



EDUCATION AND HEALTH STANDING COMMITTEE

SWIMMING POOL PROGRAM IN REMOTE COMMUNITIES

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in the 37th Parliament**

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Swimming Pool Program in Remote Communities

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***EDUCATION AND HEALTH STANDING
COMMITTEE***

**SWIMMING POOL PROGRAM IN REMOTE
COMMUNITIES**

Report No. 2

Presented by:

Hon T.G. Stephens, MLA

Laid on the Table of the Legislative Assembly
on 22 June 2006

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COMMITTEE'S FUNCTIONS AND POWERS

The functions of the Committee are to review and report to the Assembly on:

- (a) the outcomes and administration of the departments within the Committee's portfolio responsibilities;
- (b) annual reports of government departments laid on the Table of the House;
- (c) the adequacy of legislation and regulations within its jurisdiction; and
- (d) any matters referred to it by the assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities for each committee. Annual report of government departments and authorities tabled in the Assembly will stand referred to the relevant committee for any inquiry the committee may make.

Whenever a committee receives or determines for itself fresh or amended terms of reference, the committee will forward them to each standing and select committee of the Assembly and Joint Committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

INQUIRY TERMS OF REFERENCE

That the Committee examine, report and make recommendations on the health, educational and social benefits produced by the introduction of the swimming pool program in remote communities. In particular, the Committee will examine:

1. Which communities have had swimming pools installed under the program;
2. What measurable health, educational and social effects have been identified as a result of the installation;
3. The additional benefits that have flowed from the installation, including community infrastructure;
4. What processes exist for the identification of need within the pool program and what roles do the communities play in the process; and
5. The funding sources for the current program and what opportunities exist for expansion.

The Committee will report its findings to the Legislative Assembly by 30 June 2006.

CHAIRMAN'S FOREWORD

I am pleased to present to the Legislative Assembly the second report of the Education and Health Standing Committee in the thirty-seventh Parliament. This report concludes the Committee's inquiry into the *Swimming Pool Program for Remote Communities* which was instigated by the Committee on 4 May 2005.

For this inquiry the Committee visited the remote Western Australian indigenous communities of Karalundi, Jigalong, Mugarinya, Burringurrah, Warmun, Balgo and Bidyadanga and the remote townships of Halls Creek and Fitzroy Crossing and the Northern Territory Wadeye (Port Keats) community.

As well as looking to those Communities that had received, or were about to receive, a swimming pool under the Department of Housing and Works administered program, the Committee considered the communities that had built their own pools prior to the introduction of the official program. These pools were the precursor to the five new ones that have been or are in the process of being built.

While focussing on the implementation of the swimming pool program and the associated health, educational and social benefits the Committee also looked at the training programs currently being run by the Royal Life Saving Society (RLSS) and noted a number of factors have inhibited attempts to have local people managing the community pools.

The Committee looked at community involvement in the day to day running of the pools and found that both the communities and the RLSS needed to be responsive to change.

During the work of the inquiry, the Committee has found that the overall work done by Department of Housing and Works and RLSS as part of this program has been an extraordinary success.

Despite that success there are opportunities to enhance and improve the program, and more importantly, great value in expanding it and this is spelt out in the Report.

For me personally the opportunity to review the swimming pool program takes me back over a period when, as Opposition Leader in the Legislative Council and shadow minister for indigenous affairs, I was strongly critical of the decision of the then Minister for Housing and Aboriginal Affairs (Hon Dr Kim Hames) to embark on this pool program. I was of the view then that there were other more pressing priorities in the circumstances facing aboriginal communities in Western Australia and I was not convinced that any of the remote communities would have the infrastructure or capacity necessary to secure the successful ongoing operation of these pools.

Later as Minister for Housing and Works I, somewhat ironically, had responsibility for the program and came to see how, through this initiative, that it was possible to very significantly respond to a whole set of unacceptable circumstances confronting the remote aboriginal communities by tackling their essential infrastructure needs, the provision of power and water,

sealing internal roads and paths, dust abatement, environmental health and community 'greening' initiatives.

For me, and I hope for other members of the Committee and for others who read this report, this issue has taught me one of the fundamental lessons of the useful role of politics. The task is often to advance an idea and an initiative and to win supporters for that initiative. The Hon Dr Kim Hames has done that with me and, I know, with many others. I congratulate him on that. I hope that this report will help advance this idea, this initiative, and secure the support of all spheres of government - local, state and national - as well as more remote communities and the wider community. There is a need for an urgent expansion of the program that will have, as its core, the task of significantly enhancing the life and opportunities of indigenous people living in the remote communities of Western Australia.

I thank my fellow Committee members for their individual and collective contributions to this report. I thank the staff of the Committee for their dedication and support, in particular the Principal Research Officers Mr Michael Baker and Dr Jeannine Purdy and the Research Officer, Mr Peter Frantom. I commend this report to the House.

HON T.G. STEPHENS, MLA
CHAIRMAN

ABBREVIATIONS AND ACRONYMS

ACSIP	Aboriginal Communities Strategic Investment Program
AEHW's	Aboriginal Environmental Health Workers
CDEP	Commonwealth Development Employment Project
DHW	Department of Housing and Works
EHNCC	Environmental Health Needs Coordinating Committee
EHNS	Environmental Health Needs Survey
ENT	Ear, Nose and Throat
MLA	Member of the Legislative Assembly
MoH	Ministry of Housing
PIRA	Pools in Remote Areas
RASPP	Remote Aboriginal Swimming Pool Project
RLSS	Royal Life Saving Society
TICHR	Telethon Institute for Child Health Research

GLOSSARY

Group A streptococci	A common bacteria frequently associated with skin, throat and middle ear infections.
Otitis media	Infection and inflammation of the middle ear space and ear drum.
Rheumatic heart disease	A disease often associated with streptococcal infection that causes damage to the valves of the heart.
Tympanic membrane	The ear drum.
Tympanosclerosis	The thickening and calcification of the tympanic membrane and the ossicular chain that often results in conductive hearing loss.
Type 2 diabetes	A metabolic disorder that results from the body's inability to adequately produce, or effectively utilise, insulin. Often called a lifestyle disease and strongly associated with high blood pressure, high cholesterol and excess weight.

EXECUTIVE SUMMARY

The swimming pool program evolved out of a need to deal with the sub-standard environmental health conditions found in many of Western Australia's remote indigenous communities. In addressing the chronic dust problems reported in many of the communities, the Western Australian government introduced a program that would target some of the dust issues. The dust abatement program, as it came to be known, would include the sealing of all internal dirt roads and paths within the communities and would also include a comprehensive greening strategy. To combat the associated high levels of skin and middle ear infections the program was expanded to include the construction of swimming pools in carefully selected remote indigenous communities.

Chapter 1 looks at those remote communities that had a swimming pool prior to the introduction of the official swimming pool program. In particular, the chapter focuses on the swimming pools in the Papulankutja (Blackstone), Warakurna and Warburton communities. The three Western Desert communities self funded most of the costs associated with the construction of the pools and all initially managed and maintained the pools once they became operational. Over time, however, the Shire of Ngaanyatjarraku has started to provide additional funds towards ongoing maintenance costs and will take over the management of all three pools in the 2006/07 swimming pool season.

In Chapter 2, the report details the history behind the development of the current swimming pool program. In 1995 the Environmental Health Needs Coordinating Committee (EHNCC) was established to look at environmental health issues within remote indigenous communities. In 1997, the EHNCC conducted an extensive Environmental Health Needs Survey, collecting data from 213 discrete indigenous communities. The survey findings were published in 1998.

In 1999 a new environmental health program was developed to address some of the issues identified in the survey. The environmental health program contained a dust abatement package that was offered to a number of remote communities. As part of the program, remote communities that had a population in excess of 200 permanent inhabitants were also offered a swimming pool irrespective of their geographic location. Initially, a total of seven communities were offered a swimming pool and of these only Burringurrah, Jigalong and Mugarinya decided to accept.

The three pools cost a total of \$4m to build and this included all outbuildings, landscaping and the houses for the new pool managers. Most of the funding came from the Ministry of Housing (MoH) with some additional funds being supplied by the Aboriginal Lands Trust, Department of Education and Training, Healthways and Lotterywest. In 1999 the MoH sought submissions on designs and costs from suitable architectural firms and eventually awarded the contract to Donovan Payne Architects. Using the designs supplied by the architects, the MoH put the contract to build the swimming pools out to tender. At the conclusion of the tendering process it was announced that Pilbara Constructions were the winning tender. Aqua Vinyl Pools would be the actual pool builder.

Chapter 3 examines the effect that the swimming pools have had on the three communities, particularly in relation to the health, educational and social benefits. In the Northern Territory,

early studies reported a reduction in the incidence and severity of skin infections in indigenous communities where a swimming pool was present. In the absence of empirical evidence, however, the MoH commissioned the Telethon Institute of Child Health Research to conduct a longitudinal health study on the effects of the swimming pools and dust abatement programs in the Burringurrah and Jigalong communities.

The study focussed on skin and middle ear infections as well as ear drum perforations amongst children. The surveys would be conducted from pre-pool through to 2005. Each survey examination was conducted approximately six months apart and was undertaken by a paediatrician. Results announced in 2006 indicated that in Jigalong alone there have been reductions of 41% in antibiotic prescriptions, a 44% reduction in the number of cases of ear disease, a 51% reduction in the incidence of skin disease and a 63% reduction in the number of cases involving respiratory disease.

The Committee found that swimming pools played an important part in improving school attendance rates. All three communities had implemented a no school, no pool policy whereby children failing to attend class were denied access to the swimming pool. Since the construction of the pools the school attendance rates have increased. There exists, however, the need for the implementation of a much larger and more coordinated school attendance program to ensure overall attendance rates reach an acceptable level.

The three swimming pools are currently managed by the Royal Life Saving Society (RLSS). This program wide management, and the role of the RLSS, has been a positive and this concept of pool management is recommended for future pool development. Since the pools were opened, the RLSS has conducted a number of training programs in an effort to qualify local pool managers. The program has resulted in the first locally trained pool manager being appointed in October 2005. The RLSS has since widened its area of focus and is actively targeting regional centres close to the communities to locate and train individuals who, though no longer residing within a community, still retain some form of cultural attachment.

Facility upgrades were also looked at as part of the Committee's inquiry into the swimming pool program. The additional power and water usage necessitated an overall assessment of the existing facilities at all three communities. The Committee was informed that the power facility at Burringurrah was inadequate and needed to be upgraded and that the facilities at the other two communities were satisfactory.

The Committee's principle focus in Chapter 4 was to investigate the collaborative processes that are occurring between the community and the various government and non-government bodies charged with designing, maintaining and managing the swimming pools. Of particular interest to the Committee was the actual pool design. Initially, all pools were rectangular in shape, a design that was both practical and cost effective. There were, however, associated problems of accessibility for the elderly and disabled.

The Committee visited Wadeye (Port Keats) in the Northern Territory and looked at the beach entry design incorporated in the community's L shaped swimming pool. A beach entry allows easy access into a swimming pool by means of a low gradient walkway. This feature allows people, especially the elderly and disabled, the opportunity to enter a swimming pool with

minimal assistance. The RLSS and the Department of Housing and Works (DHW) both acknowledged that a beach entry type design would have been ideal at Burringurrah, Jigalong and Mugarinya. Cost constraints, however, prohibited its inclusion in the final pool design. Under the current swimming pool program both Bidyadanga and Warmun are about to receive swimming pools and it has been decided that these two new swimming pools will have a beach entry design based on the Wadeye model.

