

The Framlingham Aboriginal Community

The Framlingham Aboriginal Community is situated on Gunditjmara country on the western plains of Victoria, approximately 180 kilometres west of Geelong and 23 kilometres north of Warrnambool. It covers an area of approximately 1400 hectares along the west bank of the Hopkins River, four kilometres south east of Purnim. Both the Hopkins River and the Framlingham Forest, which border the area, have high cultural and spiritual significance to the Aboriginal community.

[Insert map here](#)

A core resident population of approximately 110 currently live in the Framlingham community; the ratio of males to females is 47 to 53, with one third of the population under the age of 18, and only 8 % over the age of 55. A substantial number of aboriginals who are blood relatives of the resident population live elsewhere, but are still considered members of the Framlingham Aboriginal community and have access to the Kirrae Health Service.

Background to the Kirrae Health Service

Until 1997, the only health service that operated in the Framlingham Aboriginal Community was a support service for the aged, frail and disabled, established in 1989 under the Home and Aged Community Care (HACC) program. This service, which continues to this day, provides living and social support services to the community's aged, frail and disabled, enabling them to live independently in their own homes.

Historically, the Framlingham Aboriginal Community has been reluctant to access mainstream health services. A deep, ingrained suspicion of non-indigenous – a result

of the recent history of which settlement – is the principal reason for the community’s avoidance of health services outside their immediate community.

Prior to 1997, it was not uncommon for community members to leave significant health problems untreated until they reached a critical point requiring emergency services. Infants and mothers often when without adequate anti-natal, maternal child health care and many preventable diseases were prevalent in the community.

To address this problem, in 1997 the Kirrae Health Service committee - a governing body made up of Framlingham community members - applied to the Office of Aboriginal and Torres Strait Islander Health (Department of Health and Community Services), for funding to expand the existing health service. It was successful in its application, receiving \$92,000 towards this end. Shortly afterward, a Health Coordinator was employed by the committee to set up the current Kirrae Health Service and a bookkeeper was hired soon afterwards.

Structure of the Kirrae Health Service

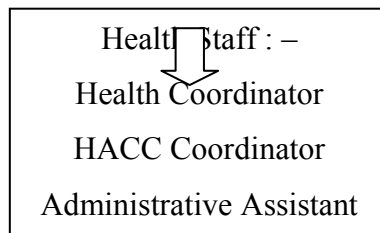
The Kirrae Health Service is one of [24?](#) Victorian aboriginal-controlled Health organisations, and its prime responsibility is to set the policy and direction of the Health Service for the Framlingham aboriginal community. As an Incorporated Body, it is also responsible for ensuring that government funding is utilised in accordance with funding guidelines, and that all reporting and auditory requirements are met.

The Health Coordinator of the Kirrae Health Service is answerable to the chairperson and committee, and her role is to develop programs, administer the Health Service and ensure that policies set by the committee are implemented by the Health Service’s staff.

Chairperson



Committee members made up of members of the Framlingham Aboriginal Community



The Aims of the Kirrae Health Service

The Kirrae Health Service exists in order to address the health needs of the Framlingham Aboriginal community in a manner that is culturally sensitive and acceptable to the community.

The Health Service recognises, however, that health matters cannot be dealt with in isolation from other wider social issues, and that a holistic approach in its delivery of services is critical to achieving improved health outcomes. To this end, besides providing a primary health service, the Kirrae Health Service also provides health education, prophylactic medicine, while working actively towards the community's development in social and other non-health areas, such as the significant problem of social isolation. By offering a range of social activities that may take groups outside their community in safe, pleasurable circumstances, the Health Service aims to achieve a greater general acceptance and trust of people outside their community.

The committee also recognises that the most significant obstacle facing the Kirrae Health Service is the long-held feeling of distrust of mainstream health services prevalent in the Framlingham aboriginal community. In order for the Health Service to be able to operate effectively - if at all - it is critical that this issue is addressed first and foremost. This means that a substantial amount of time and resources needs to be directed towards gaining each individual's, and ultimately the whole community's trust and confidence.

Until now, a major component of the Health Service's early work has been geared towards gaining this trust and confidence. This has involved spending a great deal of

time with individual and their families, thereby gaining a meaningful insight into their personal histories, attitudes and fears. It also involves engaging community members in activities not directly related to health, but which offer pleasurable and stimulating experiences through which more can be learned about their personal goals and motivations.

The committee believes that by taking this circuitous, long-term approach, the aboriginal community will be more likely to take on the advice of Health Service's staff. The committee also believes that in time, this will lead to their gradual acceptance of mainstream health services and people outside their community.

Ultimately, the Kirrae Health Service's long-term goal is for community members to take responsibility for their own health needs, both in preventative behaviours and in initiating their own consultations and following through with treatment. This can only be achieved after they fully accept and trust, not only the Kirrae Health staff, but also the wide range of health practitioners outside their isolated community.

