

**SERVICE DELIVERY**

**Results from the survey of service providers**

**Report for the evaluation of the Cape York Welfare Reform trial**

**August 2012**

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# Executive summary

## Introduction

### Rationale

This report presents the findings from a survey of service providers who work in the four Cape York Welfare Reform (CYWR) communities. Research into service delivery was one component of the major evaluation undertaken of the trial, which is reported on separately in a range of reports.

Service provision is a critical element of the trial, as changes to social norms are supported and facilitated by services that respond to individual need and address social problems. From a service provision point of view, the trial in the short-term was expected to have increased service provision and demand on services, and changed the way services are delivered.

Service providers in the four communities are vital stakeholders, who are responsible for implementing various elements of the trial and through their practice, supporting the aims of the trial.

### Context

The Cape York Welfare Reform (CYWR) trial commenced in July 2008, under a tripartite agreement between the Australian and Queensland governments, and the Cape York Institute for Policy and Leadership (CYI).

The CYWR trial is in four communities – Aurukun, Coen, Hope Vale and Mossman Gorge – and according to the 2008 Project Board Agreement seeks to restore positive social norms, re-establish local Indigenous authority, support community and individual engagement in the ‘real economy’, and move individuals and families from welfare housing to home ownership.

Under four streams of activity, the main new initiatives related to direct service provision to individuals (and not structural or financial reforms) are:

* Social responsibility: Family Responsibilities Commission (FRC) case management, Ending Family Violence and Parenting Programs, MPower, and Wellbeing Centres.
* Education: literacy programs (MULTILIT), Cape York Aboriginal Australian Academy activities, and Student Case Management.
* Economic opportunity: improved employment services, and business support.
* Housing: advice and training related to tenancy management and land management.

A major component of the trial was the creation of the Family Responsibilities Commission (FRC). There are two principal ways that FRC interacts with service providers. It receives notifications from key agencies and also refers or requires clients to attend programs or services. Over a 14 month period, a quarter of referrals were to a Wellbeing Centre, a quarter to the Ending Family Violence Program, one fifth to MPower (assistance with money management), 16% to the Parenting Program, and 11% to other services.

With a total population of over 2,000 people, all four communities have very distinct histories and character, linked to their size, extent and nature of colonization, mission pasts, location, language groups and proximity to regional centres. This has affected, along with the different times that CYWR new programs and services started in each community in the past three or more years, service delivery in each community.

Other factors, independent of the trial, may also have affected service provision and delivery, including policy initiatives such as the National Partnership Agreement on Remote Service Delivery or strategies such as alcohol management plans.

To date, there has been an evaluation framework developed (Courage Partners 2009), an implementation review of the FRC done 18 months after commencement (KPMG 2010), a community consultation report on the trial (ATSIS 2011), and more recently, the development of a program logic by CYI, which includes a range of short and longer term outcomes for 15 projects or programs associated with the trial.

## Project description

### Aims and method

The aim of the survey was to investigate whether service providers in local communities believe there have been changes – to service delivery and in the community. It was also important to investigate perceptions of current service delivery, which includes availability and practice, as well as gaps and barriers.

It complements consultations in one of the CYWR communities, which focused on local residents and service providers’ views of what has or has not happened on the ground (see separate report, Migration Plus 2012).

The proposed research on service delivery – both the survey and the consultations undertaken by Migration Plus – was submitted and approved in April 2012 by the Cairns and Hinterland Health Service District Human Research Ethics Committee.

With the support of key organisations and brokers within sectors, service providers were contacted and invited to participate in a survey, in a wide range of sectors, both government and non-government**.**

In June 2012, a total of 128 service providers completed the questionnaire**.**

### Sample

Off the service providers who participated in the survey:

* 42% worked in Aurukun, 23% in Coen, 20% in Hope Vale, and 15% in Mossman Gorge
* 65% had worked in the nominated community for less than three years
* 41% were resident in community
* 49% worked for a government organisation
* 23% worked for one of the Cape York regional organisations
* 64% were female
* 27% reported being of Aboriginal and/or Torres Strait Islander background
* 45% had five or more years experience working in Indigenous remote communities in Queensland.

## **Results**

### The CYWR trial

In relation to the trial, participants responded as follows:

* 70% thought the trial was beneficial
* 86% agreed that individual and family responsibility, and giving local people more opportunities, were very important objectives of the trial
* 43% said the roles and responsibilities of their own organisation under the trial were always clear. In contrast, only 8% said the roles and responsibilities of other organisations were always clear. According to 21%, organisations always demonstrate a commitment to the trial.

The most obvious impact of the trial on service providers is the work of the FRC, with participants responding as follows:

* 72% said their service had regular contact with the FRC and its Commissioners. Of those that had regular contact, 56% said many of their clients were referrals from the FRC.
* 44% were of the opinion that the FRC had a lot of impact on their service in the local community.
* 83% of free text comments were positive about the impact of the FRC on the community and/or on services. The local Commissioners were singled out by many for praise.
* 41% would like to see changes to how their service works with the FRC, referring often for a need to improve liaison and feedback or to a bigger role and a wider mandate for the FRC.

The proportion of participants who said that the following CYWR services had operated in their nominated community in the past year, were as follows:

* 96% - Wellbeing Centre
* 88% - MPower
* 88% - Employment services
* 83% - Pride of Place
* 72% - Student Educational Trusts (SETs)
* 71% - Parenting Program
* 41% - Ending Family Violence Program

MPower, SETs and Wellbeing Centres were mentioned most frequently as making the most difference, while the programs that were viewed as making the least difference were the Parenting Program and Pride of Place. Only 29% of participants took up the opportunity to name other programs or services that they believed had made a positive impact and of these, over a third referred to Student Case Management, 16% to a Police and Citizens Youth Club (PCYC) and several to either specific employment opportunities or to a sporting activity/program.

### Changes in the past three years

In relation to perceptions of changes in service delivery in the past three years:

* Over one third of participants could not answer primarily because they had not been working in the community for a long enough period.
* About one fifth of all participants said they believed there had been no change in the way services work with other local service providers, and their own service’s engagement with the local community and way of operating to support the trial.
* Over a half of all participants thought their service’s engagement with the local community had changed, and 50% said services had changed to encourage individual and family responsibility under the trial.

In relation to perceived changes in outcome areas, out of the total sample, participants responded as follows:

* 67% said more children were going to school
* 42% said more high school kids were going to boarding school
* 42% said more families were managing their money well
* 41% said there were more local people in paid jobs
* 38% said that looking after houses had improved

The most common response to a list of social problems was to say they were about the same, with the proportion ranging from 35% to 45%. However, a higher proportion of participants said there was less drinking alcohol (26%), fighting in or between families (24%) and vandalism (29%) than the proportion that said there was more.

### Current service delivery and practice

According to participants the services most commonly based in the community (except for Mossman Gorge) include a medical centre, police, general store, arts and cultural centre, primary school and church. There was less knowledge amongst participants of whether certain services were provided as a visiting or resident service with at least one fifth not knowing whether a sobering-up shelter, Aboriginal legal service, men or women’s centre, night patrol, or family and domestic violence service were available.

Over half of the participants (59%) did not reside in their nominated community. Of these, 33% said they had visited the community a total of at least 60 days in the past year. 16% had visited for a total of less than 10 days.

Compared with non-resident service providers, participants who resided in the community were more likely to say there was regular consultation with FRC Commissioners and attendance at community meetings and more likely to want to see changes to how the FRC worked with their service. They were also less positive about how local service providers worked together and several outcome indicators.

The most common response amongst all participants to questions about collaboration and community engagement was to indicate it occurred ‘some of the time’ (between 42% and 50% of participants):

* 38% said communication is generally effective most of the time, which was a slightly higher proportion that those who said information sharing and working collaboratively with the local community occurred most of the time.
* 14% did not know whether organisations worked collaboratively with the local community.

When asked about how their service engages with the local community, participant responses were as follows:

* 76% said they consulted often with local community members
* 63% said they consulted often with local leaders
* 54% said they consulted often with FRC Commissioners
* 48% said they often routinely seek client feedback
* 45% said they often attend community meetings

Less frequent forms of community engagement were regular meetings of a local advisory group, using a local Indigenous interpreter, and attending local council meetings.

In terms of staffing issues:

* 45% said recruitment of skilled and experienced staff was a big issue
* 51% said retention of staff was a big issue

Service providers who worked in government organisations, compared to those in non-government organisations, were nearly twice as likely to see recruitment and retention as a big issue.

### Improving service delivery

The majority of participants (63%) said there were gaps in service delivery. Perceived gaps in services included:

* specialists (eg. child mental health, dentists) and case management
* specific programs, such as a children’s shelter, a men’s shed, and living skills
* programs for youth including those who drop out of boarding school

Participants also perceived the following as gaps, in a more general sense:

* duplication and lack of coordination
* the lack of jobs, business investment and financial services for small business
* local leadership and community control
* research and data, and the review and consolidation of services

Barriers to improving service delivery, according to participants, related to three key areas:

* politics and in particular a perceived gulf between Cape York regional organisations and government, and divisiveness caused by family/clan groups within community, local council resistance or the Queensland government being slow to support the trial.
* service delivery and providers, including poor staff, difficulties in recruitment and retention, housing and inadequate communication and coordination within a community and/or with the regional centre.
* local community engagement, either as needing more input from local people or because of local people’s disinterest

The main themes raised by participants to improve service delivery, as a means of supporting future reform, sought to address many of the barriers or gaps that had already been canvassed and as a result reflected similar concerns:

* politics: cooperation between the government and Cape York organisations, more Council involvement, improvement in governance of local organisations
* service delivery: more collaboration and communication, more follow-up, more services, more incentives, stronger monitoring, more co-ordinated approach to service delivery.
* local community engagement: consulting with communities on the design of programs , more engagement, consultations with both community and Council.

## Conclusion

The trial has resulted in an increase and more complicated array of service providers. Based only on the sample size of the survey, there is at least one individual service provider for every 23 local residents in the four communities.

Service providers were in the main positive about the impact of the trial on communities and their residents. Many believed the signs were promising, but it was too soon to expect major changes in key outcome areas.

Another positive spin-off from the trial seems to be an increase in Indigenous people employed in services, with nearly one-third of participants reporting they were Aboriginal and/or Torres Strait Islanders.

A more comprehensive study undertaken with local residents in the four communities suggests there is a degree of convergence between their views and those held by service providers, in key areas such as perceptions of changes in the past three years and the impact of the FRC.

Many services and local residents have been affected by the FRC, which was by and large viewed positively by the service providers. In many instances, it was seen as improving client support and case coordination. However, some providers would like to improve the way the FRC works with their service, and an expanded role and mandate for the Commission.

With new or redesigned services, there is a common view that there is the need for a more comprehensive review and monitoring, and the communication of these efforts locally. Further examination of lessons learnt from the more innovative elements of service delivery under the trial, such as the FRC, specific services, and the governance structure requires more thorough investigation.

Although local services were perceived by many participants to collaborate and communicate reasonably well, and that this had improved in the past three years, strong relationships were most apparent within certain sectors and in certain communities. Strengthening coordination locally and regionally requires a clearer purpose and agreed agendas. Similarly, although there is considerable informal community engagement, there is a lack of shared and strategic approaches across sectors and agencies to both client and community engagement.

A significant number of services will continue to be visiting services, most notably in Mossman Gorge, and more attention could be given to addressing staffing issues, building networks and liaison, and the quality and frequency of such services.

Underlying tensions between Cape York regional organisations and other service organisations appeared to be about the perceived commitment to the trial and a ‘silo’ mentality in other parties. It is not clear what might constitute or contribute to distinctive ’welfare reform’ service delivery, which has led to disagreements amongst providers about how to ensure services are ‘active’, yet foster self-help.

The dynamics and investment in service delivery vary between the four communities, with distinct challenges associated with each, from a larger more remote community like Aurukun to a smaller community like Mossman Gorge, where people go to a nearby town to access many services. Having a local council in two of the communities is another factor that affects the management and delivery of services. Service provider perceptions of each community and their views on service delivery often reflected political issues, family and clan rivalries, and inter-sectoral tensions specific to that community and highlighted the need to consider in future reforms local service delivery configurations, as well as the more structural organisational and regional factors that impact on services.

# CHAPTER 1

# Service delivery in the CYWR communities

## Introduction

The Cape York Welfare Reform (CYWR) trial commenced in July 2008, under a tripartite agreement between the Australian and Queensland governments, and the Cape York Institute for Policy and Leadership (CYI).

The CYWR trial is in four communities – Aurukun, Coen, Hope Vale and Mossman Gorge – and according to the 2008 Project Board Agreement seeks to restore positive social norms, re-establish local Indigenous authority, support community and individual engagement in the ‘real economy’, and move individuals and families from welfare housing to home ownership.

Service provision is a critical element of the trial, as changes to social norms are supported and facilitated by services that respond to individual need and address social problems. From a service provision point of view, the trial was expected in the short-term to have increased service provision and demand on services, and changed the way services are delivered. Other factors, independent of the trial, may also have affected service provision and delivery eg. other policy initiatives such as the National Partnership Agreement on Remote Service Delivery or strategies such as alcohol management plans.

The purpose of this chapter is to outline factors intrinsic and external to the trial that may have affected service delivery, and to summarise information about key services that were established or re-designed as part of the trial. It is important contextual information that helped shape the survey of service providers and the interpretation of the results. The sections in the chapter cover:

* National and regional reforms in remote service delivery
* Services in the CYWR communities
* The CYWR trial and the impetus to improve service delivery
* Changes to service delivery as a result of the trial
* Implementation and progress, including the impact of the FRC and other measures

## National and regional reforms to improve remote service delivery

The challenges of remote service delivery are well-recognised and include the costs and logistical challenges of providing for a small and dispersed population. Enduring issues in recent years include lack of expertise and capacity at a local level and multiple and short term funding, for multiple services and agencies that result in confusing and often uncoordinated array of providers and services (Limerick et al 2012). Recurring themes underlying policy responses include the need to improve the range and capacity of services in remote settings but also to streamline and more effectively integrate their delivery.

The past decade has witnessed an exponential increase in the funding of services to remote Aboriginal communities and a re-shaping of the structural arrangements in place to support service provision. Under the Council of Australian Governments (COAG)’s National Indigenous Reform Agreement one of the three national investment principles in remote locations is that remote Indigenous communities and communities with significant Indigenous populations are entitled to standards of services and infrastructure broadly comparable with that in non-Indigenous communities of similar size, location and need elsewhere in Australia.

Signed in early 2009, the National Partnership Agreement on Remote Service Delivery (RSD) committed governments to work with communities to improve community capacity and service delivery outcomes. Of six broad objectives, half refer to service provision:

* Improve the access of Indigenous families to a full range of suitable and culturally inclusive services
* Raise the standard and range of services delivered to Indigenous Australians to be broadly consistent with those provided to other Australians in similarly sized and located communities
* Provide simpler access and better coordinated government services for Indigenous people in identified communities

Key policy trends in remote service delivery include shifts away from discrete program delivery to delivery by mainstream services and a preference for a more regionalised approach to the coordination and management of services (Queensland Government 2005, Limerick et al 2012). However, within the context of remote Indigenous communities, a parallel strand emphasises the importance of locally driven responses and planning through community engagement processes. It is not that coordination and engagement are expected to result in actual outcomes but are viewed as enablers of development, without which outcomes cannot be achieved efficiently or effectively (Allen Coordinating Group 2011).

This policy focus is reflected in the organisational arrangements put in place in the 29 remote Indigenous communities across Australia that are agreed RSD communities. As a result of being RSD communities, coordination and engagement is meant to occur in communities through Government Coordination Officers (GCOs, also known as GBMs elsewhere) and Indigenous Engagement Officers (IEOs), and at a regional level, through a Regional Operations Centre (ROC) which house staff from both the Australian Government and the relevant State or Territory Government. In addition, Local Implementation Plans (LIPs) are intended to act as a key coordination mechanism as communities, governments and service providers collaborate to develop and implement local-level strategies to address *Closing the Gap* building blocks.

Both national and Queensland government reforms have affected some but not necessarily all of the four Cape York communities. Cape York was the trial site in Queensland for the earlier Indigenous Communities Collaboration Project which was established by COAG. Hope Vale and Aurukun were also two of the 19 communities in the Queensland Government strategy *Meeting Challenges, Making Choices*, implemented in 2002 to address alcohol and other substance abuse and violence. From a service delivery perspective, the strategy aimed to improve community engagement and improve recruitment, training and retention of public sector personnel to strengthen service delivery.

All four are RSD communities, which occurred after the trial commenced, and is discussed in more detail in a later section. In a sense the CYWR trial is a unique model of regionalisation with additional services being provided by regional Aboriginal organisations such as Balkanu and Cape York Partnerships (CYP), and policy leadership and development from the Cape York Institute (CYI), overlaid or underpinned by RSD mechanisms for local and regional coordination and the CYWR governance arrangements.

## Services in the four CYWR communities

The communities of Aurukun, Coen, Hope Vale and Mossman Gorge are small, with the total estimated adult population (17 and over) for the four communities to be 1,666 in 2009. According to the ABS, the estimated total population of the communities in 2011 was:

* Aurukun: 1, 449 people with 92% of Aboriginal and/or Torres Strait Islander (ATSI) background
* Hope Vale: 1,071 people with 94% of ATSI background
* Coen: 338 people with 84% of ATSI background
* Mossman Gorge: 103 people with 100% of ATSI background

All four communities have very distinct histories and character, linked to their size, the nature and extent of colonization, mission pasts, location, language groups and proximity to regional centres. This has affected, along with the different times that CYWR new programs and services started in each community in the past three or more years, service delivery in each community.

Some indication of the services available in the communities soon after the CYWR trial commenced is provided by the RSD baseline mapping of services undertaken in 2009-2010 (FaHCSIA 2010a,b,c,d). As is to be expected, the range of services in each community is affected by their size and location. All four communities had an arts centre, and three of them had a church, schools, and police stationed in the community. Mossman Gorge, however, stands out with very few services in the community (a general store, aged care service, a parenting service, medical centre and a Wellbeing Centre being listed) as it is only five kilometres from the town of Mossman where there are multiple services, such as a hospital, primary and high schools, post office and a Centrelink Customer Service Centre.

Another difference in services apparent from the RSD mapping is the role of local government in providing services and generating employment in two of the communities. Aurukun, with its own local government, is listed as having had a Council guesthouse and Council offices that include a library and postal services. Hope Vale has an Aboriginal Shire Council, and at the time of mapping, it included a joinery and building works. Coen falls within the ambit of the Cook Shire Council and seemed to have had more privately owned businesses such as a caravan park, guest house, hotel, two general stores, café, bank and a chamber of commerce (although currently it only has a bank agency and the chamber of commerce has ceased).

## The CYWR trial and the impetus to improve service delivery

### The Family Responsibilities Commission (FRC)

To tackle what is called ‘passive welfare dependency’, the design of the trial included the recommendation to establish a statutory authority to enforce obligations (CYI 2007). Established under the *Family Responsibilities Commission Act 2008* by the Queensland government, and comprising a Commissioner and 19 local Commissioners, the FRC aims to foster social responsibility amongst welfare recipients who they are notified about by offering support services and where determined appropriate, imposing income management.

The FRC was set up to generate and support change amongst local community residents, but has also had a significant impact on service provision in the communities. In the trial’s design, there are references to both the need for additional support services to work with the FRC and a basic ‘re-orientation’ in all services to support the trial (CYI 2007).