Chapter 5 looks in more detail at the two new pools that are to be constructed at Bidyadanga and Warmun. The chapter discusses the tendering process and the re-appointment of architects Donovan and Payne. Designs for the pool will be based on the Wadeye model and the cost of construction will be shared between the Federal and State Governments, and the ongoing operational costs are borne by the State. The DHW has advised the Committee that it is no longer in a position to provide any funding towards future community pools.

The Committee also looked at the importance of swimming pool location. The Bidyadanga community, in consultation with the DHW, decided that the swimming pool would be located behind and adjacent to the local health clinic and close to the community's senior citizen housing development. The pool is to be incorporated into the aged care health regime and utilised, at various times, for hydro-therapy and aqua-aerobic programs. The pool's overall central location within the Bidyadanga community allows it to be readily and easily accessed and this should ensure that the pool will be well utilised.

The Warmun community has nominated a site close to the local sports ground and will use the existing change rooms as part of the new swimming pool complex. This will reduce costs. The site, though, is located approximately 800 metres from the town centre and the location may not be as advantageous as one located closer to town and, in particular, closer to the school. The Committee is of the view that it would have been beneficial for the community council decision makers to have visited some of the other communities that already have pools, prior to making any final decision on pool location.

FINDINGS

Page 11

Finding 1

The dust abatement program evolved to encapsulate all remote indigenous communities regardless of location.

Page 11

Finding 2

The process of identifying aboriginal communities suitable for dust abatement programs based on large permanently established remote communities, and taking into account environmental health needs, was successful.

Page 11

Finding 3

While the bulk of the funding of the existing programs comes from the DHW, the contribution of Lotterywest added significantly to the success of the program.

Page 25

Finding 4

The swimming pools are successfully used by schools in some communities to encourage children to attend school.

Page 29

Finding 5

Swimming pool management training courses are an ideal employment pathway allowing an individual within a remote community to obtain portable work skills and qualifications that can be used in main stream society.

Page 30

Finding 6

Communities with unresolved power supply issues cannot support a swimming pool.

Page 32

Finding 7

The swimming pools program occurred in the context of an upgrade to essential services within the communities.

Page 37

Finding 8

Budget constraints have hampered the ability of the DHW to develop a swimming pool design that is more suited to the cultural and social requirements of remote Western Australian indigenous communities.

Page 38

Finding 9

The pool kiosk creates another opportunity for training and employment within the aboriginal communities.

Page 43

Finding 10

Community representatives charged with making the final decision on swimming pool design and location need to visit other remote communities with a fully operational swimming pool in order to gain a better understanding of how location and design can affect pool usage.

Page 47

Finding 11

In Western Australia we have a system of some remote communities enjoying the benefits of a coordinated pool management program that has successfully distinguished itself. The current swimming pool program has features that are far superior to the earlier uncoordinated approach that operated in the Northern Territory prior to the introduction of the Pools in Remote Areas (PIRA) program and which also existed, though to a lesser extent, in Western Australia before the introduction of the current swimming pool program.

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Finding 12

While Fitzroy Crossing falls outside of the swimming pool program, the Committee is of the view that government assistance should be provided for a swimming pool facility in this town similar to that provided at Halls Creek.

RECOMMENDATIONS

Page 12

Recommendation 1

The Committee recommends that:

- **That Lotterywest continues to allocate funds in support of the introduction and continuation of remote indigenous community health initiatives, in particular the dust abatement and environmental enhancement, and swimming pool program;**
- **That the responsible Minister hold discussions with Lotterywest to determine how it can be best achieved; and**
- **That the Minister reports to Parliament on how this ongoing support is to be implemented.**

Page 13

Recommendation 2

Swimming pool construction should also be carried out with contracts that fit into a construction program that is or can be linked to local training and employment outcomes. This would greatly improve the skills development and employment opportunities of the local indigenous people and provide those who have undergone the training with the prospect of securing employment in building and construction

Page 25

Recommendation 3

Communities should be encouraged to continue with the ‘go to school to be cool in the pool’ concept.

Page 25

Recommendation 4

Schools with access to swimming pools should consider including pool related educational activities to enhance school attendance.

Page 29

Recommendation 5

The swimming pool management program, the life guard training program, the first aid training and swimming pool safety skills course should be incorporated into either TAFE or Adult Education training programs.

Page 30

Recommendation 6

The normalisation program, that includes power supply, be urgently advanced particularly in communities like Balgo.

Page 32

Recommendation 7

The Committee recommends that the normalisation process in aboriginal communities, whereby essential services are provided by the relevant government agency rather than through a specific indigenous funding program, be continued. This would create obvious health benefits and assist with the future expansion of the dust abatement strategy and the swimming pool program.

Page 37

Recommendation 8

While recognising budget constraints, and the need to maximise the number of aboriginal communities given access to swimming pools, the Department should provide every opportunity for tenderers to use imaginative and creative design features to maximise the use and benefit of the pools.

Page 43

Recommendation 9

That DHW makes available, as part of the swimming pool program, funds to allow representatives of communities wanting a swimming pool to visit communities where a pool is already operational.

Page 44

Recommendation 10

The Committee recommends that while the decision on location of swimming pools needs to be made in consultation with the community, the final decision should be made by DHW and be based on ensuring that the pool complex is located near the centre of the community to maximise use.

Page 45

Recommendation 11

The Committee recommends that:

- **The program of establishing swimming pools in remote indigenous communities be continued as a partnership between the Commonwealth and State governments, ideally in collaboration with the local government authority;**
- **That the State Government make a formal approach to the Commonwealth Government seeking an annual allocation for expanding this program in Western Australia; and**
- **That it be expanded to provide remote communities that satisfy the basic selection requirements with the option of nominating to receive a swimming pool.**

Page 46

Recommendation 12

The Committee recommends that the DHW maintain control of the on-going and expanded swimming pools program for remote aboriginal communities. Further, the Committee recommends that:

- **There should be a dedicated and expanding budget for the program and that it be placed under the auspices of the DHW; and**
- **There should be a dedicated unit created within the DHW to manage all current, proposed and future swimming pools constructed under the remote swimming pool program.**

Page 46

Recommendation 13

The Committee recommends that a work schedule for the construction of all future swimming pools in remote indigenous communities be created by the DHW as soon as possible and that:

- This schedule be used to ensure the smooth coordination of community selection, tendering and swimming pool construction; and
- The dedicated swimming pool unit within the DHW be responsible for the implementation of this work schedule.

Page 47

Recommendation 14

The Committee recommends that the process of seeking tenders for coordinated pool management be continued with options for increased indigenous training and enhanced pool usage included.

Page 48

Recommendation 15

That the relevant State Government agencies, specifically Sport and Recreation, Education and Training and Health, initiate discussion with the local government and communities to explore funding options to provide a swimming pool in the town of Fitzroy Crossing.

MINISTERIAL RESPONSE

In accordance with Standing Order 277(1) of the Standing Orders of the Legislative Assembly, the Education and Health Standing Committee directs that the Premier, in consultation with the Treasurer and the Ministers for Health, Housing and Works, Education and Training, Indigenous Affairs, Sport and Recreation and Energy, report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations of the Committee.

CHAPTER 1 INTRODUCTION

1.1 Swimming pools in the Western Desert

Swimming pools were in existence at several remote Western Desert indigenous communities before the commencement of the official swimming pool program in 1999. The Papulankutja (Blackstone), Warakurna and Warburton communities have had swimming pools operating for over a decade.

Though not part of the swimming pool program, the three Western Desert pools were seen as precursors to the current swimming pool project. Unlike the pools that have been built under the current program, the Western Desert communities were responsible for all costs associated with the construction of the swimming pools and were initially responsible for all ongoing maintenance and management costs.

(a) Papulankutja (Blackstone)

The Committee was advised that the Papulankutja (Blackstone) community swimming pool was installed in 1988/89. It is a concrete pool measuring 25m x 10m with a wading pool located at one end. The pool is located inside a large corrugated iron shed and is surrounded by a concrete splash floor. There are ablution blocks and open air showers for general use.

The community decided to enclose the swimming pool for a number of reasons. The provision of shade over the entire pool would lower the water temperature and provide a cooler swim during the summer months. The eradication of direct sunlight reduces the amount of chemicals required to treat the water. This provides the community with a considerable cost saving benefit.

By enclosing the pool, the community was also able to reduce the amount of dust and rubbish that was finding its way into the pool and more importantly into the pool filters. A solid enclosure also reduced the number of people who were using the pool after hours or when the pool was officially closed.

The Papulankutja pool is open for approximately six hours each day from the end of October through to the end of March. An attempt was made to heat the water during the colder months of the year though this has proved to be too maintenance intensive. When the system is operational, however, the warmer water allows the pool to be open for an additional six to eight weeks.

The community reported that when the swimming pool is open it is predominantly used by children.¹

¹ Paert, A., and Szoeki, C., Recreational Water Use in Remote Indigenous Communities, August 1998 in 'Swimming pools in remote Indigenous communities: Some basic information for planning a pool', National Centre for Epidemiology and Population Health, The Australian National University, Canberra.

The overall cost for installation and construction of the facility was approximately \$330,000. The Department Sport and Recreation provided a grant for \$100,000 and the remaining \$230,000 was raised by the Papulankutja community and community store.

(b) Warakurna

The Warakurna swimming pool was built in 1993/94. It is a large concrete pool measuring 50m by 15m. This includes a 5m x 15m section at one end that is used as a wading pool for young children. Like the pool at Papulankutja, the Warakurna pool is also enclosed and is surrounded by a concrete concourse. There are ablution blocks and open air showers for public use.

The decision to cover the pool and its surrounds was made by the community. The community's reasoning to enclose the pool was not dissimilar to Papulankutja with lower maintenance costs and improved security being cited as the main drivers.

The Warakurna pool is open from October through to April. Evidence would indicate that the pool is utilised by most sectors of the community². On a daily basis, the number of people using the pool can fluctuate from as little as five to well over 50 individuals. This marked variation in pool use reflects the constantly changing demographics of the Warakurna community.

The Warakurna swimming pool cost approximately \$350,000 to install³. The actual breakdown of costs is unknown though information suggests that the majority of the funds were raised by the Warakurna community and the local community store⁴.

(c) Warburton

The Warburton swimming pool was built in 1988/89 and is an open air, concrete pool measuring 25m x 10m. There are ablution blocks and indoor showers for the public.

The Warburton swimming pool has artificial sails to provide shade and has grass adjoining the surrounding concrete apron. There is a perimeter fence encompassing the pool to prevent any unauthorised use.

The pool is normally open from October through to April and is frequented by most members of the community. Attendance figures show a standard pattern of higher use during the hotter periods and a reduction in numbers when the weather is cooler.

The cost of installing the Warburton pool was in the vicinity of \$300,000. The Warburton community received no outside funding and paid for the pool with contributions from the community store and the general community.