Facilities

When the expanded Kirrae Health Service was first established in 1997, it began operations out of the single men's quarters. This consisted of one large common room (which was dominated by a very large, unsafe open fireplace), a kitchen and three smaller rooms off the common room. The facilities were inadequately heated and often crowded, and there was no administration or reception area.

The common room was not large enough or suitable to be used for one of the Health Service's major programs - health promotion and educational activities - that attracted large numbers of members of the community.

During this period, the bookkeeper worked from a small office, which she was required to vacate regularly for consultations, while the Health Coordinator worked from another office that she shared with a health worker and a trainee.

A visiting podiatrist, operating under the original HACC service, treated patients from a nearby shipping container that was fitted out with an antiquated treatment chair. It was uninsulated and had no windows, heating, or cooling and doubled as an after-hours convenience shop.

Further to this, in 2000, a psychologist's service was secured under the 'Bringing Them Home' program and the shipping container was then required to double up as the psychologist's consulting room as well. Apart from the obvious physical inadequacies, patient's privacy was severely compromised because the walls offered no sound insulation. This meant that frequently the psychologist resorted to using his own vehicle for sensitive consultations when the privacy of his patients was paramount.

Eventually in 2000, the Health Service petitioned the Office of Aboriginal and Torres Strait Islanders Health (OATSIH) for funds to improve the physical facilities. Limited funding was secured, sufficient only for the removal of the shipping container and its replacement with a portable two-roomed building which was attached to the existing converted men's quarters. It was, unfortunately, a stipulation of the funding body that the new building be portable, and moreover, the funding did not extend to ensuring compliance with disabled access regulations. This means that, currently, the new facility, which now contains hand-washing facilities for the many visiting health professionals (including the podiatrist, psychologist and doctor), is inaccessible to the elderly or disabled.

In 2003, threats towards Health staff exposed serious security risks at the facility, and health staff were forced to work out of their cars for several weeks until the community were able to meet and address the security issue. Currently staff are temporarily back in their offices, and the issues of staff safety and security are being temporarily addressed. However, hours of work have been restricted and service delivery has been compromised as a result.

Operations of the Kirrae Health Service

Due to the foresight of the committee in appointing a Division 1 Nurse for the position of Health Coordinator, the Health Coordinator is able to offer a range of primary care services to the community such as assessments, dressing changes and supported referrals. This has proved very useful in managing the community's considerable day-to-day health needs.

The Health Coordinator's role also includes health education, which she incorporates informally in her routine nursing duties, as well as formally in more organised, structured settings. However, as the Health Coordinator is funded for only 3 days per week, this limited time fraction puts a strain on her ability to adequately meet all the other demands of her position.

A significant component of the Health Coordinator's role is the supported referral of patients to health professionals outside the community. This involves making outside appointments, physically accompanying the patient, preparing the patient for the appointment, explaining the follow-up care instructions, and then supervising their implementation.

The Health Coordinator also liaises closely with all health professionals involved, ensuring that the patients' health needs are considered and coordinated in a culturally appropriate and sensitive manner. She also works continually to raise health professionals' awareness of aboriginal attitudes and cultural issues, with the aim of instilling a greater cultural sensitivity among health professionals towards the Framlingham Aboriginal Community.

Although time consuming, this support and close involvement is critical to helping alleviate many of the clients' fears and suspicions of the world outside their community. The committee firmly believes that this level of support has demonstrated significant improvement in the standard of health among community members over last seven years. These experiences are also the first critical steps towards their gaining independence and ultimately taking full responsibility for their health.

As a result of this close involvement, patients in greater numbers are now accessing some outside health services, and although this trend is still slight, the signs that attitudes are changing and health outcomes improving are encouraging for the Health Service's staff and committee.

HACC (Home Aged and Community Care) Program

Why

This program was the inaugural Health Program starting in 1989 and is still continuing in 2004. The Health service provided Home Maintenance, Home Care, Social Support and Planned Activity. As outline in the Framlingham Community Plan (1996), there was a need to expand this service to encompass the whole HACC Program.

How

This was then expanded in 2000 to include Respite, Personal Care, Suicide Prevention and Mental Health. And again in 2002 Volunteer Coordination, Flexible Service Response and Systems Services were introduced. Funding went from \$38,000, which was increased to \$92,000, which equates to a growth rate of 98%.

Outcomes

This service is very culturally appropriate program and has been the policy of the Health Service to employ Aboriginal workers where possible, in fact the Health service has three workers who have been there for seven years. The Health Service offers the work available to community members and 20% of the population of the Framlingham community has taken up the opportunity over the years to work for periods of time with the HACC program.