### Criticism of ‘passive’ service delivery

In the report on the design recommendations for the Cape York Welfare Reform Project, it states:

Weakness in the service delivery system exists in the area of non-crisis intervention. However, improvements in service delivery alone are not the solution to dysfunctional behaviour, because passive service delivery is also part of the welfare problem in Indigenous communities. Governments cannot focus on unconditional income support as constituting passive welfare to the exclusion of passive service delivery (CYI 2007: 43).

It is recognised that many elements of service delivery in the welfare state do not constitute passive welfare, and reference is made to ‘legitimate public services such as infrastructure, transport, law and order, health and education services’ (CYI 2007:44). According to the design report, the critical test to assess whether services amount to passive welfare is to ask whether the service seeks to undertake or support a responsibility which would normally be assumed by individuals, families or communities.

In terms of social services that might be employed by the FRC the design report recommends a service delivery model for referrals to support services and the development of a list of approved providers (CYI 2007: 69-70). It was envisaged that the FRC would have a pool of funds which could be used to purchase services from the approved list. It is noted that appropriate services might not be available or effective, and research and development funds are recommended for regional organisations to develop new or improved programs.

According to the Welfare Reform Project Board Agreement (CYI et al 2008), the Board recognised that there were potential improvements in how services were delivered and integrated in Indigenous communities. The Agreement stated that initial work would focus on the capacity and readiness of the service system to respond to referrals from the FRC, but stresses that additional work is needed regarding the ‘redesigning of the service system as a whole’ (CYI et al 2008: 21).

### Re-orienting service delivery

The O’Brien Rich Research Group (2010) report refers to different service delivery philosophies and their relationship to what is termed ‘active’ service delivery model that is seen as generating a reorientation of service delivery in the CYWR communities. In effect, this form of service delivery is viewed as empowering individuals. In relation to how this approach might work in practice, the report asks:

* How should service providers operate so as not to encourage passivity?
* What strategies or incentives are being put in place to facilitate this objective?
* What performance indicators will drive and measure the impetus for change?

Although these questions are not explicitly answered, the report refers to user involvement, particularly in relation to setting and driving objectives, and person centred planning. With the latter, several examples are described along with a performance framework labelled personal outcomes measures.

The report is clearly focusing on social services, where clients may have multiple or recurring needs. The discussion is therefore most relevant to the FRC and the services they may refer clients too. However, other services operate in the four communities, loosely termed mainstream as well as Indigenous specific services that are not necessarily catering to high-need individuals or families.

### Additional investment in services and programs

The original funding commitment from the Australian Government for the trial, for the period 1 July 2008 to 31 December 2011, was:

* Education $16 million
* Social responsibility $9.7 million
* Economic opportunity $19 million
* Housing $2 million

Separate funding for the establishment and running of the Wellbeing Centres was provided by the Commonwealth Department of Health and Ageing ($24.4 million over four years). The Royal Flying Doctor Service (RFDS) is currently funded to run the four centres in the four communities.

At the outset of the trial, the Queensland Government committed $40 million of which half was for the Service Procurement Fund to support the roll-out of program initiatives. The remaining $20 million was used to support the ongoing operations of the FRC, including a contribution for project management of CYWR to Cape York Institute for one year, and support for CYWR project management to Cape York Partnerships of $3.32m for 2008-09 to 2010-11 and $1.5m for 2011-12 and 2012-13.

Based on the available figures and taking out the significant proportion of funding for economic opportunity initiatives and conditional income management, the estimated additional total annual costs (at least $16 million per annum) for social responsibility and education services includes the operations of the FRC, educational initiatives, the Wellbeing Centres, and range of new or expanded social services.

In addition, there was in-kind capacity building through new government positions within existing services.

A considerable proportion of the funding for key services and programs has been provided to three not-for-profit organisations that work together in the Cape York region. Each of the three has its own area of interest – Balkanu (economic development); CYI (policy) and Cape York Partnerships (CYP). The latter is responsible for multiple programs under the four CYWR streams, including the Cape York Aboriginal Australian Academy (CYAAA), Pride of Place, the Parenting Program, and business services.

## Changes to services under the trial

According to the 2008 Project Board Agreement the trial seeks to restore positive social norms, re-establish local Indigenous authority, support community and individual engagement in the ‘real economy’, and move individuals and families from welfare housing to home ownership. Under the four streams of the trial, the main new initiatives related to direct service provision to individuals (and not structural or financial reforms) are:

* Social responsibility: FRC case management, Ending Family Violence and Parenting Programs, MPower, and Wellbeing Centres.
* Education: MULTILIT/CYAAA, and Student Case Management.
* Economic opportunity: improved employment services, and business support.
* Housing: advice and training related to tenancy management, home ownership and land management

In terms of disentangling how the CYWR trial has altered the range of services provided, the agencies responsible for them and introduced innovative services or programs, there follows a brief description of different service under four categories:

* New or innovative social services
* Re-alignment to or complementary activities to mainstream services
* New or innovative programs
* Ongoing services

### New or innovative social services

In the report on consultations for the extension of the trial (ATSIS 2011) the operation of Wellbeing Centres; parenting programs; anti-violence, drug and alcohol services; and student case managers are mentioned as particularly critical to successful outcomes for FRC clients. Accordingly, the majority of new or innovative social services under the trial fall within the social responsibility stream and include:

* FRC case management
* Ending Family Violence Program
* Parenting Program
* MPower (a money management service)
* Wellbeing Centres
* Student Case Management.

A description of these services, along with performance information, is provided in the main evaluation report.

### Re-alignment to or complementary activities to mainstream services

In three key sectors – employment, housing and education – the trial resulted in a re-alignment to or complementary activities to mainstream services.

With employment services, Job Service Australia services have been established in the CWYR communities from July 2009 onwards, and case management style assistance was provided to the communities to prepare job seekers and Community Development Employment Project (CDEP) recipients for this change. A short-term project, which ceased at the end of 2009, was also created to support people taking up job opportunities in other regions, with 33 participants commencing employment outside of Cape York (FaHCSIA 2012).

In the housing sector, the design of the CYWR included ‘normalising’ or mainstreaming tenancy arrangements. By late 2011, most social housing in the four communities was managed by the Queensland Department of Communities, with the exception of 18 properties in Mossman Gorge and 18 properties in Coen.

In schools, additional funding was initially provided for MULTILIT and MINILIT programs that aimed to improve literacy amongst primary school children, to establish tutorial centres in the four communities and to provide training for teachers. In 2010 MULTILIT ceased in Aurukun and Coen and was replaced by the CYAAA and at the beginning of 2011, CYAAA was introduced in Hope Vale. MULTILIT ceased in Mossman Gorge in 2011 with the replacement arrangements scheduled to commence in September 2012. The CYAAA uses Direct Instruction to improve literacy and numeracy in schools, and runs clubs and cultural activities. As a result school days may be longer with breakfast provided in some communities and voluntary participation in ‘club and culture’ ending later in the afternoon (FaHCSIA 2012).

### New or innovative programs

A number of programs were introduced that had not existed before (or in the case of Student Education Trusts were expanded), as part of the trial. They are innovative initiatives aimed at increasing opportunities in schooling, business and home ownership, and to support efforts to increase civic responsibility and pride. Although an important part of the trial, these programs are not social services and are not directly part of the matrix of ongoing service delivery in each community. The programs include:

* Student Education Trusts (SETs)
* Business support and precincts
* Pride of Place
* Cape York Home Ownership Program

### Ongoing services

Key areas of service delivery existed before the trial and have continued since the trial commenced. It may be they have been affected by the changes introduced under the trial, for example, with an increase in certain kind of services and because of a relationship with the FRC, or in practice in order to ‘align’ what they do under the trial philosophy. Key areas include:

* Centrelink
* Policing
* Home and Community Care (HACC) funded services for older people
* Health clinics
* Shire services eg. lighting, waste management, road maintenance and construction, dog management

As noted earlier, in two communities the Councils (Aurukun and Hope Vale) are significant players as potential employers of local Indigenous people. Also, under the CYWR trial they were funded to set up business hubs. From a social services point of view, they may be contracted to or do run HACC services, crèches/early childhood services, and recreational activities.

In the health sector and policing, indicators of workload over the past seven years include hospitalisations and offence data, which at least show the volume of serious assaults and recorded offences that the respective sectors have responded to in the four communities (FaHCSIA 2012). The available data does suggest a slight decline in more serious violence-related work in the health and policing sectors.

## Implementation and progress

### Implementation of new programs

As underlined in the report on consultations undertaken in 2011 for the extension of the trial for another year, new services commenced at various times since 2008, several already existed, and a number have been modified over time (ATSIS 2011). A dominant theme from the consultations was that it had taken time for services to be implemented and for community members to realise how the FRC worked and where to access help.

These consultations highlight the need to examine differences across the four communities, not least because the communities have distinct characteristics but also because the implementation of programs occurred at different times and the practice of service delivery may be experienced and perceived differently in each community.

Although the FRC office opened in July 2008, conferencing did not begin until August 2008. Conditional income management commenced in July 2008, but most of the new services took some time to become operational. The major exception is MPower, which in its earlier form (FIM) existed prior to the trial and up until July 2011, when the former became fully operational. Another program, the Parenting Program, was run in Aurukun by the Shire before the trial commenced and up until mid-2011, when it transitioned to the CYP. In the other three communities, CYP set up the program in September 2010, and most recently, the name of the program was changed to It Takes a Village to Raise a Child.

School attendance case managers (or student case managers) were introduced in three communities in mid-2008 but not in Aurukun until January 2009. There is currently no student case manager in Coen due to ongoing high attendance rates, with the function now undertaken by the school principal. In the first six months of 2009, the Wellbeing Centres were established in the four communities. With the Ending Family Violence Program, there was a change in the provider organisation, with the Queensland government running it from May 2010 to July 2011, when the RFDS took over. From mid-2012, the program will revert back to the Queensland government, as the RFDS encountered a number of staffing and logistical problems that resulted in less programs, attendees and graduates of their program than when it was run by Queensland Corrective Services.

More detail on the implementation of programs and performance information is provided in the main evaluation report. The performance information indicates the differences in scale of programs (as some are quite targeted), and the difficulties in monitoring trends when there is a change in providers and data capture. In the three months up to December 2011, the Parenting Program recorded a total of 108 active clients, while the Ending Family Violence Program had 34 referrals. In contrast, the Wellbeing Centres had a total of 441 clients in the same period and MPower, for a three month period up to June 2011, a total of 279 participants who were transferred FIM clients and new clients.

The proportion of clients or participants referred by the FRC varies by program/service as suggested by figures supplied by Wellbeing Centres and the Parenting program (21% and 67% respectively). For other services or programs, there is no information on the proportion who are referred by the FRC.

### Impact of the FRC on services

The FRC has a number of significant relationships with key services. The FRC are notified by four service sectors - schools, child safety, housing and Magistrates’ Courts – of certain ‘triggers’. A conference may be convened by the Commissioner and local Commissioners with the individual and family and as a result there can be any one of a number of outcomes, including an agreed plan to attend nominated services.

In the implementation review of the FRC the report refers to change fatigue and confusion amongst community members and service providers (KPMG 2010). From a service delivery perspective, an unintended consequence of the FRC highlighted in the review was the increase in workload of support services (KPMG 2010). Many pre-existing service providers, including school principals, Wellbeing Centre staff and Child Safety Officers, reported that their workload had increased significantly since the implementation of the FRC.

The most recent aggregate FRC data on notifications, clients and referrals shows the agencies or programs that are directly linked to the FRC. Of a total of 8,299 notifications for a 38 month period (July 2008 to September 2011), 44% were school attendance notifications, 42% were from the Magistrates’ Courts, 12% were child safety notifications, and 2% tenancy breach notifications. The FRC data also reveals that the two most common types of notifications (from schools and Magistrate’s Courts) result in a much smaller proportion of clients than those related to housing tenancy or child safety, with clients defined as those individuals who have received a notification from the FRC to attend a conference.

A service that has been affected by the FRC is Centrelink, as over 400 FRC clients have been income managed at some point of time since the beginning of the trial. In November 2011 there were 148 FRC clients on income management (FaHCSIA 2012). Other potential clients of the FRC are CDEP participants. Since November 2008 CDEP participants have also had to sign forms acknowledging that they will cooperate with the FRC as an eligibility condition for continuing with the CDEP. If the CDEP client does not cooperate the FRC advises the Cairns Indigenous Coordination Centre (ICC) who investigates whether the person has failed to meet the eligibility conditions for participation and if this is the case, the person is exited from CDEP (FaHCSIA 2012).

The nature of the relationship with the FRC is likely to be different if the program or service has been asked by the FRC to assist the client and to report back on progress. Of the 470 referrals made by the FRC, over a 14 month period (July 2010 to September 2011) (FAHCSIA 2012):

* 26% were to a Wellbeing Centre
* 25% to the Ending Family Violence Program
* 21% to FIM(predecessor to MPower)/MPower
* 16% to the Parenting Program
* 5% to Active Family Pathways
* 4% to student case managers
* 2% to ‘other’

Overall, these data would suggest that the programs or services that have the strongest relationship (because of notifications, referrals and client liaison) with the FRC and an increased or predominantly FRC generated workload are:

* Courts, Centrelink, schools, CDEP/ICC
* Wellbeing Centres
* Ending Family Violence Program, MPower, and the Parenting Program

Figure 1 shows a diagram of the key agencies and programs that work with the FRC.

Figure 1: Links between the Family Responsibilities Commission and key agencies via notifications and referrals



### Increased employment of local Indigenous people in service delivery

A goal of the trial was to increase the employment of local residents in ‘real’ jobs. The service sector is a major employer in remote Australia and as a consequence of the trial, there may have been more local people employed to provide a range of services. With the employment of local people, service delivery may have changed with for example, improved community accountability.

It has been estimated that a total of at least 118 local service delivery jobs have been created in the four communities as a result of the trial – 42 in Aurukun, 38 in Hopevale, 18 in Coen and 20 in Mossman Gorge. Of the 118 jobs, 38 are in the CYWR Opportunity Hubs (from which programs such as MPower, SETs, Parenting Program and Pride of Place are run), 37 in the FRC, 36 in Wellbeing Centres, and seven in Student Case Management.

In addition, through the CDEP conversion process, 103 full time paid jobs have been created in the CYWR communities, including 40 to support Australian government service delivery and 31 to support Queensland government services. With the CDEP conversions, other employers included the Shire Council of Aurukun and the Aboriginal Shire Council of Hope Vale, (at least six and 13 respectively for municipal and HACC services), Balkanu in Coen (Ranger positions), and in Mossman Gorge Bamanga Bubu Ngadimunku with at least six positions. With the latter community, Cairns Regional Council also created a number of positions to provide community services. The Aurukun Council also reported recently recruiting 10 part-time community police officers with another 20 on the waiting list.

The job and employment survey in the four communities showed that of the 47 organisations that participated, 14 only began operating after the beginning of 2008, and that of the total of 651 identified job positions, 240 (of which 44 were CDEP) were created since 2008 (Colmar Brunton 2012b). At the time of the survey, nearly equal numbers of Indigenous people and non-Indigenous people were employed in full-time positions while three times as many Indigenous people (n=213) held part-time positions compared with non-Indigenous employees. Of the 47 organisations that participated in the survey, 15 delivered health and community services that helped those in need. Education was the next most common type of organisation.

### Impact of other initiatives on the CYWR communities and services

Two key initiatives are also likely to have had some impact on outcomes in the CYWR trial communities – alcohol reform and RSD – with the latter at least focused on the improvements in the coordination and delivery of services.

According to the Welfare Reform Project Board Agreement (CYI et al 2008), there is considerable and close alignment between the aims of welfare reform and alcohol reform, which seeks to decrease the influence and impact of excessive use of alcohol in remote communities. Significantly, legislative amendments enacted in 2008 aimed to enable Indigenous communities to become as ‘dry’ as possible, and included the divestment of council-owned canteens; tougher restrictions on drinking in public places, roads and private residences; and enhanced enforcement capabilities around ‘sly grog’ entering communities and private residences (CYI et al 2008).

One of the RSD objectives – to promote social responsibility, engagement and behaviours consistent with positive social norms – is not dissimilar to the goals of the CYWR trial. It is hard to know what impact being designated RSD communities has had, other than the addition of GCO, IEOs and the ROC in Cairns. As Sullivan (2011), a significant proportion of the overall budget is allocated to governance, and there is an unresolved tension between ‘normalising’ Indigenous people as citizens who require services, and previous and ongoing arrangements for distinct self-controlled service sector. A recent report from the Coordinator General for Remote Indigenous Services, for a six month period in 2011, in relation to the Cape York communities refers to regular interagency meetings that enable service providers to coordinate childhood and education activities; the GCOs working with service providers to maximise training and employment opportunities for local people; and the ROC leading discussions with communities and Queensland government about integrating youth initiatives into broader community safety plans (OCGRIS 2011).

The Aurukun Accord was signed on 17 November 2011 in Aurukun.  The Cairns Regional Operations Centre met with Hope Vale Council around the Accord Refresh process and the Hope Vale Accord is in the final draft stage, due to be signed in Hope Vale on 8 November 2012.  Coen and Mossman Gorge Accords are in final draft stages, having recently undergone a refresh process and also are expected to be signed in November 2012.

The Hope Vale Community Safety Plan has been completed and was endorsed by Hope Vale Council at a recent meeting, with Community Safety Plans being discussed for the other communities in consultation with the Accord Refresh process and all are expected to be completed by February 2013.

Aurukun and Hope Vale had alcohol management plans (AMPs) that pre-dated the trial.  The Queensland Government has committed to working with remote Indigenous communities to commence a review of alcohol management plans by December 2012.  The review’s objective is to consider current AMPs and for communities to identify their preferred way of reducing alcohol misuse and related harm.  This may include changing, retaining, strengthening or moving away from an AMP.

### Earlier feedback on the trial

To date, for the CYWR trial, there has been an evaluation framework developed (Courage Partners 2009), an implementation review of the FRC done 18 months after commencement (KPMG 2010), a community consultation report on the trial (ATSIS 2011) and more recently, the development of a program logic by CYI, which includes a range of short and longer term outcomes for 15 projects or programs associated with the trial.

In the implementation review of the FRC, conducted in 2010, it was found that positive changes in local communities were attributed to a range of factors, and not necessarily the FRC, such as community leaders and elders, council/management board, community organisations and new employment opportunities, and a reduction in alcohol consumption (KPMG 2010).

In consultations about the trial in 2011, there was widespread support for what was happening in the education sector (in schools and through SETs) which was seen as improving school attendance and school readiness. Although positive comments were made about changes in families and in communities, improvements were suggested in relation to consultation and communication with community about services and programs, and more focus on local employment, community safety and governance and leadership. The most negative views about the trial were in Hope Vale with the Shire Council saying they had received little funding. Other feedback from Hope Vale included a high level of dissatisfaction with the FRC and insufficient jobs going to local people (ATSIS 2011).

## Conclusion

The challenges of remote service delivery have been well documented. National reforms aimed at improving remote service delivery in and to Indigenous communities, along with the Cape York regional initiatives, the most recent of which is the CYWR trial, have created a turbulent and complex policy and program environment in recent years.

Whilst the policy framework for the CYWR trial set out clear objectives and program streams to address the four areas (of education, housing, economic opportunity and social responsibility), it was never made explicit how service delivery should and would change. Based solely on the funding investment and project performance information, it seems that there has been a dramatic escalation in the range of services, and the number of service providers, working in the four CYWR communities.