² Paert, A., and Szoeki, C., Recreational Water Use in Remote Indigenous Communities, August 1998 in 'Swimming pools in remote Indigenous communities: Some basic information for planning a pool', National Centre for Epidemiology and Population Health, The Australian National University, Canberra.

³ *ibid.*

⁴ Electronic mail from Mr Gary Tuffin, Chief Executive Officer, Shire of Ngaanyatjarraku, 28 April 2006, p1.

(d) Pool supervision

The three Western Desert swimming pools were all initially maintained and managed by the individual communities. Each pool had an appointed supervisor or caretaker whose responsibility was to maintain the swimming pool and equipment and to oversee the general safety of all pool users.

Under Clause 13A of the Health (Swimming Pools) Regulations 1964, the three Western Desert swimming pools were 'exempt from the requirement of a qualified pool manager'⁵. Though each supervisor/caretaker at the Papulankutja, Warakurna and Warburton swimming pools had a senior first aid certificate and was equipped with life saving skills. The individuals who were appointed to the position of pool supervisor/caretaker were well respected within the communities and given considerable respect. This allowed the pool supervisors/caretakers to have significant control over the behaviour of those using the swimming pools.

Over time the Shire of Ngaanyatjarraku started to provide financial assistance to the communities to ensure the pools were correctly maintained and properly managed. The Shire eventually took on the responsibility of providing a pool manager for the Papulankutja and Warakurna communities. Warburton continued to make its own arrangements with some assistance from the Shire.

The Shire of Ngaanyatjarraku contributes \$5,000 per pool to assist in the procurement of pool chemicals and the provision of some minor maintenance.

It is intended that in the 2006/07 swimming pool season, all pool supervisors/managers will be provided by the Shire of Ngaanyatjarraku. These positions will be advertised as a six month contract and applicants will need to have a senior first aid qualification, a Royal Life Saving Society pool life guard certificate and possess the necessary skills and knowledge to safely operate the pool filtration equipment.

1.2 Swimming pools in remote towns with predominantly indigenous populations

(a) Halls Creek and Wiluna

As a precursor to the following chapters of this report that specifically focus on the pools created under the official swimming pool program, it is important to note that several remote towns with large indigenous populations have built, or are in the process of constructing, their own swimming pools.

The Wiluna and Halls Creek townships have each built a community swimming pool. The provision of a well maintained and managed pool allows the locals and visitors alike to enjoy the benefits of swimming in a safe, healthy and supervised environment.

⁵ Electronic mail from Mr Gary Tuffin, Chief Executive Officer, Shire of Ngaanyatjarraku, 3 May 2006, p1.

Before the pools became operational, members of the Halls Creek and Wiluna communities were left to seek out local dams and water holes in which to swim. These warm and stagnant bodies of water often contain a number of potentially harmful bacteria. They also contain hidden obstacles that can impede or injure swimmers and there is often little supervision. Finally, many of those using the watering holes or dams are not proficient swimmers and the risk of drowning is high.

Introducing a controlled and healthy swimming alternative has allowed the towns to provide a facility whereby the healthy benefits of water immersion and proper instruction in swimming techniques can be of benefit to all who decide to utilise it.

(b) Fitzroy Crossing

The town of Fitzroy Crossing is currently lobbying for the construction of a local public pool. The Fitzroy Valley Futures Forum Swimming Pool Committee informed the Committee that a public pool would provide educational, social and health benefits that are otherwise denied to many members of the community.

The Fitzroy Valley Committee also reiterated the concerns raised by the Halls Creek and Wiluna communities with regard to the existing swimming alternatives. Concern has been expressed from the local communities regarding the health and safety of many of the current swimming spots.

CHAPTER 2 THE SWIMMING POOL PROGRAM

2.1 Background

(a) Environmental Health Needs Coordinating Committee

In 1995, the Environmental Health Needs Coordinating Committee (EHNCC) was established to address the sub-standard environmental health conditions found in many of Western Australia's remote indigenous communities.

The EHNCC was comprised of eight Commonwealth, State and Local Government Agencies⁶. In the past, the services provided to indigenous communities by these departments was often fragmented in its delivery 'which resulted all too frequently in waste and duplication, with reduced benefits to Indigenous people'.⁷ The EHNCC was created to provide a forum through which program priorities could be discussed and this would facilitate improved collaboration between the departments in identifying, developing and piloting new projects.

In 1997, the EHNCC conducted an Environmental Health Needs Survey (EHNS) intended to identify and compile data on core environmental health indicators. The survey collected data from 213 discrete Indigenous communities⁸. The EHNCC published its findings in 1998 in a report entitled '*Environmental Health Needs of Aboriginal Communities in Western Australia: The 1997 Survey and its Findings*'. The EHNS was recognised, at the time, as the 'national benchmark in capturing information on environmental health conditions in Indigenous communities'⁹.

The survey was specifically designed to allow 'community representatives the opportunity to report what they thought was needed to improve their community'¹⁰. Table 1.1 shows the 'areas of need' that were most identified by the community representatives. The Table also indicates that for many of the communities, the lack of basic services were identified as being the cause of many problems.

⁶ The eight agencies involved were the Commonwealth Department of Health and Ageing; Commonwealth Department of Family and Community Services, WA Department of Indigenous Affairs; WA Department of Health; WA Department of Housing and Works; WA Department of Local Government and Regional Development; Fire and Emergency Services Authority of WA; and the WA Local Government Association.

⁷ Environmental Health Needs Co-ordinating Committee: Home, Available at: <http://www.dia.wa.gov.au/EHNCC/home.html>, Accessed on 8 February 2006.

⁸ Originally 259 discrete Indigenous communities were surveyed. Of these, only 213 communities were found to be inhabited at the time of the survey.

⁹ Environmental Health Needs Co-ordinating Committee: Home, Available at: <http://www.dia.wa.gov.au/EHNCC/home.html>, Accessed on 8 February 2006.

¹⁰ Environmental Health Needs Coordinating Committee WA, *Environmental Health Needs of Aboriginal Communities in Western Australia: The 1997 Survey and its Findings*, 1998, p21.

Table 1.1 Areas of need identified by the Communities¹¹

Identified Need	Communities %
Access (internal and access roads, vehicles, boats, airstrips, fuel)	65
Housing (new, repairs, housing for visitors and workers)	65
Water, Power, Sewerage (improvements or provision)	53
Recreational facilities (sporting grounds, play grounds)	49
Plant/Vehicle Workshop (tools, machinery, tractors, equipment)	35
Health Services (medical centre, detox centres, AEHWs, first aid kit)	25
Health Hardware (ablutions, hot water systems, washing machines)	24
Meeting Areas (administration facilities, general purpose buildings)	23
Municipal Services (street lighting, rubbish disposal, drainage)	21
Landcare (revegetation, other environmental programs)	20
Training (employment and business development)	19

2.2 Environmental Health Package for Aboriginal Communities

In March 1999, the then Minister for Aboriginal Affairs, the Hon. Dr Kim Hames MLA announced that a new environmental health package had been put together for remote Aboriginal communities in Western Australia. The package aimed 'to lift health standards and quality of life'¹².

The new environmental health program was developed to address some of the major health problems confronting the inhabitants of many remote indigenous communities. One key area of environmental health concern that was to be targeted by the package was dust control. Evidence suggested that exposure to high levels of dust over an extended period of time increased the risk of respiratory and secondary middle ear disorders.

¹¹ Environmental Health Needs Coordinating Committee WA, *Environmental Health Needs of Aboriginal Communities in Western Australia: The 1997 Survey and its Findings*, 1998, p21.

¹² Hon. Kim Hames, Minister for Aboriginal Affairs, Western Australia, Legislative Assembly, *Parliamentary Debates (Hansard)*, Tuesday, 16 March 1999, p6510/2.

Chronic dust problems were regularly reported in many of the remote communities. Serious concerns about the high levels of dust were also raised in the EHNS. Survey results indicated that:

...nearly half of all remote Aboriginal communities, or 65% of the usual population living in communities surveyed, experienced high levels of dust... . The region where this appears to be the greatest problem is the Western Desert region where 83% of communities and 91% of the surveyed usual population experienced high dust levels.¹³

The environmental health package contained a dust abatement program that would address some of the dust issues. The abatement program included the sealing of internal dirt roads and paths in the communities and the introduction of community greening programs.

Addressing the high rates of middle ear and skin infections was also a primary driver for the development of the environmental health package. Health studies have shown that middle ear infections are very common amongst indigenous children and are the primary cause of deafness amongst indigenous Australians.

Between 10% and 67% of Aboriginal school age children have perforated tympanic membranes and 14 to 67% have some degree of hearing loss; the highest prevalence occurs in remote indigenous communities.¹⁴

The Minister for Aboriginal Affairs, when asked about the implementation of the environmental health package, advised the Western Australian Legislative Assembly:

In remote Aboriginal communities there is a significant problem with dust, and it is my theory that constant exposure to high levels of dust, particularly in houses where there is dust and house dust mite, causes nasal congestion and secondary nasal infection. That leads to chest and throat infections, and particularly to middle ear infections. Statistics show that 30 per cent of Aboriginal children in remote communities have hearing impairment as a result of recurrent middle ear infections.¹⁵

Skin infections due to group A streptococci occur so regularly amongst Aboriginal children within many of the communities that it is now considered an endemic disease. Group A streptococci is also associated with otitis media, chronic renal failure and rheumatic heart disease which are 'very prevalent in Aboriginal communities'¹⁶.

In an attempt to deal with these serious health issues, the environmental health package promoted the concept of providing swimming pools to selected remote indigenous communities.

¹³ Environmental Health Needs Coordinating Committee WA, *Environmental Health Needs of Aboriginal Communities in Western Australia: The 1997 Survey and its Findings*, 1998, p47.

¹⁴ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 9 February 2006.

¹⁵ Hon. Kim Hames, Minister for Housing; Aboriginal Affairs; Water Resources, Western Australia, Legislative Assembly, *Parliamentary Debates (Hansard)*, Thursday, 10 August 2000, p200.

¹⁶ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 9 February 2006.

The decision to ‘make swimming pools part of the environmental health package was not made lightly’¹⁷. This decision was based on the growing anecdotal evidence from remote communities that already had swimming pools, both in the Northern Territory and at Warburton, Warakurna and Blackstone in the Western Desert regions of Western Australia. This evidence indicated that children who swam regularly in salt and chlorinated pools were generally much healthier than those who did not¹⁸.

2.3 Identifying the Communities

As part of the environmental health package, it was decided that swimming pools would be offered to a number of remote indigenous communities.

Findings from the Environmental Health Needs Survey were used to determine which communities were of the highest priority. Population sizes were also used as a determinant. In order to maximize the health and social benefits provided by a pool, it was calculated that a community required a minimum of 200 permanent inhabitants. This would ensure that the swimming pools would be used to their maximum potential.

A third factor was also used in the selection process. The Minister for Housing; Aboriginal Affairs, Water Resources and representatives from the Ministry of Housing (MoH) were responsible for determining the selection list and wanted to incorporate elements of the Aboriginal Communities Strategic Investment Program (ACSIP) into the decision making process.