The program not only offers employment but also offers services to the Aged, Frail and Disabled to enhance their quality of life in their own home environment.

AGED CARE PACKAGES:

Why

This program was initiated to assist those clients who matched the criteria for permanent care – Aged, Frail and Disabled.

How:

Packages are offered by the Department of Human Services and auspiced by Lyndoch Warrnambool Inc. Assessment forms are filled out by the Health Coordinator of Kirrae Health Service. Lyndoch then carries out a formal assessment and the decision is reached on eligibility. Once Lyndoch approves the application then a service plan is formulated between Lyndoch and the Kirrae Health Service in conjunction with the client, as to what best suits their needs.

Outcomes:

This program has enabled clients to improve their quality of their health and living arrangements. This program enables clients to remain within their own home and community setting and family unit.

NUTRITION PROGRAM

Why

In 1997 it was recognized by the Health Committee that nutrition needed to be addressed. There were many diabetics in the community and work needed to be done to improve the understanding of a health dietary intake, specifically how to manage low fat diets and understanding the effect of carbohydrates on blood sugar levels.

How

To address this we took a two-pronged approach. Firstly, we aimed our focus on the children of primary school age and of the older women who would be in charge of the kitchens at home. The nutrition school program consisted of introducing the children to a fruit program where they were able to experience new fruit, which became apart of their daily school lunch

Secondly, we focused on the adults by introducing a concept where we could make an impression through practical changes in the cooking regimes of the home addressing both economic and nutritional facets of food. Examples of this were cooking lessons at the local TAFE college (which in itself was another positive advancement for the community, as for many, this was their first positive experience with a learning institution since leave school).

The ages of the participants ranged from 25 to 55. The number of participants usually sat at around 10. Each week new recipes were explored which were low in fat and high in the health range. The women then sat together and enjoyed what they created in an informational setting. Many of these recipes were then put into our monthly newsletter and shared with the greater community.

Outcomes

Upon completion of this course, which went over a two-year period, a recipe book was compiled and distributed amongst the community. Also on completion of this course each participant received a certificate in food technology. Four of the initial participants went on to further their training in the Food Industry and one now has a

diploma to her name and often derives her income from this professional qualification she has obtained.

Some of the positive, unrecognised attributes of this program is that the women enjoyed this experience both with TAFE and the interaction they got from the outing and togetherness and from all this our Women's Group evolved.

WOMEN'S CRAFT AND EDUCATION GROUP

Why

Originally this group was formed from the Cooking classes at TAFE. The positive feedback the Health services received highlighted the need for regular activities and get togethers for the women. Many of the women of the Framlingham Community are *isolated with no social or economically support*. The need for regular interaction with each other and the wider community was becoming increasingly obvious.

How

The local TAFE institution offered a wide range of classes to suit the needs of the women but it was felt that we needed to take it slowly therefore an instructor from TAFE came out to the community centre once a week to run classes in Decoupage. The weekly women's group ran for three hours, and had a regular membership of around ten with a smaller number of women attending on an occasional basis. Funding was sought through VicHealth to purchase materials and pay for the instructor.

Outcomes

The Woman's Craft and Education Group offered an opportunity for community participation and was a forum for women to share common experiences. This project was highly successful in reinforcing a sense of community amongst the women. It demonstrated the effectiveness of cooperation between local organisation, and the values of developing programs that reflect the interests and participation of local people.

From these initial programs we then started up a walking group and Aerobics session once a week. This was initially a slow starter but eventually grew to between 8 to 10 women participating. An instructor from the local Fitness club was contracted to teach once a week. From this we ventured into Warrnambool to the Action centre for a circuit workout once a week as well.

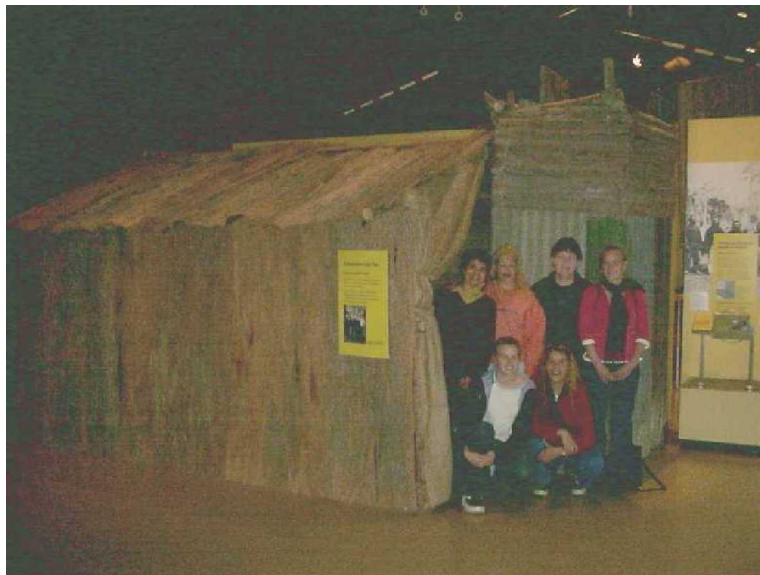
After each session we would follow up with morning tea focusing on healthy eating habits and the Health Coordinator would often give talks on how to read food package labels to ascertain the fat or sugar content of products.