It seems some of this growth and change in service providers has created more employment opportunities for local Indigenous residents.

However, change in the way services are delivered and coordinated, and the everyday practice of service providers, is hard to document. Even where there may have been changes – and the nature of these need to be understood - key questions are whether these changes are directly linked to the CYWR philosophy or more broadly to related or distinct factors, such as increased employment of local people and the national reform agenda.

### Structure of the report

The rest of the report is divided into three chapters. The next chapter, Chapter 2, describes how the research project was developed and implemented. Chapter 3 presents the main findings from the survey of service providers. The last section discusses the major themes that arose from the survey findings and where relevant, are cross-referenced to other research undertaken as part of the evaluation. Particular attention has been paid to the consultation paper on service delivery (Migration Plus 2012) and the Social Change Research Study of local residents (Colmar Brunton 2012a).

To capture the flavour of open-ended responses, some responses are quoted directly in the results section.

A challenge in presenting the results has been to consider differences between communities. It is acknowledged there are differences. As a result, Appendix 1 includes tables of results to key questions, by community. In the main body of the report, where community differences seemed particularly salient, for example in relation to the perceived availability of services, these are incorporated into the relevant parts of the section on results. In addition, a number of cross-tabulation of results were undertaken to see if other independent variables, such as sector or residency in community, affected the results.

# CHAPTER 2

# Project description

## Rationale and aim of the survey

Under the CWYR trial it was envisaged that social services would change in the four communities, not least with an increase in clients referred or ordered to attend certain services or programs by the FRC. In addition, specific programs or services were funded as part of the trial.

The trial seeks to generate and support change at an individual, family and community level. To support these changes, social services can alter the way they do business by:

* varying capacity and accessibility
* varying the focus and style of service delivery
* working differently with individuals, families, the community and other services

Under the evaluation framework, signs of success are listed under eight outcome areas by the four streams of activity (Courage Partners 2009). A separate stream is ‘re-positioning government services’, with signs of success listed as including:

* guidelines for repositioning government services
* governments’ reorient service delivery to active service delivery
* services respond to increased demand
* community leaders encourage timely and appropriate use of services
* effective processes for whole of government service delivery
* services are responsive rather than interventionist
* Cape York people use services in a responsible and timely way

As part of a comprehensive evaluation undertaken of the trial in 2012, which comprised a range of research activities, it was important to examine separately the impact of the trial on service delivery for signs of ‘re-positioning’, including the contribution of services to outcomes.

Service providers are critical stakeholders in the CYWR trial. In the Welfare Reform Project Board Agreement (CYI et al 2008) individuals and families are identified as the principal partners of welfare reform. Other partners, which include state and federal governments, and service providers in non-government/regional/contracted organisations, are amongst the other partners who are described as enablers and providers of assistance and frameworks that support individuals and families to develop and strengthen, and to empower self-determination and individual choice and responsibility.

A stakeholder map developed by the CYI shows how different stakeholders in the CYWR trial are seen as being involved in the reforms. In the centre are the ‘target group’ – the people in the four CYWR communities and two service delivery groups are represented in the two next rings. The inner ring is the ‘welfare reform implementers’ which includes organisations directly responsible for service provision such as Wellbeing Centres, CYP and CYAAA. In the next ring are ‘relevant service providers’ which includes Centrelink, Child Safety, Job Services Australia and police.

Ascertaining the views of service providers, who are involved in implementing core programs under the CYWR agenda, as well as providing ongoing, mainstream services, was a vital component of the evaluation of the trial, as they are best placed to comment and explain the issues they face as ‘implementers’ and ‘enablers’ of the trial.

A survey was undertaken, along with consultations in one community, to ascertain service providers’ views and experiences of the trial. The survey results for the community were passed to the research team, prior to their visit. The findings of the consultations, which also included regional stakeholders, are reported on separately and complemented the survey (see Migration Plus 2012).

The aim of the survey was to investigate whether service providers who work in the four communities believe there have been changes – to service delivery and in the community. The key questions that guided the development of the questionnaire were:

* What are the perceived changes to service delivery at a local community level over the past three years?
* Are any of the perceived changes to service provision (eg. demand, capacity, employment, engagement, coordination, focus) at a local community level linked to the Trial?
* What is the perceived impact of the Trial on key areas (education, employment, wellbeing of children, community wellbeing) in the local community?

It was also important to investigate perceptions of current service delivery, which includes availability and practice, as well as gaps and barriers.

## Development of the survey

To assist with developing the questionnaire, a number of other research projects involving service providers and/or Cape York communities were examined, with a focus on questions in various instruments. These included research undertaken in the Northern Territory (Allen Consulting Group 2011 and Putt et al 2011) and the Social Change Research Study in Cape York (Colmar Brunton 2012a).

The main sections covered in the questionnaire related to perceptions of the CYWR trial, FRC and new services; availability, coordination and gaps in current services; and what needs improving. To ensure it was clear where participants work and were answering questions about, the first question asked participants to nominate which of the four communities they were answering questions about. They were then asked whether they reside in the community, as it was known that a considerable number of service providers provided a visiting or as they are commonly known ‘fly in fly out’ service to communities. As the questionnaire included questions about perceived changes (in the past three years) to service provision and various outcome indicators, participants were asked how long they have resided/worked in a particular community.

The questionnaire was revised based on comments and feedback from a range of stakeholders before going through two phases of testing by over 20 individuals, including service providers – first in hard copy format and then through web-based access. In the final version, there were 47 questions of which 30 were fixed-choice (see Appendix 2 for a copy of the questionnaire).

The proposed research on service delivery – both the survey and the qualitative research by Migration Plus – was submitted and approved in April 2012 by the Cairns and Hinterland Health Service District Human Research Ethics Committee.

In terms of sectors, government and non-government service providers working in the four communities include the health, education, policing, employment, welfare and local government sectors. Another consideration was the differences in the communities, with for example, Mossman Gorge, having very few services based in the community, because of its proximity to Mossman.

There was no contemporary comprehensive list of the organisations and their staffing levels that provide services in the four communities. It was therefore impossible to generate a robust sampling frame. However, based on the mapping of services undertaken in 2009-10 for the RSD community baseline reports (FaHCSIA 2010a,b,c,d), and a recent scoping of employers for the employment and jobs’ census, a preliminary list of potential participating organisations was drawn up.

Support and agreement for employees to participate in the survey was sought from the main employers – Queensland (eg. health, police, education) and Australian government departments (eg. Centrelink), and the four local governments that are responsible for the four communities – as well as the non-government service sector, including RFDS (Wellbeing Centres), the employment services and Cape York organisations (eg. CYP, CYAAA, Balkanu). It took some time to elicit support as the Queensland state election occurred in March 2012.

## Recruitment of participants

Once there was agreement and support, individual service providers were invited to participate in the survey via local and regional ‘brokers’. Figure 2 shows how key regional and local ‘brokers’ were asked to forward the information about the survey and the means by which they could complete the questionnaire. The ‘networks’ sought to cover:

* Queensland government service providers
* Aboriginal and non-government organisations
* Local government service providers
* Local community service providers

Given the small size of the four communities, the original aim was to have a total of at least 50 service providers complete the questionnaire, that were a cross-sectoral sample of service providers in the communities.

Figure 2: **Networks to foster participation in the survey**



## Implementation

Information provided about the survey stressed that participants’ responses were confidential and would only be reported as aggregate, de-identified numbers and anonymous quotes from open-ended responses.

Access to the questionnaire was via a web link and a password. There was also the option to complete the questionnaire in hard-copy and send back via email or in the post. Over 10 questionnaires were completed this way, with the majority completed online.

The survey was open for three weeks, primarily in June 2012. Various ‘brokers’ were followed-up mid-way through via phone and email as a reminder and to encourage more participants.

A complicating factor during this time was the range of other research activities that were occurring, in addition to a number of deaths of local residents in the communities. Many service providers may have felt burdened by consultations and/or confused by who was doing what as part of the evaluation. Around this time, Colmar Brunton was reporting back to communities the results from the Social Change Research Study with local residents and had started the census of jobs and employment. Stakeholder consultations were also being undertaken by the Queensland government (for the review to extend the trial) and by Social Policy Research Centre as part of its evaluation research on implementation and outcomes. There were also the consultations being undertaken on service delivery by Migration Plus.

An information sheet that was distributed via the ‘brokers’ did outline these various activities but no doubt did not completely ameliorate the resistance to or address confusion about the range of research activities. In these circumstances, the response rate was good.

A total of 128 participants completed the questionnaire. However, not all of them completed all of the questions. It is not uncommon with online questionnaires especially towards the end of the questionnaire when fatigue or other commitments may intervene. As a consequence, the reporting of results for questions notes how many people answered the question.

## Sample characteristics

As Table 1 shows, of the service providers who participated in the survey:

* 42% worked in Aurukun, 23% in Coen, 20% in Hope Vale, and 15% in Mossman Gorge
* 65% had worked in the nominated community for less than three years
* 41% were resident in community
* 49% worked for a government organisation
* 23% worked for one of the Cape York regional organisations
* 64% were female
* 27% reported being of Aboriginal and/or Torres Strait Islander background
* 45% had five or more years experience working in Indigenous remote communities in Queensland.

Table 2 presents the results on the sectors that participants said they worked in. The most common sector was a Cape York regional organisation (25%), followed by education (23%), health (13%), ‘other’ (11%) and local government (9%). Where participants indicated they worked in a sector other than one of those listed, they were asked to describe the sector. There was no particular category, ranging instead across such roles as probation and parole, wellbeing counsellor and land reform and governance.

It should be noted that a slightly higher proportion of participants worked for Cape York Welfare Reform funded organisations than 25%, as some of the participants who flagged they were in the education sector were employed by the CYAAA.

Table 1: Sample characteristics

|  |  | Number | Percentage |
| --- | --- | --- | --- |
| **TOTAL** |  | **128** | **100** |
| Community | Aurukun | 53 | 42 |
|  | Coen | 29 | 23 |
|  | Hope Vale | 26 | 20 |
|  | Mossman Gorge | 19 | 15 |
| Length of time working in nominated community | Less than three years | 81 | 65 |
| Resident in community | Yes | 51 | 41 |
| Government organisation | Yes | 53 | 49 |
| Sector | Welfare reform organisation | 29 | 25 |
| Female | Yes | 69 | 64 |
| ATSI background | Yes | 30 | 27 |
| Experience of working in Indigenous remote communities in Queensland | Five or more years | 50 | 45 |

Table 2: Sector participants reported they worked in (%)

| **Sector** | **Number** | **Percentage** |
| --- | --- | --- |
| Cape York regional organisation | 29 | 23 |
| Education | 26 | 20 |
| Health | 15 | 12 |
| Other\* | 13 | 10 |
| Local government | 9 | 7 |
| Housing | 8 | 6 |
| Employment | 7 | 5 |
| Policing | 5 | 4 |
| Welfare | 5 | 4 |
| Justice and legal | 4 | 3 |
| Rangers | 3 | 2 |
| Early childhood | 2 | 2 |
| Private business | 1 | 1 |
| TOTAL | 127\*\* | 99\*\*\* |

\*Other (13) included State Government, probation and parole, pensioner, Department of Communities, child safety and disability services, wellbeing counsellor, land reform and governance

\*\* 1 skipped

\*\*\*Does not add to 100, due to rounding

## Feedback on draft results

Convened jointly by FaHCSIA and Migration Plus, a forum held in Cairns on 26th July 2012, had 29 participants from the government and non-government sectors, including CYWR organisations.

The purpose of the forum was to present the draft findings from the survey of service providers and from Migration Plus’s consultations. It was an important opportunity to see how participants’ interpreted the results. Where relevant, reference is made in the report to issues and comments that arose at the forum

## Interpreting the results

It is difficult to determine how representative the sample of participants is, and identify any biases in the sample that may affect the results. A sense of the multiple number of services in the communities is conveyed in the Migration Plus (2012) report, which refers to over 60 services and organisational providers in one community, although some of these are funding agencies rather than direct service providers. In the same community, the service providers who are based in the community include school and health staff, a full time HACC program coordinator, 10 police positions (although only four were filled at the time), two full time community based probation and parole officers, 80 staff employed by Council, and a Career Employment Australia (CEA) officer, who manages CDEP.

The survey of jobs and employment in the four communities gives a snapshot of current employment in the four communities (Colmar Brunton 2012b). Of the 47 organisations that provide employment within the communities, 15 delivered health and community services that involved helping those in need. Education was the next most common type of organisation. Nearly half of the organisations (22) were in the public sector, and of the 651 job positions identified by the survey, 277 were funded by the government sector. However, it is much harder to determine the number of ‘fly in fly out’ services, the number of staff involved and the frequency of visits.

Based on feedback from the forum and the available evidence, the survey sample seems to represent a good cross-section of both local and visiting service providers, and from the non-government and government sectors. Most work in social services, but this is hardly surprising. Similarly, the analysis of comments recorded during the qualitative research found the majority related to the social responsibility stream of the trial, followed by education, economic opportunity and housing (Migration Plus 2012).

Consultations with stakeholders are typically conducted for reviews and evaluations of programs and strategies, and interviews with service providers are integral to qualitative research that might be undertaken. A survey such as this enables a larger group to convey their views and in this sense, represents a more democratic opportunity for this stakeholder group to communicate their views. A survey also has the advantage of showing that there is diversity of opinion amongst the stakeholder group.

The findings represent the views and opinions of people who work and in many cases, live in the four communities, and their perspectives should be respected as useful evidence about what is happening and should happen. Their perspective is also shaping everyday practice and the delivery of services.

The survey is only one aspect of the wealth of material that has informed the evaluation of the trial, and separate reports are available on the outcome evaluation and the Social Change Research Study.

# CHAPTER 3

# Results

## Introduction

The results from the survey of service providers are presented in this chapter under three main headings:

* The CYWR trial and perceived changes in the past three years
* Current service practice: availability, coordination and engagement
* Improving service delivery: gaps, barriers and staffing issues

The first section presents the answers to questions about the perceived importance of various statements about the objectives of the trial, and about organisations’ roles, responsibilities and commitment to the trial. Key elements of the trial include the FRC and WR services and programs, and the responses to questions about these are also presented in the section. There was also the opportunity in the questionnaire to indicate whether participants thought services or programs, other than those listed as CYWR services, had had an impact on the community.

In the same section, there is a summary of the responses to questions about perceived changes in the participant’s own service and other services in the past three years. The final topic covered in the section is perceptions of changes in the past three years to outcome areas, where participants were asked to nominate whether there was more, about the same or less of seven listed social problems and six listed WR outcome areas.

The second section is on current service practice, including whether services were seen to coordinate well with each other. The results are also presented on participants’ views of whether listed services were available in the community, as a resident or visiting service. The responses to a question about how participants’ own service engages with the local community are also presented.

The third section focuses on results that may inform future efforts to improve service delivery and presents the results of questions about staffing issues and perceived barriers to improving serviced delivery. The responses to an open ended question about perceived gaps in service delivery are summarised, along with the responses to an open ended question about what could be changed to better support the trail or similar reform measures in the future.

The final two sections summarise the findings in relation to how being resident versus a visiting service provider affects responses, and key differences in results on staffing and workforce variables depending on the community that the participant answered questions about.

## The CYWR trial and perceived changes in the past three years

### The objectives of the CYWR trial

The majority of participants (70%) agreed that the trial was beneficial for the nominated community. A small number (7%) disagreed, and 23% did not know.

According to participants, out of eight stated objectives relating to the CYWR, the most important were individuals and families being more responsible and giving local people more opportunities. Nearly 86% of participants said that individuals being more responsible, families being more responsible and giving local people more opportunities were very important objectives of the trial (see Figure 3). The least important were viewed as increasing services (with 61% saying it was a very important objective), increasing investment in the region (66% said it was very important) and giving local people more control (65% said it was very important). Improving services was viewed by 78% as a very important objective of the trial.

A smaller proportion of service providers who answered the questions for Coen and Hope Vale, compared with the other two communities, said the objectives ‘giving local people more control’ and ‘re-establishing Indigenous authority’ were very important.

Figure 3: Perceptions of importance of CYWR objectives (%)

n=112

Figure 4 summarises the responses for the questions about the roles and responsibilities of organisations, including the one the participant worked for. According to the participants, under the trial, the roles and responsibilities of participants’ own organisation was seen as ‘always’ clear by 43% of participants, while only 21% thought organisations always demonstrate a commitment to the trial and 8% that the roles and responsibilities of other organisations are always clear. Just under one third of participants said these statements applied ‘most of the time’.

Participants who answered for Mossman Gorge had the highest proportion who believed organizations were always committed to the trial while Hope Vale had the lowest.

Figure 4**: Perceptions of organisations’ roles, responsibilities and commitment under the trial (%)**

n=113

### Family Responsibilities Commission (FRC)

In the questionnaire, a number of questions related to the FRC, including the extent of contact between the service provider’s organisation and the FRC. Nearly three quarters of participants (72%) indicated their service had regular contact with the FRC and the Commissioners. Participants who worked in Coen reported the lowest level of contact with the FRC with many indicating they only had a few clients referred by the FRC

With the total sample of participants, of those that did have regular contact (n=82), a small number said all of their clients had been referrals in the past year (5%), 56% said many, 22.5% said a few of their clients were referrals, and 12% answered don’t know or inapplicable. In line with this, nearly half of participants (44.5%)said the FRC had ‘a lot’ of impact on their service in the local community, while 28% answered ‘a bit’ and 18.5% didn’t know.

Of those that said there was an impact on their service, almost all (83% of 75 responses) made positive comments about the FRC in response to an open-ended question. Using nine theme categories, it was found that the most common theme was school attendance, followed by referrals to services, budget management, parent responsibility, Commissioners, improved accountability, rent arrears, support and healthy food. For the majority, the positive comments related to improvements in the community and amongst local residents, such as school attendance and reduction in rental arrears. For example, one participant noted:

*FRC has made a significant impact in creating a social norm regarding school attendance and local leaders and community members valuing education.*

Such views are supported by the Social Change Research Study, which showed that many local residents reported they or their families had ever attended a FRC conference, and also that over half of participants said the FRC had had a positive impact on the community (see Box 1). In their discussions and interviews about the trial, and the FRC in particular, with community members, von Sturmer and le Marseny (2012) found that the FRC is now part of the everyday life and the local Commissioners play a crucial role in their bi-cultural role of recommending client participation in mainstream services and imposing consequences in terms of income management, while still holding local authority and responsibilities (see Box 2).

A number of the service providers singled out the positive contribution of the local Commissioners, and several said they needed more support. For example:

*Involving local Commissioners deal with locals as it has more impact than non-Indigenous people telling them what to do.*

*Through the hard work of the Commissioners, we able to identify parenting problems within the community from a real source*

*The Commissioners see the clients on a regular basis and provide support and encouragement. Sometimes they income manage the clients but there has been very few income managed compulsory clients in Coen*.

*More support [is needed] for the Commissioners who are subject to abuse and threats due to the positions*.