ACSIP was developed in 1996 by the Department of Indigenous Affairs as a pilot project to ensure that:

*...remote communities have access to essential, municipal and administrative services of a standard comparable to that of mainstream towns of similar size.*¹⁹

ACSIP had four main objectives:

- increased involvement of local government in the delivery of municipal services to ACSIP communities;
- improved community management and administration;
- normalisation of the delivery of power, water and sewerage services; and

¹⁷ Hon. Kim Hames, Minister for Housing; Aboriginal Affairs; Water Resources, Western Australia, Legislative Assembly, *Parliamentary Debates (Hansard)*, Tuesday, 16 March 1999, p6510/2.

¹⁸ Audera, C., ‘Swimming Pools in Aboriginal Communities: Health Related Issues’, in *Swimming pools in remote Indigenous communities: Some basic information for planning a pool*, July 1999, Published by The National Centre for Epidemiology and Population Health; The Australian National University; Canberra.

¹⁹ Aboriginal Communities Strategic Investment Program (ACSIP), Available at: <http://www.dia.wa.gov.au/Policies/EnvironmentalHealth/ACSIP.aspx>, Accessed on Monday, 13 February 2006.

- contributing to an improvement in the environmental and individual health of communities.²⁰

As part of the selection process to determine community suitability, it was decided that a community would be offered a swimming pool regardless of its geographic location. Several of the communities that were initially offered a swimming pool are located close to the ocean and there was some concern that should these communities receive a swimming pool there was an inherent risk of it being severely underutilised.

The pool selection committee, which comprised the Minister for Housing; Aboriginal Affairs, Water Resources and representatives from the MoH were cognisant of these concerns. The selection committee were also aware of the rather unique problems that confront these coastal communities.

Large tidal movements, sea stingers and the ever present danger of crocodiles and sharks meant that very few individuals from these communities spent much time enjoying the benefits associated with salt water swimming. The selection committee noted that only adolescents availed themselves of swimming in the ocean and then only for short periods in between tidal movements. It was also apparent that neither the elderly nor the young were obtaining the benefits of salt water bathing even though their communities were located close to the ocean.

Remote inland indigenous communities had unique problems at the other end of the scale. The selection committee was informed that children and adolescents were swimming in sewerage treatment ponds, town dams and stagnant water holes in an attempt to find relief from the heat. People using these 'water bodies' are at increased risk of becoming ill due to the poor water quality and drowning.

Though the problems facing coastal and inland communities were markedly different, there was still the one striking constant. In their attempts to have a swim, many individuals were placing their health and safety in jeopardy.

The dust abatement program evolved to encapsulate all remote indigenous communities regardless of whether they were located close to the ocean or situated on the edge of the Western Desert. It thus became an imperative for the selection committee to ensure that communities would be offered a swimming pool irrespective of their location.

Using the EHNS findings, population sizes and the ACSIP objectives, a total of seven remote indigenous communities were initially selected and offered a swimming pool. They were Ardyaloon, Bidyadanga, Burringurrah, Jigalong, Kalumburu, Looma and Oombulgurri²¹.

²⁰ Aboriginal Communities Strategic Investment Program (ACSIP), Available at: <http://www.dia.wa.gov.au/Policies/EnvironmentalHealth/ACSIP.aspx>, Accessed on Monday, 13 February 2006.

²¹ Ardyaloon was formerly known as Bardi or One Arm Point; Burringurrah is also known as Mt James; Mugarinya is also referred to as Yandeyarra; and Oombulgurri was once known as Forrest River Mission.

The Oombulgurri community, however, withdrew their nomination at short notice in response to growing community concerns about the ongoing costs of running and maintaining the pool. As a result, the Mugarinya community at Yandeyarra were a late inclusion into the initial swimming pool program that was being administered by the Ministry of Housing (became known as the Department of Housing and Works in 2001).

Of the communities that were offered a swimming pool, only Burringurrah, Jigalong and Mugarinya decided to accept.

Later the Karalundi community, which had already excavated a swimming pool site, approached the government seeking inclusion in the swimming pool program. State government funds for pool construction were allocated by the new Minister for Housing and Works, Hon Tom Stephens MLC. The community accepted full responsibility for management and maintenance of the swimming pool after construction. The pool at Karalundi therefore never became part of the full Department of Housing and Works (DHW) administered swimming pool program in which the ongoing support of the State Government was a key feature.

2.4 Implementing the swimming pool program

(a) Funding for the swimming pools

The three swimming pools cost a total of \$4m to build. Costs included all ‘outbuildings, landscaping and the construction of houses for the pool managers’²². The design and project management fees were \$213,000. The total ongoing management costs for the three swimming pools are approximately \$0.6m a year²³.

The communities accepted the pool program on the basis that the State Government, through the MoH, would be responsible for covering all costs associated with constructing and maintaining the three swimming pools. Some additional funds were contributed to the project from other sources; they were:

- Aboriginal Lands Trust \$100,000 (towards construction costs);
- Department of Education and Training \$100,000 (annually towards management costs);
- Healthways \$20,000; and
- Lotterywest \$368,744 (paving, landscaping and fencing)²⁴.

²² Letter from Mr Bob Thomas, A/Director General, Department of Housing and Works, Government of Western Australia, 17 January 2006, p2.

²³ *ibid.*

²⁴ Letter from Mr Bob Thomas, A/Director General, Department of Housing and Works, Government of Western Australia, 17 January 2006, p2.

The funds provided by Lotterywest for pool paving, landscaping and fencing were part of a much larger grant made by the Lotterywest Board in support of the environmental health initiative. A total of \$3.239m was made available by Lotterywest to be used for greening projects to complement the government funded aquatic facilities, roadworks and other related capital work projects. Nine remote indigenous communities were to receive funds under the grant²⁵.

Finding 1

The dust abatement program evolved to encapsulate all remote indigenous communities regardless of location.

Finding 2

The process of identifying aboriginal communities suitable for dust abatement programs based on large permanently established remote communities, and taking into account environmental health needs, was successful.

Finding 3

While the bulk of the funding of the existing programs comes from the DHW, the contribution of Lotterywest added significantly to the success of the program.

²⁵ The nine communities that received grants were Mugarinya, Bidadanga, Burringurrah, Looma, Bardi, Jigalong, Oombulgurri, Karalundi and Kalumburu.

Recommendation 1**The Committee recommends that:**

- **That Lotterywest continues to allocate funds in support of the introduction and continuation of remote indigenous community health initiatives, in particular the dust abatement and environmental enhancement, and swimming pool program;**
- **That the responsible Minister hold discussions with Lotterywest to determine how it can be best achieved; and**
- **That the Minister reports to Parliament on how this ongoing support is to be implemented.**

(b) Tender and construction process

In 1999 the MoH put the project out into the public domain seeking designs and associated costings from suitably qualified architectural firms. After submissions were received, the MoH announced that Donovan Payne Architects were successful in their bid to design and manage the construction of the three swimming pools.

An extensive consultation process between departmental officers, architects, engineers, hydrologists, health researchers and representatives of the three communities was undertaken before tender documentation was completed.

Community consultation included discussions on pool location; design features; management; the hours of operation; the impact of local cultural issues; employment and training opportunities; the effect on available power and water supplies; housing requirements; funding (both capital and recurrent); the 'no school, no pool' policy; health research studies; common dangers associated with aquatic facilities and passive supervision.

At the conclusion of the consultation process, the MoH called for public tenders based on the design and specifications provided by Donovan Payne Architects. Pilbara Constructions were the winning tender and would use Aqua Vinyl Pools (AVP Constructions) as the actual pool builder.

The agreed design was a rectangular shaped swimming pool measuring 25mtrs x 12mtrs and varying in depth from 0.8mtrs to 1.5mtrs. All three swimming pools were constructed using Myrtha Technology. Myrtha Technology is a 'modular pool system using pre-engineered steel panels permanently laminated with a hard PVC coating'²⁶. The concrete floor of the swimming pool is also lined with a reinforced PVC membrane. The three Myrtha swimming pools installed

²⁶ AVP Constructions - Myrtha Technology, Available at: http://www.avpc.com.au/new_pools/myrtha_technology.phtm, Accessed on Tuesday, 14 February 2006.

in the communities featured a 'level wet deck to all sides of the pool which provides better and quicker filtration of the water'²⁷.

Play pools were also constructed at each of the three sites. They were 6mtrs x 6mtrs and vary in depth from 200mm to 400mm. The play pools are concrete shells with vinyl liners and a 'skimmer box' overflow system with floor inlets.

The same filtration system is replicated in each of the three swimming pools. The filters are a Chadson Engineering commercial sand filter 4500 model. These have an operational flow range of 67 to 180 cubic metres per hour. The volume of each large swimming pool is approximately 355 cubic metres and the volume of the play pool is 10 cubic metres. Both the large pool and the play pool are on the same water filtration/disinfection system. The disinfection system is automatically monitored and dosed with chlorine gas. The exceptionally large filters allow all the water in the pools to be recycled every 1.8 hours.

Shades were provided at all locations. The large pool has approximately 60% coverage whilst the play pool is totally shaded.

AVP Constructions built each pool and installed the filtration and plant room equipment within a four week window. It took an additional 12 weeks for the MoH to complete the pool manager's residence and swimming pool surrounds.

Initially, the three communities were to use salt water in the swimming pools. Unfortunately, the quality of the potable water supplies available for usage in the pools proved to be too hard for the salt water filtration system. The salt cells required constant cleaning and needed to be replaced on a frequent basis. It was found that chlorinated water and chlorinated filtration systems were a more cost efficient option.

Recommendation 2

Swimming pool construction should also be carried out with contracts that fit into a construction program that is or can be linked to local training and employment outcomes. This would greatly improve the skills development and employment opportunities of the local indigenous people and provide those who have undergone the training with the prospect of securing employment in building and construction

²⁷ AVP Constructions - Healing Waters in the outback, Available at: http://www.avpc.com.au/achievements/special_projects/healing_wa..., Accessed on Tuesday, 14 February 2006.

(c) Management of the swimming pools

The provision of professional pool management was considered critical to the success of the swimming pool program. Properly run pools that were administered by highly trained staff would ensure that the swimming pools remained a safe and viable part of the community.

The MoH advertised nationally calling for expressions of interest from appropriately qualified swimming pool/recreational facility management organisations. The MoH received only one application. The Royal Life Saving Society (RLSS) submitted a financial proposal that 'was compared to the costs of running swimming pools in other northwest towns and was found to be very competitive'²⁸.

Mr Gregory Tate, Manager of Community Relations with the RLSS told the Committee:

*No-one else applied and no-one wanted to go through the process. The Royal Life Saving Society put up its hand and said it would be happy to progress it.*²⁹

The RLSS was appointed to manage the swimming pools for an initial three year period. In 2003 this was subsequently renewed for a further three year term. The current contract expires on 30 June 2006.

²⁸ AVP Constructions - Healing Waters in the outback, Available at: http://www.avpc.com.au/achievements/special_projects/healing_wa..., Accessed on Tuesday, 14 February 2006.

²⁹ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005, p2.

CHAPTER 3 EFFECT OF SWIMMING POOLS ON THE COMMUNITIES

3.1 Health benefits

A number of studies³⁰ in the Northern Territory have reported a reduction in the incidence and severity of skin infections in indigenous communities where a swimming pool was present.

