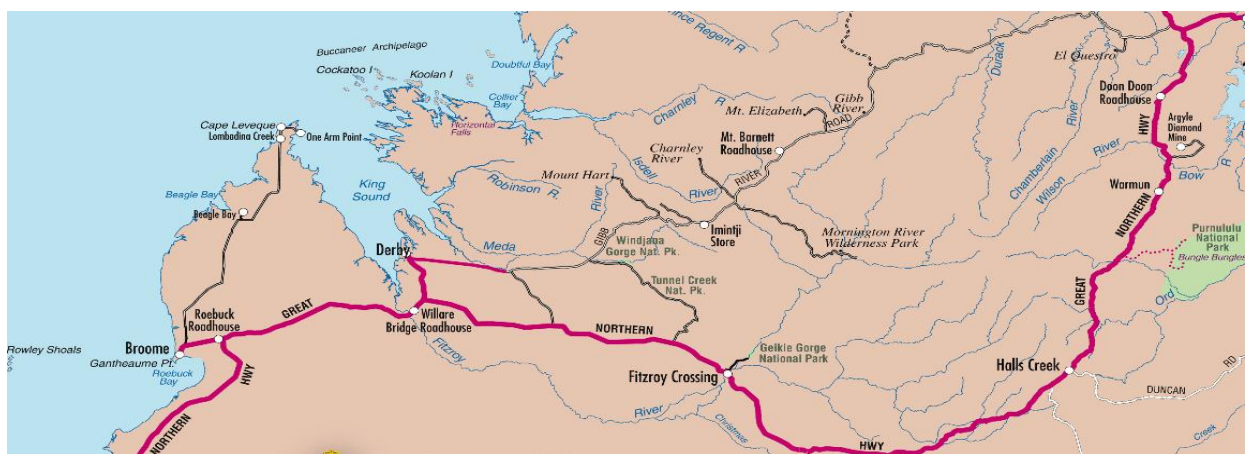
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## Introduction

Fitzroy Crossing is located on the Fitzroy River in the Kimberley region of Western Australia. Although accessible by a tarmac road, at 400 kilometres from Broome to the north-west and almost 300 kilometres Halls Creek to the east, the town is remote. Perth, the capital of West Australia, is more than 2,500 kilometres to the south. Most roads are unsealed, and there are very few safe stopping points. There is a very expensive daily bus service (in 2012 the cost was \$135 one way from Broome to Fitzroy Crossing) which runs in the evening, arriving in the town late at night. A small airfield does not provide a practical transport option for local people.

The climate is tropical, with a dry season in the middle of the year, and a wet season from December to March. The wet causes multiple transport problems, frequently causing local flooding preventing access into and out of Fitzroy Crossing, and washing out the unsealed roads to the communities located off the tarmac road causing long-term communication problems. The photographs above, taken from the same place, go some way to show the extent of flooding during the wet season.

**Fig 1: Location of Fitzroy Crossing, Kimberley Region, Western Australia**



Approximately 1000 km



(Acknowledgement:  
adapted from

<http://www.australiasnorthwest.com/docs/ContentDocuments/MAP%20-%20Kimberley.pdf>) and

[http://en.wikipedia.org/wiki/Fitzroy\\_Crossing,\\_Western\\_Australia](http://en.wikipedia.org/wiki/Fitzroy_Crossing,_Western_Australia)  
(creative commons)

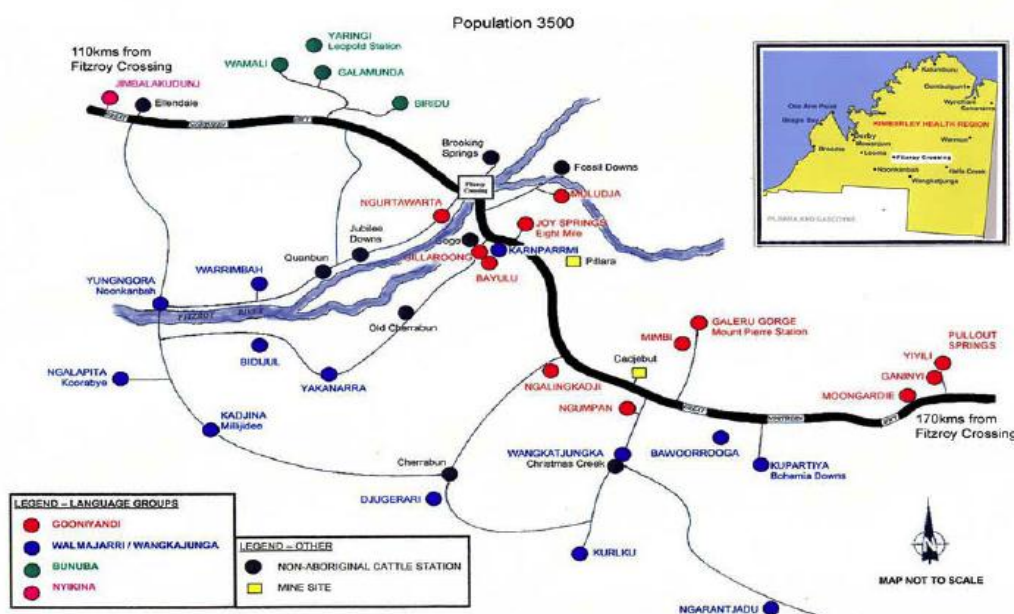


## Background

Nindilingarri Cultural Health Services (also known locally as NCHS) is an Aboriginal Community Controlled Health Organisation in Fitzroy Crossing in the Kimberley region of Western Australia. It manages a comprehensive Health Promotion program, an accredited twenty-four bed Residential Aged Care Hostel, a Home and Community Care program, and a Home Dialysis Facility where family members can support renal patients to “home-dialyse” in safety. It is located on the same campus and in formal partnership with the Western Australian State Government’s Western Australian Country Health Service (WACHS) which operates both an eight-bed local hospital, Fitzroy Valley Health Service (FVHS) including outpatient GP services and palliative care, and a community health service, Kimberley Population Health Unit (KPHU) which provides a community-based maternal and child health program, school health program, immunisation program, disease outbreak control, sexual health disease control, aural health, diabetes education, community clinic visits and allied health services.

Nindilingarri was founded in 1995, following a wide reaching community consultation. The clear message from the consultation was that the community wanted a holistic, culturally appropriate service that included respect for Aboriginal Law, Culture, Spirit and Land in the provision of health services. The community also specified a service that focused on disease prevention and health promotion. Importantly, they requested a service that worked together with the existing state-run hospital and community health service to avoid duplication in improving the quality of health services for local people.

**Figure 2: Mud Map of the Nindilingarri Cultural Health Service  
Fitzroy Valley Service Delivery Area**



Acknowledgement: Nindilingarri Cultural Health Service township location map.



Nindilingarri provides services for a population of about 3,000 people. About half of these people are usually located in and around the Fitzroy Crossing town site and nearby communities, and the other half located out in Fitzroy Valley communities (Morphy 2010). According to Morphy (2010), across the Fitzroy Valley there are four key hub communities located respectively in the “far-east”, “middle-east”, “west and south” and “outer suburbs,” within a 30km radius of the Fitzroy Crossing town-site. In addition to Fitzroy Crossing as a service centre, hub communities operate as service centres on a lesser scale. Each of these hub communities is surrounded by smaller communities (n~ 30). The area of the Fitzroy Valley measures 300km x 150 km, an area just a little smaller than Tasmania.

The Health Promotion program at Nindilingarri targets a broad range of key risk factors in the health of Aboriginal people in the Fitzroy Valley and engages this work from the standpoint of an Aboriginal community-controlled organisation set up to work in close relationship with their client-constituents. A commitment to working with the aspirations of Aboriginal people in the valley results in health promotion projects that examine health risk factors in dialogue with family and community groups, develop client-centred goals and draw upon collaborations with other local agencies to empower the agency of community participants in ensuring healthy environments and lifestyles, and the delivery of appropriate services.

According to Durie <sup>1</sup>, “Indigenous models of health promotion generally recognise that health is intimately linked to Indigenous world views and Indigenous development” (2004: 182).” Durie outlines a model of Indigenous health promotion with the following four foundations:

- cultural identity and access to the [Indigenous] world – family, kinship networks, culture, language and heritage;
- connection to the environment – land, the natural world, spiritual world, sustainability;
- wellbeing and lifestyle – balance between spiritual, intellectual, emotional and physical wellbeing, and social relationships;
- full participation in wider society – effective representation; social equity; social justice; access to services.

The two foundation stones for these four pillars are effective leadership and autonomy (2004: 182). Durie observes it is a mistake for public agencies and health professionals to assume leadership on behalf of Indigenous peoples, an approach that results in dependency and assimilation and the undermining of Indigenous authority. Likewise he suggests that colonisation removed Indigenous forms of autonomy and governance creating dependency and marginalisation undermining both people’s dignity and their health (2004: 183). He suggests that effective Indigenous health promotion strengthens the four foundations and leadership and autonomy in the lives of Indigenous people. He also suggests that Indigenous health workers have a vital role in negotiating the interface between the Indigenous world and

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<sup>1</sup> Durie, M 2004 An Indigenous Model of Health Promotion, *Health Promotion Journal of Australia*, V. 15, (3), pp181 – 185.

the globalised world in ways that strengthen Indigenous world-views and contribute to good health.

The Nindilingarri Indigenous Health promotion program targets all of the key tenets of Durie's model aiming to strengthen community awareness of key health risk factors while also respecting and privileging Indigenous cultural identity, knowledge and leadership. The Nindilingarri Health Promotion team's protocol for systematic service delivery emphasises:

- community and elder engagement and partnership;
- client relationships based on integrity and trust;
- flexibility and adaptability in relationship to clients;
- community owned, driven and led activities;
- holistic and sustainable activities with achievable outcomes;
- activities that incorporate two-way learning and build community capacity; and,
- partnerships with other service providers.

While in early-mid last century infectious diseases contributed significantly to the ill-health of Indigenous Australians, over the last three or four decades, vulnerability to injury, alcohol and drug misuse, cancer, ischaemic heart disease, kidney disease, obesity, suicide, depression and diabetes have emerged as major factors in the reduced life expectancy and comparative higher burden of ill-health experienced by Aboriginal Australians compared to the Australian population as a whole. In general, programmes designed to prevent these determinants of ill-health and their outcomes are provided through health promotion services.

Illness prevention and health promotion programmes for Australians in assume access to safe and affordable food, and adequate and reliable water supply, and access resources for the advancement of social security such as education and employment, medical facilities and shelter. The United Nations-sanctioned Millennium Development Goals further endorse these as basic human rights, making it clear that access should be equitable for both men and women and between peoples. However, access to services such as education and treatment for ill-health is limited as these remote communities have no public transport, limited private vehicle options, and unsealed roads which are frequently cut off in the wet season and not well-graded between wet seasons, which we experienced for ourselves. Access to affordable food in the Fitzroy Valley is not guaranteed, with fresh food being expensive even in Fitzroy Crossing and often prohibitive in remote communities, which the evaluation team again experienced for ourselves when undertaking community visits (although confectionary, soft drinks and highly processed foodstuffs such as crisps were available at similar prices).

A distinct combination of contextual factors impact upon the delivery of Nindilingarri's health promotion services. While individually each of these must be factored into considerations regarding the overall design, scheduling, implementation, continuity and sustainability of service delivery, in combination they demand application of significant material and workforce resources. In addition to the health promotion competencies necessary, key required worker attributes include political skill, commitment, flexibility, cross-cultural capacity and solid relational skills to engage community leaders and residents.

Key contextual factors affecting design of services are:

- The uniqueness of the client group, the Aboriginal population of the Fitzroy Valley in terms of:
  - their culture, languages and social organisation
  - their historical engagement with settler society, the health system and government administration
  - the health status of this population and status with regard to the social determinants of health
- The geography of the Fitzroy Valley, including remoteness and climate that effect accessibility;
- The current context of broader Indigenous administrative policy and health policy;
- The administrative regime for Indigenous non-government organisations including:
  - reliance on multiple funding sources of varying duration and conditions with multiple reporting requirements; and
  - high relative compliance costs through policy and program shifts disrupting the continuity of service provision; and
- Constraints on organisational capacity due to:
  - unique pressures on management in the remote context including those regarding organisational accreditation standards, human resource management, fleet management, building management, partnership management and Aboriginal community-controlled organisational status; and,
  - recruitment and retention constraints, in particular a critical and acute shortage of staff housing relatively short-term staff tenure, constraints on supervision capacity and limited professional development opportunities.

**Box 1: Key characteristics of the Fitzroy Valley population**

- Over 50% of the population is under 21 years of age
- There is both limited access to, and stability of, public utilities such as potable and reliable water as protective health factors
- The Fitzroy Valley population is in the lowest 5% on the Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (for Australia)
- Overall there is low educational achievement
- There is pressure on housing stocks overcrowded housing is common
- The rate of obesity is least double that of the general Australian population
- There are already high rates of chronic disease including cardiovascular disease and diabetes.

Thus, health promotion programs working with remote Aboriginal Australians encounter extraordinary challenges. In the case of Nindilingarri, the Fitzroy Valley, Box 1 includes a list of important and relevant characteristics of the Nindilingarri client population<sup>2</sup>:

Australia's history of exclusion, cultural oppression and racism towards Aboriginal peoples has left a history of mistrust of authorities, including health professionals. Whilst in some parts of Australia such practices had ceased by the middle of the twentieth century, for the middle-aged and older clients in the Fitzroy Valley population these behaviours towards their people occurred until the 1970s – that is, during their lifetime, and are not therefore merely history.

During the period of this evaluation, the Nindilingarri Health Promotion team focused on addressing the burden of ill-health being experienced by this population through the following health promotion portfolios (although of note the Indigenous Early Childhood Development and Smoking Cessation were new to the service when we began this evaluation:

- Environmental health
- First-aid and bush medicine
- Maternal and child health
- Spiritual health
- Nutrition and food security
- Sexual health
- Alcohol, other drugs and mental health
- Indigenous Early Childhood Development
- Smoking Cessation

We were asked to conduct an evaluation of five specific programmes run by the Nindilingarri Cultural Health. It quickly became apparent that Nindilingarri is an excellent example of an integrated health service, maximising outcomes by sharing resources and expertise and through interpersonal staff support between the various programmes. Therefore, although each of the programme reports can each be read as a succinct evaluation of an individual programme, because of the integrated nature of the suite of programmes being undertaken through Nindilingarri it is recommended that each of these reports be considered in the light of the broader suite of programmes.

The five health promotion services which were the main focus of this evaluation were the Environmental Health programme, the First Aid / Bush Medicine programme, the Spiritual Health programme, the Nutrition programme and the Alcohol and Other Drug and Mental Health (AODMH) programme. The other programmes are not reported upon as stand-alone

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<sup>2</sup> ABS 2006 Socio-Economic Indexes for Areas, 2006 (SEIFA) 2033.0.55.001 accessed 23/3/2012 at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/2033.0.55.0012006?OpenDocument>

programmes, although they are referred to from time to time because of the integrated nature of the suite of health promotion programmes offered by the Nindilingarri Cultural Health Services.