The FRC was also seen as playing an important role in increasing awareness of services and improving the coordination of services to, and support for clients through FRC referrals. In particular, several participants who worked in Wellbeing Centres and in probation and parole described in some depth how they worked with their respective clients and with the FRC. An example was:

*Some people are using services because of FRC referrals. If some people had a choice they would not take up services available. We have some community members who think they don’t need help so won’t use services and some are just not willing to give up or stop what they are doing.*

Not all comments were positive. A theme found in these and responses to other questions suggest there are some service providers that believe the effect of the FRC is wearing off. For example:

*...often clients who come to the WBC under the direction of the FRC have a poor understanding about why they have been referred in the first place, clients often present sporadically or only once and sometimes do not engage at all despite many written and verbal attempts to engage client.*

*At first it was effective in getting children to improve attendance. Now parents play the system and phone the school to report an absence when the child is healthy enough to attend school. It takes a long time for the FRC to act.*

In response to a question about whether they would like to see changes in how the FRC works with their service, slightly more participants (41%) in the service provider survey would like to see changes to how their service works with the FRC than those that don’t (34%) and 25% didn’t know. In the 46 open-text responses to the kind of changes they would like to see, a quarter (26%) referred to improved liaison with and feedback to services and a quarter (26%) to the Commission having a wider mandate and more or new outcome options. A few specifically referred to the need for more follow through (8%) and the need to promote the positives (6%). Examples of comments include:

*Parents who are employed are not taking up their responsibility of getting their children to school are still getting away with not sending their children to school.*

*FRC need to extend and incorporate other services in the community in their overall services and not limit to support with breaches for example in housing. This includes the Cape York Reform services such as family support for school age children. In this way we can all tap into the services to improve the overall wellbeing of the community. But at the moment they are operating on their own dealing with negative issues and not celebrating and promoting the achievements of the community.*

**Box 1: Perceptions of local residents on the impact of the FRC**

In the survey of local residents conducted as part of the Social Change Research Study, 40% of participants responded positively to the question about whether they had ever been asked to go to a conference. Of these the majority (88%) said they actually attended the conference. Of the attendees 90% said they followed up and did what they talked about at the conference, and amongst those who followed up, 66% said it was helpful. The most common reasons provided (n=205) for why the FRC had made a difference related to making better choices (17%) and improved school attendance by children (12%)

In response to questions about the impact of the FRC on the community, over half of the participants were positive about the FRC, indicating the FRC was good for the community (56%) and wanted it to keep helping people (55%). Overall, 65% felt that if people should go to the FRC if they don’t take their kids to school. Fewer respondents felt there was less humbugging/cadging (40%) since the FRC started.

However in the qualitative research a few people were very critical of the FRC on the grounds of being unfair or being detrimental to the community for taking away local decision making and responsibility (Colmar Brunton 2012a).

**Box 2: Perspectives from the field**

John von Sturmer and Stuart le Marseny, for their case study discussions, met and talked with local people in the Cape York communities, primarily about the FRC. Their views are informed by in-depth knowledge of the places and people, and at least in John’s case an association with the area dating back to 1969. In their report of their interviews, they conclude that the FRC is now a fixture and part of everyday life that provides some opportunities and support. They made a point of engaging with FRC Commissioners who are described as beneficiaries of the trial, although they have been clearly subject to considerable pressures and initial resistance from community members, many of whom are immediate kin. The local Commissioners are described as the ‘mainstream’ and therefore major instruments for a conceptual shift and the future ownership of problems at the local level, with the example provided of conferences in Aurukun being conducted largely in Wik-Mungkan.

Many Commissioners already occupied positions of prestige and influence and in some cases seem to have continued in these roles. According to the Commissioners they were subject to active hostility at the beginning but this has changed, although there remains what is termed a residue of anxiety.

The two researchers found in their conversations that one indicator was used to demonstrate the perceived good effect of the FRC – ‘getting the kids to school’. Some men, often young and sometimes without dependants, were vocal critics of the FRC as they (as do many in the community) see it as predominantly in the community to look after children and families. Any court appearance that results in a FRC notification is therefore likely to be seen as unnecessary or inappropriate – what is termed by them as ‘double justice’.

The researchers also found that the people they talked with think of the FRC largely in terms of the Basics Card. From the viewpoints of several people who had been put on or had volunteered for income management, it is concluded that the Basics Card was deemed useful, as a way of quarantining income from various pressures to share/handover money. It is suggested that concrete experience of positive benefits rather than abstract ideas and principles was more important in influencing and amending attitudes to the FRC and its work.

In one community they record what they see as development of a ‘psychologised ego’ or self, which they ascribe to various program models and counselling in general. Presumably the FRC process and the type of services that clients are referred to have contributed to this change.

Source: von Sturmer and le Marseny (2012)

### CYWR services or programs

In the questionnaire, participants were asked to indicate whether each of seven listed services had operated in the past year. The list was modelled on those that were included in the Social Change Research Study, which included a question about the use of services in the survey.

As Figure 5 shows, participants were most likely to say the Wellbeing Centre (96%) followed by MPower (88%,) Pride of Place (83%), and employment services (79%) had operated in the community in the past year. The Ending Family Violence Program was the least likely to have been seen as operating (41%), followed by the Parenting Program (now called It Takes a Village to Raise a Child)(71%) and SETs (72%).

Figure 5: **Perceptions of whether service or program operated in community in past year (%)**

n=115-117

In responses to an open-ended question about which service or program had made the most difference, the most frequently mentioned was MPower (n=34), followed by SETs (n=22), the Wellbeing Centre (n=22), Pride of Place (n=12) and employment services (n=11). Student Case Management was mentioned by eight participants, all in the education sector.

In response to an open-ended question about which service or program had made the least difference, the most frequently mentioned was the Parenting Program (n= 18), followed by Pride of Place (n=17), didn’t know (n=16), Ending Family Violence Program (n=13), and Wellbeing Centre (n=12).

The results for these questions did vary by community and by the sector in which the participant worked. No doubt this reflects varying levels of ‘visibility’ of certain programs, which is linked to how long they have been operating and how many clients they are likely to cater to. More specialist services have a relatively small number of clients and reputedly the Ending Family Violence Program struggled to run more than a few courses in 2011. In addition, programs or initiatives may have been implemented and used differently depending on who was employed and the community response to the service. It was apparent that, for example, Wellbeing Centres were viewed as very useful in several communities, while in other communities some service providers were more critical, especially about client engagement and record keeping, issues that are discussed later. An example of an overview of services provided by one participant was:

*MPower [made the most difference] – people now know how to budget and can do transfers themselves. Parenting has not been working because the wrong people have been employed. WBC – does not engage people properly and do not go out into the village to see people. EFV – even the attendees said it is a good course. Student trust funds need to be looked at because when the children leave school where does the money in the account go. They say to the next child. What if there is not other children.*

A very different view of the Wellbeing Centre was given by this service provider:

*The Wellbeing Centre [made the most difference]. The WBC provides a range of services that assist and have assisted community members. Community members know if they have issues that the WBC can assist and if they cannot they know who will assist. People visit the WBC just to have a chat and cup of tea with the staff whether they have problems or not, it has also become a meeting and yarning place for a number of community members. It also provides a venue for trainers and other program providers to facilitate their project.*

Some participants were not always sure what services did or whether they resulted in concrete outcomes. For example:

*Employment services seem to be running a lot of training which seem to have rates of attendance however I am not sure if this attendance is consistent or if training leads to sustainable employment that is a better option than Newstart….*

Box 3 summarises the results from the Social Change Research Study in relation to local residents’ reported use and assessment of the same WR services. MPower and Wellbeing Centres were the services that were most commonly reported as ever being used by themselves or their families. Additional analysis was undertaken to identify underlying associations between individual change and other variables. The most significant variables associated with individual change were found to be working status, strong leaders, higher education, followed up on talks with the FRC, and the Wellbeing Centre. Although the analysis did not include level of exposure to a program, the results did indicate that not only are Wellbeing Centres and MPower the most commonly accessed services, but they are also seen as key drivers of individual change (Colmar Brunton 2012a).

**Box 3: Local residents’ reported use and usefulness of key CYWR services and programs**

The Social Change Research Study results showed that many local residents (69% of 582 respondents) said they or their families had ever used a service provided by the CYWR trial (Colmar Brunton 2012a). As Table 3 shows, MPower was the most commonly used service at 42%, followed by the Wellbeing Centre (39%) and Employment Services (31%). Because they were asked whether the services had ever been used, the high numbers for MPower (formerly FIM) could partly be due to the program’s longevity.

**Table 3: Percentage of local residents who reported they or their families had ever used a service**

| Service/project | %  |
| --- | --- |
| MPower (used to be FIM) | 42% |
| Wellbeing Centre | 39% |
| Employment Services | 31% |
| SETs | 22% |
| Parenting Program | 15% |
| Pride of Place | 15% |
| Ending Family Violence Program | 11% |
| None of These | 22% |
| Don't Know | 3% |
| Prefer not to say | 6% |

n=582

Source: Colmar Brunton (2012a)

Of those participants who indicated they or their family had ever used a service, two thirds (66%) reported the services were helpful. Of these (n=401), the most common reason provided related to money management, followed by social support and helping to find a job.

### Other services that have had an impact

Only a minority of participants (n=37, 29% of total sample) provided a response to the open-ended question about services (other than those listed) that have had a positive impact. Of these, over a third referred to Student Case Management, 16% to a Police and Citizens Youth Club (PCYC), and several to either specific jobs (eg. rangers) or a sporting activity/program. There were a wide range of other initiatives referred to including improvements to existing services, alcohol restrictions, small loans, the church, a playgroup, the Gateway project and the HV Pelican project. The latter two projects are in specific communities – Mossman Gorge and Aurukun respectively. Several participants referred to services making a big difference where there had been changes in staffing. For example, extra and good staff at Aurukun school were mentioned, along with staff in key services in Mossman Gorge.

As a quarter of participants said they worked in education, it is not surprising that many comments related to school, young people and the community, an example being:

*The case managers are our (the school) main connection with the carers and community. When PCYC is running it is an invaluable service for the youth and children.*

In the community where they undertook consultations, Migration Plus (2012) reported that they found that service providers thought the Alcohol Management Plan and the CYWR had both contributed to positive changes, and the Basics Card was viewed by many as helping individuals and families manage their incomes.

### Changes in service delivery in past three years

A number of questions asked whether participants believed there had been changes in their own or other services way of working in the past three years. Figure 6 shows that over one third of respondents did not know whether there had been changes, primarily because they had not been working in the community long enough to make an informed judgment.

About one fifth of all participants said there had been no changes to their services’ way of working with other local service providers, their way of operating to support the trial or their engagement with the community. A smaller proportion (only 10%) of all participants said there was no change in services encouraging individual and family responsibility as a result of the trial.

The statement that participants were most likely to agree with was that their service’s engagement with the local community had changed (52% said yes), followed by services encouraging individual and family responsibility as a result of the trial (50%) and their service’s way of working with other local service providers (44%).

Figure 6: **Perceptions of changes in services in past three years (%)**

n=111-113

A bigger proportion of service providers who work in Mossman Gorge and Hope Vale, compared with those who work in Aurukun and Coen, said there had been changes in the way their service worked with other service providers. A higher proportion of service providers in Hope Vale, compared with participants who worked in the other three communities, reported changes in the way their service engaged with the local community.

In response to the open ended questions that asked participants to describe the changes, there were 52 comments entered about changes in how they work with other service providers. Several of these said there was no change, but the majority described how there were improvements. Nearly a fifth of the comments referred to improved communication, and 12% to regular meetings (some of which involved client or case management), including monthly interagency meetings. There were frequent references to improved engagement with other providers and closer relationships, although often these were couched in terms of the provider’s own service’s efforts or the relationships between key services especially ‘on the ground’. There were critical comments (16% of the total), with several mentioning the false reporting of statistics by a service/services. Examples of more critical comments included:

*Still very hard to engage with Welfare Reform agencies. People seem fearful of working with each other.*

*It seems that a lot of services in town try and protect their little patch so communication is minimal. There has been a call for there to be a better way for services to talk to each other. There used to be CYWR meeting once a month and these were so great and understanding how services work , what their issues are and how others can help in solving. Now we don't have this communication….*

*We have been very aware of trying to work with other organisations and some are easier than others. It is easy to understand from the FRC what they are looking for - it is harder to work with some of the supposed service providers who really don't seem to have any interest in providing either a competent service or working in a coordinated way*

*There is a constant changing of staff and operating rules. Just when we get one person to agree to do things with us they move on and the rules change.*

*It is very difficult for some of the service providers to show results, they attend meetings and agree and say something has to be done - we will talk to our managers but nothing ever happens for the benefit of the client. The clients need real, long term services and support not tick a box programs or a chat over coffee every month. There is so much potential and so little commitment. It is only the local people like the FRC Commissioners who really try and help the clients.*

*Reporting - service providers are required to send an accurate monthly report as to the clients progress. They are full of untruths. Stating clients report when they don't, and when they are asked for the dates they reported, they cannot supply. Agencies have been asked to supply an employee at the FRC conference so they agency can engage the clients when they leave the conference, in the four years of conferencing, this is still not happening so initial contact is not made.*

In response to the question which asked participants to describe how their service’s engagement with the community had changed, there were 62 comments, most of which were no more than a sentence or two and nearly all of which were statements about improvements. In the main, they were assertions about increased engagement, improved relationships and proactive approaches. More specific changes include creating a more ‘user friendly environment’, more frequent ‘public meetings’, ‘seeking direction and advice from the Commissioners’, ‘detailed mentoring’ and adopting a ‘predominantly outreach model’. One participant linked the change to clients:

*Our service delivery with clients has changed due to the change in our clients. Communication is now fluent and done through a number of communication systems.*

Instead of describing how services encourage or don’t encourage individual and family responsibility as a result of the trial, many of the comments in response to this question referred to how local people or the community had changed. There were 52 comments in total, and they echoed the sentiments expressed in response to other open-ended questions which centred on how there was a perceived improvement in the community and amongst local people. Some of the comments that actually talked about how if affected the service provider or the way services work were:

*It makes you become more aware of your job description. How do I see myself as an employed person? And how does my community people see me? Am I delivering what I am actually talking about? A better awareness.*

*It is teaching people to be more self-reliant, and are able to make more informed decisions. Also knowing where to come for advice or help with their issues.*

*Yes, all service providers are always informing community members that they must take responsibility for their own lives and that they can only be the ones to make change. We inform community that our office offers many programs and that they need to be the ones to take up these great opportunities if they would like to have a better life.*

There were even fewer comments in response to the question that asked participants to describe how their service’s way of operating to support the trial had changed or not changed. Out of the 32 responses, six mentioned the FRC and/or the Commissioners. Quite a few comments referred to ongoing review or continual improvement to meet local needs/CYWR objectives. One participant stated:

*The school supports the philosophy of the CYWR by adhering to decisions made by the community eg. The community wants families to provide school lunches for their children so the school does not provide lunches.*

One participant said that the service did change initially but then decided to focus on its own service. The comment implies that constant review and change created confusion and may have weakened commitment to support the trial:

*For the first two years we had but due to the high turnover of staff through the CYWR and the different directions it kept taking we concentrated on the service delivery that our organisation was delivering.*

### Changes in past three years in outcome areas

According to the perceptions of participants, the most positive changes in the past three years are in relation to children going to school, high school children going to boarding school, families managing their money well, and local people in paid jobs (see Figure 7). A sizeable majority (67%) indicated they thought more children were going to school. About equal proportions thought adults studying and looking after houses were either about the same or more.

Figure 7: **Perceptions of changes in outcome areas in past three years (%)**

n=106-110

As Box 4 shows, the service provider survey results are similar in some respects to the Social Change Research Study survey results in terms of perceived changes in social problems. The report on the Social Change Research Study (Colmar Brunton 2012a) states there were significant differences between communities for the four statements and reference is made to the qualitative research to highlight these differences. Based on comparing service providers’ perceptions across the four communities, it seems Aurukun has seen positive changes in relation to kids going to school and boarding school but less so in relation to paid jobs. In Hope Vale, service providers indicated there were some positive changes in relation to managing money and looking after homes, as well as less marijuana, gambling, and fighting in and between families. In Coen positive signs included more paid jobs and adults studying while in Mossman Gorge perceptions of positive changes included children going to school, managing money better, more paid jobs, looking after homes, and a decline in gambling.

**Box 4: Local residents’ perceptions of changes in social problems**

In the Social Change Research Study survey over half of the participants said that people are trying to be better parents (see Table 4). The most common response for people trying to give up grog, smoking or gambling was to say it was about the same (46%) and almost equal proportions of participants thought vandalism or deliberate damage to property was either more (36%) or less (33%). More participants thought fighting between and in families were less (33% and 36% respectively) than those who thought it was more (26% and 20%).

**Table 4: Perceptions of local residents of changes in outcomes in past three years (%)**

|  | More (%) | About the same (%) | Less (%) | Prefer not to say (%) |
| --- | --- | --- | --- | --- |
| People are trying to be better parents | 52 | 33 | 8 | 6 |
| People trying to give up grog, smoking or gambling | 24 | 46 | 23 | 8 |
| Vandalism or deliberate damage to property | 36 | 27 | 33 | 4 |
| Fighting between families | 26 | 36 | 33 | 5 |
| Fighting in families | 20 | 40 | 36 | 5 |

N=582

Source: Colmar Brunton (2012a)

Source: Colmar Brunton 2012

Three sub-questions related to perceived changes in outcome areas were the only questions in the whole survey that showed statistically significant differences across the four communities. There were no statistically significant differences across the four communities in responses to more children going to school and more high school kids going to boarding school, however, there were statistically significant differences across the four communities in their responses to perceived changes in local people in paid jobs; families managing their money well; and looking after houses. The responses to these questions by community are as follows:

* Mossman Gorge had the highest number of respondents who thought that more local people were in paid jobs than three years ago at 61 per cent, followed by Coen (57 per cent), Hope Vale (43 per cent) and Aurukun (26 per cent)[[1]](#footnote-1).
* Two thirds of Hope Vale respondents thought that more families were managing their money (67 per cent), followed by Mossman Gorge (53 per cent), Coen (35 per cent) and Aurukun (30 per cent).
* Fifty per cent of respondents from both Mossman Gorge and Hope Vale said looking after houses had improved in the past three years followed by Coen at 30 per cent and Aurukun at 26 per cent.

## Current service practice: availability, coordination and engagement

### Current availability of services

Participants were asked to indicate whether they thought each of 20 listed services were based in the community, available through an outreach or visiting service or not available. The list of services was compiled based on a previous questionnaire used in the Northern Territory (Putt et al 2011), the Social Change Research Study in the CYWR communities (Colmar Brunton 2012a), the RSD baseline mapping of services, and comments provided during the pre-testing phase. The list did not include the new or CYWR-specific services already asked about in the questionnaire.

According to participants, as Figure 8 shows, the services commonly based in the community include a medical centre, police, general store, arts and cultural centre, primary school and church. Aged care services and childcare centre were also more likely to be found in the community.

Services most likely to be nominated as a visiting or outreach service were the Aboriginal legal service, child protection, drug and alcohol service, and mental health service. Those services that were more likely to be seen as not available were a sobering up shelter, men’s centre, women’s centre, and night patrol.

At least one fifth of participants did not know whether the following services were available – sobering up shelter, Aboriginal legal service, men’s centre, women’s centre, night patrol, family and domestic violence service.

As the baseline mapping of services in the four communities showed, the number of services based in a community does depend on its size and location. It was to be expected that Mossman Gorge would stand out and, except for the medical centre, all the nominated services were perceived by participants who answered for this community as outreach services or as not provided.