In 1999, the National Centre for Epidemiology and Population Health at the Australian National University released a report entitled '*Swimming Pools in Aboriginal Communities: Health Related Issues*'³¹. In the report it was stated that 'health workers in communities which have a swimming pool, when consulted, claim that they have observed a reduction in the overall incidence of infections, specially skin, ear and eye infections coinciding with the periods that the swimming pool is open'³².

In the absence of empirical evidence as to the health benefits of swimming pools in remote indigenous communities, the Telethon Institute for Child Health Research (TICHR) was commissioned by the MoH to conduct a longitudinal study on the effects of the swimming pools in the Burringurrah and Jigalong communities.

*Our institute was asked to evaluate the health impact of the pools because there was anecdotal information to say that swimming pools would have some health benefits for Aboriginal children. Some of the anecdotal information came out of the Northern Territory, where several pools were built some time ago. The Australian National University did a telephone audit of pools. They were essentially looking at pool use and how they fitted into the community. One of the comments that came from every community was that the children looked healthier. As a result of that we were asked to evaluate the pools.*³³

The Burringurrah and Jigalong communities were chosen because they were the first to have their respective swimming pools completed and operational.

³⁰ Carapetis, J.R., Johnston, F., Nadjamerrek, J., Kairupan, J., 'Skin sores in Aboriginal children' (letter), *Journal of Paediatrics and Child Health*, 1995, 31, p563.

³¹ Audera, C., 'Swimming Pools in Aboriginal Communities: Health Related Issues', in *Swimming pools in remote Indigenous communities: Some basic information for planning a pool*, July 1999, Published by The National Centre for Epidemiology and Population Health; The Australian National University; Canberra, p10.

³² Paert, A., Szoeki, C., Report for the CRC in water quality and treatment, cited in, *Swimming pools in remote Indigenous communities: Some basic information for planning a pool*, August 1998, Published by The National Centre for Epidemiology and Population Health; The Australian National University; Canberra.

³³ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, *Transcript of Evidence*, Wednesday, 22 June 2006, p1.

The study compared the prevalence of middle ear infections (Otitis media) and skin infections due to group A streptococci before and after the swimming pools were opened in the two communities. Children were examined on four occasions at approximately six month intervals between July 2000 and March 2002³⁴. Any child under the age of 17 in the community was eligible to be involved in the study. The study also included any child that moved into the community over this period. Informed consent was required for every child in the study.

On the first examination, all children were examined by a paediatrician. Children exhibiting signs of severe middle ear infection were also examined by an accompanying ear, nose and throat (ENT) specialist. All follow up examinations were conducted by a qualified paediatrician. The overall health of every child's ear was recorded, as well as any sign of past ear disease or trauma.

Mrs Mary Tennant, a Research Assistant with the Telethon Institute for Child Health Research advised the Committee:

Our method was to look at ears fairly thoroughly. We took a paediatrician on all our trips into the communities. We used a video otoscope. This is a fairly expensive piece of equipment. It enabled us to view the tympanic membrane, take pictures of the tympanic membrane, and compare them on subsequent visits and also to show them to ENT specialists. We took ENT specialists on periodic visits to clarify that the paediatricians were seeing what they were meant to be seeing and to confirm diagnoses. With the skin sores, we used a tool that was developed by the Menzies Institute for Health Research.³⁵

(a) Skin infections

(i) Burringurrah

In their paper *Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study*, Lehman, Tennant, Silva et al., indicate that before the pool was opened in Burringurrah, 62% of children had some form of purulent skin disease, of which 30% were classified as severe³⁶. The paper points out that 69% of all cases of skin disease occurred in children under the age of 12 years.

The initial survey found that various other skin infections were prevalent amongst many of the children. One child in four had some form of fungal infection, 8% had abscesses and 5% had scabies.

³⁴ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Lehman, D., Tennant, M.T., Silva, D.T., McAullay, D., Lannigan, F., Coates, H., and Stanley, F.J., Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 14 February 2006.

³⁵ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, *Transcript of Evidence*, Wednesday, 22 June 2005, p2.

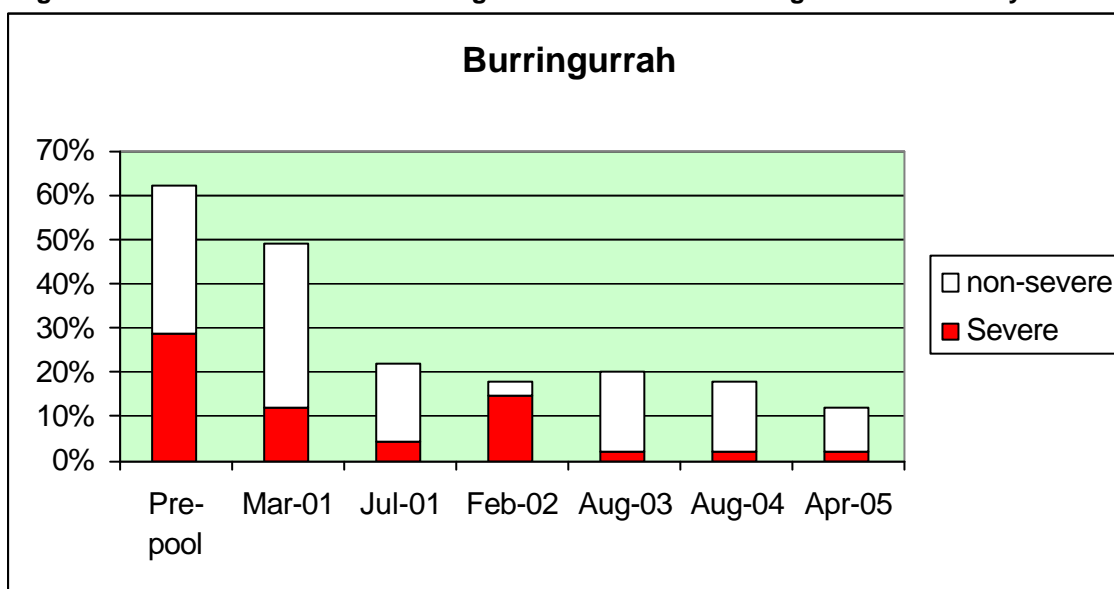
³⁶ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Lehman, D., Tennant, M.T., Silva, D.T., McAullay, D., Lannigan, F., Coates, H., and Stanley, F.J., Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 2 February 2006.

After the initial survey in July 2000 and with the opening of the swimming pool, subsequent surveys revealed a downward turn in the prevalence of any form of skin infection. In March 2001 the survey showed 51% of children had a skin disorder of some description. This fell to 43% in July 2001 and to 18% in February 2002.

The surveys were continued by the TICHR after the initial program came to an end. The Burringurrah community was visited again in August 2003, August 2004 and April 2005.

Figure 3.1 shows the number of identified cases of skin infection as a percentage from July 2000 through to April 2005.

Figure 3.1 Skin infections amongst children in the Burringurrah community^{37 / 38}



(ii) Jigalong

There was a scabies epidemic in Jigalong at the time of the initial survey and this is reflected in the survey results. In August 2000 approximately 70% of children had some form of purulent skin disease. Of these, 48% were classified as severe. Unlike the results from Burringurrah, the prevalence of skin disease at Jigalong did not discriminate with age³⁹.

The Jigalong community had some structural problems with their pool whilst the survey was being conducted. The pool was closed for three months over the first summer. Even with the

³⁷ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, PowerPoint presentation to the Committee whilst giving evidence, Wednesday, 22 June 2005.

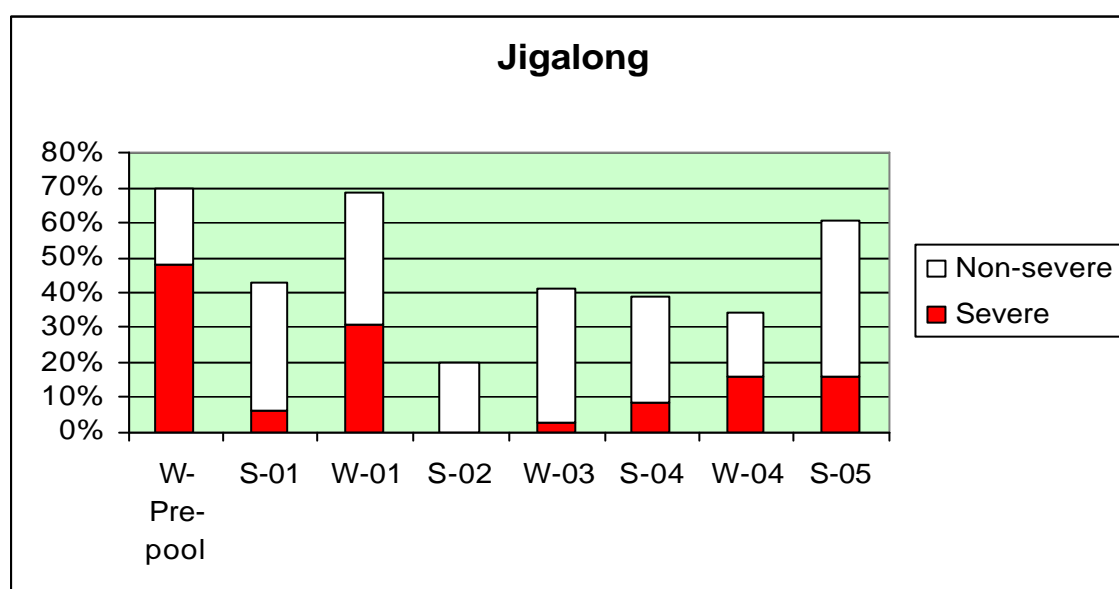
³⁸ Variance in trial population numbers is reflected in some of the data.

³⁹ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Lehman, D., Tennant, M.T., Silva, D.T., McAullay, D., Lannigan, F., Coates, H., and Stanley, F.J., Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 6 February 2006.

unforeseen closure of the pool, by March 2001 the number of instances of skin disease was down to 43%. It rose again in July 2001 to 69%; incidentally this high finding coincides with the swimming pool being closed for winter. By February 2002 the number of incidences had fallen to 20%⁴⁰. The number of severe cases fell from 48% prior to the pool being built to 0% in March 2002⁴¹.

As with Burringurrah, the Institute continued to survey the children at Jigalong. The findings are shown in Figure 3.2.

Figure 3.2 Skin infections amongst children in the Jigalong community^{42 / 43}



(b) Middle ear infections and ear drum perforations

Middle ear infections (Otitis media) do not improve as quickly as skin infections. They are more complex in their nature and take longer to heal. The Committee was advised that this would be reflected in the findings of the survey conducted by the TICHR.

...the ENT surgeons, will tell you that we will not see a sudden improvement in ear disease. It is much more complex than a skin sore. That is what we have found.⁴⁴

⁴⁰ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Lehman, D., Tennant, M.T., Silva, D.T., McAullay, D., Lannigan, F., Coates, H., and Stanley, F.J., Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 6 February 2006.

⁴¹ *ibid.*

⁴² Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, PowerPoint presentation to the Committee whilst giving evidence, Wednesday, 22 June 2005.

⁴³ Variance in trial population numbers is reflected in some of the data.

(i) *Burringurrah*

In the Burringurrah community, only 9% of the children surveyed had no signs of ever having a middle ear infection, perforated ear drum or tympanosclerosis (inflammation of the ear drum)⁴⁵.