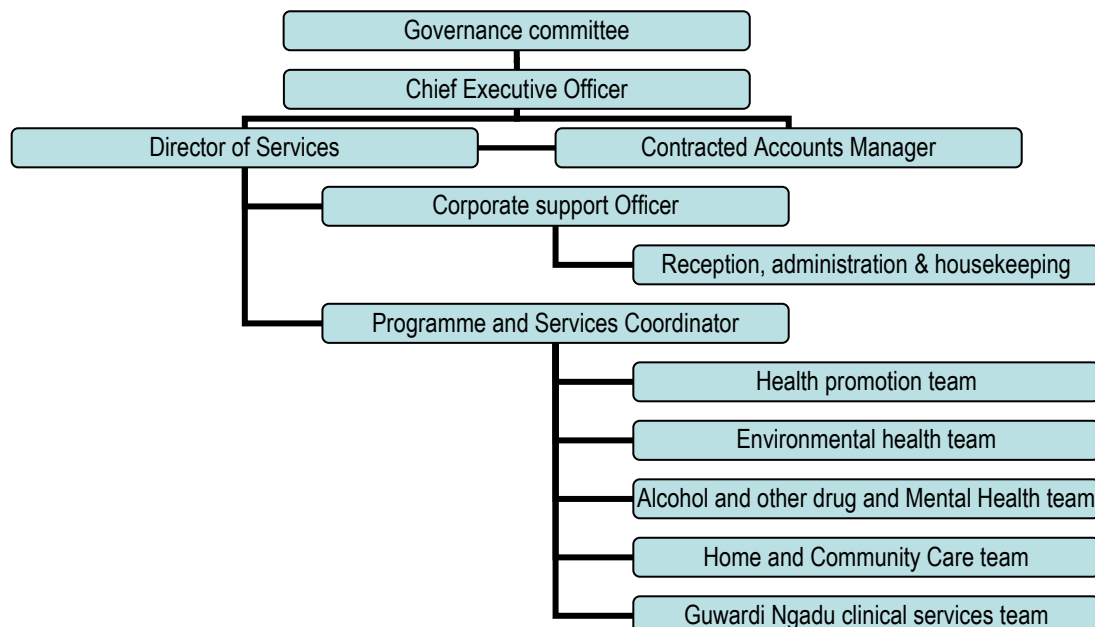
To understand the context in which these programmes are operating it is important to understand two specific aspects of Nindilingarri service delivery which are fundamental to its operations, and which affect all parts of the organisation in one way or another.

Firstly, the health promotion programmes are an important part of the work of Nindilingarri, but that resources are in constant demand from other areas, especially the aged care facility at Guwardi. Figure 3 shows the organisational structure of Nindilingarri.

Of particular note, at the time of undertaking this evaluation there was little funding for the executive and organisational department compared with other community health organisations.

Secondly, a fundamental principle of Nindilingarri is in the pairing of Aboriginal and non-Aboriginal staff. The senior Aboriginal Staff all have considerable experience and knowledge of this way of working in the Fitzroy Valley context and know its importance and value, however non-local health promotion staff often have little experience, training or even knowledge of health promotion approaches. On the other hand, health promotion graduates are well trained and knowledgeable about health education, project management, partnership and social marketing approaches to health promotion but know and understand little about how to go about working in communities.

Fig 3: Abbreviated organisational structure of Nindilingarri Cultural Health Services



It takes considerable time to be mentored into a community development role, and whilst there is a systematic way of introducing newcomers to the culture of the Fitzroy Valley, there is almost no funding for appropriate professional development programs for all staff to be trained in these deficits. It is commendable therefore that new staff are automatically mentored by and work with Aboriginal staff members from the Valley, which seems to be a unique way of working in Aboriginal settings. A two day Cultural Orientation Programme is run by the CEO of Nindilingarri which has been specifically designed for the Fitzroy Valley. This programme is provided to all new Nindilingarri staff members, and is also accessible for the staff of partner service providers and funding agencies.

This report is a summary the findings of all of the programmes we were asked to evaluate.

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## **The Nindilingarri Environmental Health Programme**

### ***Background to the Environmental Health Programme***

The health promotion programmes which are run through Nindilingarri Cultural Health Services are designed to target a range of factors known to pose health risks to people living in remote settings. The people living in the Fitzroy Valley are mainly Aboriginal, and the Nindilingarri services aim to provide services appropriate to Aboriginal Law, Culture, Spirit and Land. The Environmental Health Programme is one of the key Nindilingarri programmes.

This section of this consolidated report is a summary of the findings of the Nindilingarri Cultural Health Service Environmental Health Programme.

### ***Methods***

#### ***Aim:***

The aim of this report was to evaluate the operations of the Nindilingarri Environmental Health programme in terms of their current vision and overall strategic plan regarding the delivery of cultural health services to Aboriginal communities in the Fitzroy Valley.

A full schedule of the objectives and evaluation questions for the Nindilingarri is included in the complete document, in the Background to the report.

As they relate to the Nindilingarri Environmental Health promotion programme, in brief these were to describe the underlying operational activities and service delivery principles of the programme; how the programme supports the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri programme; describe the formal and informal partnership arrangements with other service agencies that relate to this programme; the government funding and policy environment, and its bearing on the programme; and to identify areas of strength and areas that can be further strengthened.

The health promotion program evaluation drew upon an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (n = 74) including:

- Nindilingarri staff (and ex-staff);
- Funders;
- Service provision partners; and,
- Nindilingarri clients.

The data collection was undertaken over six months from December 2010 to June 2011. The operational period under review was the five years from July 2006 to June 2011.

The specific evaluation questions were the same for all of the Nindilingarri programmes included in the evaluation, and as stated in the main report were:

1. What are the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri health promotion program as articulated in organisational documents and as understood by the staff and other key stakeholders in the Nindilingarri operations?



2. How do the Nindilingarri health promotion program and health promotion activities support their vision, strategic aims and underlying operational and service delivery principles?
3. How do the formal and informal partnership arrangements with other local service agencies support the Nindilingarri health promotion program?
4. How does the government funding and policy environment support the Nindilingarri health promotion program?
5. What are the areas of strength within the Nindilingarri health promotion program and what are areas that can be further strengthened?

### ***Ethics Clearance***

The evaluation protocol was approved by the La Trobe University Human Research Ethics Committee with particular attention given to compliance with the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.

### ***Data collection methods***

The operational period under review was the five years from July 2006 to June 2011. The methods used in the evaluation are described in detail on p.18-19 of the main report. In summary the data collection methods included:

- an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (including current and previous staff, funders, partners and clients).
- field visits to the Fitzroy Valley including a scoping visit plus five visits for the purposes of data-collection (document gathering and interviews) and checking.

Seventy four people were interviewed as a part of the overall Nindilingarri evaluation, including Nindilingarri staff, members of partner organisations and agencies, academic staff working with Nindilingarri, and members of the local Fitzroy Valley community.

The data collection was undertaken over six months from December 2010 to June 2011. Data analysis was undertaken off-site. All interviews and analysis were undertaken by the evaluators themselves.

### ***Limitations***

The rigor of the evaluation was limited by considerable reliance on six-monthly government reports submitted by Nindilingarri to government funding agencies. While current staff were not questioned regarding the veracity of these reports, some ex-staff were asked for comment regarding the quality of the data in reports which they attested fairly represented the activities of the organisation. The findings presented here rely on these reports.

Although interviews were undertaken a wide variety of Nindilingarri stakeholders, in general funders and partners are somewhat removed from the day-to day operations of the organisation and have only a distant perspective on the organisation's activities.

The researchers were unknown to the community respondents and there may have been some particular positive or negative emphasis in feedback. All of the interview data presented represents particular perspectives of interviewees. The extent to which these perspectives are

widely held is unknown however when other participants shared similar views, these are reported alongside.

## ***Findings***

### ***Activities within the Environmental Health Program***

According to the Nindilingarri Strategic Plan 2008 – 2010, the goal of the Environmental Health program is for Aboriginal people in the Fitzroy Valley to “have the skills knowledge and resources to manage their own environment”. The key health promotion strategy as described above (derived from the 2008 – 2010 Strategic Plan “outcomes” and “strategies”) is to:

- Support Aboriginal people in the Fitzroy Valley to recognise environmental health (public health) risks and act to address these with the assistance and advocacy of both Nindilingarri and its partner organisations.

The evaluation team observed the environmental health team on a field trip to Wangkatjungka and Ngumpan communities. The team worked alongside environmental health workers from the Shire of Derby West Kimberley and with householders in both communities to spray dogs, inject dogs and to identify and destroy stray dogs in the communities. Rubbish tip and sewerage pond inspections were undertaken and leaking pipes in the Wangkatjungka school ablution block were monitored.

Action Plan reports submitted over the past five years by the Team Leader of the Environmental Health team document consistent coverage of communities across the Fitzroy Valley with regard to environmental health promotion, in particular with regard to dog health (poster developed), healthy housing (posters and pamphlets developed), pest control (pamphlets developed), housing health hardware (plumbing & waste water), rubbish control (poster developed) rubbish tip management, and sewerage ponds (see Table 1 (i)). In partnership with KPHU and the Nindilingarri nutrition program, the team has also worked with communities to support their own clean up days and visited community schools for hygiene, hand washing and food safety presentations (PowerPoint slides developed). The Environmental Health team also develop and present environmental health messages on Wangki Yupurnanupurru local radio.

Despite limited responses and co-operation from some government and community partners, the Environmental Health team has been a consistent advocate, in some instances through negotiated Memoranda of Understanding, to responsible agencies regarding public health issues in relation to water quality, housing health hardware (through the development of a housing inspection proforma and membership of the Fitzroy Valley Housing Committee), rubbish tip health and safety (tip assessment form developed), and sewerage pond health and safety. The Environmental Health Team led advocacy to the WA Plumbers Licensing Board to enable EHWs to legally continue to undertake small household and community plumbing jobs. This advocacy included hosting a field trip by the WA Regional Manager of the Environmental Health Directorate at the WA Health Department for a week visiting communities in the valley.

Particular challenges posed for effective service delivery to communities in the Fitzroy Valley reported by this program in the past five years include:

- Considerable embarrassment regarding the presence of local community-based trained qualified Aboriginal Environmental Health Workers in communities across the valley (n ~ 50 ) who can only volunteer to assist the Nindilingarri Environmental Health team since the cessation of their own program funding, cessation of their employment through the Community Development Employment Program (CDEP - work for the dole) program and a ban imposed by the WA Plumbers Board on them undertaking household plumbing repairs
- Despite local community recognition of their qualifications, knowledge and skills, and associated expectations, the Environmental Health team lack the programmatic funding, mandate and equipment to fully engage their role regarding maintaining housing health hardware, sewerage ponds and rubbish tips
- A lack of cooperation and follow-up by responsible local partner agencies to respond and act upon reports of environmental health deficits despite, formal agreements and MOUs
- A failure by local government and partner agencies to recognise the status, training and qualifications of Aboriginal Environmental Health Workers;
- Frequent changes without notice regarding the identity of local agencies funded to maintain essential environmental health services
- A deficit of resources to enable communities to control community rubbish (lack of vehicle and trailer), maintain rubbish tips (loader) and sewerage ponds (brush cutters)
- Project-based building contractors filling small local community rubbish tips with rubble without contributing tip maintenance fees
- Impassable conditions preventing access to communities in the Wet Season;
- A lack of community infrastructure such as a community office with telephone facilities/internet connection impeding communication and delaying visits (a particular problem for seeking the necessary permission and invitation to visit, and ensuring dog owners are present to give permission and community residents are present to direct staff )
- A lack of Environmental Health Worker training locally beyond Certificate II;
- The need to recruit a graduate health promotion officer to the team with experience and qualifications in environmental health who is willing to learn from local staff
- Since the formal part of this evaluation we have recently been made aware of an extremely serious public health problem, that of asbestos being dumped in areas adjacent to communities

Nevertheless (as Table 1 demonstrates), despite these obstacles the Environmental Health team has consistently serviced communities across the valley and implemented specified actions within their action plans. On this basis, the team has indeed supported Aboriginal people in the Fitzroy Valley to recognise environmental health (public health) risks and act to address these with the assistance and advocacy of both Nindilingarri and its partner organisations.

Nindilingarri's funders and partners clearly recognise the contribution made by the Environmental Health program. In particular, there is recognition of the strength and

importance of the local leadership and local qualified workers within the Environmental Health team that are critical to workforce stability, timely intervention, productive trusting relationships with community residents, and culturally appropriate practice. Most partner agency staff interviewed recognised the important work done regarding dog health out in the communities but few are aware of the actual (and potential) breadth of activities of the Environmental Health team.

Having spent a week in the field with the Nindilingarri Environmental Health team, the Manager of Regions for the Environmental Health Directorate of the WA Health Department gave particular emphasis to their understanding of public health,

*“They have a really good understanding of public health – getting the message out, working with kids in the school, mums and dads in the community.”*

The same Senior Government Officer recognised clearly the challenges facing the Environmental Health team regarding their reliance on partner agencies to fulfil obligations regarding essential household and municipal services in the Fitzroy Valley communities,

*“Municipal services provision has collapsed; basically these are funded by the Indigenous Co-ordination Centre (an agency of FAHCSIA) but only to some [larger] communities. There is also an Essential Services Program funded through State Housing which operates water services, power supply and water treatment pumps and sewerage ponds. Provision in the communities is normally supervised by the resident community development advisor [Author note: now absent from all but the very large communities with the demise of the Community Development Employment Program (CDEP)] . . . So there are a network of agencies involved. It's a dog's breakfast.”*

Barriers to the employment of local Aboriginal Environmental Health Workers in the communities with the demise of CDEP, restrictions on plumbing practices, and funding and policy changes resulting in the “dog's breakfast” of programmatic responsibility for municipal and essential services, together over the past few years have restricted the Environmental Health program, the scope of practice of the workers and fostered dissatisfaction about the situation. Expressing the feelings of his other colleagues, one of the Nindilingarri Environmental Health Workers suggested that,

*“The Environmental Health program in the old days made a big difference in the communities. We all felt good about the environmental health. You don't see that idea anywhere like Fitzroy got [for delivering an environmental health program]; training them up in their own community; training people about eating healthy tucker and living the right way.”*

The co-ordinator of the Nindilingarri Environmental Health program explained the “old days,” and the consequences of the changes over the past five years,

*“The key activities of the program at that time (were) plumbing repairs to houses – mostly drains and pipes. A key component of the program was training which was undertaken by Karrayili RTO – we had lots of blokes working in all the communities for that job . . . in 2005 – 2006, the program changed to health promotion and the*

*repair work went to Marra Worra Worra – they didn't carry it on in the same way – now the community is relying on plumbers – there is a problem with their response time and they cost too much money – the costs are higher for wages, transport, and parts.”*

Community respondents indicated they benefitted from the work of the Environmental Health program. Mostly they expressed appreciation of the dog program and education about health and safety, for instance,

*“I know they are spraying dogs – keeping dogs healthy. I have a sort of an idea of what they do – the way they go out to community and educate them about health and safety.”*

*“Environmental health makes the biggest difference – getting people to slow down on dogs – teaching people about hygiene with PowerPoints and things – people are starting to get rid of dogs – keeping the yard and community clean – they always come there.”*

Community respondents also identified a difference between the program now and how it operated in the past,

*“They have done a lot on the Environmental Health side: plumbing repairs, the dog program . . . they did a reasonable job until they were stopped by demands put up by the WA Plumbers Licensing Board [which restricted plumbing work to licensed plumbers].”*

*“They used to do the plumbing – fixing up leaking taps – since that stopped we have to pay Reen's plumbing \$110.00 just to fix the leaking tap – Environmental health would do it for free for us. Some of these guys are experienced and passed their course in Environmental Health.”*

The shifting funding and policy arrangements faced by the Environmental Health Program and the lack of recognition and funding to activate local community partnerships with trained Aboriginal Environmental Health Workers are examined further in the Discussion Chapter

### ***Partnerships of the Environmental Health Program***

The Environmental Health Team has many informal partnerships renewed by regular negotiation that enables them to deliver services to all Aboriginal communities and schools within the Fitzroy Valley. Within the FVHP, the Environmental Health team has partnered with KPHU to deliver health promotion sessions regarding hygiene in community schools. Regarding the delivery of essential services required for a healthy environment, the Environmental Health Program partners Marra Worra Worra Aboriginal Resource Agency (MWW), the local Aboriginal community-controlled organisation responsible for housing repairs and maintenance for many Aboriginal communities in the Fitzroy Valley, the Centre for Appropriate Technology (CAT), an outside agency responsible for maintaining water quality, community rubbish tips and sewerage ponds (outsourced to Kimberley Regional Service Providers (KRSP) a private company half-owned by MWW) and the Shire of

Derby/West Kimberley which is responsible for dog control. The Environmental Health Program also has an informal partnership with Karriyili Registered Training Organisation assisting with the training of Aboriginal Environmental Health Workers through community-based hands-on workshops out in the valley.