Guest speakers such as Dieticians, Physiotherapist and Occupational Therapists from the Warrnambool Base Hospital would also attend spasmodically to give short talks on fitness and health related issues.

Within this program we were able to organise regular Pap Screenings, Breast Screenings, Menstrual Hygiene sessions for the young girls, sexual education sessions and dental hygiene.

We were also able to take the women on excursions to places such as Melbourne, Geelong and Canberra. The value of these outings was once again working on the initial initiative of bringing the women together to strengthen their sense of self and each other and introduce them to environments outside their own.

Programs achieved to date: Weaving/Woodwork/Ceramics/Sewing/Folk Art/Screen Printing/Tie-dyeing.



CHILDREN'S HOLIDAY ACTIVITIES.

Why

These activities originally were formulated as part of the Suicide Prevention Project offered by the Department of Human Service. Statistics showed that the rate of Suicide amongst adolescents was increasing and something needed to be done to address the problem.

How

Our focus was initially aimed at school-aged children especially in the school holidays when boredom and dissatisfaction become increasing noticeable. In 2001 we secured some one off funding and plans for activities were formulated and an activities coordinator was employed to run the sessions.

Outcomes

Activities such as trips to the movies and dinner, Go carting, mini golf, paintballing, etc. Overnight camps were organised to the Grampians, Horse riding in Portland. This program although limited was the catalyst for further funding secured in 2004 to continue with this program on a permanent basis.

From this initial project netball teams were organised and members went into Warrnambool twice a week to play at the local indoor netball stadium. The first team was a women's group then eventually we managed to interest a few of the men. In our first season both teams managed to make it to the finals, which always helps to maintain interest.

This was a great chance for the younger members of the community because it gets them out for some exercise and interacting with the wider community of Warrnambool. This also led to a few of the women and girls joining the local netball in the football season.

PRESCHOOL HEALTH PROGRAM

Why

Young mums with new babies needed an outlet and some time for talking about current issues surrounding new techniques, such as breastfeeding, immunisation, etc.

How

In 2003 we employed a former teacher to run a playgroup for pre-school children once a week. Parents were encouraged to come along and join in. Morning tea was provided offering a chance for parents to talk to other mums and health staff.

Outcomes

This was a very slow starter with only two families participating but as with most of our programs word got out and more drifted in after a few weeks. The program was structurally organised with different activities each week. The parents were hesitant at first but after awhile they would group together and chat. This was another important avenue by which the health staff could ascertain what this group needed and what could be done to help them through the early years of parenting, especially first time mums and dads.

From this came the Pre-school activities program run in the school holidays, activities such as Fairy Park, Werribee Zoo, Sovereign Hill, Portland Tourist Tram excursion and Pin's and Play.

VISTIING PROFESSIONAL'S PROGRAM

Maternal Child Health Nurse

The Maternal and Child Health Nurse from the Moyne Shire has been visiting Framlingham Community since 2000. Approximately 12 months prior to commencing this program, the trainee Aboriginal Health Worker from Kirrae Health service completed a three-week placement with the Younger Ross Health Centre in Warrnambool, as part of her training course.

This placement initiated contact with the Framlingham Community and resulted in the Maternal Child Health Nurse visiting on a monthly basis.

Outcomes.

Full immunisation and regular weighing, hearing testing and ?? are carried out. The project also offers a chance for parents to discuss issues of concern with the Maternal Child Health Nurse

PODIATRIST

GENERAL PRACTITIONER

COUNCELLOR

NURSE PRACTITIONER

List of further health promotional programs/projects undertaken to date:

QUIT

Sunsmart

Immunisation – Adult and Children

Diabetes Eduction

Sports Injury awareness

Post-natal Depression

Manic Depression

Schizophrenia

Positive Parenting Sessions

Anger Management

Stress Management

Relaxation

Aerobics

YOGA

Partnerships

Community Health Centre

Primary Care Partnership

Public Dental Clinic

ASPIRE

Allied Health

Lyndoch Aged Care Centre

Warrnambool Regional Drug and Alcohol Centre

Action Fitness Centre

Detox Clinic

Southwest Institute of TAFE

Department of Human Services

OATSHIS

VACCHO

Aboriginal Health Service Melbourne

Royal Dental Hospital Melbourne

Royal Children's Hospital

Royal Women's Hospital

Brophy Youth Services