There was no obvious change in the number of children with perforated ear drums within the first 12 months of the swimming pool being opened. Pre-swimming pool figures show that 33% of children were afflicted; by March 2001 this had dropped marginally to 32%⁴⁶. By February 2002 the number of ear drum perforations had dropped to 13%.

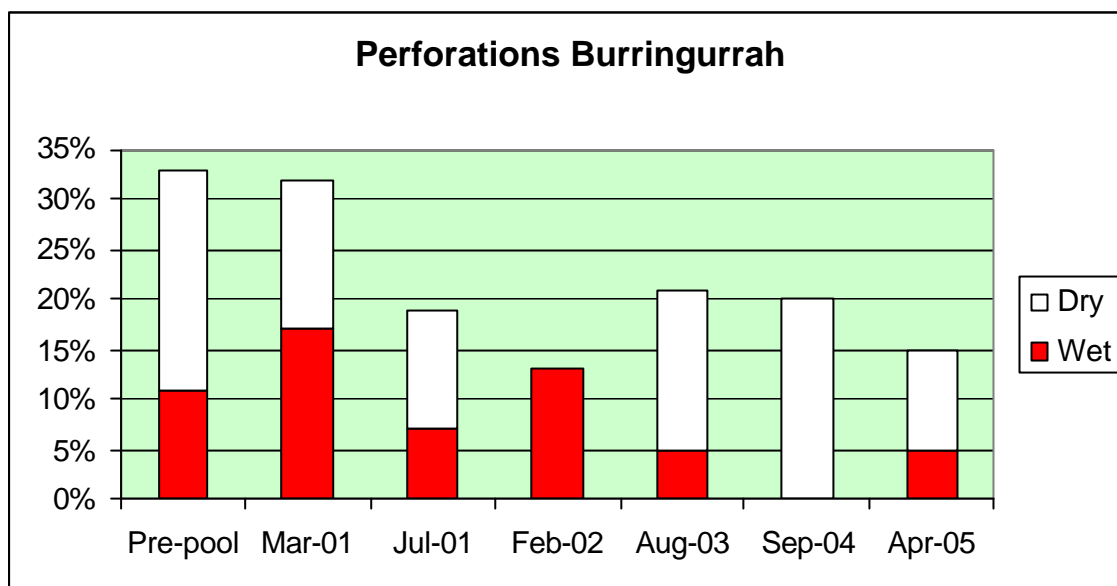
Surveys were conducted again in August 2003, September 2004 and April 2005. The results can be seen in Figure 3.3. The figures indicate that the number of perforations has dropped since the swimming pool was introduced. Perforated ear drums, however, continue to be a problem with approximately one child in seven still being affected.

⁴⁴ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, *Transcript of Evidence*, Wednesday, 22 June 2005, p4.

⁴⁵ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Lehman, D., Tennant, M.T., Silva, D.T., McAullay, D., Lannigan, F., Coates, H., and Stanley, F.J., Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 27 January 2006.

⁴⁶ Mrs Mary Tennant, Research Assistant with the Telethon Institute for Child Health Research provided the Committee with a number of graphs via a PowerPoint presentation whilst giving evidence to the Committee. This information has been extrapolated from the graphs showing the number of perforations in Burringurrah and Jigalong.

Figure 3.3 Percentage of tympanic membrane perforations amongst children in the Burringurrah community^{47 / 48}



(ii) Jigalong

The Jigalong community had a large number of children showing no signs, either past or present, of middle ear infection, perforations of the ear drum or tympanosclerosis. Initial survey results indicated that 22% of the children in the Jigalong community had not succumbed to some form of ear infection or perforation⁴⁹.

Prior to the opening of the swimming pool in the Jigalong Community, 33% of the children were presenting with perforated ear drums. This rose to 40% in March 2001, it then fell to 30% in October 2001 and eventually down to 20% in March 2002. The number of children with perforations has continued to fluctuate over the entire life of the survey. In February 2005, it was again nearing pre-pool figures with 31% of children suffering from perforations to their ear drum.

It is important to note, however, that the figures for Jigalong do include children from the surrounding out-stations who move into the community at various times. The Committee was advised that this transient behaviour means that some of the figures are skewed and not totally reflective of the children who permanently reside in the community. Mrs Tennant told the Committee:

⁴⁷ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, PowerPoint presentation to the Committee whilst giving evidence, Wednesday, 22 June 2005.

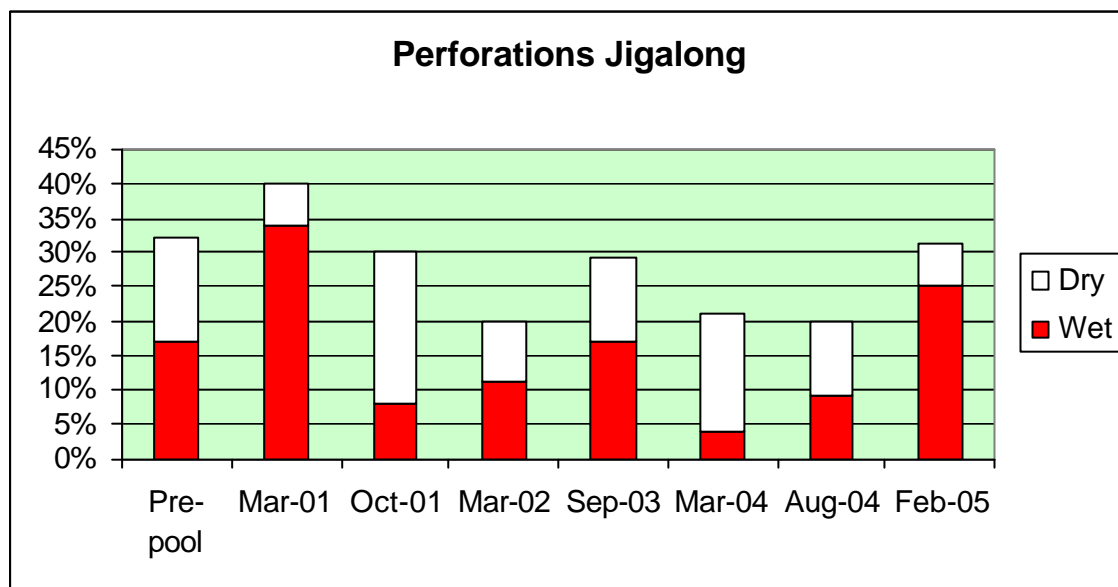
⁴⁸ Variance in trial population numbers is reflected in some of the data.

⁴⁹ Benefits of swimming pools in two remote Aboriginal communities in Western Australia: intervention study, Lehman, D., Tennant, M.T., Silva, D.T., McAullay, D., Lannigan, F., Coates, H., and Stanley, F.J., Available at: <http://bmj.bmjournals.com/cgi/content/full/327/7412/415>, Accessed on 27 January 2006.

Jigalong is an interesting community. It is quite different from Burringurrah in that it has out-stations, and there is a lot of movement between the out-stations. It tends to have more of a fluctuating community of people. During low times the population can swell up to 1 000. Jigalong gets a large number of people coming through from all over the place. Obviously from a medical perspective that means they are bringing all their little bugs with them as well, and they circulate in the community.⁵⁰

Figure 3.4 shows the results of the study from pre-swimming pool (July 2000) through to February 2005.

Figure 3.4 Percentage of tympanic membrane perforations amongst children in the Jigalong community^{51 / 52}



(c) Exercise promotion

The most obvious benefit provided by a swimming pool is increased physical activity. In communities where sporting facilities are either scarce or absent, well managed swimming pools provide a venue with the potential to attract large numbers of the population to a controlled and healthy environment.

Physical exercise clearly impacts on a great number of health outcomes. It can lower mortality rates. Regular physical activity 'independent of other factors, reduces the probability of coronary

⁵⁰ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, *Transcript of Evidence*, Wednesday, 22 June 2005, pp3/4.

⁵¹ *ibid.*

⁵² Variance in trial population numbers is reflected in some of the data.

artery disease and early death'⁵³. In indigenous communities where cardiovascular diseases are a major contributor to premature adult death, swimming pools can provide a forum for increased and sustained physical activity.

Type 2 diabetes, also referred to as the 'lifestyle disease', is another contributor to the high mortality rates amongst indigenous peoples. It is 'estimated that the prevalence of type 2 diabetes in Aboriginal people is at least 2 - 4 times (and may be as much as 10 times in some communities) than that of non-indigenous Australians'⁵⁴. Physical activity, especially when accompanied with medication, can assist in the management of type 2 diabetes. Access to a swimming pool in communities where there are otherwise few exercise facilities and very high temperatures is considered to be extremely beneficial.

3.2 Educational and social benefits

(a) Improved healthy lifestyles

The most notable effect the introduction of the swimming pools has had on the communities at Burringurrah, Jigalong and Mugarinya is the improved general health of the children. The Committee was told that:

*...what we found from our door-to-door interviews was that people in these communities are very supportive of these pools. They can see the difference. We have interviewed them before and after the pool was built. They have told us that they can see that their children are healthier...*⁵⁵

School attendance at these communities would indicate that as the general health level of the children improves, so does the number of children turning up to school. On a number of occasions, whilst the Committee was visiting with these communities, it was suggested that a healthy child is much more inclined to attend school than one who is unhealthy. Mrs Tennant informed the Committee that since the construction of the swimming pools in the three communities, 'school attendance has increased'⁵⁶.

⁵³ Audera, C., 'Swimming Pools in Aboriginal Communities: Health Related Issues', in *Swimming pools in remote Indigenous communities: Some basic information for planning a pool*, July 1999, Published by The National Centre for Epidemiology and Population Health; The Australian National University; Canberra, p9.

⁵⁴ Diabetes in Aboriginal Australians, Available at: <http://www.mydr.com.au/?article=3998>, Accessed on 17 February 2006.

⁵⁵ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, *Transcript of Evidence*, Wednesday, 22 June 2005, p6.

⁵⁶ *ibid.*

(b) No school, no pool (go to school to be cool in the pool)

Swimming pools had already been constructed in a number of remote indigenous communities in the Northern Territory, Queensland and Western Australia⁵⁷ prior to the official Western Australian swimming pool program being implemented in 1999.

The idea of incorporating pool usage with school attendance appears to have first emerged out of the Northern Territory. The concept of 'no school, no pool' was seen as an excellent way of getting children to attend classes by rewarding their attendance with admission into the pool after school had finished for the day. Although the idea was seen as being extremely pro-active, the actual terminology used was perceived in some quarters as being unnecessarily negative in tone and perhaps a little too authoritarian.

Over time, more positive catchphrases were devised to encourage regular school attendance and generally good behaviour. The Committee was informed that these new adages, such as 'school means pool' and 'go to school to be cool in the pool' were more enticing to children and seen by many members of the community as being more culturally appropriate.

The actual logistics involved in these reward programs are quite simple and effective. Upon attending class for the day, a child is either given a pool pass or their name is recorded on an official school attendance sheet. The child presents either the pass to the pool manager or has their name checked off the school attendance list and is admitted to the swimming pool. In some instances, an elder of the community may be used at the entrance to assist the pool manager in this task.