On the basis of their previous role maintaining health hardware in houses, the Environmental Health Program use a Housing Inspection Form, to alert MWW of housing repairs and maintenance issues. The Environmental Health Team use similar procedures to alert the Centre for Appropriate Technology (CAT) regarding water quality, community rubbish tips and sewerage ponds. Nevertheless, Action Plan reports from this program from 2006 onwards document persistent lack of responsiveness from CAT, KRSP and MWW despite regular communication. Lack of responsiveness from MWW occurred despite a formal MOU signed in December 2007 regarding their responsibility for timely support of housing needs identified by Nindilingarri, provision of necessary tools for locally trained EHWs to undertake local work and provision of follow-up advice to Nindilingarri. Within the Memorandum of Understanding (MOU), it is notable there is no agreed process for mediation should the parties to the agreement disagree regarding either one of them failing to meet their obligations. In 2004, the lack of a robust problem solving process or mediation clause in an MOU with Karriyili also resulted in partnership tensions. Nevertheless, Nindilingarri has a highly successful ongoing informal partnership with the Shire of Derby/West Kimberley grounded in regular joint dog control programs in the communities of the Fitzroy Valley.

### ***Partnerships through Local Committees***

In addition to joint activities with local agencies, Nindilingarri also participates in a range of local health-related committees, in addition to the senior local Aboriginal Nindilingarri staff taking leadership positions on the governing boards of local partner agencies. Committee memberships of Nindilingarri for the Environmental Health programme include Marra Worra Worra Aboriginal Resource Agency Corporation (ex-chair), and the Fitzroy Valley Housing Committee.

The achievements of the Environmental Health programme against goals, strategies and actions are shown in the following Table 1.

**Table 1: of the Environmental Health programme against goals, strategies and actions**

<b>GOAL: People have the skills, knowledge and resources to manage their own environment</b>				
<b>Outcome 1:</b> People are aware of the link between their environment and their health and are provided with support services				
<b>STRATEGIES &amp; ACTIONS</b>	<b>Achievement of Strategic Goals</b>			
	<b>Jan/Jun 08</b>	<b>Jul/Dec 08</b>	<b>Jan/Jun 09</b>	<b>Jul/Dec 09</b>
<b>1. <i>Promote the link between the environment and health through promotion programs for communities and individuals</i></b>				
▪ Develop promotional materials for all Environmental Health programs	✓	✓	✓	✓
▪ Deliver health promotion programs to participating communities with the Shire of Derby/West Kimberley and the Kimberley Population Health Unit	✓	✓	✓	✓
▪ Evaluate health promotion programs in partnership with the Shire of Derby/ West Kimberley and the Kimberley Population Health Unit (& 3.2.4)	X	✓	X	✓
▪ Promote the link between the environment and health through promotion programs for communities and individuals	✓	✓	✓	✓
▪ Disseminate evaluation results	X	X	X	✓
3.5.2 Ensure effective consultation and communication with communities on Nindilingarri programs and services	✓	✓	✓	✓
▪ Consultation with community members during the annual Field Trip	✓	✓	✓	✓
<b>1. <i>Link with other service providers to expand our capacity to encompass all aspects of environmental health promotion</i></b>				
▪ Establish and maintain links with partner organisations: Shire of Derby, Kimberley Population Health Unit, Karrayili Adult Education Centre, CAT and Marninwarntikura Women's Resource Centre	✓	✓	✓	✓
▪ Maximise opportunities to link in with other Nindilingarri program areas (& 3.2.4)	✓	✓	✓	✓
<b>2. <i>Investigate funding opportunities to expand the range of services (Nindilingarri) provide(s)</i></b>				
▪ Liaise with funding agencies to identify funding opportunities that align with Nindilingarri 's priorities	✓	✓	✓	✓
▪ Prepare and submit applications for funding where deficiencies are identified.	✓	n/a <sup>3</sup>	n/a	n/a
<b>3. <i>Ensure staff are kept up to date with current knowledge and developments</i></b>				
▪ Participate in conferences, workshops and seminars to increase knowledge in environmental health	✓	✓	✓	✓
▪ Investigate opportunities to join professional agencies to access mentoring and information in environmental	✓	✓	✓	✓

<sup>3</sup> Not applicable - ongoing funding available



health				
<b>4. Provide pest inspection and control services within communities</b>				
▪ Provide pest control treatments in communities in accordance with quarterly schedule and coordinate with Shire of Derby/ West Kimberley & KRSP.	✓	MWW <sup>4</sup>	MWW	MWW
▪ Provide community education on how to control pests in the home.	✓	✓	✓	✓
▪ Develop educational resources and promotional materials for pest control program.	✓	✓	✓	✓
▪ Provide education opportunities for staff.	X	✓	✓	✓
▪ Conduct community cleanups	delay/S <sup>5</sup>	✓	X	✓
▪ Develop educational and promotional materials for waste reduction program	✓	✓	✓	✓
▪ Provide education opportunities for staff	✓	✓	✓	✓
<b>5. Enhance the capacity of staff through skills and training</b>				
▪ Undertake cross training and mentoring program with the Shire of Derby/West Kimberley	✓	✓	✓	✓
▪ Provide Certificate II & III in Environmental Health training for all Env't'l Health staff	✓	✓	✓	✓
▪ Provide Certificate III in Front Line Management training for Env't'l Health staff	✓	n/a <sup>6</sup>	n/a	n/a
▪ Provide Certificate I training for literacy and numeracy for Environmental Health staff	X	delay/S	unavailable	unavailable
▪ Provide PowerPoint training for Environmental Health staff	✓	X	unavailable	unavailable
<b>6. Conduct sewage pond audits and refer to Marra Worra Worra for follow-up works</b>				
▪ Conduct sewage pond audits in line with the quarterly schedule	✓	✓	✓	✓
▪ Referral of sewage pond audits to Marra Worra Worra and Kimberley Regional Service Providers and liaison with the Shire of Derby	✓	✓	✓	✓
▪ Meet with community leaders to discuss management methods	✓	✓	✓	KRSP <sup>7</sup>
▪ Promote the importance of maintaining sewage ponds	✓	✓	✓	KRSP
▪ Develop educational resources	✓	✓	✓	✓

<sup>4</sup> Service the responsibility of Marra Worra Worra

<sup>5</sup> Delayed due to sorry business

<sup>6</sup> Training found to be unsuitable for Nindilingarri staff

<sup>7</sup> Service the responsibility of Kimberley Regional Service Providers

### ***Comment***

This evaluation of the Nindilingarri Environmental Health service has shown that despite a number of important legislative changes and service delivery barriers introduced by the local authorities, the service has met almost all of its targets on a regular basis. The lack of responsiveness of the complimentary council services (for example, mending of leaking taps, replacement of washers) has been the cause of some environmental degradation in the townships, and that the training of the local environmental health workers, who used to be able to undertake this work, has been discounted.

We found the service of the environmental health team to be valued by the peoples of the Fitzroy Valley communities, and the training of the staff is currently underutilised because of the barriers to skill application.

We recommend that the services which the environmental health staff have been in the past able to deliver be reinstated to them, their skills formally recognised (and remunerated) and that appropriate upgrading of training be provided as appropriate to each worker.

## **The Nindilingarri First Aid / Bush Medicine Programme**

### ***Background***

The health promotion programmes which are run through Nindilingarri Cultural Health Services are designed to target a range of factors known to pose health risks to people living in remote settings. The people living in the Fitzroy Valley are mainly Aboriginal, and the Nindilingarri services aim to provide services appropriate to Aboriginal Law, Culture, Spirit and Land. The First Aid / Bush Medicine Programme is one of the key Nindilingarri programmes.

This section of this consolidated report is a summary of the findings of the First Aid / Bush Medicine Programme.

### ***Methods***

#### ***Aim:***

The aim of this report was to evaluate the operations of the First Aid / Bush Medicine health promotion programs of the Nindilingarri Cultural Health Service in terms of their current vision and overall strategic plan regarding the delivery of cultural health services to Aboriginal communities in the Fitzroy Valley.

A full schedule of the objectives and evaluation questions for the Nindilingarri is included in the main complete document, in the Background to the report.

The health promotion program evaluation drew upon an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (n = 74) including:

- Nindilingarri staff (and ex-staff);
- Funders;
- Service provision partners; and,
- Nindilingarri clients.

The data collection was undertaken over six months from December 2010 to June 2011. The operational period under review was the five years from July 2006 to June 2011.

As they relate to the First Aid / Bush Medicine health promotion programme, in brief these were to describe the underlying operational activities and service delivery principles of the programme; how the programme supports the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri programme; describe the formal and informal partnership arrangements with other service agencies that relate to this programme; the government funding and policy environment, and its bearing on the programme; and to identify areas of strength and areas that can be further strengthened.

The specific evaluation questions were the same for all of the Nindilingarri programmes included in the evaluation, and as stated in the main report were:

1. What are the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri health promotion program as articulated in organisational documents and as understood by the staff and other key stakeholders in the Nindilingarri operations?

2. How do the Nindilingarri health promotion program and health promotion activities support their vision, strategic aims and underlying operational and service delivery principles?
3. How do the formal and informal partnership arrangements with other local service agencies support the Nindilingarri health promotion program?
4. How does the government funding and policy environment support the Nindilingarri health promotion program?
5. What are the areas of strength within the Nindilingarri health promotion program and what are areas that can be further strengthened?

### ***Ethics Clearance***

The evaluation protocol was approved by the La Trobe University Human Research Ethics Committee with particular attention given to compliance with the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.

### ***Data collection methods***

The operational period under review was the five years from July 2006 to June 2011. The methods used in the evaluation are described in detail on p.18-19 of the main report. In summary the data collection methods included:

- An analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (including current and previous staff, funders, partners and clients).
- Field visits to the Fitzroy Valley including a scoping visit plus five visits for the purposes of data-collection (document gathering and interviews) and checking.

Seventy four people were interviewed as a part of the overall Nindilingarri evaluation, including staff, members of partner organisations and agencies, academic staff working with Nindilingarri, and members of the local Fitzroy Valley community.

The data collection was undertaken over six months from December 2010 to June 2011. Data analysis was undertaken off-site. All interviews and analysis were undertaken by the evaluators themselves.

### ***Limitations***

The rigor of the evaluation was limited by considerable reliance on six-monthly government reports submitted by Nindilingarri to government funding agencies. While current staff were not questioned regarding the veracity of these reports, some ex-staff were asked for comment regarding the quality of the data in reports which they attested fairly represented the activities of the organisation. The findings presented here rely on these reports.

Although interviews were undertaken a wide variety of Nindilingarri stakeholders, in general funders and partners are somewhat removed from the day-to day operations of the organisation and have only a distant perspective on the organisation's activities.

The researchers were unknown to the community respondents and there may have been some particular positive or negative emphasis in feedback. All of the interview data presented represents particular perspectives of interviewees. The extent to which these perspectives are

widely held is unknown however when other participants shared similar views, these are reported alongside.

## ***Findings***

The goals, strategies and actions of the First Aid and Bush Medicine Program, 2008-2009 are summarised in Table 2, below.

### ***Activities within the First Aid and Bush Medicine Program***

According to the Nindilingarri Strategic Plan 2008 – 2010, the overall goal of the First Aid and Bush Medicine program was for people to develop the skills and confidence to utilise First Aid supplies for acute care and early intervention, supplemented by bush medicines. The key formal strategies set by Nindilingarri to achieve this goal were:

- Deliver First Aid training for communities and individuals to identify problems and provide appropriate early interventions;
- Provide First Aid supplies to individuals and communities on a needs basis; and,
- Investigate the role of bush medicine in the First Aid Program.

The development of First Aid Kits with contents designed specifically for the use of Aboriginal people living in the Fitzroy Valley emerged from community requests. The development of First Aid Kits also aligns with Nindilingarri's focus on prevention and accessible health care. According to a senior local Aboriginal staff member, the distribution of First Aid Kits saves people living out of town from having to visit the hospital in town for minor ailments:

*“The First Aid approach came from people coming from remote communities - coming everyday for dressings at the hospital – for remote people, [its] better that they do their dressings out there.”*

First Aid Kits are also important for when remote community access to health services is cut during the Wet Season.

The contents of the First Aid Kits are different to those commonly purchased. In response to community needs, they contain a snake-bite kit, Vicks or some other rubbing ointment, antiseptic ointment, swabs, ear drops, cough mixture, ring-worm cream, scabies cream, band-aids and bandages, tape, scissors and treatments for boils, snake-bite, gastro and head-lice. Nindilingarri makes up different types of First Aid Kits: for personal care, for the home (Nindilingarri's development of an appropriate household First Aid Kit takes into account the extended Aboriginal family), for the car, and kits for organisations hosting large scale events such as the Kimberley Aboriginal Law and Culture Centre Cultural Festival and Garnduwa Sporting and Recreation Association. Nindilingarri also runs a First Aid tent at cultural and sporting events. All members of the Health Promotion Team distribute First Aid Kits on their visits to communities around the Fitzroy Valley.

Originally, kits distributed by Nindilingarri came with a mainstream St. Johns First Aid booklet. However, noting people's confusion about some of the wording, subsequently local Nindilingarri staff revised the booklet sent with the kits for easier interpretation and use. Specifically, the revised booklets relied on the use of simpler text and more step-by-step

diagrams and visual aids. While Nindilingarri did train 23 First Aid graduates in 2006, the need for clear, readable and usable First Aid booklet became even more important due to a range of difficulties encountered regarding the delivery of First Aid training in the communities. These difficulties included:

- Problems recruiting a Health Promotion Officer qualified as a First Aid trainer;
- Difficulties organise training accreditation for a Nindilingarri worker as a First Aid trainer; and,
- Difficulties organising the delivery of First Aid training in communities by outside organisations.