Where services were perceived to be based in the community, compared with the other three communities, Aurukun was more likely to be seen to have a safe house, Aboriginal community police (92% of the participants that worked in the community, while the next closest was Coen, 58%), and a night patrol. Both Aurukun and Hope Vale were more likely than the other two communities to be seen as having a women’s centre and a family and domestic violence service based in the community. Aurukun and Mossman Gorge were less likely to be seen as having Job Services Australia based in the community (39% and 21% of participants for those communities respectively). Of the four communities, Coen was less likely to be seen as an arts and cultural centre or an aged care service.

In no way should the results from this question be taken to mean services do or do not operate in a community. They do however give an indication of whether service providers are more aware of certain services and where there is uncertainty about or no knowledge of a visiting service. If visiting or resident service providers are not sure or do not know about a service then this has ramifications for the approach taken to client support, referrals, joint case management, and the level of commitment to coordination.

Figure 8: **Perceptions of whether service is in community, visiting/outreach or not available (%)**

n= 117-119

### Current service practice: visiting service providers

Over half of the participants in the service provider survey (59%, n=74) did not reside in the community. Of these 74 service providers, nearly equal numbers answered for each of the communities, with slightly more (23) answering for Aurukun. As noted earlier, nearly all of the participants who answered the questions for Mossman Gorge did not reside in the community.

Amongst the service providers who were non-residents, just under a quarter (23%) said they worked for a welfare reform organisation, 18% in the health sector, and 16% in the education sector. Compared with resident service providers, they were more likely to have worked in their nominated community for longer, with just over half (51%) having worked in the community for two or more years. There was considerable range in how often participants said they visited a community in the past year. Table 5 shows the most common response was to say it was at least 60 days. It should be stressed that this applied to the community which the participant had nominated they were answering the questions about. As a participant pointed out, at the Cairns forum, a service provider could be involved in providing a service to more than one community, and possibly all four communities, and does not represent the total amount of time the service provider spent in the past year visiting services in the region.

Table 5: Reported days of visiting a community in the past year by non-resident service providers

|  | **Number** | **%** |
| --- | --- | --- |
| Less than 10 days | 12 | 16 |
| 10 days and less than 30 days | 17 | 23 |
| 30 days and less than 60 days | 20 | 27 |
| 60 or more days | 24 | 33 |
| Total | 73\* | 100 |

\*1 missing

Those service providers who visited the community, compared with those who resided in the community, were:

* less likely to say there was frequent consultation with FRC Commissioners and attendance at community meetings
* less likely to want to see changes to how the FRC works with their service
* more likely to say organizations in the local community demonstrate a commitment to the CYWR trial
* more likely to say there was effective communication, sharing of information and collaborative working relationships between local service providers.
* more likely to be able to comment on changes over the past three years (as more likely to have been around long enough)
* more likely to be positive about several outcome areas – marijuana, alcohol, looking after houses and managing money well

Earlier reviews (eg. ATSIS 2011) and the consultations on service delivery (Migration Plus 2012) reported that local resident service providers were believed to have good coordination and communication on the ground, a view echoed at the Cairns forum. The above survey results indicate that resident service providers are more sceptical than visiting service providers about how well they do communicate and collaborate. Another factor may be that visiting service providers believe local communication and collaboration was good in comparison to what they witnessed amongst fellow fly in fly out providers and/or at a regional level.

### Community engagement, coordination and cooperation

As Figure 9 shows, the most common response to the two questions on how local service providers work together was that they share relevant information and generally communicate effectively some of the time. Just under a third of participants said it was most of the time.

With the question about organisations working collaboratively with the local community, a surprising proportion (14%) did not know, but one tenth of participants did say always and less than 1% said never.

Figure 9: **Perceptions of how often service providers work together and with local community (%)**

n=113

In relation to how services engage with the local community (see Figure 10), the majority indicated that they often consult with local community members (77%), local leaders (62%) and FRC local Commissioners (54%).The least frequent was attending local Council meetings, using local Indigenous interpreters and regular meetings of local advisory group. These categories also had relatively high proportion of participants saying they did not know or it was inapplicable.

More profound questions about how service providers work with local communities and how they understand local cultural forms and practices is raised in the research by von Sturmer and le Marseny (2012). As Box 5 summarises, they are concerned by the lack of appreciation among service providers of local knowledges and sensitivities and the complex networks and relationships between people beyond the geographically bounded ‘community’.

Figure 10: **Perceptions of frequency of various forms of community engagement by their service in the community (%)**

n=111-113

**Box 5: Perspectives from the field – Part 2**

John von Sturmer and Stuart le Marseny, in their report based on meetings with local people and talking with them primarily about the FRC, make a number of observations pertinent to service delivery more generally:

1. Whilst stressing that the goodwill and competence (narrowly conceived) of service providers is not being questioned, the report concludes there is a singular failure of agencies to come to grips with local knowledges or sensitivities or even local issues. Material used in school and the parenting programme are used to highlight what is described as two forms of cultural bias: the (unconscious) promotion of certain cultural practices that do not apply locally and an (unconscious) ideological bias. It is observed that the assumptions of the ‘outsiders’ life intrude into local practice, thereby imposing alien notions of propriety and proper practice. The report implies that inherent in the ideological bias is an apparent attention to the ‘individual’ rather than the social (group, community or kin network) as the key unit of social understanding and action.
2. In the report it is asserted that the discrete community basis of the trial is problematic. The trial is described as community-centred or focussed rather than seeking to match ‘actual dimensions, dynamics and modalities of the life world’. The report notes that any policy initiative or program development needs to consider cultural ‘blocs’ with for example people in Hope Vale having the ‘sister community’ of Wujal Wujak and relations living in Cooktown, Cairns and further afield - what is called the Guugu-Yimidhirr diaspora. The mobility of people is illustrated in Event note 15, but is referred to in several instances, both in terms of long periods away from the home community and in terms of regular visits to places outside the home community. This spatial mobility can pose particular challenges for service delivery (for example, see Prout (2008)). In the case of the person in Event note 15, various agencies are characterised as ‘floating points’ or ‘points of attachment’ for which one requires a genuine issue or failing that, a way of ‘presenting’ to elicit support and/or resources.
3. Although it is stated in the report that it is the personal links the providers can create with the Aboriginal clients that is the key component of any successful outcome, both for the client and the deliverer, it is viewed as doubtful that it truly encourages self- (or community) reliance.

Among service providers the report notes the limited recognition of the real skills local people acquire from and bring to their life world. One of the interviewees commented on a common pattern of employment - full time outsiders with part-time local staff. Local service providers, it seemed, were not subject to any locally produced or presented induction program.

Source: von Sturmer and le Marseny (2012)

Source: XXX

## Improving service delivery: gaps, barriers and staffing issues

### Staffing and workforce issues

As Figure 11 shows, recruiting appropriately skilled and experienced staff was seen as a big issue for their service in the local community by 45% of participants, but 19% said it was not an issue. Retaining staff was seen as a big issue by 51% and fewer (15%) said it was not an issue. A cross-tabulation showed that almost twice as many participants from government organizations compared with non-government organizations, think staff recruitment and retention is a big issue

Figure 11: **Perceptions of how big an issue staff recruitment and retention is for their service in the community (%)**

n=123

Table 6 shows that Aurukun had the highest proportion of resident participants, and along with Hope Vale, participants who had been working in the community for a shorter period of time. Aurukun was also seen by a bigger proportion of participants as having issues with staff recruitment and retention.

Table 6: **Community differences in staff and workforce issues (%)**

|  | Participants worked three or more years in the community (%) | Resident in the community (%) | Recruitment perceived to be a big issue (%) | Retention perceived to be a big issue (%) |
| --- | --- | --- | --- | --- |
| Aurukun | 27 | 56 | 67 | 63 |
| Coen | 46 | 45 | 54 | 39 |
| Hope Vale | 24 | 32 | 33 | 29 |
| Mossman Gorge | 53 | 5 | 27 | 21 |
| **TOTAL** | **35** | **41** | **51** | **45** |

### Gaps and barriers

The majority of participants (63%) believed there is gaps in service delivery that need to be addressed. Very few said there were none (5%) while 32% didn’t know.

In response to an open ended question about what these gaps are, some of the 67 responses referred to a range of issues related to services or programs:

* specialists (eg. child mental health, dentists) and case management
* specific programs, such as a children’s shelter, a men’s shed, and living skills
* programs for youth including those who drop out of boarding school

Other perceived gaps related to broader issues that affect the delivery of services:

* duplication and lack of coordination
* the lack of jobs, business investment and financial services for small business
* local leadership and community control
* research and data, and the review and consolidation of services

One participant provided a detailed response about the perceived gaps in relation to coordination and duplication, including the following:

*An organisation that works with the children in the school and the family to address the whole family unit. At the moment (my perception is that) one group works with the men, one with the women, one with the children in school, one with mental health, one with alcohol, child safety works with children outside school and with families. There seems to be lots of agencies represented in the community and each is working in isolation and sometimes overlapping. There would be a benefit in coordinating the services and finances so that particular families/areas of the community might be supported to find stability/jobs/learn to budget etc. Scrap some of the fly in agencies and the use the money to create more jobs in the community....It would help if organisations interacted/networked to support each. (I am not suggesting meetings and more red tape, but maybe a liaison person who puts people together)....*

Another participant made the case for business investment and adult literacy education:

*Aurukun lacks business investment, or the economy needed to move a community from welfare to work and financial independence. Subsidised enterprise would go some way towards culturing this: horticulture, labour, fishing, tourism, exported arts etc. There can be no reform without an alternative to welfare....I think there would also be interest in adult literacy education, as children are becoming more literate than their parents.*

In the 73 responses to an open ended question about barriers to improving service delivery, there were three clusters of themes:

* politics and in particular a perceived gulf between Cape York organisations and government, and divisiveness caused by family/clan groups within community, local council resistance or the Queensland government being slow to support the trial. For example:

*The services operate in silos and do not want to work with Queensland Government and Commonwealth Government agencies. Most of the CYWR do not have standard operating practices that allows us to have operating parameters. There is no governance of the CYWR service providers and this is no way to provide feedback. It seems the CYP is trying to a super NGO in the Cape and not let other NGOs in.*

*There is still politics at play, both black and white politics. Need to get rid of it.*

*Small town politics between service providers.*

*Anti FRC sentiment and propaganda begin spread throughout the community for political purposes.*

*Dispute over traditional land ownership...This results in open hostility over the issues and causes disruption in situations where attempts are made to form a body representative of the whole community...*

* service delivery and providers, including poor staff, difficulties in recruitment and retention, housing and inadequate communication and coordination within a community and/or with the regional centre. For example:

*High turnover of staff implementing programs. Lack of knowledge of culture and language by service providers.*

*Need for much more coordination among service providers and need to have formal structure for community input.*

* local community engagement, either as needing more input from local people or because of local people’s disinterest. For example:

*Services need to be community controlled.*

*As with all interventions, welfare reform has been helpful with some individuals and families embracing an opportunity to change and tackle personal and community issues. Some people have even elected to have their welfare payments managed without FRC involvement as a way to help themselves. However some other people who do not identify their FRC referral reason as an issue choose not to change and it is difficult for any service or person to convince them otherwise.*

Remoteness and the wet season were mentioned by several people. Several also referred to the need for long term investment, such as this participant:

*The trial needs to continue for the next ten years. You can’t expect people to wake up one day and change their behaviour this is not a human condition. We need to be given the time to try, to make mistakes, to try again, If pull out now it will be another broken promise.*

Interestingly, how much local residents believe there should be improvements in service delivery seem to have varied by community. The Social Change Research Study found differences between communities in the emphasis placed on the need to improve coordination in service delivery. In Coen the third most significant challenge was services like the Council and Cape York Partnership services working together better, and in Mossman Gorge the most significant challenge was identified as the need for more effective coordination and harmonisation of new services (Colmar Brunton 2012a).

### Changes to better support the trial or similar reform measures

In the 71 response to an open ended question about what could be changed to better support the trial or similar reform measures in the future, there were similar clusters of themes as above.

* politics: cooperation between the government and Cape York organisations, more Council involvement, improvement in governance of local organisations. For example:

*One of the largest barriers to improving service delivery in this community is the local Council’s inability to let go or assist in the handover of services.*

*Improvement in governance of local organisations, more resources for working with people and families, not just focusing on improving service delivery.*

* service delivery: more collaboration and communication, more follow-up, more services, more incentives, stronger monitoring, more co-ordinated approach to service delivery. For instance:

*More partnerships between CYP (including FRC), CYI and CYAAA and health, rather than everybody working in silo.*

*Delivering a linear western model of engagement in this community eg referral-intake-assessment-intervention-completion is difficult. Attendance seems to be sporadic and opportunistic at best mostly due to high staff turnover and other issues within community such as sorry business. There seems to be no harsher consequence for non- attendance than longer welfare management period. I think there needs to be room in the service delivery for relationship and trust building before engaging in counselling and I think this needs to happen in a multi-agency approach rather than all services being located in different buildings etc rather than going to one counsellor/service for all FRC recommendations.*

*I think the community is flooded with visiting staff, programs etc all promoting different things and thinking their work and programs are the most important. It costs a lot of money for visiting staff to be in communities, and they should be working together to be making a difference. Sometimes there are so many services that I think it pushes people away. I think more emphasis needs to be put on recruitment of staff who show a commitment to working in communities....I think we need to be listening more to what the community wants and providing community people with accurate information about what is happening in their communities in terms of employment, school, health etc...*

*Though there has been an increase in services this has not cultured a necessary synthesis between these services, and many working within them are oblivious to the operations of one another. There is also a lack of communication from Aurukun back to Cairns, as there is so much investment in the roll-out of projects and meeting targets that the efficacy of these projects is ignored.*

*Employ the right people and question the data they provide.*

*...Establish KPIs on measures at the outset of each program, additional bottom up engagement measures so community has a say. Further coordination meetings at management or senior management level.*

* local community engagement: consulting with communities on the design of programs , more engagement, consultations with both community and Council. For example:

*I think that more community consultation and Council involvement is necessary to better support any other reform measures. If the consultation was done properly in the first place there would not be so much resistance to these programs.*

*Get the local community involved in designing, implementing and monitoring the programs*

*shaping the measures and programs to be specific and relevant to Aurukun (not one-size-fits all approach).*

A common theme in many participants’ recommendations was the need to review and assess existing initiatives. For instance:

*To better support consultation with locals and current service providers to review existing arrangements and then see what comes of this.*

*Stronger monitoring of service delivery. Real KPIs.*

*I think the trials should, like all trials now come to end, and that the successful parts should be incorporated into government policy, and that the superfluous parts be shut down.*

## Summary

This chapter covered the main results from the survey, including the themes that emerged from the open ended questions. In relation to the CYWR trial, the majority of participants (70%) thought it was beneficial and 86% agreed that increasing individual and family responsibility, and giving local people more opportunities, were very important objectives of the trial.

The most obvious impact of the trial on service providers is the work of the FRC, with 72% of participants saying their service had regular contact with the FRC and its Commissioners. Of those that had regular contact, 56% said many of their clients were referrals from the FRC.

Amongst seven listed CYWR services or program, the Wellbeing Centre was viewed most commonly as operating in the local community in the past year, and the Ending Family Violence Program the least common. MPower, SETs and Wellbeing Centres were mentioned most frequently as making the most difference, while the Parenting Program was mentioned the most as making the least difference.

With perceptions of changes in service delivery in the past three years, over a half of participants thought their service’s engagement with the local community had changed, and 50% services had changed to encourage individual and family responsibility under the trial. Over one third of participants could or chose not to answer primarily because they had not been working in the community for a long enough period. In relation to perceived changes in listed outcome areas, more children going to school was the most positive change. The most common response to a list of social problems was to say they were about the same.

According to participants the services most commonly based in the community (except for Mossman Gorge) include a medical centre, police, general stores, arts and cultural centre, primary school and church. Over half of the participants (59%) did not reside in their nominated community. Of these, 33% said they had visited the community a total of at least 60 days in the past year. 16% had visited for a total of less than 10 days.

The most common response amongst all participants to questions about collaboration and community engagement was to indicate it occurred ‘some of the time’ (between 42% and 50% of participants). When asked about how their service engages with the local community, 76% said they consulted often with local community members, 63% said they consulted often with local leaders, and 54% said they consulted often with local FRC Commissioners.

In terms of staffing issues, 45% said recruitment of skilled and experienced staff was a big issue and 51% said retention of staff was a big issue. The majority of participants (63%) said there were gaps in service delivery. Perceived service gaps included specialists (eg. child mental health, dentists), specific programs (such as a children’s shelter, a men’s shed, and living skills), and programs for youth including those who drop out of boarding school.

Barriers to improving service delivery, according to participants, related to politics, service delivery and providers, and local engagement. The main themes raised by participants to improve service delivery, as a means of supporting future reform, sought to address many of the barriers or gaps that had already been canvassed.

# CHAPTER 4

# Conclusion

## Impact of the trial

The four Cape York communities have been subject to major policy and program changes in recent years, including the Cape York Welfare Reform trial and as Remote Service Delivery communities. There has been a large investment by the Australian and Queensland governments, in services and programs, as part of the trial. The 128 service providers who participated in the survey were by no means the total population of service providers who are resident or work in the communities. Even so, this sample size indicates there is at least one individual service provider for every 23 local residents (adults and children) in the four communities.

If nothing else, the trial seems to have produced a complicated array of services, some of which are very closely tied to the FRC and provide practical assistance to individuals and families to help them achieve positive change. Whether the number and range of services meets one of the stated objectives of the National Partnership Agreement on Remote Service Delivery - to raise the standard and range of services delivered to Indigenous to be broadly consistent with those provided to other Australians in similarly sized and located communities – is less easy to determine. One reason is that it is not obvious what towns/communities should be compared to the four Cape York communities, each of which have their own distinctive characteristics including size and location.

Service providers who participated in the survey were in the main positive about the impact of the trial on communities and their residents. In many open-text comments there were references to improvements in the community, such as children’s attendance at school, and improved access to services and support for some individuals and families. However, in relation to a range of social problems, the most common response was to indicate there had been no change in the community over the past three years. The impression was created that many believed that the signs were promising, but it was too soon to expect major change in long-standing and entrenched attitudes and lifestyles. Service providers obviously understood that the objectives of the trial were to inculcate individual and family responsibility, but some referred to structural and cultural factors that militate against it, while others stressed that it would take many years to achieve.

From the FRC data and self-reported attendance at FRC conferences by local residents it is apparent the FRC has had some form of contact with most adults in the four communities, though less so in Coen. Not all of this contact is formal, as local Commissioners seem to be involved in support and mediation in a more informal capacity. Service providers also reported being affected by the FRC, with the majority saying their service had regular contact with it. The scepticism and resistance to the FRC found in earlier reviews (eg. ATSIS 2011 and KPMG 2010) seems to have dissipated and both local residents and service providers being mostly positive about its role and efficacy. In some quarters, nonetheless, there remains opposition to such an intervention, but these were lone voices amongst the service providers. The majority of service providers’ comments related to improving communication between the FRC and services, or recommendations for an expanded role and authority. There was also a view that its focus and actions required a rejuvenation as the effect was wearing off.

There was less enthusiastic endorsement from service providers for key services that have been introduced or re-designed during the trial. Client data indicates Wellbeing Centres and MPower are well utilised, and many are referred to these services by the FRC. They are well-known amongst service providers with almost all service providers in the survey saying they had operated in the past year. For the most part they were largely seen as effective, although there was a sub-set of participants who were critical, which seemed linked to a high turnover in staff and style of engaging clients. Although not listed in the questionnaire, participants in the education sector took the opportunity in their text responses to highlight the achievements of student case managers and the difference they and the Academy had made. Several participants did refer to a ‘dogmatic’ adherence to Direct Instruction, but the overwhelming majority were very positive about recent reforms in education. Participants who worked in education were also supportive of SETs and this is reflected in the mostly positive responses about the program.