Whilst conducting their investigative study into the health benefits of swimming in the Burringurrah and Jigalong communities, the TICHR also looked at the effect swimming pools were having on school attendance, particularly in relation to the 'no school, no pool' system. The Committee was advised:

...certainly in the first three years, the school attendance definitely improved. In fact, at Jigalong we were told that they had to increase the number of teachers because so many kids were going to school.⁵⁸

At one Community it was proposed that the swimming pool locale itself could be used as an educational aid. Various games designed to enhance problem solving skills, basic mathematics and word recognition could be used whilst the children are utilising the swimming pool. Nevertheless, this does raise the duty of care issue and the need for teachers to have the appropriate qualifications to take students into swimming pools during school hours.

⁵⁷ Paert, A., Szoeki, C., Recreational Water Use in remote Indigenous Communities, August 1998, in Swimming pools in remote Indigenous communities: Some basic information for planning a pool, National Centre for Epidemiology and Population Health, Australian National University, Canberra.

⁵⁸ Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, *Transcript of Evidence*, Wednesday, 22 June 2005, p6.

In the Wadeye (Port Keats) community, located in the Northern Territory, an extensive program was implemented to encourage children to attend school. The program started late in 2004 and continued throughout 2005. Various methods were used to get the local children to attend school. These included picking up the children for school, targeting every parent in the community as well as members of the child's extended family, providing food supplements on arrival at school and allowing access to the newly built pool. Simultaneously there was some widespread discussion promoted in the community which was to suggest that parents whose children failed to attend school could or would lose access to family allowance entitlements.

In the report entitled '*Giving Every Kid a Chance: Lessons from the 2005 Wadeye school attendance initiative for the 2006 school year*' it was stated that though the 'no school, no pool' policy was effective, it needed to be included into a larger program to ensure that children continued to attend school.

*The children who attend school get the benefits of pool use which they love. Once we have them at school, it seems that this has a big impact on keeping them there, as well as on students' health and well being. However, the policy is not effective on its own as an incentive. Much more is needed.*⁵⁹

Statistics pertaining to school retention rates for indigenous children in the Pilbara would indicate that a larger and more encompassing school attendance program is indeed required. According to the data:

*...in all parts of the Pilbara, less than 80 per cent of Indigenous children enrolled in primary school years actually attend school on a regular basis, with this figure falling as low as 60 per cent in East Pilbara schools.*⁶⁰

Non-attendance at school impacts directly on a child's academic performance. In the 2004 benchmark tests, devised by the Western Australian Literacy and Numeracy Assessment program and administered annually to children in Years 3, 5 and 7 in both government and non-government schools, the scores of the indigenous children within the Pilbara region reflected their poor school attendance rate.

*...for Indigenous students in Pilbara schools outside of Karratha and Port Hedland between 80.5 per cent and 90.6 per cent achieve Year 3 national reading benchmarks. By Year 5 this range had fallen to between 72.1 per cent and 81.5 per cent, and by Year 7, somewhere between just over half and two-thirds of all students (54.7% and 64.1%) were achieving national benchmarks...*⁶¹

⁵⁹ Leggett, M., *Giving Every Kid a Chance: Lessons from the 2005 Wadeye school attendance initiative for the 2006 school year* (Draft), Thamurrurr Regional Council, Wadeye, Northern Territory, September 2005, p8.

⁶⁰ Taylor, J. and Scambary, B., *Indigenous people and the Pilbara mining boom: A baseline for regional participation*, The Australian National University, Centre for Aboriginal Economic Policy Research, Research Monograph No. 25, Canberra, 2005, p83.

⁶¹ *ibid*, p86.

The swimming pools are an incentive for children to attend school, however there needs to be a larger and more comprehensive strategy devised to ensure that indigenous children, particularly older adolescents, within these remote communities are equipped with the necessary skills to enter mainstream society.

Finding 4

The swimming pools are successfully used by schools in some communities to encourage children to attend school.

Recommendation 3

Communities should be encouraged to continue with the 'go to school to be cool in the pool' concept.

Recommendation 4

Schools with access to swimming pools should consider including pool related educational activities to enhance school attendance.

(c) Social changes within the communities

The Committee visited Burringurrah, Jigalong, Mugarinya and Karalundi as well as a number of other communities and remote towns in the latter part of 2005. During these visits, the Committee met with various members of the community, specifically, those individuals who are charged with or closely involved in the day to day running of the swimming pools. These included school teachers, pool managers, health clinicians, community leaders and where possible, the police.

Over the course of these meetings many points were raised on the merits of introducing swimming pools into remote communities. Health and school attendance were seen as the major and most obvious benefits. Another issue that was regularly discussed concerning the use of the swimming pool was the reduction in juvenile related crime when the swimming pools were open during the summer months.

When the swimming pools are open it has been reported that the levels of crime involving adolescents within the communities drops markedly. Whilst discussing the results of the work undertaken by the Telethon Institute for Child Health Research in Burringurrah, Mrs Tennant stated:

It is quite interesting that the policeman there said that in the summer the crime rate among the adolescent kids went to zero. In the winter when the pool was closed, it went up again. Therefore, it is definitely helping with crime. I have talked to the councils about what they can do in the winter. I reckon there is a need to have someone come in and do basketball or something, just to occupy the kids, because most of the crime is caused by boredom.⁶²

Using the swimming pool as a tool to improve self esteem amongst adolescents was seen as being very important. Promoting accepted behaviour, organised team building exercises and actively encouraging adolescents to take on small teaching roles are all activities that have been used in and around the swimming pool in an effort to instil confidence amongst indigenous adolescents. In conjunction with the school attendance program and the documented health benefits, swimming pools can provide a safe and controlled environment for some of the most susceptible members of the community.

The Committee was informed that the swimming pools were gradually becoming a centre for a variety of other community and social functions. School presentations, pool dances, barbeques and even birthday parties were becoming popular events that are held in and around the swimming pool; and occasionally visiting music bands would do evening performances in the pool areas, which had become a grassed oasis at the centre of community life.

Many older members of the communities are, however, still reluctant to use the swimming pools. Cultural sensitivity and peer group pressure amongst the older adolescents have been cited as the main reasons these people shy away from utilising either the pool or becoming involved in any pool associated activities. There are, however, recent reports emerging out of the Wadeye Community (NT) where the collaborative work of Shane Gould and the community is seeing the development of programs whereby adults and in particular, older women are using the pool for regular exercise.

It was explained to the Committee at a number of locations that the swimming pool program is still in its infancy and it would take time to break down some of the cultural barriers that prohibit certain community groups from using the pools. It would appear though, that as well as time, proactive programs of intervention can accelerate wider pool usage by targeted groups within the community.

For those older members of the community who do utilise the swimming pool, the surrounds have become a meeting place.

⁶² Mrs Mary Tennant, Research Assistant, Telethon Institute for Child Health Research, *Transcript of Evidence*, Wednesday, 22 June 2005, pp6/7.

*The relaxed environment and well maintained grounds have become a source of community pride...parents are required to accompany their children for supervision purposes but are also keen to visit the pool for social interaction...*⁶³

3.3 Training programs

(a) Pool managers

When the RLSS was first awarded the contract to manage the swimming pools at Burringurrah, Jigalong and Mugarinya in 2000, one of the key objectives was to train local people for the role of pool manager. It was envisaged that each swimming pool would be managed and maintained by a locally trained individual who would be assisted, where possible, by other members of the community who would be trained in other disciplines, including first aid (life-saving). The swimming pool program has the potential to offer a number of full-time job opportunities in each community.

Since the opening of each of the three swimming pools, the RLSS has been running training programs for potential pool managers. Initially, the pool manager training program had been unsuccessful. A number of reasons have been cited for this.

Originally, the methodology used to present information was not suitable and relied too heavily on written examination. The program was modified with more emphasis on a 'hands on' approach and less on the written theory behind managing a swimming pool.

*We have done a lot of work to change the design of our pool lifeguard and pool management courses to work better for Aboriginal people so that rather than having a lot of written-type information, we are trying to do "see as you do" so that they can demonstrate how to put chlorine in the pool and safe supervision to enable us to ultimately employ them.*⁶⁴

The Committee was advised by the RLSS that a number of cultural issues had hampered its ability to conduct a successful pool manager training program. The transient nature of the population within the communities is said to be not conducive to getting people to attend lengthy training programs and that it had been difficult to get a 'long-term commitment' from those who commence the training regime⁶⁵.

The Community Development Employment Project (CDEP) scheme has also had a negative effect on the pool manager training program. The CDEP, in its current form, provides little incentive for community members to become involved in regular training and/or ongoing community employment schemes.

⁶³ Submission No. 1 from the Royal Life Saving Society - WA Branch, 17 June 2005, p4.

⁶⁴ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005, pp4/5.

⁶⁵ *ibid.*

There is some concern being expressed by those who start the pool manager training course that should an individual either drown or be injured at the swimming pool, they as the responsible pool manager would be held accountable and may be subject to some form of community retaliation or 'pay back'. The RLSS advised the Committee that they were very confident that the systems that had been put in place to manage the facilities safely would prevent this from happening⁶⁶.

In an attempt to address and overcome these unresolved training issues, the RLSS implemented the Remote Aboriginal Swimming Pools Project (RASPP). The main focus of this project was the modification of usual RLSS training processes through increased community collaboration. 'Experiences from the RASP project suggest that time and a commitment to the community is (sic) necessary for developing successful relationships'⁶⁷.

The Society has also stepped up its efforts to get a 'local' pool manager for the Jigalong and Mugarinya communities. The Society is now actively targeting regional centres close to these two communities in an attempt to locate and train individuals who no longer reside within the communities but still maintain some form of cultural attachment⁶⁸.

In October, 2005 the RLSS announced that the first 'Aboriginal Pool Manager, as part of the Remote Aboriginal Swimming Pools Project', had been employed at Burringurrah⁶⁹.

(b) Pool lifeguards

In association with the manager training, the RLSS also runs a pool lifeguard training course. Part of the training is completed at the community pool with the remainder undertaken at the nearest regional centre. The RLSS cover all accommodation and travel costs incurred by the trainees.

The course is a modified version designed to be more inclusive and accessible for the indigenous learner. Modifications to the course include a more 'hands on' training approach and an extensive use of roll-play and game based learning strategies.

The RLSS found that 'as a result of these changes most indigenous students that commence training achieve a successful outcome and meet the standards required by industry for employment'⁷⁰.

⁶⁶ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005 p6.

⁶⁷ Hazell, F., and Lyford, M., The Remote Aboriginal Swimming Pools Project - Working with Communities to Manage Aquatic Facilities, Paper presented at the 15th National Health Promotion Conference, National Convention Centre, Canberra, 13 - 16 March 2005, p1.

⁶⁸ Electronic mail from Ms Francene Hazell, Health Promotion Manager, Community Health. The Royal Life Saving Society Australia (WA Branch), 28 February 2006, p2.

⁶⁹ Royal Life Saving WA - News, Available at: <http://www.lifesavingwa.com.au/news-detail.asp?id=79> Accessed on 23 February 2006.

⁷⁰ Electronic mail from Mr Greg Tate, Manager, Community Relations, Royal Life Saving Society, 3 February 2006, p1.