The Bush Medicine program also came from community requests to provide a cultural health service that draws on traditional medicine as well as biomedicine. The key activities within the Bush Medicine program are the collection of healing plants from field trips out bush with elders. The recognition and harvesting of bush medicine is also used as a cultural “healing” program for younger community members who accompany elders on these field trips and learn from the senior women who have this specialist knowledge. In 2008, a local Nindilingarri staff member attended a course and developed the skills to make these traditional medicines more easily accessible and usable as preserved ointments that could be stored easily.

The distribution of First Aid kits is widespread across the Fitzroy Valley, in large part because all health promotion program workers are engaged in their distribution (See Table 2). Nevertheless, Nindilingarri’s capacity to train community residents in First Aid, though an excellent goal, has been largely stymied due to difficulties both attempting to recruit a dedicated First Aid Trainer and or accessing First Aid training for an existing member of staff. In so far as the goal of the program is to enable local people to develop the skills and confidence to utilise First Aid kits and training for acute care and early intervention, this element of the First Aid program remains unfulfilled.

Local partner organisations recognise the value of the First Aid program. In particular, at least two members of local partner organisations promoted the value of First Aid training to local people in communities out in the valley. Another worker observed,

*“Most [local] people know what’s in a First Aid kit and how to use it and where to restock it.”*

Similarly, community respondents praised the First Aid program as useful and beneficial for communities. A few community respondents gave explicit appreciation for the Bush Medicine program both for the opportunity to access traditional medicines and as an opportunity of passing on traditional knowledge. Again, community respondents wondered whether this program could be offered “out in the community” with more regular scheduling,

*“They need to make it a regular program on a regular planned basis – it’s a good program but it needs to happen more often.”*

While provision of First-Aid training in communities has always been an objective for the Nindilingarri First Aid program, recruitment of a suitably qualified first aid officer has been

hampered by a lack of staff housing. Similarly, repeated attempts to secure external contractors to provide First Aid training has also met contextual constraints regarding the remote context: potential recruits have not wanted to travel out to Fitzroy Valley communities. These contextual realities are discussed further in Section Four of the Chapter.

### ***Partnerships of the First Aid and Bush Medicine Program***

The primary partnerships of the First Aid and Bush Medicine programme are informal arrangements with the clients from the communities around the valley who utilise the First Aid Kits, notwithstanding the provision of community First Aid Kits to community councils and schools. The program also partners elders and young people in communities through the collection of bush medicines. Partnerships with local organisations focus on the provision of a First Aid Post at community events convened by Kimberley Aboriginal Law and Culture Centre and Garnduwa Sport and Recreation Association, and at events hosted by other organisations upon request.

### ***Comment***

The Bush medicine programme is an interesting example of a locally appropriate programme which has not had concrete strategic goals against which to report, as these have been both renegotiated when appropriate or reporting has not been required.

The First Aid and Bush Medicine programme appears to be a well-received programme with community support, and the fact that people seem to know what the kits are for and when to use them is important. Access to basic first aid in remote settings, especially when communities are cut off in the Wet Season, is clearly appreciated, and the voiced need for more input from this section of Nindilingarri is in many ways a testament to its community value.

As with all sections of the Nindilingarri programmes, the need for the Bush medicine programme to be delivered on a more systematic basis is dependent on the retention of an appropriate member of staff, and this is an issue dealt with in more depth in the discussion of this report. However, we are aware that the programme has also been hampered by the difficulties Nindilingarri has experienced in recruiting and retaining appropriate local Indigenous staff with the necessary knowledge and expertise.



Table 2: First Aid and Bush Medicine Program 2008-2009 programme goals, strategies and actions

<b>Health Promotion</b>				
<b>GOAL: Improved health outcomes for Aboriginal people in the Fitzroy Valley</b>				
<b>OUTCOME: People have the skills, resources and confidence to initiate early interventions wherever appropriate</b>				
STRATEGIES & ACTIONS	Achievement of Strategic Goals			
	Jan/Jun 08	Jul/Dec 08	Jan/Jun 09	Jul/Dec 09
<b>1. Deliver First Aid training for communities and individuals to identify problems and provide appropriate early interventions</b>				
▪ Ensure a local Health Promotion Team member is trained as a First Aid instructor	X	renegotiated <sup>8</sup>	renegotiated	NFR <sup>9</sup>
▪ Regularly offer and conduct First Aid courses that are culturally appropriate to community members	✓	renegotiated	renegotiated	„
▪ Maintain a First Aid Training Kit and First Aid Manual in appropriate language to support First Aid training	✓	renegotiated	renegotiated	„
▪ Collect statistics on and evaluate First Aid Training	X	renegotiated	renegotiated	„
▪ Collect ambulance data about First Aid that is performed in the community prior to ambulance arrival	X	X	X	„
▪ Liaison between First Aid staff and the community to obtain input and Feedback on First Aid activities	✓	✓	✓	„
<b>2. Provide First Aid supplies to individuals and communities on a needs basis</b>				
▪ Prepare and distribute First Aid supplies for communities and individuals as requested	✓	✓	✓	„
▪ Supply the Town Clinic with over the counter medications and First Aid supplies	✓	renegotiated	renegotiated	„
▪ Provide a booklet which displays and describes the appropriate use of products with First Aid Boxes	✓	✓	✓	„
▪ Use local media and other communication strategies to promote First Aid training and First Aid Boxes	✓	✓	✓	„
▪ Collect statistics on and evaluate First Aid Boxes	✓	✓	✓	„

<sup>8</sup> Extensive training requirements unachievable to training role to be contracted.

<sup>9</sup> No formal report required by OATSIH due to change in reporting requirements

▪ Review content of First Aid boxes to ensure that products are appropriate, necessary and safe	✓	✓	✓	”
▪ Provide scabies medication and directions for communities (09/10)	n/a <sup>10</sup>	✓	✓	”
<b>3. Investigate the role of bush medicine in the First Aid Program</b>				
▪ Consult with communities about existing knowledge of local bush medicines	X	✓	✓	”
▪ Explore the opportunities for bush medicine to be used as an appropriate treatment alternative in First Aid and adopt as appropriate	X	✓	✓	”
▪ Hold bush camps for collection and preparation of bush medicines (09/10)	n/a	n/a	n/a	”
▪ Conduct bush medicine workshops	n/a	n/a	n/a	”
▪ Use traditional plants to prepare products	n/a	n/a	✓	”
▪ Catalogue BM plants	n/a	n/a	✓	”
▪ Produce BM DVD	n/a	n/a	✓	”
▪ Explore BM as alternative to FA	n/a	n/a	✓	”

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<sup>10</sup> Objective from July 2008 onwards.

## **The Nindilingarri Spiritual Health Programme**

### ***Background***

The health promotion programmes which are run through Nindilingarri Cultural Health Services are designed to target a range of factors known to pose health risks to people living in remote settings. The people living in the Fitzroy Valley are mainly Aboriginal, and the Nindilingarri services aim to provide services appropriate to Aboriginal Law, Culture, Spirit and Land. The Spiritual Health Programme is one of the key Nindilingarri programmes.

At the time of the evaluation the Spiritual health programme was being run by a Spiritual Health Health Promotion Officer, a local employee who had been at Nindilingarri for some five years.

This section of this consolidated report is a summary of the findings of the Nindilingarri Cultural Health Services Spiritual Health Programme.

### ***Methods***

#### ***Aim***

The aim of this report was to evaluate the operations of the Spiritual Health promotion programs of the Nindilingarri Cultural Health Service in terms of their current vision and overall strategic plan regarding the delivery of cultural health services to Aboriginal communities in the Fitzroy Valley.

A full schedule of the objectives and evaluation questions for the Nindilingarri is included in the main complete document, in the Background to the report.

As they relate to the Spiritual Health promotion programme, in brief these were to describe the underlying operational activities and service delivery principles of the programme; how the programme supports the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri programme; describe the formal and informal partnership arrangements with other service agencies that relate to this programme; the government funding and policy environment, and its bearing on the programme; and to identify areas of strength and areas that can be further strengthened.

The health promotion program evaluation drew upon an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (n = 74) including:

- Nindilingarri staff (and ex-staff);
- Funders;
- Service provision partners; and,
- Nindilingarri clients.

The data collection was undertaken over six months from December 2010 to June 2011. The operational period under review was the five years from July 2006 to June 2011.

The specific evaluation questions were the same for all of the Nindilingarri programmes included in the evaluation, and as stated in the main report were:

- What are the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri health promotion program as articulated in organisational documents and as understood by the staff and other key stakeholders in the Nindilingarri operations?
- How do the Nindilingarri health promotion program and health promotion activities support their vision, strategic aims and underlying operational and service delivery principles?
- How do the formal and informal partnership arrangements with other local service agencies support the Nindilingarri health promotion program?
- How does the government funding and policy environment support the Nindilingarri health promotion program?
- What are the areas of strength within the Nindilingarri health promotion program and what are areas that can be further strengthened?

### ***Ethics Clearance***

The evaluation protocol was approved by the La Trobe University Human Research Ethics Committee with particular attention given to compliance with the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.

### ***Data collection methods***

The operational period under review was the five years from July 2006 to June 2011. The methods used in the evaluation are described in detail on p.18-19 of the main report. In summary the data collection methods included:

- an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (including current and previous staff, funders, partners and clients).
- field visits to the Fitzroy Valley including a scoping visit plus five visits for the purposes of data-collection (document gathering and interviews) and checking.

Seventy four people were interviewed as a part of the overall Nindilingarri evaluation, including Nindilingarri staff, members of partner organisations and agencies, academic staff working with Nindilingarri, and members of the local Fitzroy Valley community.

The data collection was undertaken over six months from December 2010 to June 2011. Data analysis was undertaken off-site. All interviews and analysis were undertaken by the evaluators themselves.

### ***Limitations***

The rigor of the evaluation was limited by considerable reliance on six-monthly government reports submitted by Nindilingarri to government funding agencies. While current staff were not questioned regarding the veracity of these reports, some ex-staff were asked for comment regarding the quality of the data in reports which they attested fairly represented the activities of the organisation. The findings presented here rely on these reports.

Although interviews were undertaken a wide variety of Nindilingarri stakeholders, in general funders and partners are somewhat removed from the day-to day operations of the organisation and have only a distant perspective on the organisation's activities.

The researchers were unknown to the community respondents and there may have been some particular positive or negative emphasis in feedback. All of the interview data presented represents particular perspectives of interviewees. The extent to which these perspectives are widely held is unknown however when other participants shared similar views, these are reported alongside.

## ***Findings***

### ***Activities within the Spiritual Health Program***

According to the Nindilingarri Strategic Plan 2008 – 2010, the goal of the Spiritual Health program was to provide the opportunity and build the confidence of people from the Fitzroy Valley to express themselves through words and music. The two key strategies set to achieve these goals were:

- To engage with community participants to involve them in producing music to lift self-esteem as an alternative to engaging in harmful behaviours; and,
- To record health messages for radio.

Nindilingarri's unique Spiritual Health, health promotion program is based on the importance of music as healing force in the lives of Aboriginal people in the Fitzroy Valley. As explained by the Program Co-ordinator,

*"Everybody knows that all Aboriginal people are involved in music and football. We decided to use the connection with music to connect [Nindilingarri] to the people and then, further their connection to our health promotion program . . . recording the artists in all the communities it links people . . . It makes these people proud. People are praising each other, "Gee, I didn't know that this fellah could sing like that." This is what is happening out in those communities; people are feeling good about each other. The music of relevance is that of the people here . . . folk music gives the people a voice . . . It lifts spirit, it gives pride, it gives these people a voice."*

Originally, the Nindilingarri workers took the music program with the recording equipment out to all the communities across the valley. They would stay and record community residents. This gave Nindilingarri an opportunity to make solid connections to community residents and the opportunity for residents to both find out about the services offered by Nindilingarri and to express particular health needs and concerns of their particular community.

The recording also produced musical albums unique to each of the communities. Besides being recorded in local languages, telling stories about the lives of both the people and their country, and strengthening local pride and Aboriginal identity, these recordings are also used as locally identifiable backing tracks for health messages produced for radio by the Spiritual Health program.

Local people explain the meanings and purpose of their recordings,

*"It's a song about the country and the people that grow up there – about the sacred places – you got to make people feel proud for the country."*

*“It’s a song about a bushfire made with kids in the school – it was a way of teaching kids in language at the community school.”*

*“This is about telling young ones to get away from the bad things – “don’t throw your life away listening to foolish words, just walk away” – you got to say the right words.”*

*“The Walmajarri words are saying, “You’ve got to come back home, not go to town drinking” – its telling my mob to go back home, not wasting their life on grog.”*

As described by the Spiritual Health program co-ordinator,

*“The recording of songs and stories and health promotional material locally and in local languages overall establishes and creates a sense of their local identity as Aboriginal people of the Fitzroy Valley and their connection to place as well as involvement and ownership of Health related resources developed out of Nindilingarri's programs.”*

Subsequently, with the move to the new building and a purpose built studio, the Spiritual Health program has the facilities to make much higher quality recordings and based on the original community contacts and the distribution of the local CDs around the valley, community people now come in to the studio and make recordings.

Other related activities undertaken by the Spiritual Health program include:

- Working with school staff and students from the Fitzroy Valley District High School (FVDHS) to develop the school song, “Strong Minds, Strong Culture”;
- Supporting the production, lighting and sound for the annual young people’s talent quest, “Fitzroy’s Got Talent” in partnership with FVDHS;
- Promoting and producing ‘No Alcohol’ community musical events with both local and non-local performers, for example, the “Wila Klyu Wira Yuguri” Wangkatjungka Concert in partnership with Kurungal Council CDEP Program, the Nindilingarri AODMH program, the WA Drug and Alcohol Office and Marninwarntikura Women’s Resource Centre; the “Desert Feet Tour” concert in partnership with FVDHS and the Dept. of Indigenous Affairs featuring Bayulu Hillside Band, Patrick Davies and Stephen Pigram;
- Co-ordinating local music workshops with visiting artists and musicians combined with opportunities for public performance, for example, promoting and producing the Black Arm Band concert in partnership with the Fred Hollows Foundation (twice) and local performances of “Washim Dat Face,” “Let’s go Fitzroy,” “Little Yubba/Caring for Kids; and song writing and recording with the Bayulu Hillside Band, FVDHS School Song, Wangkatjungka School and Yiramalay Camp School, “From City to Red Dust”.
- Working with the Language Centre to produce health promotion messages and local language terms for body parts and ailments;
- Partnering with health professionals from Nindilingarri, KPHU and the hospital in the production of a weekly health program (Thursdays 2.00 – 4.00pm) for the local radio station;
- Production of a sound track for Marninwarntikura Women’s Resource Centre DVD on women’s business and health;
- Recording health promotion messages with local school children eg: “Jabby Don’t

- Smoke, Jabby Don't Chew" recorded with Kadjina school kids; "Camp Dog Blues" with Wangkatjungka High School boys;
- Acting as a key local contact and advisor for the development of the Fitzroy Crossing Men's Shed and a Men's Health Program in partnership with KPHU;
- Local liaison for Yirra Yarkin Ngoongar Theatre Mental Health Week play;
- Delivery of song-writing and performance workshops at Yakanarra, Bayulu & Wangkatjungka; and,
- Partnering Nindilingarri Nutritionist and Environmental Health team and Kimberley Population Health Unit men's health workers in the co-ordination and delivery of Men's Health Checks in communities across the valley.