Smaller, targeted programs or services had rather mixed results. Although the FRC does refer many clients to the Ending Family Violence Program, only 41% of participants indicated it had operated in the past year, and information supplied to FaHCSIA on the program suggests it has been run less frequently and has had staffing problems in the past year. According to the survey participants, Pride of Place seems to have worked well in some places and less so in others, and there was a concern that improvements did not last and the program did not generate sustainable outcomes. Just over 70% of participants said the Parenting Program and Pride of Place had operated in the local community but, amongst those who responded, were the most frequently mentioned of listed CYWR services as having the least impact.

The majority of participants did say employment services had operated in the community but there was not much said about these services. This might be because many participants had limited contact with the services, and in one community there seemed some dissatisfaction with the way the service had been running. Although a number of participants stressed the importance of developing employment and business opportunities, this was not raised within the context of service delivery, either as vehicle to provide employment or as a means of providing job skills or business development. Instead, it was tied to local politics or the disadvantages of being a remote community.

A key area of employment of local people in remote communities is the service sector. Almost one third of participants in the survey were Indigenous people. This was a far higher proportion than those who participated in a similar survey in NT remote communities, where it was 10% of the sample (Putt and FaHCSIA 2011). Available data on CDEP conversions, the number of positions created in services associated with the trial, and the job and employment survey, support the conclusion that the CYWR trial has generated more jobs for Indigenous people in the service sector. Moreover, the Migration Plus (2012) report noted there were many signs of social capital building as a flow-on effect of the CYWR with the example provided of the election of several FRC Commissioners as Shire Councillors.

Accountability was a recurring theme in the survey results. There were calls for better monitoring, reliable data, and regular reviews of services and programs. There was not, however, any direct reference to the challenges associated with both horizontal (such as to colleagues and the community) and vertical forms of accountability (to the employing organisation or professional standards (Edwards 2011). A significant number of service providers did not want to or did not feel confident about commenting on services other than their own, and several participants suggested improved communication and transparency about what was being done and achieved by programs and services, so that there was a more empirical basis to opinions of programs. The trial has resulted in considerable expenditure on additional services, and there was a strand of opinion that questioned whether it could be rationalised or used more efficiently.

Of those participants who felt they could comment on changes in the past three years, the majority said there had been improvements in the sharing of information and collaboration between services. Overall, a common view was that there was better coordination and communication amongst service providers, and fewer gaps than what existed before. This was also found in the consultations on service delivery (Migration Plus 2012). There was less evidence from the survey that participants thought that collaboration had produced concrete outcomes for clients, although it was seen by some as having been increased through the FRC acting as a broker and supervisor of cases. Various mechanisms to improve coordination such as monthly interagency meetings in the community, the Regional Operations Centre and the Government Coordination Officers, were touched upon by several participants, but less so than might have been expected given their explicit focus and function.

From the survey, it would appear that one of two RSD objectives has occurred – better coordinated government services for Indigenous people in identified communities – but the other, providing simpler access, is less certain. Despite the Wellbeing Centres being flagged by several participants as providing access to a wider range of services than existed before, it is not known from the Social Change Research Study whether local residents believe there is now ‘simpler’ access to government (and non-government) services.

## Collaboration, integration and engagement

Although local services were perceived to collaborate and communicate reasonably well by many participants, this was most apparent within certain sectors and in certain communities. In the consultations on service delivery they found some strong relationships between certain services but they did not think this translated into a ‘holistic’ approach by service providers (Migration Plus 2012). Coordination in service delivery was seen by survey participants as needing improvement both locally and regionally by many participants. Fly in fly out service delivery was seen by some as particularly problematic, with too many service staff based in Cairns.

There was an underlying tension between Cape York-led and other service organisations. Those who worked in Cape York organisations were more likely to report positive outcomes from the trial and to emphasize the importance of trial objectives, yet this did not translate into a discernible difference in responses to many questions including those about gaps and measures to improve service delivery. Instead, the tension appeared to be about the perceived commitment to the trial and an alleged ‘silo’ mentality of other parties. In addition to these organisational politics, participants suggested resistance by key powerbrokers and the council, and family rivalries, were contributing to a less than optimum success of the trial, most notably in one community. A number of participants seemed to argue that the trial had ‘empowered’ many individuals and families but not necessarily the community as a whole.

Local service providers do not always seem to know much about the range of local services or opportunities to more formally seek feedback from the community on their services. Community engagement by participants’ services was largely by informal means, such as often meeting with local community members and leaders. For some services, the local Commissioners seem to play a critical role with just over half of the survey participants consulting with them as a form of community engagement. The questionnaire did not probe into what the service or organisational provider consulted about – depending on the service it may have centred on individuals and families (as clients or potential clients) or it may include more substantive feedback on the direction and responsiveness of the service.

The survey showed there are strained or weak relationships between some providers, and not necessarily a strong sense of what are shared ways of working together or modes of practice. Organisational and sectoral rivalries and personality clashes are always inevitable, and often exacerbated in small community settings. For example, research with local service providers in NT remote communities found that many indicated that only some organisations work well together or only work well together some of the time. Negative comments were made about visiting services or the lack of engagement with the local community and several stressed how much coordination is personality driven (Putt and FaHCSIA 2011). However, without a concrete purpose and more detailed implementation frameworks (and a focus on outcomes as advocated in Stewart et al. 2011), service providers are likely to keep advocating more collaboration and engagement without necessarily seeing these aspirations converted into action or obvious benefits to themselves and local residents.

Realistically a significant number of services will continue to be delivered as visiting services. More attention to address staffing challenges in specific community settings and the quality and frequency of visiting services was advocated by service providers in the survey. Reducing the tensions between providers and improving collaboration, as well as community engagement, may occur if there is greater clarity around expectations of service practice and delivery in any future reforms. As several participants noted, a lot of energy and time has been dedicated to setting up or re-designing discrete programs under the trial and there hasn’t been the opportunity to reflect on how to strengthen networks locally and regionally, or the alignment of services across programs. Developing some shared or common output indicators and agreed models of service delivery across sectors and organisations, in line with more strategic funding frameworks, seems an important first step to building on achievements to date.

## Supporting future reforms

In the original evaluation framework for the trial, signs of success for ‘re-positioning government services’ included guidelines, effective processes, responsive and active service delivery (Courage Partners 2009). Survey participants seemed confident that their own services were working hard to support the trial’s objectives and to respond to local circumstances. However, according to Migration Plus (2012) there was not much understanding of what the goals and pathways inherent in the CYWR meant for their service.

There is a lack of clarity as to whether the CYWR should lead to fundamental changes to service practice. The report on the consultations on service delivery states there is the need to develop formal policies and procedures to create *welfare reform* service delivery (emphasis added) (Migration Plus 2012), but before this occurs it seems there needs to be a broader debate and agreement about what this might translate into. In the social services, the consultations and the survey revealed there was disagreement between providers over the best approach to foster individual and family responsibility, with some arguing a self-help model results in the onus being placed on clients to enter their service’s premises and ask for assistance. This is not a new debate, and given the diversity of people who live in the communities, it seems a more tailored approach to individuals depending on their needs and expectations, combined with pro-active engagement in the community, is required. In any future discussions among the full constellation of service providers, it would be useful to examine ways of encouraging community engagement, in addition to client engagement.

Greater engagement with the community, more active participation and support from key government services and from local government were some of the changes advocated by survey participants. This was also a view held by some local residents. Although the most important issues for local residents related to more housing and more real jobs, followed by more activities and services for young people, the Social Change Research Study did indicate that they would like to see service providers work together better and/or have more contact with the community (Colmar Brunton 2012a).

The dynamics and investment in service delivery vary between the four communities, with distinct challenges associated with each, from a larger more remote community like Aurukun to a smaller community like Mossman Gorge, where people go to a nearby town to access many services. Having a local council in two of the communities is another factor that affects the management and delivery of services. Service provider perceptions of each community and their views on service delivery often reflected political issues, family and clan rivalries, and inter-sectoral tensions specific to that community and highlighted the need to consider in future reforms local service delivery configurations, as well as the more structural organisational and regional factors that impact on services.

Many issues related to service delivery identified through the survey are likely to be found in other remote Indigenous communities (for example, see Allen Consulting Group 2011, Putt et al 2011, Limerick et al 2012, Fisher et al 2010, and Prout 2008 which examines Indigenous spatiality and service delivery) and certainly predated the trial (Finlayson 1997, Queensland Government 2005). In other RSD communities there may have been similar trends, because the aims of the initiative are similar to CYWR objectives. However, what makes the CYWR trial distinctive, from a service delivery perspective, are the innovations introduced through the creation of the FRC and a number of programs, and the governance structure. It therefore seems sensible to look more closely at what these have contributed to the trial and the lessons that may have been learnt along the way. The survey did not do this, and further evidence and analysis is required before any firm conclusions can be drawn.

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# APPENDIX 1

# Community results for key questions

Introduction

It is well recognized that each of the four communities has distinct characteristics and histories, as well as service delivery arrangements. The appendix presents for a range of key questions the number and proportion of responses by community. As Table A1 shows, as is to be expected, the largest percentage of responses was for Aurukun (42%), followed by Coen (23%), Hope Vale (20%) and Mossman Gorge (15%).

Sample

**Table A1: Community participants worked with the most over the last 12 months (%)**

|  | Number | Percentage |
| --- | --- | --- |
| Aurukun | 53 | 42 |
| Coen | 29 | 23 |
| Hope Vale | 26 | 20 |
| Mossman Gorge | 19 | 15 |
| **Total** | **127\*** | **100** |

\*1 missing

**Table A2: Community differences in staff and in workforce issues (%)**

|  | Participants worked three or more years in the community (%) | Resident in the community (%) | Worked for a government organization (%) | Non-ATSI background (%) |
| --- | --- | --- | --- | --- |
| Aurukun | 27 | 56 | 55 | 81 |
| Coen | 46 | 45 | 30 | 65 |
| Hope Vale | 24 | 32 | 48 | 71 |
| Mossman Gorge | 53 | 5 | 56 | 61 |
| **Total** | **35** | **41** | **49** | **72** |

Availability of services

**Table A3: Perceptions of service availability, as resident or visiting services (%)**

|  |  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| **Medical centre (not a Wellbeing Centre)** | Yes, in the community | 47 | 92 | 22 | 85 | 22 | 96 | 18 | 95 | 109 | 91 |
| Yes, visiting | 2 | 4 | 3 | 11 | 1 | 4 | 1 | 5 | 7 | 5 |
| No | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Don’t know | 1 | 2 | 1 | 4 | 0 | 0 | 0 | 0 | 2 | 2 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *100* | *119\*\** | *99\** |
| **Aged care service** | Yes, in the community | 42 | 82 | 14 | 54 | 23 | 100 | 3 | 16 | 82 | 69 |
| Yes, visiting | 2 | 4 | 3 | 11 | 0 | 0 | 7 | 37 | 12 | 10 |
| No | 2 | 4 | 2 | 8 | 0 | 0 | 3 | 16 | 7 | 6 |
| Don’t know | 5 | 10 | 7 | 27 | 0 | 0 | 6 | 32 | 18 | 15 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *101\** | *119\*\** | *100* |
| **Mental health services** | Yes, in the community | 16 | 31 | 7 | 27 | 15 | 65 | 7 | 37 | 45 | 38 |
| Yes, visiting | 30 | 59 | 13 | 50 | 6 | 26 | 11 | 58 | 60 | 50 |
| No | 1 | 2 | 1 | 4 | 0 | 0 | 0 | 0 | 2 | 2 |
| Don’t know | 4 | 8 | 5 | 19 | 2 | 9 | 1 | 5 | 12 | 10 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *100* | *119\*\** | *100* |
| **Drug and alcohol service** | Yes, in the community | 17 | 33 | 8 | 31 | 10 | 43 | 7 | 37 | 42 | 35 |
| Yes, visiting | 28 | 55 | 8 | 31 | 8 | 35 | 11 | 58 | 55 | 46 |
| No | 0 | 0 | 4 | 15 | 0 | 0 | 0 | 0 | 4 | 3 |
| Don’t know | 6 | 12 | 6 | 23 | 5 | 22 | 1 | 5 | 18 | 15 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *100* | *119\*\** | *99\** |
| **Aboriginal legal service** | Yes, in the community | 5 | 10 | 1 | 4 | 5 | 22 | 4 | 21 | 15 | 13 |
| Yes, visiting | 22 | 44 | 13 | 50 | 9 | 39 | 8 | 42 | 52 | 44 |
| No | 3 | 6 | 4 | 15 | 2 | 9 | 3 | 16 | 12 | 10 |
| Don’t know | 20 | 40 | 8 | 31 | 7 | 31 | 4 | 21 | 39 | 33 |
| *Sub-total* |  | *50* | *100* | *26* | *100* | *23* | *101\** | *19* | *100* | *118\*\** | *100* |
| **Safe house** | Yes, in the community | 46 | 92 | 5 | 19 | 8 | 35 | 2 | 10 | 61 | 52 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No | 3 | 6 | 14 | 54 | 7 | 30 | 10 | 53 | 34 | 29 |
| Don’t know | 1 | 2 | 7 | 27 | 8 | 35 | 7 | 37 | 23 | 19 |
| *Sub-total* |  | *50* | *100* | *26* | *100* | *23* | *100* | *19* | *100* | *118\*\** | *100* |
| **Family and domestic violence service** | Yes, in the community | 22 | 43 | 7 | 27 | 12 | 52 | 5 | 26 | 46 | 39 |
| Yes, visiting | 18 | 35 | 9 | 35 | 3 | 13 | 7 | 37 | 37 | 31 |
| No | 1 | 2 | 5 | 19 | 2 | 9 | 2 | 10 | 10 | 8 |
| Don’t know | 10 | 20 | 5 | 19 | 6 | 26 | 5 | 26 | 26 | 22 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *99\** | *119\*\** | *100* |
| **Child welfare/****protection service** | Yes, in the community | 18 | 36 | 3 | 11 | 7 | 30 | 0 | 0 | 28 | 24 |
| Yes, visiting | 31 | 62 | 16 | 61 | 14 | 61 | 10 | 53 | 71 | 60 |
| No | 0 | 0 | 3 | 11 | 0 | 0 | 5 | 26 | 8 | 7 |
| Don’t know | 1 | 2 | 4 | 15 | 2 | 9 | 4 | 21 | 11 | 9 |
| *Sub-total* |  | *50* | *100* | *26* | *98\** | 23 | *100* | *19* | *100* | *118\*\** | *100* |
| **Police** | Yes, in the community | 50 | 98 | 25 | 96 | 23 | 100 | 4 | 21 | 102 | 86 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 58 | 11 | 9 |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 16 | 3 | 2 |
| Don’t know | 1 | 2 | 1 | 4 | 0 | 0 | 1 | 5 | 3 | 2 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *100* | *119\*\** | *99\** |
| **Aboriginal community police** | Yes, in the community | 47 | 92 | 15 | 58 | 6 | 26 | 2 | 10 | 70 | 59 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 37 | 7 | 6 |
| No | 1 | 2 | 6 | 23 | 13 | 56 | 8 | 42 | 28 | 23 |
| Don’t know | 3 | 6 | 5 | 19 | 4 | 17 | 2 | 10 | 14 | 12 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *99\** | *19* | *99\** | *119\*\** | *100* |
| **Sobering up shelter/ detox centre** | Yes, in the community | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 6 | 1 | 1 |
| Yes, visiting | 2 | 4 | 1 | 4 | 0 | 0 | 4 | 22 | 7 | 6 |
| No | 26 | 51 | 20 | 77 | 15 | 65 | 10 | 56 | 71 | 60 |
| Don’t know | 23 | 45 | 5 | 19 | 8 | 35 | 3 | 17 | 39 | 33 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *18* | *101\** | *118\*\** | *100* |
| **Night patrols** | Yes, in the community | 36 | 71 | 0 | 0 | 2 | 9 | 1 | 6 | 39 | 33 |
| Yes, visiting | 0 | 0 | 1 | 4 | 0 | 0 | 2 | 11 | 3 | 2 |
| No | 6 | 12 | 15 | 58 | 11 | 50 | 12 | 67 | 44 | 38 |
| Don’t know | 9 | 18 | 10 | 38 | 9 | 41 | 3 | 17 | 31 | 26 |
| *Sub-total* |  | *51* | *101\** | *26* | *100* | 22 | *100* | *18* | *101\** | *117\*\** | *99\** |
| **Arts and cultural centre** | Yes, in the community | 45 | 88 | 12 | 46 | 23 | 100 | 19 | 100 | 99 | 83 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| No | 2 | 4 | 11 | 42 | 0 | 0 | 0 | 0 | 13 | 11 |
| Don’t know | 4 | 8 | 3 | 11 | 0 | 0 | 0 | 0 | 7 | 6 |
| *Sub-total* |  | *51* | *100* | *26* | *99\** | 23 | 100 | *19* | *100* | *119\*\** | *100* |
| **Centrelink** | Yes, in the community | 26 | 51 | 18 | 69 | 18 | 78 | 5 | 26 | 67 | 56 |
| Yes, visiting | 18 | 35 | 3 | 11 | 4 | 17 | 6 | 32 | 31 | 26 |
| No | 2 | 4 | 3 | 11 | 0 | 0 | 6 | 32 | 11 | 9 |
| Don’t know | 5 | 10 | 2 | 8 | 1 | 4 | 2 | 10 | 10 | 8 |
| *Sub-total* |  | *51* | *100* | *26* | *99\** | 23 | 99\* | *19* | *100* | *119\*\** | *99\** |
| **General store** | Yes, in the community | 50 | 98 | 25 | 96 | 23 | 100 | 4 | 21 | 102 | 86 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 21 | 4 | 3 |
| No | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 53 | 10 | 8 |
| Don’t know | 1 | 2 | 1 | 4 | 0 | 0 | 1 | 5 | 3 | 2 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *100* | *119\*\** | *99\** |
| **Job Services Australia** | Yes, in the community | 20 | 39 | 19 | 73 | 16 | 70 | 4 | 21 | 59 | 49 |
| Yes, visiting | 17 | 33 | 4 | 15 | 5 | 22 | 6 | 32 | 32 | 27 |
| No | 2 | 4 | 2 | 8 | 1 | 4 | 8 | 42 | 13 | 11 |
| Don’t know | 12 | 23 | 1 | *4* | 1 | 4 | 1 | 5 | 15 | 13 |
| *Sub-total* |  | *51* | *99\** | *26* | *100* | 23 | 100 | *19* | *100* | *119\*\** | *100* |
| **Primary school** | Yes, in the community | 50 | 98 | 25 | 96 | 23 | 100 | 5 | 26 | 103 | 86 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 26 | 5 | 4 |
| No | 0 | 0 | 1 | 4 | 0 | 0 | 8 | 42 | 9 | 7 |
| Don’t know | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 5 | 2 | 2 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *99\** | *119\*\** | *99\** |
| **Childcare centre** | Yes, in the community | 47 | 92 | 16 | 61 | 23 | 100 | 5 | 26 | 91 | 76 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 26 | 5 | 4 |
| No | 0 | 0 | 8 | 31 | 0 | 0 | 8 | 42 | 16 | 13 |
| Don’t know | 4 | 8 | 2 | 8 | 0 | 0 | 1 | 5 | 7 | 6 |
| *Sub-total* |  | *51* | *100* | *26* | *100* | *23* | *100* | *19* | *99\** | *119\*\** | *99\** |
| **Church** | Yes, in the community | 48 | 96 | 23 | 88 | 23 | 100 | 15 | 79 | 109 | 92 |
| Yes, visiting | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 10 | 2 | 2 |
| No | 0 | 0 | 1 | 4 | 0 | 0 | 1 | 5 | 2 | 2 |
| Don’t know | 2 | 4 | 2 | 8 | 0 | 0 | 1 | 5 | 5 | 4 |
| *Sub-total* |  | *50* | *100* | *26* | *100* | 23 | 100 | *19* | *99\** | *118\*\** | *100* |
| **Men’s centre** | Yes, in the community | 13 | 25 | 3 | 12 | 10 | 43 | 3 | 16 | 29 | 25 |
| Yes, visiting | 0 | 0 | 1 | 4 | 1 | 4 | 5 | 26 | 7 | 6 |
| No | 17 | 33 | 15 | 60 | 7 | 30 | 7 | 37 | 46 | 39 |
| Don’t know | 21 | 41 | 6 | 24 | 5 | 22 | 4 | 21 | 36 | 30 |
| *Sub-total* |  | *51* | *99\** | *25* | *100* | *23* | *99\** | *19* | *99\** | *118\*\** | *100* |
| **Women’s centre** | Yes, in the community | 22 | 44 | 3 | 11 | 11 | 48 | 4 | 21 | 40 | 34 |
| Yes, visiting | 0 | 0 | 1 | 4 | 1 | 4 | 4 | 21 | 6 | 5 |
| No | 11 | 22 | 16 | 61 | 5 | 22 | 7 | 37 | 39 | 33 |
| Don’t know | 17 | 34 | 6 | 23 | 6 | 26 | 4 | 21 | 33 | 28 |
| *Sub-total* |  | *50* | *100* | *26* | *99\** | *23* | *100* | *19* | *100* | *118\*\** | *100* |

\*Totals do not always sum to 100 because of rounding

\*\*The number missing varied by category and was either 9 or 10

In Mossman Gorge, except for the medical centre, all the nominated services were seen as outreach services or as not provided.

Where services were perceived to be based in the community, Aurukun was more likely to be seen to have a mental health service, a safe house, a family and domestic violence service, Aboriginal community police, a night patrol and a women’s centre. It was less likely to be seen as having Job Services Australia based in the community.

Hope Vale was more likely to be seen as having a mental health service, a family and domestic violence service, a men’s and a women’s centre. Coen was more likely to be seen as having Aboriginal community police, but not an arts and cultural centre or an aged care service.

FRC

Participants who work in Coen reported the lowest level of contact with the FRC Commissioners and many reported that they only had a few clients referred by the FRC. The FRC was seen as having ‘a lot’ of impact on their service by over half of Aurukun (52.9%) and Mossman Gorge (57.9%) participants, while 38.1% of Hope Vale and 23.1% of Coen participants said it was a lot.

**Table A4: Whether participant’s service has regular contact with the FRC and its Commissioners (%)**

|  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % | n | % | n | % |
| Yes | 44 | 86 | 11 | 42 | 16 | 70 | 15 | 79 | 86 | 72 |
| No | 4 | 8 | 11 | 42 | 5 | 22 | 4 | 21 | 24 | 20 |
| Don’t know | 3 | 6 | 4 | 15 | 2 | 9 | 0 | 0 | 9 | 8 |
| Total | 51 | 100 | 26 | 99\* | 23 | 101\* | 19 | 100 | 119\*\* | 100 |

\*Totals do not always sum to 100 because of rounding

\*\*9 missing

**Table A5: Perceptions of the impact of the FRC on participant’s service in nominated community (%)**

|  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % | n | % | n | % |
| Yes , a lot  | 27 | 53 | 6 | 23 | 9 | 39 | 11 | 58 | 53 | 44 |
| Yes, a bit | 15 | 29 | 8 | 31 | 6 | 26 | 4 | 21 | 33 | 28 |
| No | 3 | 6 | 5 | 19 | 1 | 4 | 2 | 10 | 11 | 9 |
| Don’t know | 5 | 12 | 7 | 27 | 7 | 30 | 2 | 10 | 22 | 18 |
| Total | 51 | 100 | 26 | 100 | 23 | 99\* | 19 | 100 | 119\*\* | 99\* |

\*Totals do not always sum to 100 because of rounding

\*\*9 missing

CYWR services/initiatives

Compared with participants from the other communities, Hope Vale participants were less likely to say that SETS, Pride of Place and the Parenting program had operated in the past year. Hope Vale, along with Coen also had at least one fifth of the participants saying the Ending Family Violence program had not operated in the past year. In three communities at least one quarter of participants said they didn’t know whether it had operated but in Coen it was 12%. In Mossman Gorge, 42% of participants didn’t know whether employment services had operated in the past year.

In Aurukun and Coen participants were most likely to name MPower as making the most difference, while in Hope Vale it was the Wellbeing Centre and in Mossman Gorge Pride of Place. In Aurukun Pride of Place was mentioned the most as making the least difference, while in Coen it was the Parenting Program, Hope Vale the Ending Family Violence program and employment services, and in Mossman Gorge the Wellbeing Centre.

**Table A6: Perceptions of whether CYWR services and programs had operated in the community in the past year (%)**

|  |  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| **MPower** | Yes | 44 | 88 | 23 | 92 | 18 | 82 | 17 | 89 | 102 | 87 |
|  | No | 1 | 2 | 0 | 0 | 1 | 4 | 0 | 0 | 2 | 2 |
|  | Don’t know | 5 | 10 | 2 | 8 | 3 | 14 | 2 | 10 | 12 | 10 |
| *Sub-total* |  | *50* | *100* | *25* | *100* | *22* | *100* | *19* | *99\** | *116\*\** | *99\** |
| **Wellbeing Centre** | Yes | 44 | 90 | 25 | 100 | 22 | 100 | 19 | 100 | 110 | 96 |
|  | No | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
|  | Don’t know | 4 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 3 |
| *Sub-total* |  | *49* | *100* | *25* | *100* | *22* | *100* | *19* | *100* | *115\*\** | *100* |
| **Parenting Program** | Yes | 36 | 72 | 18 | 72 | 13 | 59 | 15 | 79 | 82 | 71 |
|  | No | 3 | 6 | 2 | 8 | 3 | 14 | 0 | 0 | 8 | 7 |
|  | Don’t know | 11 | 22 | 5 | 20 | 6 | 27 | 4 | 21 | 26 | 22 |
| *Sub-total* |  | *50* | *100* | *25* | *100* | *22* | *100* | *19* | *100* | *116\*\** | *100* |
| **Ending Family Violence Program** | Yes | 25 | 51 | 8 | 32 | 8 | 38 | 6 | 32 | 47 | 41 |
|  | No | 2 | 4 | 5 | 20 | 6 | 29 | 2 | 10 | 15 | 13 |
|  | Don’t know | 22 | 45 | 12 | 48 | 7 | 33 | 11 | 58 | 52 | 46 |
| *Sub-total* |  | *49* | *100* | *25* | *100* | *21* | *100* | *19* | *100* | *114\*\** | *100* |
| **Pride of place** | Yes | 40 | 80 | 23 | 92 | 17 | 77 | 16 | 84 | 96 | 83 |
|  | No | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
|  | Don't know | 8 | 16 | 2 | 8 | 5 | 23 | 3 | 16 | 18 | 15 |
| *Sub-total* |  | *50* | *100* | *25* | *100* | *22* | *100* | *19* | *100* | *116\*\** | *100* |
| **Students Educational Trusts-SETs** | Yes | 35 | 71 | 22 | 88 | 13 | 59 | 13 | 68 | 83 | 72 |
|  | No | 1 | 2 | 0 | 0 | 2 | 9 | 1 | 5 | 4 | 3 |
|  | Don't know | 13 | 26 | 3 | 12 | 7 | 32 | 5 | 26 | 28 | 24 |
| *Sub-total* |  | *49* | *99\** | *25* | *100* | *22* | *100* | *19* | *99\** | *115\*\** | *99\** |
| **Employment Services** | Yes | 40 | 80 | 23 | 92 | 20 | 91 | 9 | 47 | 92 | 79 |
|  | No | 2 | 4 | 2 | 8 | 2 | 9 | 2 | 10 | 8 | 7 |
|  | Don't know | 8 | 16 | 0 | 0 | 0 | 0 | 8 | 42 | 16 | 14 |
| *Sub-total* |  | *50* | *100* | *25* | *100* | *22* | *100* | *19* | *99\** | *116\*\** | *100* |

\*Totals do not always sum to 100 because of rounding

\*\*The number missing varied by each category and was either 13, 14 or 15

The Trial

**Table A7: Perceptions of whether the trial has been beneficial for the community (%)**

|  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- |
|  | n | % | n | % | n | % | n | % | n | % |
| Yes | 33 | 70 | 14 | 64 | 13 | 62 | 16 | 84 | 76 | 70 |
| No | 5 | 11 | 1 | 4 | 2 | 9 | 0 | 0 | 8 | 7 |
| Don’t know | 9 | 19 | 7 | 32 | 6 | 29 | 3 | 16 | 25 | 23 |
| Total | 47 | 100 | 22 | 100 | 21 | 100 | 19 | 100 | 109\*\* | 100 |

\*\*19 missing

**Table A8: Perceptions of the importance of listed objectives are to the Cape York Welfare Reform trial (%)**

|  |  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| **Improving services** | Very important | 37 | 77 | 16 | 67 | 17 | 81 | 17 | 89 | 87 | 78 |
|  | Quite important | 10 | 21 | 5 | 21 | 3 | 14 | 1 | 5 | 19 | 17 |
|  | Not important | 0 | 0 | 1 | 4 | 1 | 5 | 1 | 5 | 3 | 3 |
|  | Don’t know | 1 | 2 | 2 | 8 | 0 | 0 | 0 | 0 | 3 | 3 |
| *Sub-total* |  | *48* | *100* | *24* | *100* | *21* | *100* | *19* | *99\** | *112\*\** | *101\** |
| **Increasing services** | Very important | 31 | 64 | 13 | 54 | 10 | 48 | 14 | 74 | 68 | 61 |
|  | Quite important | 9 | 19 | 7 | 29 | 7 | 33 | 3 | 16 | 26 | 23 |
|  | Not important | 7 | 15 | 2 | 8 | 4 | 19 | 2 | 10 | 15 | 13 |
|  | Don’t know | 1 | 2 | 2 | 8 | 0 | 0 | 0 | 0 | 3 | 3 |
| *Sub-total* |  | *48* | *100* | *24* | *99\** | *21* | *100* | *19* | *100* | *112\*\** | *100* |
| **Individuals being more responsible** | Very important | 41 | 85 | 21 | 87 | 17 | 81 | 17 | 89 | 96 | 86 |
|  | Quite important | 6 | 12 | 1 | 4 | 4 | 19 | 2 | 10 | 13 | 12 |
|  | Not important | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 1 |
|  | Don’t know | 1 | 2 | 1 | 4 | 0 | 0 | 0 | 0 | 2 | 2 |
| *Sub-total* |  | *48* | *99\** | *24* | *99\** | *21* | *100* | *19* | *100* | *112\*\** | *101\** |
| **Families being more responsible** | Very important | 41 | 85 | 20 | 83 | 18 | 86 | 17 | 89 | 96 | 86 |
|  | Quite important | 6 | 12 | 2 | 8 | 3 | 14 | 2 | 10 | 13 | 12 |
|  | Not important | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 1 |
|  | Don’t know | 1 | 2 | 1 | 4 | 0 | 0 | 0 | 0 | 2 | 2 |
| *Sub-total* |  | *48* | *99\** | *24* | *99\** | *21* | *100* | *19* | *99\** | *112\** | *101\** |
| **Giving local people more control** | Very important | 34 | 71 | 14 | 58 | 11 | 52 | 14 | 74 | 73 | 65 |
|  | Quite important | 10 | 21 | 6 | 25 | 9 | 43 | 4 | 21 | 29 | 26 |
|  | Not important | 2 | 4 | 3 | 12 | 1 | 5 | 1 | 5 | 7 | 6 |
|  | Don't know | 2 | 4 | 1 | 4 | 0 | 0 | 0 | 0 | 3 | 3 |
| *Sub-total* |  | *48* | *100* | *24* | *99\** | *21* | *100* | *19* | *100* | *112\** | *100* |
| **Giving local people more opportunities** | Very important | 40 | 83 | 21 | 87 | 17 | 81 | 18 | 95 | 96 | 86 |
|  | Quite important | 7 | 15 | 1 | 4 | 4 | 19 | 1 | 5 | 13 | 12 |
|  | Not important | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 1 |
|  | Don't know | 1 | 2 | 1 | 4 | 0 | 0 | 0 | 0 | 2 | 2 |
| *Sub-total* |  | *48* | *100* | *24* | *99\** | *21* | *100* | *19* | *100* | *112\*\** | *101\** |
| **Re-establishing Indigenous authority** | Very important | 37 | 80 | 16 | 67 | 14 | 67 | 17 | 89 | 84 | 76 |
|  | Quite important | 4 | 9 | 5 | 21 | 6 | 29 | 2 | 10 | 17 | 15 |
|  | Not important | 0 | 0 | 2 | 8 | 1 | 5 | 0 | 0 | 3 | 3 |
|  | Don't know | 5 | 11 | 1 | 4 | 0 | 0 | 0 | 0 | 6 | 5 |
| *Sub-total* |  | *46* | *100* | *24* | *100* | *21* | *101\** | *19* | *99\** | *110\*\** | *99\** |
| **Increasing investment in the region** | Very important | 30 | 62 | 17 | 71 | 14 | 70 | 12 | 67 | 73 | 66 |
|  | Quite important | 10 | 21 | 4 | 17 | 4 | 20 | 3 | 17 | 21 | 20 |
|  | Not important | 4 | 8 | 1 | 4 | 1 | 5 | 2 | 11 | 8 | 7 |
|  | Don’t know | 4 | 8 | 2 | *8* | 1 | 5 | 1 | 6 | 8 | 7 |
| *Sub-total* |  | *48* | *99\** | *24* | *100* | *20* | *100* | *18* | *101\** | *110\*\** | *100* |

\*Totals do not always sum to 100 because of rounding

\*\*The number missing varied by category and was either 16 or 18

Mossman Gorge had the highest proportion of participants who believed organizations were always committed to the trial while Hope Vale had the lowest. In terms of roles and responsibilities under the trial, Mossman Gorge had the lowest proportion who said their own service’s roles were clear but had the highest for the clarity of other organisations’ roles and responsibilities.

Smaller proportions of participants who work in Coen and Hope Vale said that the objectives ‘giving local people more control’ and ‘re-establishing Indigenous authority’ were very important.

Current service practice in the local community

Higher proportions of participants were positive about local service providers in Mossman Gorge in terms of effective communication, sharing information and working collaboratively, while Aurukun had the lowest. Hope Vale ranked second for 3 of the measures, but Coen was ranked second for effective communication.

In terms of different forms of community engagement and consultation, participants who work in Coen were less likely to consult with FRC Commissioners, in Hope Vale a third of participants said they never went to local Council meetings and Aurukun stands out for how often local Indigenous interpreters were reported to be used by their service.

The following proportion of participants for each community said there were gaps in service delivery – Coen 72%, Aurukun 67%, Mossman Gorge 58% and Hope Vale 50%.

Changes in past three years

**Table A9: Perceptions of changes to service delivery in past three years (%)**

|  |  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| **Your service’s way of working with other local service providers** | Yes | 19 | 39 | 8 | 33 | 11 | 55 | 11 | 58 | 49 | 44 |
| No | 9 | 18 | 7 | 29 | 3 | 15 | 3 | 16 | 22 | 20 |
| Don’t know | 21 | 43 | 9 | 37 | 6 | 30 | 5 | 26 | 41 | 37 |
| *Sub-total* |  | *49* | *100* | *24* | *99\** | *20* | *100* | *19* | *100* | *112\*\** | *101\** |
| **Your service’s engagement with local community** | Yes | 22 | 45 | 12 | 50 | 16 | 76 | 9 | 47 | 59 | 52 |
| No | 12 | 24 | 4 | 17 | 0 | 0 | 7 | 37 | 23 | 20 |
| Don’t know | 15 | 31 | 8 | 33 | 5 | 24 | 3 | 16 | 31 | 27 |
| *Sub-total* |  | *49* | *100* | *24* | *100* | *21* | *100* | *19* | *100* | *113\*\** | *99\** |
| **Your service’s way of operating to support trial** | Yes | 21 | 44 | 5 | 21 | 10 | 50 | 8 | 42 | 44 | 40 |
| No | 11 | 23 | 6 | 25 | 3 | 15 | 5 | 26 | 25 | 23 |
| Don’t know | 16 | 33 | 13 | 54 | 7 | 35 | 6 | 32 | 42 | 38 |
| *Sub-total* |  | *48* | *100* | *24* | *100* | *20* | *100* | *19* | *100* | *111\*\** | *101\** |
| **Services encouraging individual and family responsibility as a result of the trial** | Yes | 26 | 53 | 10 | 42 | 13 | 62 | 7 | 37 | 56 | 50 |
| No | 5 | 10 | 3 | 12 | 2 | 9 | 2 | 10 | 12 | 11 |
| Don’t know | 18 | 37 | 11 | 46 | 6 | 29 | 10 | 53 | 45 | 40 |
| *Sub-total* |  | *49* | *100* | *24* | *100* | *21* | *100* | *19* | *100* | *113\*\** | *101\** |