The policy to centralise the focus of recording in the town studio and thereby produce higher quality recordings is reflected in the lack of program presence in the wider Fitzroy Valley (evident in Table 3). Nevertheless, it is evident that the Spiritual Health Program has fulfilled implemented its key strategic activities consistently over the period reviewed. Largely, the overall strategy to enable Aboriginal people in the Fitzroy Valley to produce music to enhance confidence, self-esteem and identity and as a vehicle to promote healthy lifestyles across the valley has been achieved over the period.

Workers from partner agencies commend the value of the music program,

*"I witnessed the effect on people of making these songs – writing the songs, arranging the music, making the music – lots of people in the community were there – the effect of making music was so positive – it is one of the most exciting programs regarding mental health, emotional health and cultural health . . . one person, a mental health worker can't make the contact with people that a program like this can."*

and

*"Many physical and mental health problems are related to people's previous very tough lives. [Nindilingarri] offers a culturally appropriate bridge for her people, and provides healing both before and after a formal (western) diagnosis, especially for men. As an example, music is a very important way of healing for men."*

Funders also recognise the value of the program,

*"[Nindilingarri] has a spiritual health component that's very impressive. When I was there a young boy came in with a couple of stories from his dreaming – [The co-ordinator of the program] was able to work with him to write it down and then to record it to music – the quality and clarity of that recording was outstanding – very clear, very powerful – stories around who they are as a people. The power that program provides through the messages. Not just the verbal lyrics but also the music."*

Similarly, community respondents also recognise the value of the Nindilingarri Spiritual Health program,

*"[Nindilingarri] record local music – people singing about why they stopped drinking – it gives people confidence – gets a good message out."*



Nevertheless, some community respondents called for more outreach from the Spiritual Health program to visit communities in order to record local people,

*“The music program [is good] – when [Nindilingarri staff] used to go out to the community and record music right there, make cassette – people would write the songs about country, about grog, about their troubles – and they would do the recording right there . . . Music is a great way for people to express themselves – they can tell stories through their music and share them with everyone else – they need to go out to the community and do that instead of waiting for people to come in here.”*

Key challenges facing the Spiritual health program include:

- balancing the benefit of producing higher quality recordings in the studio with the benefits of greater participation and a more community-development oriented approach recording on-site in the communities;
- recruiting a committed local worker into learning how to sustain the program into the future; and,
- enabling health professionals within Kimberley Population Health Unit and hospital to recognise the power and importance of the Spiritual Health program and their potential contributions.

Succession planning regarding senior local Aboriginal staff and the recruitment and mentoring of local workers is discussed further in the Discussion Chapter.

### ***Partnerships of the Spiritual Health Program***

Under the leadership of a highly experienced senior Aboriginal worker who is also the chairperson of Wangki Yupurnanupurru radio station, the Spiritual Health Program has an extensive network of partnerships with Fitzroy Valley communities and local organisations as well as engagement within the formal WACHS partnership with the KPHU through the Men’s Health program. Through the work of the Spiritual Health Program, relationships of local organisations have been extended to regional, state and national groups. Key examples include the promotion of the Black Arm Band concert twice in partnership with the Fred Hollows Foundation (who conducted eye clinics at the concert) and linked to music writing and production workshops with students from the Fitzroy Valley District High School, young women from the Skutta Girls program and other community members.

Partnerships with communities have been maintained through provision of community music workshops and music recordings, community concerts (Wangkatjungka, in partnership with Marninwarntikura Women’s Resource Centre), recording traditional songs (Guwardi Ngadu Aged Care Hostel, KALACC and Wangki Yupurnanupurru radio station), hosting a Healthy Talk show on Wangki Yupurnanupurru radio station, men’s health workshops (town and Noonkanbah) and production of health promotion messages with the Language Centre. The Spiritual Health Program has ongoing partnerships with Fitzroy Valley District High School jointly convening community events, for example, the “Desert Feet ‘concert tour, “Fitzroy Got Talent,” students visiting and learning the sound studio recording skills and music workshops in the school.

### ***Partnerships through Local Committees***

In addition to joint activities with local agencies, Nindilingarri also participates in a range of local health-related committees, in addition to the senior local Aboriginal Nindilingarri staff taking leadership positions on the governing boards of local partner agencies. Committee memberships of the Nindilingarri Spiritual Health Program include:

- Wangi Yupurnanupurru radio station (Chair);
- Fitzroy Valley District High School Advisory Council;
- Fitzroy Crossing Men's Shed Committee;
- Fitzroy Valley Housing Committee.
- Fitzroy Futures Forum

Participation in these forums further expands Nindilingarri's capacity to enact their health leadership role.

### ***Comment***

It can be seen from this huge range of activities and associations that the Spiritual health Programme is very much alive and contributing to the health of the people of the Valley. The breadth of the partnerships is impressive, in scope and in age-range.

It is also notable that almost every one of the strategic goals has been met consistently, and whilst in part this is as a result of facilitating and strategic joint appointments, the service to the community is appreciated by funders and local people alike.

Table 3: Spiritual Health Program 2008 –2009 programme goals, strategies and actions

<b>Health Promotion</b>				
<b>GOAL: Improved health outcomes for Aboriginal people in the Fitzroy Valley</b>				
<b>People have the confidence to express themselves through words and music</b>				
<b>STRATEGIES &amp; ACTIONS</b>	<b>Achievement of Strategic Goals</b>			
	<b>Jan/Jun 08</b>	<b>Jul/Dec 08</b>	<b>Jan/Jun 09</b>	<b>Jul/Dec 09</b>
<b>1. Engage with communities and people to invite them to be involved in producing music to lift self-esteem and as an alternative to harmful behaviours</b>				
• Conduct music and song writing and recording sessions in Fitzroy Valley communities ( <i>and produce 2 albums annually 09/10</i> )	relocation <sup>11</sup>	✓	✓	✓
▪ Work with Elders to record their stories and songs in liaison with the Kimberley Law and Cultural Centre, Wangki Radio, Guwardi Ngadu Frail Aged Hostel, HACC and the Kimberley Language Resource Centre	✓	✓	✓	X
▪ Work with students in local schools to produce and perform songs.	✓	✓	✓	✓
▪ Communication and promotion of Spiritual Health activities	✓	✓	✓	✓
▪ <i>Provide cultural advice &amp; info to external agencies (09/10)</i>	✓	✓	✓	✓
▪ <i>Represent the Spiritual health program (09/10)</i>	✓	✓	✓	✓
<b>2. Recording health messages for radio programs</b>				
▪ Work with Nindilingarri Health Promotion Team, Kimberley Population Health Team and other organisations to promote health messages	✓	✓	✓	✓
▪ Design and deliver a Health Promotion segment on community radio	ooa <sup>12</sup>	✓	ooa <sup>2</sup>	✓
▪ Design Health Promotion ads for community radio as required	✓	X	✓	✓

<sup>11</sup> Relocation of the studio into new premises interrupted activities during this period

<sup>12</sup> Radio station of air due to technical problems during this period

## **The Nindilingarri Nutrition Programme**

### ***Background***

The health promotion programmes which are run through Nindilingarri Cultural Health Services are designed to target a range of factors known to pose health risks to people living in remote settings. The people living in the Fitzroy Valley are mainly Aboriginal, and the Nindilingarri services aim to provide services appropriate to Aboriginal Law, Culture, Spirit and Land. The Nutrition Programme is one of the key Nindilingarri programmes.

The Nindilingarri Nutrition Programme has had one consistent staff member for five years, a person with postgraduate training who is now enrolled in a professional doctorate programme. During this time there have been two Aboriginal health promotion employees working alongside in the programme, each for five months.

This section of this consolidated report is a summary of the findings of the Nindilingarri Cultural Health Service Nutrition Programme.

### ***Methods***

#### ***Aim:***

The aim of this report was to evaluate the operations of the Nutrition health promotion programs of the Nindilingarri Cultural Health Service in terms of their current vision and overall strategic plan regarding the delivery of cultural health services to Aboriginal communities in the Fitzroy Valley.

A full schedule of the objectives and evaluation questions for the Nindilingarri is included in the main complete document, in the Background to the report.

As they relate to the Nutrition health promotion programme, in brief these were to describe the underlying operational activities and service delivery principles of the programme; how the programme supports the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri programme; describe the formal and informal partnership arrangements with other service agencies that relate to this programme; the government funding and policy environment, and its bearing on the programme; and to identify areas of strength and areas that can be further strengthened.

The specific evaluation questions were the same for all of the Nindilingarri programmes included in the evaluation, and as stated in the main report were:

- What are the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri health promotion program as articulated in organisational documents and as understood by the staff and other key stakeholders in the Nindilingarri operations?
- How do the Nindilingarri health promotion program and health promotion activities support their vision, strategic aims and underlying operational and service delivery principles?
- How do the formal and informal partnership arrangements with other local service agencies support the Nindilingarri health promotion program?

- How does the government funding and policy environment support the Nindilingarri health promotion program?
- What are the areas of strength within the Nindilingarri health promotion program and what are areas that can be further strengthened?

### ***Ethics Clearance***

The evaluation protocol was approved by the La Trobe University Human Research Ethics Committee with particular attention given to compliance with the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.

### ***Data collection methods***

The operational period under review was the five years from July 2006 to June 2011. The methods used in the evaluation are described in detail on p.18-19 of the main report. In summary the data collection methods included:

- an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (including current and previous staff, funders, partners and clients).
- field visits to the Fitzroy Valley including a scoping visit plus five visits for the purposes of data-collection (document gathering and interviews) and checking.

Seventy four people were interviewed as a part of the overall Nindilingarri evaluation, including Nindilingarri staff, members of partner organisations and agencies, academic staff working with Nindilingarri, and members of the local Fitzroy Valley community.

The health promotion program evaluation drew upon an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (n = 74) including:

- Nindilingarri staff (and ex-staff);
- Funders;
- Service provision partners; and,
- Nindilingarri clients.

The data collection was undertaken over six months from December 2010 to June 2011. The operational period under review was the five years from July 2006 to June 2011.

The data collection was undertaken over six months from December 2010 to June 2011. Data analysis was undertaken off-site. All interviews and analysis were undertaken by the evaluators themselves.

### ***Limitations***

The rigor of the evaluation was limited by considerable reliance on six-monthly government reports submitted by Nindilingarri to government funding agencies. While current staff were not questioned regarding the veracity of these reports, some ex-staff were asked for comment regarding the quality of the data in reports which they attested fairly represented the activities of the organisation. The findings presented here rely on these reports.

Although interviews were undertaken a wide variety of Nindilingarri stakeholders, in general funders and partners are somewhat removed from the day-to day operations of the organisation and have only a distant perspective on the organisation's activities.

The researchers were unknown to the community respondents and there may have been some particular positive or negative emphasis in feedback. All of the interview data presented represents particular perspectives of interviewees. The extent to which these perspectives are widely held is unknown however when other participants shared similar views, these are reported alongside.

## ***Findings***

### ***Activities within the Nutrition Program***

According to the Nindilingarri Strategic Plan 2008 – 2010, the goal of the Nutrition program was to enable people to understand the link between good food and health. Key strategies set to achieve these goals were:

- Increase the participation of communities and individuals in understanding the importance of nutrition and accessing, preparing and storing food;
- Link in with community stores to assist in the provision and promotion of good food;
- Provide training for local people in communities to help promote good nutrition for improved health and wellbeing; and,
- Promote the revitalisation of traditional bush tucker and associated physical activities.

The Co-ordinator of the Nutrition Program recognises the importance of addressing chronic disease through the program,

*“The goals are raising awareness amongst people in the valley of the link between food, health and wellbeing. This involves complementing bush food with westernised food. The link between health and food is key to the reducing the existing burden of disease regarding diabetes, cardiovascular disease and cancer – also complementing this with physical activity. The diabetes rate here is the 4th highest in the world.”*

The key activities co-ordinated under the Nutrition Program are “community cook-ups” which engage community participants in cooking demonstrations, the community stores program which promotes the stocking of healthy foods, strategic product placement and health store policy, a schools nutrition program (often combined with community cook-ups) and a physical activities program.

### ***Community Cook-Ups***

On the basis of community invitations, the Nutrition Program co-ordinator organises healthy cook-ups in communities around the valley. Recently, these are organised in conjunction with other Nindilingarri Health Promotion officers as a holistic community health event. The CEO describes these “integrated” health promotion program activities,

*“[There is an] integrated approach to health promotion undertaken at [Nindilingarri]; for example, having a community visit for a cook-up and educating people about nutrition but also having sexual health and mental health staff involved as well to talk with people both individually and in groups.”*

And according to the Director of Services,

*“Currently we are giving a lot of emphasis to group health promotion sessions in the communities . . . Health Promotion staff from the various programs within the service go out together to a community. It sets up a carnival type event that attracts people, something that just one person visiting cannot achieve . . . having someone up front presenting and having staff in orange shirts (Nindilingarri uniform) sitting with the crowd in the audience and explaining what is being said to those around . . . It makes a bigger impact in the community. We want to get more people involved.”*

Community health events are timed to occur in the afternoon to coincide with the end of the school day. The presence of the kids and their families gathered around a focus of cooking and sharing healthy food presents an ideal group situation for communicating health promotion messages regarding identifying and selecting healthy food (understanding food labelling), storing and preparing it. Health education sessions are integrated into these events covering such issues as skin infections, ear health, diabetes, kidney disease, physical exercise, obesity, cardiovascular disease, importance of bush foods, effects of smoking and alcohol, first aid instruction and health checks (including blood sugar levels and blood pressure measurement).

### ***Working with Community Stores***

There are six community stores across the Fitzroy Valley including the supermarket in Fitzroy Crossing. Instituting healthy food policy and healthy product placement within these stores is highly dependent on productive relationships with store managers. At the time of undertaking the evaluation, productive relationships existed with only five of the six store managers. Not only are positive relationships with store managers central to this work but also community leaders engaged in store governance require an understanding of health and nutrition in order to support healthy food policy. The cook-ups described above are a part of this strategy. Store health promotion activities undertaken by the Nindilingarri include the above policy work, developing healthy food messages for display in stores (“shelf-talkers”), organising strategic shelf placement of healthy food items, distributing in-store displays regarding health risks of sugar, fat and caffeine and negotiating with stores regarding stocks and display of high sugar drinks.

### ***Working with Schools***

Sessions conducted with children in the community school include provision of information about healthy foods, using quizzes and interactive games, and employing arts materials to develop “shelf-talkers” for the store using local motifs and languages. Sessions include effects of food on the health of organs of the body, diabetes and blood sugar levels, heart health and blood pressures, measuring heights and weights and calculating body mass index, dental hygiene and personal hygiene such as hand-washing. Sometimes the school sessions are undertaken with the local Nindilingarri Environmental Health Workers who also include looking after pets and healthy housing in their sessions. Schools visited include Wangkatjungka, Yakanarra, Yiyili, Bayulu, Noonkanbah, Fitzroy Crossing, Kadjina and Muludja.

### *Physical Exercise Sessions*

The male Nutrition HPO has developed physical exercise sessions with local football teams so young men engage in “beep” tests as done for football players where they are timed on a run up and down and zigzag around witches hats. Other sessions with children include supervising ball games on the basketball courts

According to Action Plan reports these key strategies within the nutrition program were complemented by additional support activities. These activities included:

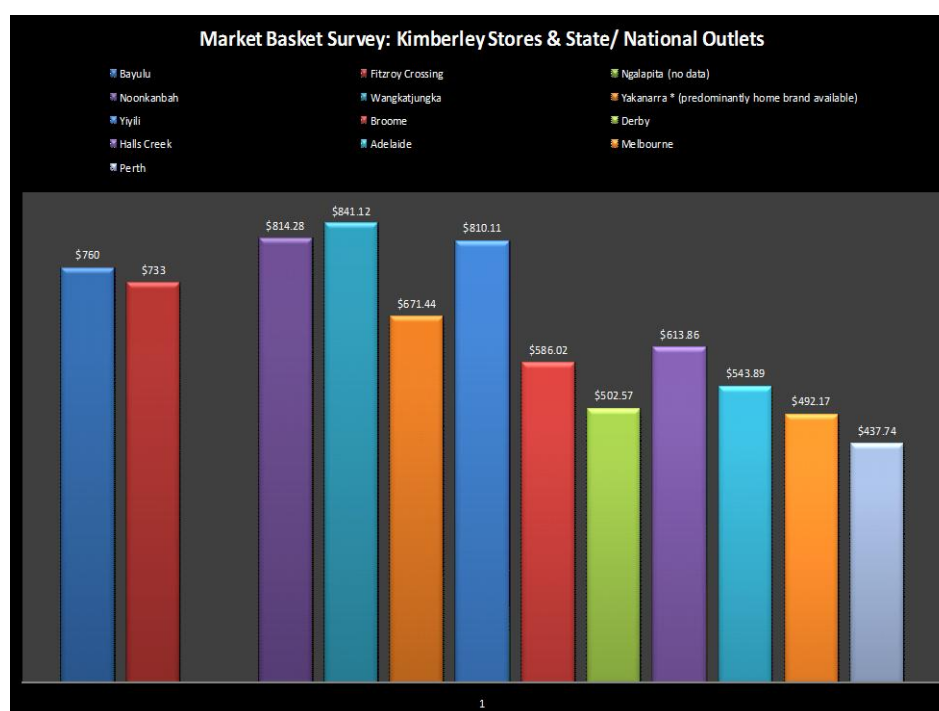
- Co-ordination of the Kimberley Health challenge in local schools;
- Co-ordination of “Nutrition Week” annually;
- Health promotion activities directed towards men’s health in conjunction with the Nindilingarri Spiritual Health program & Environmental Health program and the KPHU; e.g. Men’s Group at Bayulu, Fitzroy Crossing Men’s Shed; Men’s Health Checks; AOD program
- Promotion of quality in stores through a Stores Quality Assessment Award;
- A “\$3.00 a Serve Cookbook” developed;
- Partnering Karrayili Registered Training Organisation in healthy cooking and food preparation for work readiness groups;
- Progress towards development of a Fitzroy Valley cookbook;
- Development of community gardens at Bayulu and Moongardie,
- Promoting the removal of point of sale snack food displays in stores;
- Monitoring menu and dietary guidelines for the Guwardi Ngadu Aged Hostel; and
- Implementation of a food-basket survey twice in the period under evaluation

Figure 4 shows the main results of a food-basket survey undertaken by the Nindilingarri Nutrition Program, and demonstrates the high cost of food across the Fitzroy Valley, particularly in remote communities. A basket of food that costs \$437.74 in Perth would cost \$733 in Fitzroy Crossing township (67% higher) and \$841.12 at Wangkajunkja, 160 kilometres from Fitzroy Crossing (92% higher). Considering that the Fitzroy Valley is in the bottom 5% of the whole of the Australian population regarding socioeconomic status as measured on the SEIFA scale (ABS 2006), the results of this food-basket further emphasise the massive poverty present in the daily lives of Nindilingarri’s client population, the Aboriginal people of the Fitzroy Valley.

Table 4 shows a high level of commitment within the Nutrition Program to promoting healthy food across the communities of the Fitzroy Valley, and demonstrates the consistent achievement of the strategic objectives of the program across the period under review. On this basis, the Nutrition Program can make strong claims about achieving its health promotion goal of enabling Aboriginal people in the Fitzroy Valley to recognise access and store healthy shop food and bush tucker, to develop the knowledge, skills and confidence to prepare healthy food and to adopt healthier lifestyles.



**Fig 4: Nutrition Program: Food Basket Comparative Costs Survey**



Challenges confronted by the Nindilingarri Nutrition Program include:

- Difficulty recruiting committed local community-based store trainees – disruptions due to family illness and caring responsibilities, funerals, mobility of people, employees not “work ready”;
- Turnover of store managers;
- Engaging the community leadership or community store committee to develop healthy food policy; resignation of committee members;
- Seizing the window of opportunity when a committed store manager is employed and the community leadership support the work;
- Access to store point of sales data limited by technical issues, defensive store managers, lack of transparency and fraud;
- With the need for constant reinforcement of healthy food messages, the amount of work involved to cover the number of communities with the limited number of staff employed in the Nutrition program (one only); and,
- The need for a local Aboriginal health worker alongside the Health Promotion Officer.

Nindilingarri’s Nutrition Program is well-recognised for its work by local partner agencies, in particular the effort made to visit communities and engage residents in the activities of the program. Some staff members from the Kimberley Population Health Unit queried whether the Nindilingarri Nutrition Program should be engaged in measuring blood pressures and blood sugar levels of community residents which they perceive as a clinical practice under

their ambit within the Fitzroy Valley Health Partnership.

Community respondents also indicated the Nindilingarri Nutrition program had a high level of visibility in their communities and that they appreciated the work giving particular emphasis to health promotion regarding diabetes:

*“We see that bloke out there – he does the cook up and the health checks – check up peoples blood pressures and blood sugar levels.”*

*[The Nindilingarri Nutrition Program Co-ordinator] did some shelf talkers with the kids – that’s one good thing – those grandkids hear [The Nindilingarri Nutrition Program Co-ordinator] talking and come back and tell us. He is teaching for the future as well. It is good for the kids in the future. My granddaughter came back and told me, “You can’t have . . . too much butter!” . . . Some of the foods we are not sure about like mushrooms . . . Now we look at that label ourselves!”*

As indicated previously above, recruitment and training of local Aboriginal workers is examined further in the Discussion Chapter. Similarly, both delineation of health promotion activities and clinical activities within the Fitzroy Valley Health Partnership and the use and effectiveness of holistic community events are also topics covered in the Discussion Chapter.

Nutrition programme vehicle after a field visit



### ***Partnerships of the Nutrition Program***

As described earlier, the Nutrition Program works in partnership with community leaders and their store managers regarding healthy food policies and with schools regarding nutrition education (for both school attendees and community members).

At the community level, the Nutrition Program co-ordinator has also developed relationships with community football clubs for the purpose of nutrition, physical exercise and ongoing health checks. Partnerships with local organisations include Karrayili for classes on healthy food preparation, with the Fitzroy Crossing Men's Shed alongside KPHU for men's health workshops and health checks, and with Tarunda Supermarket in Fitzroy Crossing regarding healthy food policy and installation of shelf talkers.

### ***Comment***

The Nindilingarri Nutrition programme is an example of a well-developed suite of interventions run by a committed person with appropriate training in the field and a passion for the work undertaken. There is an impressive range of programmes, integrated into general health information in a highly appropriate way.

The range of partnerships is quite small, although those which have been built are appropriate, particularly with the local community (although it is noted that there may be some overlap with the work of the local Population Health unit which could be confusing for the local communities). A number of specific initiatives were mentioned, such as the food labelling project, which is clearly appreciated by the community. The programme regularly reports on and achieves its targets except when problems occur which are outside the control of the programme, for example staff turnover.

Because the current nutrition programme is dependent on a particular person, it would be threatened if this health promotion office was to decide to relocate.

Table 4: Nutrition programme 2008 –goals, strategies and actions

<b>Health Promotion</b>				
<b>GOAL: Improved health outcomes for Aboriginal people in the Fitzroy Valley</b>				
<b>Outcome: People understand the link between good food and good health</b>				
STRATEGIES & ACTIONS	Achievement of Strategic Goals			
	Jan/Jun 08	Jul/Dec 08	Jan/Jun 09	Jul/Dec 09
<b>1. Increase the participation of communities and individuals in understanding the importance of nutrition and accessing, preparing and storing food</b>				
▪ Develop and deliver programs such as healthy food cook-ups, school and community education sessions, radio ads and other promotional material	✓	✓	✓	✓
▪ Collaborate with canteen/home maker staff to incorporate adjustments in School breakfast and lunch programs	n/a	✓	✓	s/t
▪ Develop and deliver radio advertisements and messages about healthy food	✓	✓	ooa <sup>13</sup>	✓
▪ Support other agencies in their delivery of their nutrition projects in the Fitzroy Valley	✓	✓	✓	✓
▪ Planning sessions and programs with East and West Kimberley Nutritionists and Dieticians 2-3 times per year.	✓	✓	✓	✓
▪ Work with the Fitzroy Valley Hospital to provide nutritional advice and assist in the physical activity of community patients	✓	✓	✓	✓
▪ Consult with community chair people to determine nutritional needs of their communities	✓	✓	✓	✓
▪ Work together with the organisation on joint activities	✓	✓	✓	✓
<b>2. Link in with community stores to assist in the provision and promotion of good food</b>				
▪ Develop and distribute point of sale promotions including posters, shelf talkers, food tasting, recipe cards and store displays	✓	✓	✓	✓
▪ Advocate to increase the amount of healthy snack foods and fruit and vegetables available in the store	✓	✓	✓	✓
▪ Involve community members and store workers in promoting nutrition information sessions	✓	✓	✓	✓

<sup>13</sup> Out of action (ooa) – radio station experiencing technical outs

<b>3. Provide training for local people in communities to help promote good nutrition for improved health and wellbeing</b>				
▪ Develop and deliver regular training sessions including workshops and field trips, on good food choices and practices for community members	✓	t/m <sup>14</sup>	✓	✓
▪ Provide advice and work with staff and management at Guwardi Ngadu Frail Aged Hostel on nutrition and its role in good health and wellbeing	✓	s/t <sup>15</sup>	✓	s/t
<b>4. Promote the revitalisation of traditional bush tucker and associated physical activities</b>				
▪ Establish a pilot men's group to encourage healthy eating and physical activity	✓	✓	✓	✓
<b>5. Provide support, guidance and strategies to increase involvement in sport &amp; recreational activity (09/10)</b>	n/a	n/a	✓	✓

<sup>14</sup> Training manual (t/m) supplied to stores but no training as community staff unavailable

<sup>15</sup> Staff turnover (s/t) – departure of the cook created a hiatus in this relationship

## **The Nindilingarri Alcohol and Other Drug and Mental Health (AODMH) Programme**

### ***Background***

The health promotion programmes which are run through Nindilingarri Cultural Health Services are designed to target a range of factors known to pose health risks to people living in remote settings. The people living in the Fitzroy Valley are mainly Aboriginal, and the Nindilingarri services aim to provide services appropriate to Aboriginal Law, Culture, Spirit and Land. The Alcohol and Other Drug and Mental Health (AODMH) Programme is one of the key Nindilingarri programmes.

The Nindilingarri Alcohol and Other Drug and Mental Health (AODMH) Programme has had one consistent staff member for five years, a person with postgraduate training who is now enrolled in a professional doctorate programme. During this time there have been two Aboriginal health promotion employees working alongside in the programme, each for five months.

This section of this consolidated report is a summary of the findings of the Nindilingarri Cultural Health Service Alcohol, Other Drugs and Mental Health Programme.

### ***Methods***

#### ***Aim:***

The aim of this report was to evaluate the operations of the Alcohol and Other Drug and Mental Health (AODMH) Programme health promotion programs of the Nindilingarri Cultural Health Service in terms of their current vision and overall strategic plan regarding the delivery of cultural health services to Aboriginal communities in the Fitzroy Valley.

A full schedule of the objectives and evaluation questions for the Nindilingarri is included in the main complete document, in the Background to the report.

As they relate to the Alcohol and Other Drug and Mental Health (AODMH) Programme health promotion programme, in brief these were to describe the underlying operational activities and service delivery principles of the programme; how the programme supports the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri programme; describe the formal and informal partnership arrangements with other service agencies that relate to this programme; the government funding and policy environment, and its bearing on the programme; and to identify areas of strength and areas that can be further strengthened.

The health promotion program evaluation drew upon an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (n = 74) including:

- Nindilingarri staff (and ex-staff);
- Funders;
- Service provision partners; and,
- Nindilingarri clients.

The data collection was undertaken over six months from December 2010 to June 2011. The operational period under review was the five years from July 2006 to June 2011.

The specific evaluation questions were the same for all of the Nindilingarri programmes included in the evaluation, and as stated in the main report were:

- What are the vision, strategic aims and underlying operational and service delivery principles of the Nindilingarri health promotion program as articulated in organisational documents and as understood by the staff and other key stakeholders in the Nindilingarri operations?
- How do the Nindilingarri health promotion program and health promotion activities support their vision, strategic aims and underlying operational and service delivery principles?
- How do the formal and informal partnership arrangements with other local service agencies support the Nindilingarri health promotion program?
- How does the government funding and policy environment support the Nindilingarri health promotion program?
- What are the areas of strength within the Nindilingarri health promotion program and what are areas that can be further strengthened?

### ***Ethics Clearance***

The evaluation protocol was approved by the La Trobe University Human Research Ethics Committee with particular attention given to compliance with the NHMRC Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.

### ***Data collection methods***

The operational period under review was the five years from July 2006 to June 2011. The methods used in the evaluation are described in detail on p.18-19 of the main report. In summary the data collection methods included:

- an analysis of operational reports over the previous five years supplemented by interviews with key stakeholders (including current and previous staff, funders, partners and clients).
- field visits to the Fitzroy Valley including a scoping visit plus five visits for the purposes of data-collection (document gathering and interviews) and checking.

Seventy four people were interviewed as a part of the overall Nindilingarri evaluation, including Nindilingarri staff, members of partner organisations and agencies, academic staff working with Nindilingarri, and members of the local Fitzroy Valley community.

The data collection was undertaken over six months from December 2010 to June 2011. Data analysis was undertaken off-site. All interviews and analysis were undertaken by the evaluators themselves.

### ***Limitations***

The rigor of the evaluation was limited by considerable reliance on six-monthly government reports submitted by Nindilingarri to government funding agencies. While current staff members were not questioned regarding the veracity of these reports, some ex-staff members were asked for comment regarding the quality of the data in reports which they attested fairly

represented the activities of the organisation. The findings presented here rely on these reports.