\*Totals do not always sum to 100 because of rounding

\*\*The number missing varied by category and was either 15,16, or 17

**Table A10: Perceptions of changes in key outcome areas in the local community in the past three years (%)**

|  |  | **Aurukun** | **Coen** | **Hope Vale** | **Mossman Gorge** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** | **n** | **%** |
| **Local people in paid jobs** | More | 12 | 25 | 13 | 56 | 9 | 43 | 11 | 61 | 45 | 41 |
| About the same | 14 | 30 | 5 | 22 | 4 | 19 | 5 | 28 | 28 | 26 |
| Less | 2 | 4 | 2 | 9 | 3 | 14 | 0 | 0 | 7 | 6 |
| Prefer not to say | 3 | 6 | 2 | 9 | 2 | 9 | 0 | 0 | 7 | 6 |
| Not applicable(not around long enough) | 16 | 34 | 1 | 4 | 3 | 14 | 2 | 11 | 22 | 20 |
| *Sub-total* |  | *47* | *99\** | *23* | *100* | *21* | *99\** | *18* | *100* | *109\*\** | *99\** |
| **Adults studying** | More | 8 | 18 | 12 | 52 | 4 | 19 | 6 | 35 | 30 | 28 |
| About the same | 14 | 31 | 6 | 26 | 4 | 19 | 7 | 41 | 41 | 39 |
| Less | 3 | 7 | 2 | 9 | 5 | 24 | 1 | 6 | 11 | 10 |
| Prefer not to say | 5 | 11 | 1 | 4 | 1 | 5 | 0 | 0 | 7 | 7 |
| Not applicable(not around long enough) | 15 | 33 | 2 | 9 | 7 | 33 | 3 | 18 | 27 | 25 |
| *Sub-total* |  | *45* | *100* | *23* | *100* | *21* | *100* | *17* | *100* | *106\*\** | *99\** |
| **Children going to school** | More | 32 | 71 | 10 | 45 | 14 | 67 | 16 | 84 | 72 | 67 |
| About the same | 2 | 4 | 10 | 45 | 4 | 19 | 2 | 10 | 18 | 17 |
| Less | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prefer not to say | 4 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 |
| Not applicable(not around long enough) | 7 | 16 | 2 | 9 | 3 | 14 | 1 | 5 | 13 | 12 |
| *Sub-total* |  | *45* | *100* | *22* | *99\** | *21* | *100* | *19* | *99\** | *107\*\** | *100* |
| **High school kids going to school** | More | 28 | 60 | 8 | 35 | 4 | 19 | 6 | 32 | 46 | 42 |
| About the same | 5 | 11 | 11 | 48 | 8 | 38 | 9 | 47 | 33 | 30 |
| Less | 2 | 4 | 0 | 0 | 4 | 19 | 1 | 5 | 7 | 6 |
| Prefer not to say | 4 | 8 | 1 | 4 | 0 | 0 | 0 | 0 | 5 | 4 |
| Not applicable(not around long enough) | 8 | 17 | 3 | 13 | 5 | 24 | 3 | 16 | 19 | 17 |
| *Sub-total* |  | *47* | *100* | *23* | *100* | *21* | *100* | *19* | *100* | *110\*\** | *99\** |
| **Families managing their money well** | More | 14 | 30 | 8 | 35 | 14 | 67 | 10 | 53 | 46 | 42 |
| About the same | 12 | 25 | 11 | 48 | 5 | 24 | 6 | 32 | 34 | 31 |
| Less | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Prefer not to say | 5 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 4 |
| Not applicable(not around long enough) | 15 | 32 | 4 | 17 | 2 | 9 | 3 | 16 | 24 | 22 |
| *Sub-total* |  | *47* | *100* | *23* | *100* | *21* | *100* | *19* | *101\** | *110\*\** | *100* |
| **Looking after houses** | More | 12 | 25 | 7 | 30 | 10 | 50 | 9 | 50 | 38 | 35 |
| About the same | 15 | 32 | 11 | 48 | 6 | 30 | 7 | 39 | 39 | 36 |
| Less | 4 | 8 | 1 | 4 | 2 | 10 | 0 | 0 | 7 | 6 |
| Prefer not to say | 4 | 8 | 1 | 4 | 0 | 0 | 0 | 0 | 5 | 5 |
| Not applicable(not around long enough) | 12 | 25 | 3 | 13 | 2 | 10 | 2 | 11 | 19 | 18 |
| *Sub-total* |  | *47* | *98\** | *23* | *99\** | *20* | *100* | *18* | *100* | *108\*\** | *100* |
| **Drinking alcohol (grog)** | More | 5 | 11 | 2 | 9 | 4 | 19 | 0 | 0 | 11 | 10 |
| About the same | 15 | 32 | 8 | 35 | 8 | 38 | 11 | 58 | 42 | 38 |
| Less | 12 | 26 | 5 | 22 | 7 | 33 | 5 | 26 | 29 | 26 |
| Prefer not to say | 3 | 6 | 3 | 13 | 0 | 0 | 0 | 0 | 6 | 5 |
| Not applicable(not around long enough) | 12 | 25 | 5 | 22 | 2 | 9 | 3 | 16 | 22 | 20 |
| *Sub-total* |  | *47* | *100* | *23* | *101\** | *21* | *99\** | *19* | *100* | *110\*\** | *99\** |
| **Smoking marijuana (gunja)** | More | 7 | 15 | 3 | 13 | 3 | 14 | 0 | 0 | 13 | 12 |
| About the same | 21 | 45 | 10 | 43 | 8 | 38 | 8 | 42 | 37 | 34 |
| Less | 1 | 2 | 2 | 9 | 6 | 29 | 4 | 21 | 13 | 12 |
| Prefer not to say | 4 | 8 | 3 | 13 | 0 | 0 | 0 | 0 | 7 | 6 |
| Not applicable(not around long enough) | 14 | 30 | 5 | 22 | 4 | 19 | 7 | 37 | 30 | 27 |
| *Sub-total* |  | *47* | *100* | *23* | *100* | *21* | *100* | *19* | *100* | *110\*\** | *101\** |
| **Gambling** | More | 8 | 17 | 2 | 9 | 1 | 5 | 1 | 5 | 12 | 11 |
| About the same | 24 | 51 | 9 | 39 | 9 | 43 | 7 | 37 | 39 | 35 |
| Less | 0 | 0 | 3 | 13 | 6 | 29 | 5 | 26 | 14 | 13 |
| Prefer not to say | 3 | 6 | 3 | 13 | 1 | 5 | 0 | 0 | 7 | 6 |
| Not applicable(not around long enough) | 12 | 25 | 6 | 26 | 4 | 19 | 6 | 32 | 28 | 25 |
| *Sub-total* |  | *47* | *99\** | *23* | *100* | *21* | *101\** | *19* | *100* | *110\*\** | *100* |
| **Fighting in families** | More | 5 | 11 | 2 | 9 | 3 | 14 | 0 | 0 | 10 | 9 |
| About the same | 15 | 32 | 8 | 36 | 7 | 33 | 8 | 42 | 38 | 35 |
| Less | 10 | 21 | 4 | 18 | 8 | 38 | 4 | 21 | 26 | 24 |
| Prefer not to say | 4 | 8 | 3 | 14 | 0 | 0 | 0 | 0 | 7 | 6 |
| Not applicable(not around long enough) | 13 | 28 | 5 | 23 | 3 | 14 | 7 | 37 | 28 | 26 |
| *Sub-total* |  | *47* | *100* | *22* | *100* | *21* | *99\** | *19* | *100* | *109\*\** | *100* |
| **Fighting between families** | More | 7 | 15 | 1 | 4 | 3 | 14 | 0 | 0 | 11 | 10 |
| About the same | 14 | 30 | 10 | 45 | 7 | 33 | 8 | 42 | 39 | 36 |
| Less | 10 | 21 | 3 | 14 | 8 | 38 | 5 | 26 | 26 | 24 |
| Prefer not to say | 3 | 6 | 3 | 14 | 0 | 0 | 0 | 0 | 6 | 5 |
| Not applicable(not around long enough) | 13 | 28 | 5 | 23 | 3 | 14 | 6 | 32 | 27 | 25 |
| *Sub-total* |  | *47* | *100* | *22* | *100* | 21 | 99\* | *19* | *100* | *109\*\** | *100* |
| **Managing unsafe or feral animals** | More | 9 | 19 | 4 | 17 | 3 | 14 | 2 | 10 | 18 | 16 |
| About the same | 14 | 30 | 10 | 43 | 8 | 38 | 9 | 47 | 41 | 37 |
| Less | 7 | 15 | 3 | 13 | 7 | 33 | 3 | 16 | 20 | 18 |
| Prefer not to say | 3 | 6 | 3 | 13 | 1 | 5 | 0 | 0 | 7 | 6 |
| Not applicable(not around long enough) | 14 | 30 | 3 | 13 | 2 | 9 | 5 | 26 | 24 | 22 |
| *Sub-total* |  | *47* | *100* | *23* | *99\** | *21* | *99\** | *19* | *99\** | *110\*\** | *99\** |
| **Vandalism or damage to property** | More | 6 | 13 | 2 | 9 | 1 | 5 | 0 | 0 | 9 | 8 |
| About the same | 13 | 28 | 7 | 30 | 10 | 48 | 10 | 53 | 40 | 36 |
| Less | 11 | 23 | 8 | 35 | 8 | 38 | 5 | 26 | 32 | 29 |
| Prefer not to say | 3 | 6 | 3 | 13 | 0 | 0 | 0 | 0 | 6 | 5 |
| Not applicable(not around long enough) | 14 | 30 | 3 | 13 | 2 | 9 | 4 | 21 | 23 | 21 |
| *Sub-total* |  | *47* | *100* | *23* | *100* | *21* | *100* | *19* | *100* | *110\*\** | *99\** |

\*Totals do not always sum to 100 because of rounding

\*\*The number missing varied by category and was 18,19,21 or 22

More participants in Mossman Gorge and Hope Vale said there had been changes in the way their service worked with other service providers. A higher proportion of participants in Coen and Hope Vale reported changes in the way their service engaged with the local community.

A greater proportion of participants in Aurukun and Coen (42% for both) said programs other than those listed had an impact. In Aurukun the most common programs mentioned were PCYC and student case managers while in Coen it was jobs and student case managers.

In relation to changes in outcome areas, Aurukun participants were less positive about paid jobs, and Coen participants about adults studying and kids going to school. Aurukun participants were more positive about kids going to boarding school and Coen participants about vandalism/property damage. Hope Vale and Mossman Gorge participants were more positive about managing money, looking after homes, and gambling. Hope Vale participants were also more positive about fighting in and between families.

Politics

Politics was raised in a number of ways in open-text responses. For example, reference was made to the local council, usually in relation to Hope Vale, and also limited or belated support from Queensland government. In Coen, mention was made of a dispute over traditional land ownership and there seems less support for the Academy there.

# APPENDIX 2

# Questionnaire

Evaluation of the Cape York Welfare Reform Trial

Service Provider Survey

The Cape York Welfare Reform (CYWR) trial is a partnership between four communities, the Australian Government, the Queensland Government and the Cape York Institute for Policy and Leadership.

The trial commenced in 2008 and it is now time to reflect on how it has gone and what has been achieved. The evaluation involves a number of research activities, including a survey of local people’s experiences and perceptions of social change, analysis of various administrative data and stakeholders’ interviews. More information on the evaluation is provided in the separate information sheet.

It is also important to seek the views of local service providers to find out whether they think service delivery in the four communities has changed and whether these changes are linked to the trial, and whether the trial has had an impact on key areas (social responsibility, economic and educational opportunities, and housing) in the local community.

In this survey, we are seeking the views of service providers that work in the communities of Aurukun, Coen, Hope Vale and Mossman Gorge across a range of sectors: police, justice, health, community services, education, employment and more. In-depth research about service delivery is also being conducted in one community.

The results from this online survey will be summarised in a stand-alone report which will inform the independent outcome evaluation of the CYWR, due mid-year.

The research findings will assist organisations, local groups and communities to think about the provision of services; how it has changed in recent years; and what they would like to see happen in the future.

This research is being funded by the Australian Government and supported by the Queensland Government.

Participation in this survey is voluntary. Your answers will be completely confidential.

The survey should take about 15 to 30 minutes to complete.

CONTACT DETAILS

If you have any problems with the online questionnaire please call (02) 6146 2713 or email judy.putt@fahcsia.gov.au. If you have completed a hard copy of the questionnaire, please mail it to Dr Judy Putt, FaHCSIA, Box 7576, Canberra Mail Centre, ACT, 2610

Note: If you have any concerns or complaints regarding the ethical conduct of this online survey, you should contact:

Margaret Grasso, Secretariat Support Human Research Ethics Committee, Cairns and Hinterland Health Service District, Telephone number (07) 4226 8012 email: Margaret.grasso@health.qld.gov.au, Please refer to project 750.

***Introduction***

In this survey we would like you to answer questions about service provision in a particular community.

Please answer these questions about the community you have worked with the most over the last 12 months.

1. Which community will you be answering questions about?

* Aurukun
* Coen
* Hope Vale
* Mossman Gorge

2. How long have you worked in this community?

* Less than one year
* One to less than two years
* Two to less than three years
* Three to less than four years
* Five or more years

3. Do you reside in the community?

* Yes
* No

4. If no, how many days have you spent in the community in the past year?

* Less than ten days
* Between ten and 30 days
* Between 30 and 60 days
* More than 60 days

5. What sector do you work in?

* Health
* Education
* Policing
* Employment
* Justice and legal
* Welfare
* Welfare reform organisation
* Housing
* Early childhood
* Local government
* Private business
* Natural resource management
* eg. Rangers
* Other (please specify)

6. How big an issue is recruiting appropriately skilled or experienced staff for your service in this community?

* Big
* Neither big nor small
* Small
* Not an issue
* Don’t know

7. How big an issue is staff retention for your service in this community?

* Big
* Neither big nor small
* Small
* Not an issue
* Don’t know

***Current availability of services***

8. Are the following services available in the community (either resident in the community, or available to the community through visiting or outreach services)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes, service based in the community | Yes, a visiting or outreach service  | No | Don’t know |
| Medical centre (not a Wellbeing centre) |  |  |  |  |
| Aged care services |  |  |  |  |
| Mental health services |  |  |  |  |
| Drug and alcohol service |  |  |  |  |
| Aboriginal legal service |  |  |  |  |
| Safe house |  |  |  |  |
| Family and domestic violence service |  |  |  |  |
| Child welfare/protection services |  |  |  |  |
| Police |  |  |  |  |
| Aboriginal community police |  |  |  |  |
| Sobering up shelter/detox centre |  |  |  |  |
| Night patrols |  |  |  |  |
| Arts and cultural centre |  |  |  |  |
| Centrelink |  |  |  |  |
| General store |  |  |  |  |
| Job Services Australia |  |  |  |  |
| Primary school |  |  |  |  |
| Childcare centre |  |  |  |  |
| Church |  |  |  |  |
| Men’s centre |  |  |  |  |
| Women’s centre |  |  |  |  |
| Other (please specify service and its availability) |  |  |  |  |

***Impact of the Family Responsibilities Commission (FRC)***

9. Does your service have regular contact with the FRC and its Commissioner/s

* Yes
* No
* Don’t know

10. If yes, in the past year, how many of your service’s clients in the local community have been referred by the FRC?

* None
* A few
* Many
* All of our clients
* Not applicable
* Don’t know

11. In your opinion, has the FRC had an impact on your service in this community?

* No
* Yes, a lot
* Yes, a bit
* Don’t know

12. If yes, please describe…

13. Are there any changes you’d like to see in how the FRC works with your service?

* Yes
* No
* Don’t know

14. If yes, please describe…

***Implementation of new services***

15. In the past year, have the following services or programs operated in your community?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| MPower (used to be Family Income Management - FIM) |  |  |  |
| Wellbeing centre |  |  |  |
| Parenting program (now called It Takes a Village to Raise a Child) |  |  |  |
| Ending family violence program |  |  |  |
| Pride of place |  |  |  |
| Students Educational Trusts-SETs |  |  |  |
| Employment Services |  |  |  |

16. Which of these services do you think has made the biggest difference? Please describe why…

17. Which of these services has made the least difference? Please describe why…

18. Are there gaps in service delivery that need to be addressed?

* Yes
* No
* Don’t know

19. If yes, please describe the gaps and what is needed…

***Service provision – communication and coordination***

20. Do organisations involved in delivering services in the local community demonstrate a commitment to the CYWR trial?

* Never
* Some of the time
* Most of the time
* Always
* Don’t know

21. The roles and responsibilities of my organisation in delivering services as part of the CYWR trial are clear

* Never
* Some of the time
* Most of the time
* Always
* Don’t know

22. The roles and responsibilities of **other** organisations in delivering services as part of the CYWR trial are clear

* Never
* Some of the time
* Most of the time
* Always
* Don’t know

23. Do you think communication between local service providers is generally effective

* Never
* Some of the time
* Most of the time
* Always
* Don’t know

24. Do you think relevant information is shared openly between local service providers

* Never
* Some of the time
* Most of the time
* Always
* Don’t know

25. Has the way your organisation worked with other service providers in the local community changed in the past three years?

* Yes
* No
* Don’t know

26. Please describe…

***Service provision – community engagement***

27. How often do organisations involved in delivering services work collaboratively with the local community?

* Never
* Some of the time
* Most of the time
* Always
* Don’t know

28. How often does your service do the following in the local community?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | Often  | Occasionally  | Rarely  | Never  | DK | NA  |
| Consult with local leaders |   |   |   |   |   |   |
| Consult with FRC Commissioner/s |   |   |   |   |   |   |
| Consult with local community members |   |   |   |   |   |   |
| Attend local council meetings |   |   |   |   |   |   |
| Attend community meetings |   |   |   |   |   |   |
| Use a local Indigenous interpreter |   |   |   |  |   |   |
| Regular meetings of local advisory group |   |   |   |   |   |   |
| Routinely seek client feedback |   |   |   |   |   |   |
|  Other  |   |   |   |   |   |   |

29. Has the way your service engages with the local community changed in the past three years?

* Yes
* No
* Don’t know

30. Please describe…

***Service provision – impact of the CYWR trial***

31. How important do you think the following objectives are to the Cape York Welfare Reform trial?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Very Important  | Quite Important  | Not Important  | DK  |
| Improving services |   |   |   |   |
| Increasing services |   |   |   |   |
| Individuals being more responsible |   |   |   |   |
| Families being more responsible |   |   |   |   |
| Giving local people more control |   |   |   |   |
| Giving local people more opportunities |   |   |   |   |
| Re-establishing Indigenous authority |   |   |   |   |
| Increasing investment in the region |   |   |   |   |

32. Has the way services encourage individual and family responsibility in the local community changed as a result of the trial?

* Yes
* No
* Don’t know

33. Please explain if answered yes or no…

34. Has your service modified their way of operating in the local community to support the CYWR philosophy in the past three years?

* Yes
* No
* Don’t know

35. Please describe…

36. Are there other initiatives or programs that have not been mentioned so far that have had a positive impact in the community?

* Yes
* No
* Don’t know

37. Please describe…

38***.***  Is there anything else you would like to say about service delivery in the local community?

***Changes in outcome areas - education, employment, safety etc***

39. Do you think any of the following have changed in the local community in the past three years?

|  | More | About the same | Less | Prefer not to say | Not applicable (not around long enough to say) |
| --- | --- | --- | --- | --- | --- |
| Local people in paid jobs |  |  |  |  |  |
| Adults studying |  |  |  |  |  |
| Children going to school  |  |  |  |  |  |
| High school kids going to boarding school |  |  |  |  |  |
| Families managing their money well |  |  |  |  |  |
| Looking after houses  |  |  |  |  |  |
| Drinking alcohol/grog |  |  |  |  |  |
| Smoking marijuana/gunja |  |  |  |  |  |
| Gambling |  |  |  |  |  |
| Fighting in families |  |  |  |  |  |
| Fighting between families |  |  |  |  |  |
| Managing unsafe or feral animals |  |  |  |  |  |
| Vandalism or damage to property |  |  |  |  |  |

40. Are there other changes you would like to describe?

***The CYWR trial***

41. Do you think the trial has been beneficial for this community?

* Yes
* No
* Don’t know

43. Please describe any barriers you see to improving service delivery in this community?

44. What could be changed to better support the trial or similar reform measures in the future?

***Demographics***

45. Are you?

* Female
* Male

46. Are you of Aboriginal or Torres Strait Islander origin?

* No
* Yes, Aboriginal
* Yes, Torres Strait Islander
* Yes, both Aboriginal and Torres Strait Islander

47. In total, how long have you worked in roles where you provide services for people in Indigenous remote communities?

* Less than 12 months
* One to less than 3 years
* Three to less than 5 years
* Five or more years
* Don’t know/Don’t want to say

48. Do you currently work for a government organisation, a non-government organisation, or a private business?

* Government organisation
* Non-government organisation
* Private business
* Don’t know

Thank you for your time and for answering these questions.

1. These differences are broadly consistent with changes in employment in the four communities found in the 2006 and 2011 census results, with Aurukun having the smallest change [↑](#footnote-ref-1)