Although interviews were undertaken a wide variety of Nindilingarri stakeholders, in general funders and partners are somewhat removed from the day-to day operations of the organisation and have only a distant perspective on the organisation's activities.

The researchers were unknown to the community respondents and there may have been some particular positive or negative emphasis in feedback. All of the interview data presented represents particular perspectives of interviewees. The extent to which these perspectives are widely held is unknown however when other participants shared similar views, these are reported alongside.

## ***Findings***

### ***Activities within the Alcohol and Other Drug and Mental Health (AODMH) Program***

According to the Nindilingarri Strategic Plan 2008 – 2010, the goal of the AODMH Program is to enable Aboriginal people in the Fitzroy Valley to recognise health risks associated with alcohol and drugs and support them to manage their lives with minimal impact from alcohol, drug and mental health issues. To achieve this goal, currently the AODMH is set up with four specific strategies:

- to develop and deliver alcohol and drug health promotion programs;
- to provide mental health promotion programs;
- to provide treatment services for people with drug and alcohol problems; and
- to provide mental health counselling services.

Prior to the development of the 2008 Strategic Plan, Nindilingarri played a key role instigating two key initiatives regarding alcohol abuse in the Fitzroy Valley. These were, first, successful advocacy and eventual receipt of funding for alcohol education and counselling services, and second, advocacy for community-wide alcohol restrictions in Fitzroy Crossing.

The call for both these initiatives emerged initially from a 2004 Fitzroy Valley community meeting convened by Nindilingarri and facilitated by the current Director of the Marninwarntikura Women's Resource Centre. At that time, Nindilingarri managed the Fitzroy Crossing Sobering-Up Shelter. In response to community calls for change, a 2006 Nindilingarri review found the Sobering-Up-Shelter was operating as a "revolving door" for a small subset of the community suffering the consequences of alcohol abuse. As a result, and in order to provide benefits to a larger sector of the Fitzroy Valley population, Nindilingarri commenced advocacy to reorient the Nindilingarri alcohol service delivery towards prevention, a shift subsequently supported by the funding agency, the WA Alcohol and Drug Office. In addition to Nindilingarri actively lobbying for increased Mental Health Services for the Fitzroy Valley (with positions therefore based in Fitzroy Crossing rather than being delivered from Broome or Derby), this included the Nindilingarri vision for integrated AOD and Mental Health services through partnership arrangements with external AOD and Mental



Health Service Providers. Therefore the focus of service delivery has shifted from dealing with the immediate problems of inebriation to a focus on prevention and harm reduction.

The second initiative involving Nindilingarri was the implementation of alcohol restrictions in Fitzroy Crossing. Nindilingarri, in partnership with the Marninwarntikura Women's Resource Centre as the lead agency, played a significant role campaigning for and initiating the liquor restrictions in Fitzroy Crossing that commenced late in 2007. A Fitzroy Valley Women's Meeting convened by Marninwarntikura Women's Resource Centre in early 2007 galvanised both senior women and, subsequently senior men, and authorised collective community action and advocacy. The campaign was supported by Nindilingarri through both the advocacy of the Marninwarntikura Chairperson (the Aboriginal AOD worker at Nindilingarri), and the provision of secretariat services by the Co-ordinator of the Nindilingarri Alcohol Other Drug and Mental Health program. Powerful endorsement for alcohol restrictions came from the WA Coronial Enquiry into suicides in the Kimberley published in 2008 that found sixteen of twenty one of these were alcohol related (Office of the Western Australian Coroner 2008). Responding further to recommendations from the Fitzroy Crossing women's meeting, Nindilingarri developed a successful submission to follow-up the alcohol restrictions with a prevention project focused on Foetal Alcohol Spectrum Disorder (FASD).

As a public health intervention, the community-initiated Fitzroy Crossing alcohol restrictions have made a massive impact, despite the original advocates including the Aboriginal AOD worker at Nindilingarri suffering public abuse and personal distress pursuing these courageous reforms. The restrictions covering the general public began on 27<sup>th</sup> September 2007, with a six-month ban on the sale of alcohol over 2.7% at 20°C. Six months later, on May 16<sup>th</sup> 2008, the ban was extended indefinitely. Key public health outcomes reported by Notre Dame University in the 12-month follow-up report include:

- reduced liquor sales (77% difference in takeaway sales of pure alcohol at one outlet);
- reduced alcohol related charges from random breath tests;
- reduced Fitzroy Crossing hospital emergency presentations;
- reduced ambulance call-outs;
- overall trauma from alcohol abuse; and
- reduced violence and abuse towards police in communities.

The 24 month follow-up (shown in Table 5) showed a drop in the proportion of breath tests positive for excess alcohol consumption, the proportion of domestic violence fuelled by alcohol is reducing, an overall reduction in hospital emergency presentations, and a reduction in the number of alcohol related ambulance call outs.

The 24 month follow-up report showed less dramatic effects as those wishing to access full strength takeaway beer and spirits had somewhat adapted to the restrictions and have carried these products in from other towns. Nevertheless, it is also evident that public life and amenities in Fitzroy Crossing such as going shopping, attending sporting events and using public parks is a far less stressful experience for all of the community with the alcohol

restrictions in place. Nindilingarri played a significant role in facilitating this change.

**Table 5: Outcome Data from Fitzroy Crossing Alcohol Restrictions at 24 months**

(Kinnane, Farrington, Henderson-Yates & Parker 2010)

Indicator	Oct 2006-Sept 2007 (pre-restrictions)	Oct 2007-Sept 2008	Oct 2008-Sept 2009	Statistical test
<i>Ratio of random breath tests, negative : positive</i>	6.1: 1	20.5: 1	19.6: 1	
<i>Alcohol-related / all domestic violence incidents</i>	73/88	93/115	150/190	Pearson chi2(2) = 0.6351 Pr = 0.728
<i>Hospital emergency presentations</i>				
<b>Fitzroy Crossing</b>	604	392	534	Chi sq 38.24, p<.001
<b>Broome</b>	73	90	63	
<b>Derby</b>	43	65	52	
<b>Halls Creek</b>	14	22	18	
<b>Total</b>	734	569	667	
<i>Total ambulance call-outs</i>	340	217	257	Pearson chi2(2) = 9.5423 p= 0.008

Nindilingarri Action Plan reports reveal the reorientation of alcohol program service delivery towards prevention in late 2007 resulted in education programs for clients, the school and communities regarding FASD, supporting community development processes towards legislated alcohol bans and community by-laws (Wangkatjunka Noonkanbah, Bayulu), brief intervention training for clinicians at the hospital, local agency staff development workshops on motivational interviewing regarding alcohol, school health education sessions through the School Drug Education and Road Aware (SDERA) program, AOD information sessions at the women's refuge, AOD education with the Marninwarntikura Women's Resource Centre Family Violence Prevention Project, promotion of responsible sales of alcohol products and volatile substances with retailers, and Nindilingarri leading the development of the Fitzroy Valley Alcohol and Other Drug Co-ordination Committee. The AODMH has also played a key role in the organisation of large alcohol and drug free community events such as the Black Arm Band concerts. However, the difficulty recruiting and the resulting absence of a senior Health Promotion Officer in the program for 18 months from May 2009 until November 2010 reduced outputs from the program through this period.

Considerable progress has occurred with the FASD project under the three-way leadership of the CEO of Nindilingarri in partnership with the Director of the Marninwarntikura Women's Resource Centre (MWRC) and with the support of the Nindilingarri Aboriginal Alcohol and Drug Worker who, as previously indicated, is also the Chairperson of Marninwarntikura. The FASD project, "Overcoming Foetal Alcohol Spectrum Disorders (FASD) and Early Life Trauma (ELT) in the Fitzroy Valley: A Community Initiative," received a substantial boost when the George Institute for Global Health and Sydney University responded to an invitation from the Fitzroy Valley community to partner in the project through the three-way leadership from Nindilingarri and MWRC during 2008. Subsequent to further community consultation in early 2009 and through the engagement of a broad range of local and regional partners in a scoping study in late 2009, the project became known as Marulu: The Liliwan Project and has secured \$1.23m of funding from the local COAG Closing the Gap initiative for a FASD prevalence study. The study includes data collection about the child health and development history of a cohort of Fitzroy Valley children born in 2002 and 2003 followed by comprehensive multi-disciplinary health and development assessments of this birth cohort. Critically, the project also incorporates community education as well as diagnosis, prevention, management of FASD and carer support. As described by the current Aboriginal and Torres Strait Islander Social Justice Commissioner, Mick Gooda,

*"This [project] is an example of researchers reciprocating both the spirit and intent of the community by working to address the challenges of foetal alcohol spectrum disorder in a genuine partnership – one where research is done with the community and not just about the community."*

As is indicated in Table 7, despite the absence of a dedicated senior Alcohol and Drug Health Promotion Officer for over 18 months of the five year period under review, the alcohol and other drug program within Nindilingarri has implemented proposed strategies and actions to support communities within the Fitzroy Valley to recognise health risks associated with alcohol and drugs and to manage their lives with minimal impact from alcohol and drugs. The FASD study is an unprecedented Fitzroy Valley-wide alcohol education intervention.

The mental health component of the AODMH program is a multi-partner project involving Nindilingarri, three field services teams of the WACHS Kimberley Mental Health and Drug Services and Boab Health (the allied health arm of the Kimberley Division of General Practice). The three teams of the WACHS Kimberley Mental Health and Drug Services are:

- the Adult Mental Health team, a member of which is a mental health clinician based in the Nindilingarri premises in Fitzroy Crossing. This clinician works one-to-one, case-managing mental health clients and triaging other services under the cultural supervision of local Nindilingarri workers. He also works on health promotion programs regarding men's health, alcohol and smoking. He sees Nindilingarri cultural supervision of his work as critical,

*"I encounter some very difficult situations that are difficult to navigate through. The support of [Nindilingarri] is critical. As a hospital-based professional you wouldn't be able to do it. . . . There are few people like [the Nindilingarri Aboriginal Alcohol and Drug Worker], who are huge assets for the town."*

- Child and Adolescent Mental Health serviced by a social worker also based at the Nindilingarri premises in Fitzroy Crossing. This worker specialises in individual and family counselling focused upon children and young adults with depression, anxiety, anger, trauma stemming from previous abuse, psychosis and at risk of suicide. She described the Nindilingarri Aboriginal Alcohol and Drug Worker as her cultural “consultant and guide”.
- the Drug Services Team which has two team members, one Aboriginal worker from the region, who works in Fitzroy Crossing three days a fortnight. These workers meet clients, do one-to-one counselling, small group counselling and family therapy groups.

Boab Health provides visiting mental health counselling services based at the Nindilingarri premises on a fortnightly basis. This worker also undertakes community visits out in the valley in partnership with Nindilingarri health promotion officers and uses the Nindilingarri Aboriginal Alcohol and Drug Worker as a cultural consultant.

Youth mental health is a critical area of need within the Fitzroy Valley. In 2008, the Western Australian Coroner reported Indigenous suicides during 2006 at seven times the rate of non-Indigenous suicides (see Table 6). Eight of the deaths by self-harm in 2006 were in the Fitzroy Valley. (ibid p5). Subsequently, there were 17 Indigenous suicides in the Kimberley between October 2010 and May 2011 (OCGRIS 2011, p50).

***Table 6: Kimberley Self Harm Deaths 200 – 2006***

<b>Year</b>	<b>Self-Harm Deaths Aboriginal</b>	<b>Self-Harm Deaths Non-Aboriginal</b>
2000	8	4
2001	8	2
2002	10	2
2003	5	1
2004	7	1
2005	9	3
2006	21	3
<b>Total</b>	<b>68</b>	<b>16</b>

(Reference: Office of the Western Australian Coroner 2008)

Largely, in the absence of dedicated Nindilingarri mental health staff, the organisation’s contribution is largely through the cultural consultancy role. Nindilingarri’s partners with the AOMDH program clearly recognise the critical role played by the Nindilingarri Aboriginal AOD worker inserting key cultural considerations into their practice and enabling their connection to the community.

Client respondents perceived that Nindilingarri was not obviously involved in the area of alcohol and mental health programs although WACHS workers were recognised for their work in this area. Again, it appears few clients recognise Nindilingarri’s role regarding AODMH services within the Fitzroy Valley Health Partnership. The difficulties in recruiting a senior health promotion officer for this program for 18 months and the significant

orientation time of the new non-local recruit that largely limited Nindilingarri's role to cultural brokerage for WACHS workers and support for the FASD program over the past couple of years may also explain Nindilingarri's lack of visibility "out in the community". Nindilingarri's role and visibility within the Fitzroy Valley Health Partnership is discussed further below and in the Discussion Chapter.

### ***Partnerships of the Alcohol and Other Drug and Mental Health (AODMH) Program***

The Nindilingarri Alcohol Other Drugs and Mental Health Program (AODMH) like the other health promotion programs has informal partnerships renewed by regular negotiations with the Fitzroy Valley Aboriginal communities to whom it provides services. For instance, prior community negotiations enabled the AODMH program to facilitate and support the development of Section 175s for liquor restrictions at Wangkatjunka Noonkanbah and Bayulu.

As described previously, being co-located with WACHS staff, the Nindilingarri AODMH program is linked in closely with the formal WACHS-Nindilingarri Fitzroy Valley Health Partnership. Similarly, Nindilingarri has a service agreement with the Kimberley Division of General Practice ("Boab Health") who also utilise the Nindilingarri AODMH office space. Through this agreement, cultural brokerage is supplied by Nindilingarri for Boab's allied health services including psychology services.

As outlined earlier, Nindilingarri's AODMH program has strong links with Marninwarntikura Women's Resource Centre through the Nindilingarri Aboriginal AOD worker also being the Chairperson of this women's organisation. Nindilingarri partnered Marninwarntikura in advocacy for the alcohol restrictions. Nindilingarri, Marninwarntikura and the Kimberley Aboriginal Law and Culture Centre (KALACC) have also made joint submissions on Youth Suicide to government funding agencies. Other joint activities include alcohol and drug workshops at the women's refuge and in the Family Violence Prevention Project. Negotiation of a formal partnership MOU is underway between Nindilingarri and Marninwarntikura and the George Institute and The Sydney University Medical School in regards to the FASD project to ensure the Fitzroy Valley Aboriginal community retains control of the implementation of that project. The AODMH also links with the Fitzroy Valley District High School and has played a leading role in the Fitzroy Valley Alcohol and Other Drug Co-ordination Committee.

### ***Partnerships through Local Committees***

In addition to joint activities with local agencies, Nindilingarri also participates in a range of local health-related committees, in addition to the senior local Aboriginal Nindilingarri staff taking leadership positions on the governing boards of local partner agencies. Committee memberships of Nindilingarri related to the AODMH programme include:

- Marninwarntikura Women's Resource Centre (Chair);
- Fitzroy Valley Alcohol and Other Drug Co-ordination Committee (with Marninwarntikura Women's Resource Centre, KALACA and others);
- FASD Project Circle of Friends (with Marninwarntikura Women's Resource Centre, FVHS, KPHU, FVDHS, KDGP, DCP and others).

### *Comment*

The AODMH programme is an exemplar, in that it has wide brokerage, is respected within the community and has broad links to other organisations. In addition this programme has played, and continues to play, an enormous part in improving the health of the local community, particularly with respect to alcohol restriction regulation reforms and to the need to respond to the FAS-D problem in children. The programme is flexible enough to be able to respond to the changes in the needs of the local community, for example in no longer having a need for drying-out facilities.

Having said that, the alcohol restriction success story acts somewhat as a ‘lighthouse’, in that because it is so obvious it outshines all the other work being conducted in this area, which, as a result, struggle for funding and staff. We comment on this further in the discussion section of this consolidated report.



**Table 7: Alcohol & Other Drug Program and Mental Health (AODMH) 2008 –2009 Goals, strategies and actions**

Alcohol and Drug Program				
GOAL: People manage their daily lives with minimal impact from alcohol, drug and mental health issues				
OUTCOME: People with drug and alcohol problems and their families are supported and able to manage their daily lives				
STRATEGIES & ACTIONS	Achievement of Strategic Goals			
	Jan/Jun 08	Jul/Dec 08	Jan/Jun 09	Jul/Dec 09
<i>1. Build the capacity of communities to respond to local alcohol and drug issues</i>				
▪ Provide information and support to community groups and agencies on how to address liquor licensing issues	✓	✓	✓	✓
▪ Provide information and education to individuals and communities to address alcohol and drug issues in their family or community	✓	✓	✓	✓
<i>Work with licensee holders to create safer drinking environments</i>				
▪ Deliver Responsible Service of Alcohol training to licensee holders	✓	recruitment <sup>16</sup>	n/a	n/a
<i>Increase the knowledge and awareness of alcohol and drug issues among young people</i>				
▪ Support local schools to deliver drug education	✓	✓	✓	✓
<i>Build the capacity of staff to ensure cultural appropriateness</i>				
▪ Develop and implement cultural awareness resources for staff	✓	✓	✓	✓
<i>2. Timely and appropriate reporting of program activities to funding bodies</i>				
▪ Undertake regular program reporting as specified in the Drug and Alcohol Office Service Agreement	✓	✓	✓	✓
▪ Coordinate and report on Alcohol and Drug Health Promotion activities and work collaboratively within Nindilingarri	✓	✓	✓	✓

<sup>16</sup> The AOD HPO resigned in August 2008 and services other than those provided by the Aboriginal AOD worker have been on hold.

STRATEGIES & ACTIONS	Achievement of Strategic Goals			
	Jan/Jun 08	Jul/Dec 08	Jan/Jun 09	Jul/Dec 09
<b>3. Build the capacity of communities to respond to local alcohol and drug issues</b>				
<i>More effective coordination of services</i>				
▪ Meet regularly with the DOS and AODMH Team	✓	✓	✓	✓
▪ Work together within the organisation on joint activities	✓	✓	✓	✓
▪ Meet with regularly with key stakeholders to share information, discuss issues and to review and evaluate the AOD program	✓	✓	✓	✓
<b>4. External evaluation of changes in alcohol awareness and knowledge in the community</b>				
▪ Provide input from the Alcohol and Drug Health Promotion Program to Health support the Notre Dame University's evaluation of alcohol and drug use in the Fitzroy Valley	✓	✓	✓	✓
<i>Ensure the cultural appropriateness of AOD HP activities</i>				
▪ Liase between program staff and the community	✓	✓	✓	✓
<b>5. Ensure a functional and productive alcohol and drug building</b>				
▪ Coordinate building upgrades and repairs and maintenance	✓	✓	✓	✓
▪ Preparation of funding submissions and applications to support services	✓	✓	ongoing	✓
▪ Development and maintenance of strategies to ensure cultural security of service delivery	✓	✓	✓	✓



## Discussion

As indicated in the Introduction and Background to this report, this programme is one of a suite of health promotion programmes run at Nindilingarri.

Nindilingarri is responsible for a number of programmes other than three health promotion programme streams to the local community, including Guwardi and Home and Community Care. At the time this evaluation was undertaken, funding of these programmes was dependent on both continuing programme funding and on the proportion of funds which funders allow to be used for administration and infrastructure. This varies from about 25% for OATSIH funded programmes to very little for COAG programmes which stipulate that funds were to be used only for service provision. Unfortunately, at the time we conducted this evaluation, some projects funded by the WA Department of Health allow only a minimal amount to be allocated to project administration, normally about 5%. This contrasted poorly with contemporaneous organisational arrangements; for example, universities were funded from both central core funds and also by imposing various levies on incoming research and related funds, commonly to at least 30% and sometimes much more. It seemed then, and continues to do so now, to be unreasonable to expect any organisation be unable to use a part of incoming funds for correct administration and disbursement of these same funds as it is unclear how such revenues can otherwise be appropriately managed.

In following up this problem, we are pleased to find that there have been recent changes to the amount of funding which can be allocated to administration, and that new procurement processes are much more flexible in providing for the costs of administrative services. We draw attention to this point as at the time of this evaluation we could see that there was clearly pressure on the Nindilingarri administration staff because of overall underfunding of administration and infrastructure because of constraints on how programme funds are to be spent.

As a part of this evaluation we approached all other local organisations and spoke with senior staff at almost all of them, to discuss local perceptions of Nindilingarri and how they manage partnerships with them. Whilst most local partnerships are informal, views expressed by workers in local agencies in partnership with the Nindilingarri Health Promotion program are in general positive about the benefits of such partnerships. Organisations with a specific focus on community wellbeing, such as Garnduwa, (the youth sporting and recreation foundation), the Fitzroy Crossing Men's Shed and Marninwarntikura Women's Resource Centre recognise that partnering with Nindilingarri increases the potential for higher quality services and increased status for their organisations with the addition of experienced local health workers and/or graduate health promotion professionals. The Fitzroy Valley District High School Principal was especially positive about working with Nindilingarri. His comment typifies the comments we had from local organisations:

*"We really trust the cultural positioning of Nindilingarri. We have had other groups come in and work with our students. Once we had a group of medical students but what they did was just not appropriate. We know when Nindilingarri come in that*

*they are going to do what's appropriate. It takes away the worry about culturally appropriate stuff. . . Nindilingarri have runs on the board. They are aware of what's going on locally are more attuned to local needs. It's good to know there's an organisation we can approach when we have a need."*

A facilitated workshop run by the evaluation team culminated in a draft protocol for developing and maintaining local partnerships. Nindilingarri staff members clearly understand the importance of strengthening and maintaining local relationships, and their summary of key actions include the following:

- Awareness of joint partnership objectives;
- Clear, regular, consistent communication supported by regular working together, visits, meetings, informal contact to develop trust and respect;
- Sharing of resources and information;
- Responsive and timely follow through on agreed actions and service delivery (including recognising one's own limitations and seeking support where necessary);
- A professional approach complemented by positive feedback;
- Ideally, co-location (e.g.: WACHS);
- Cultural awareness and appreciation including liaison with a cultural advisor for community engagement;
- Appropriate consultation and collaboration with Fitzroy Valley Communities.

Necessary organisational supports for sustaining partnerships identified by staff and management included:

- Ensuring partnership activities are recognised as Nindilingarri duties in Job Description Forms;
- Regular partnership meetings and dissemination of information;
- Annual plan of activities;
- Staff orientation, introduction to partner agency services, systems and staff;
- Recognition and reward for partnership successes.

In the discussion, local staff identified that a key to Nindilingarri partnership with communities, and the Nindilingarri brokerage role for outside organisations in the Fitzroy Valley, is the existing relationships between local staff and their extended families and relatives in the local communities. These connections go almost totally unrecognised within current health promotion service provision policies, protocols and funding agreements.

During a workshop open to all Nindilingarri which the evaluators ran to better understand how services are delivered, both from an evaluation perspective and from the Nindilingarri staff perspective, staff members developed the following model of service delivery,

underpinned by a set of key values and principles regarding ways of working with Aboriginal people of the Fitzroy Valley, summarised in Fig 4.

In the workshop, Nindilingarri staff observed that while service delivery seems obvious and simple, the broader context of local partnerships, narrowly prescribed and targeted funding, government policy with minimal consultation and largely top-down project implementation ignoring experienced Aboriginal NGO service providers, made the job very difficult. A health promotion practitioner in this context is not only a service provider; they are also engaging with other local service agencies and government policy in order to deliver services. The explicit recognition of the importance of local workers is noted and is striking, and is achieved through the establishment, maintenance and renewal of relationships within Nindilingarri and between organisations.

#### **Nindilingarri staff participating in the workshop**



The evaluation team noted that there is a need to find ways to maintain levels staffing, both local Indigenous as well as staff trained elsewhere, and that time needs to be found to maintain inter-professional relationships with other organisations, currently difficult because of such a sparse and underfunded Nindilingarri management team. Having noted this, many aspects of Nindilingarri work were noted to be going very well.

Community respondents demonstrated considerable appreciation for the health promotion services provided by Nindilingarri. In particular, they praised Nindilingarri's efforts to ensure that the hospital respected and integrated cultural protocols, the helpfulness of the condom

tree project within the Sexual Health program, the importance of recording local songs/stories and health promotion messages within the Spiritual Health program, and the hands-on support offered by the Environmental Health program with dog control, plumbing and community clean-ups. Community respondents also offered plenty of suggestions about how Nindilingarri's services and health services in general could be improved. In summary, community respondents suggest the Nindilingarri would be strengthened by CEO visits to communities, employing local community based Aboriginal health workers, greater emphasis on community development within health promotion and a more systematic approach to service delivery.

Fig 5: Values, principles and ways of working identified by Nindilingarri staff

Values	Principles	Ways of Working
<ul style="list-style-type: none"> <li>• Integrity – do what you say you will do</li> <li>• Trust</li> <li>• Confidence</li> <li>• Consistent &amp; reliable</li> <li>• Flexible and adaptable</li> </ul>	<ul style="list-style-type: none"> <li>• Continuously community owned, driven and led – working community way, not just our way (as HP professionals)</li> <li>• Culturally relevant, aware &amp; appropriate</li> <li>• Relevant to local needs</li> <li>• Two-way learning &amp; capacity building</li> <li>• Achievable change</li> <li>• Holistic</li> <li>• Sustainable</li> <li>• Achievable and measurable goals</li> </ul>	<ul style="list-style-type: none"> <li>• Build local participation and engagement</li> <li>• Ensure local people have a voice</li> <li>• Partnership with community leaders/elders</li> <li>• Empower the community to make informed decisions</li> <li>• Partner with other service providers to avoid duplication</li> <li>• Communicate to all stakeholders</li> <li>• Mentor and build capacity of local workers</li> <li>• Tailor project to a particular target group</li> </ul>

Partner organisations and funders also identified key strengths of Nindilingarri. These included:

- the overall understanding of public health by staff;
- the ability of health promotion staff to “get the message out”;
- the ability of Nindilingarri to access “hard-to-reach” sectors of the community;
- the ethos of supporting the community to take responsibility for their own health, for example, through work in the First Aid program, and facilitating community alcohol by-laws;
- the support for self-esteem, Aboriginal identity, culture and expression, through recording songs and locally tailored health promotion messages in the music program;

- the leadership of Nindilingarri's senior local Aboriginal staff across the community, for instance, their advocacy regarding broader alcohol restrictions; and,
- the ability of local Aboriginal staff to broker constructive relationships with community members for non-local health providers.

Staff of partner organisations also proposed a range of ways in which Nindilingarri's Health Promotion program could be strengthened. These included suggestions regarding improved management communication, improved leadership regarding partnership arrangements, recruiting more staff (particularly local staff with increased attention to youth mental health and suicide risk), and a stronger community development focus within health promotion.

These are interesting and practical suggestions, however the practicalities of implementing such changes hinge on a number of factors which are outside the control of Nindilingarri management including access to resources such as housing, and to funds for administration of services to facilitate the funding of activities not seen by funders as key to service provision.



## **Conclusions**

This evaluation has shown that when appropriately staffed this programme has regularly met all of its targets and has been immensely successful.

In particular, the partnerships involved and Nindilingarri's role in assisting the bringing about of the local alcohol restriction legislation has had a beneficial effect on the health of the peoples of the Fitzroy Valley. It is notable that the previously provided sobering up shelter beds are no longer needed, and the patterns of admissions to the women's refuge and the local accident and emergency unit is completely changed. The space previously occupied by provided sobering-up beds is now reallocated to other mental health and counselling services.

However, we are mindful that the success of the alcohol restriction programme operates in some ways as a lighthouse and, whilst it certainly shines a great deal of light on a very successful programme, it is also capable of blinding us to the realities of other mental health needs in the Fitzroy Valley. This has not escaped the notice of the local staff, and the reallocation of resources according to need is an example of this. The recent co-location of the Liliwan (FAS-D) project (2010-2013) is another example.

We have found the suite of programmes provided through Nindilingarri to be well received by the local community and by other service providers, and that a broad range of appropriate programmes are in place to serve the people of the Fitzroy Valley. We particularly commend Nindilingarri management for their commitment to the parallel development of local and non-local staff in a co-training model, and appreciate the role played by local Indigenous people in providing for, and feeling responsible for, their non-Aboriginal colleagues.

Nindilingarri is a special programme, run by special people, and serves as a wonderful example of the ways in which culturally appropriate health promotion programmes can be delivered in complex and often trying circumstances.

## **Recommendations**

In order to further strengthen the organisation we make the following recommendations:

**Recommendation 1:** Nindilingarri should be fully resourced to enable participation in COAG processes, and that the recent more flexible funding arrangements allowing for administrative costs to be more realistically financed are continued.

**Recommendation 2:** The Australian Government reinstate the CDEP program to enable the re-employment of Aboriginal Environmental Health Workers to serve the public health needs of their communities.

**Recommendation 3:** The Federal Department of Family, Community Services and Indigenous Affairs reviews its policies regarding centralisation of services for remote Aboriginal populations and works to restore smaller community infrastructure in order to stabilise the lives of residents and promote health and wellbeing.

**Recommendation 4:** Key Commonwealth and State Government funding agencies work jointly with Nindilingarri to rationalise reporting requirements and to instigate processes to ensure a five-year funding cycle for health promotion programs.

**Recommendation 5:** Western Australian Country Health Services resource the Fitzroy Valley Health Partnership (FVHP) for three reasons; firstly, to enable the joint development of robust health-related problem-solving mechanisms; secondly to investigate the viability, roles, responsibilities and operations of a FVHP Advisory Committee with community representation; and lastly to provide for regular collaborative partnership review workshops and to enable the attendance of all staff involved.

**Recommendation 6:** Provide, on a continuing basis, resources and training for professional development for non-Aboriginal incoming and other health promotion programme staff in culturally appropriate negotiation skills regarding demands for services.

**Recommendation 7:** Nindilingarri to investigate the possibility of collaborating with Karrayili Registered Training Organisation to develop a funding proposal for accredited staff development courses in Aboriginal ways of working, community development and policy processes, so that skills in this important area can be formally recognised.

**Recommendation 8:** Memoranda of Understanding or Partnership Agreements between Nindilingarri and other local or regional organisations have robust problem solving mechanisms and dedicated resources for regular review workshops.

**Recommendation 9:** Funding agencies recognise Nindilingarri's proposals to employ a local Aboriginal staff member for every non-local appointee and negotiate funding arrangements on this basis.





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