Through the RLSS traineeship program, ‘up to 45 Aboriginal trainees are progressing to pool life-guard standard’⁷¹.

Swimming pool management and associated qualifications in first aid are very portable skills. Possession of these qualifications would allow a person the opportunity not only to gain employment at the swimming pools located in the remote communities but also in neighbouring towns, mining communities and most regional centres. There is the potential that these qualifications may provide trained community members with the necessary skills to move into the tourism industry.

Finding 5

Swimming pool management training courses are an ideal employment pathway allowing an individual within a remote community to obtain portable work skills and qualifications that can be used in main stream society.

Recommendation 5

The swimming pool management program, the life guard training program, the first aid training and swimming pool safety skills course should be incorporated into either TAFE or Adult Education training programs.

3.4 Facility upgrades

With the introduction of the swimming pools into the Burringurrah, Jigalong and Mugarinya communities, the additional power usage necessitated an overall assessment of the three existing power generating facilities.

The DHW oversaw the inspection and assessment of each of the power facilities. The power generators at Jigalong and Mugarinya communities were found to be of a sufficient standard and capacity to support the additional power usage. Facilities at Burringurrah were, however, deemed inadequate and needed to be upgraded. Costs for the upgrade were shared between the DHW and the community.

⁷¹ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005, p7.

The DHW, in co-operation with the communities, will continue to review the capabilities of the existing power facilities at Jigalong and Mugarinya.

The Committee had discussions with representatives of the Balgo community concerning the possibility of receiving a swimming pool sometime in the future. It was made quite clear to the Committee that the community was not presently in a position to accept any offer of a swimming pool and that it was more concerned about receiving assurances that the provision of basic utilities would be maintained and hopefully upgraded.

The Balgo community advised that their current power production facility would not be able to provide the additional power required to run the swimming pool pumps. They also advised that currently 'greening the local football oval' would be more advantageous than receiving a swimming pool.

The issues raised at Balgo highlight concerns that are shared by many similar large aboriginal communities in Western Australia where the enhancement and development of the community is constrained by the absence of any financial capacity to secure essential services of power and water and other basic community infrastructure. In large part this has come about because the communities' budgets are to a very significant degree being consumed by the cost of power generation. This issue needs to be resolved urgently.

Finding 6

Communities with unresolved power supply issues cannot support a swimming pool.

Recommendation 6

The normalisation program, that includes power supply, be urgently advanced particularly in communities like Balgo.

The proposed pool to be built at Bidadanga, details of which are covered in later chapters, required an assessment of the local power generating facility. At present, the diesel powered generators supply power that is considered to be of an adequate and steady level.

Under the current power procurement program, Horizon Power has announced that Energy Generation Pty Ltd (enGen) has been selected as the preferred bidder to build, own and operate a new power station at Bidadanga. This will increase power output and should ensure that electricity supply will meet community demand. Horizon Power advised that the new power station is planned for completion in the latter half of 2007. In the interim, the existing power facility has been deemed to be adequate to meet the power requirements of the proposed pool.

The Committee was advised that there are no problems with regard to water availability and supply.

At a meeting with representatives of the Bidyadanga community, the Committee was informed that the community's preference was to have the new power station operating on gas rather than diesel. The community indicated that it cost over \$800,000 per annum in diesel fuel to run the current power generators and though there was a fuel subsidy, it was based on a unit price of 80 cents per litre.

The Bidyadanga community was advised that there would not be any gas powered generators installed in the foreseeable future.

The Warmun community is also about to receive a swimming pool under the current program. When the Committee met with community representatives it was made very clear that current power supplies were considered to be extremely inadequate. The Committee was advised that the community is concerned that the existing power generating facility will not be able to cope with the additional power requirements placed on it by the proposed swimming pool.

To complicate matters, work is also about to commence on the construction of a new police station in Warmun. It is intended that this facility will be operational by April 2007. Representatives of the Warmun community reiterated their concerns to the Committee over the ability of the existing power station to provide the additional power.

Horizon Power has announced that Warmun, like Bidyadanga, is to receive a new power station under the power procurement program. EnGen will build, own and operate the new power station that is scheduled to be completed late in 2007.

Between the operational start date of the new power facility and the expected completion dates of the swimming pool in December 2006 and the police station in April 2007 there is a six month window. There is some apprehension amongst the community leaders that during this time the complete Warmun power grid will fail as a result of the additional power demands. The Committee was informed that water supply and quality was not an issue for the Warmun community.

At the time of the Committee's visits to the remote communities, the provision of the communities' essential services of power, water and sewerage remained a serious problem. Despite reports and recommendations for the resolution of these issues over the last decade, the impasse on delivery of essential services between the commonwealth and state remains. The Committee understands that progress is being made at 5 communities to normalise the power supply⁷². It is anticipated that this will be completed by the end of 2007.

⁷² The communities that are to receive new power stations under the control of enGen are Bidyadanga, Ardyaloon (Bardi), Beagle Bay, Djarindjin/Lombadina and Warmun.

It is intended that all 21 remote indigenous communities with a population in excess of 200 will have normalised power provision by 2010. The Committee is unaware of similar progress in the areas of water supply and sewerage services.

Finding 7

The swimming pools program occurred in the context of an upgrade to essential services within the communities.

Recommendation 7

The Committee recommends that the normalisation process in aboriginal communities, whereby essential services are provided by the relevant government agency rather than through a specific indigenous funding program, be continued. This would create obvious health benefits and assist with the future expansion of the dust abatement strategy and the swimming pool program.

CHAPTER 4 COMMUNITY INVOLVEMENT IN THE MANAGEMENT OF THE SWIMMING POOLS

4.1 Community involvement and consultation

(a) RLSS and community collaboration on pool management strategy

An important facet of the swimming pool program is the involvement of the community in all aspects of pool management.

Prior to the swimming pools being constructed, discussions were sought with community representatives on a number of issues, these included pool location, design features, management, hours of operation, possible impact on cultural issues, future employment and training possibilities, the impact on existing power and water supplies, funding, implementing the no school, no pool policy and the possible health benefits. The continuation of the consultation process between the responsible government departments, the RLSS and the community was seen as a safeguard to ensure that the needs of the community would be considered before any decision was made concerning the swimming pools.

Establishing a strong working relationship with each community was identified as being the most effective means of involving the community in a formal decision making process. Upon being awarded the pool management contract, the RLSS set in motion a number of measures they considered pivotal in creating the strong working relationship required and to give each community a voice in how the swimming pools were to be managed.

The RLSS invited Community Administrators and Chairpersons to provide feedback and/or promote ideas at the RLSS annual pre and post season workshops. The RLSS would also hold discussions at the start of each season with either the Community Administrators or Chairpersons to consider planned activities and the general running of the pool. Throughout the year an 'open line' of communication between the pool manager, the community and the RLSS was to be maintained so that it could immediately attend any issue that may arise regarding the swimming pools. The RLSS told the Committee:

*... it is extremely important that we consult with the community, consider its needs and make sure it is very much involved in the decision-making process...*⁷³

Pool managers were to regularly attend community meetings and when invited, attend council meetings to discuss matters pertaining to the pools. Pool managers and the RLSS were also to be in regular contact with the local school principal and swimming co-ordinators. Suggestion boxes were to be installed at all the pools and the pool managers were to be open to all discourse from the public concerning the pools.

⁷³ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005, p3.

In response to the RLSS's initiatives, the three communities were encouraged to set up their own individual swimming pool committees. Under the swimming pool program there is a financial impost on each community as they are responsible for all power costs associated with running the pools. These committees would collaborate with the community councils and administrators to ensure that all the swimming pool costs the community were responsible for were met.

Of the three communities, Burringurrah was the only one to set up a swimming pool committee. The Jigalong and Mugarinya communities rely upon the pool manager and the community administrator to oversee all matters concerning their respective swimming pools.

(b) Implementing the management strategy

Once the swimming pools became operational in 2000, the RLSS implemented their strategy for effective collaboration. From the outset, the RLSS acknowledged that their program would need to be constantly reviewed to ensure that individual community needs were being met. The Society acknowledged that community feedback would play a major part in making the swimming pool program a success.

We always encourage feedback from the community. We consider that a very important element. We do not want to go in and tell them what we think is best for their communities. It is completely the other way around.⁷⁴

The RLSS made sure that each of the three communities was given the opportunity to meet with their respective pool managers before any official appointment was made.

They have to be flown up to the community to meet with the elders of the community before they are employed to do the job, so that there is an opportunity for the community to interview the person. The bottom line is that if the community does not want that pool manager, we find another one. It is as simple as that.⁷⁵

Once a pool manager had been appointed, they were taken through a Cultural Awareness Training Module. This module provides relevant information on indigenous culture, heritage and law that allows those, who have had limited exposure to indigenous peoples, to gain some insight and understanding of Aboriginal culture. This program was so effective, that it is now used by the RLSS as part of its general staff professional development training and is incorporated within the Certificate 2 and 3 courses in Community Recreation.

The Society advised the Committee that from 2002 to early 2006, they had employed a total of five swimming pool managers. The RLSS suggest that this low turnover rate in pool managers is an indication of the success of the selection and training process.

⁷⁴ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005, p7.

⁷⁵ *ibid.*

(c) Identified areas of concern**(i) Effective community input**

Over the last five years, the RLSS has endeavoured to maintain a good working relationship with each of the communities. The Society conceded, however, that some of their earlier initiatives have not been quite as successful as they had hoped.

The annual pre and post-season in-service workshops provide a forum whereby all the remote community pool managers and employees of the RLSS as well as the Chief Executive Officers or their representative, such as a Community Chairperson, can sit and discuss issues pertaining to swimming pool management and future direction. The in-service workshops are held in Perth, as a consequence, many of the Chief Executive Officer's or community representatives fail to attend and only provide written feedback.

There was also some conjecture over the opening times for the swimming pools. The RLSS had advised that initially all pools would be closed for three to four months a year, this would normally occur from late May till the end of August. It was originally thought that as these were winter months it would be too cold to use the swimming pool. This closure also allowed pool managers the opportunity to take annual leave. Professor Stanley informed the Committee that some of the swimming pools were closed for more than three or four months a year. In some instances, the pools were only open for seven months a year and children were missing out on the associated and much needed health benefits.

The pools currently are not opening till mid-late October and are closed for the winter months in April. Maintenance over the last 2 years has been done when the pool manager comes back off 4 months paid leave. Given the results we have found in terms of health improvements it would be ideal if the pools were open at the very least from mid-September to mid-April. This would allow the children to swim for a 7 month period.⁷⁶

The RLSS advised that they work in collaboration with the individual communities to determine when the pool season is to close and the length of time the pool is to remain shut. Climatic conditions, attendance figures and budgetary constraints are all determinants used by the RLSS and the community to decide on an official closure period. The actual closing date varies from community to community, however, over the life of the pool program it has been found that this normally occurs around the end of May.

After a three month hiatus, the managers return and re-activate the pools at the beginning of September and conduct a one to two week servicing program. The swimming pools are generally open by mid-September. As the swimming pools age, there is an increased probability that repairs may need to be carried out and this has the potential to delay the opening and reduce the number of days the pool is available for community use. The Committee has found that most of the

⁷⁶ Letter from Professor Fiona Stanley, Director, Telethon Institute for Child Health Research, 21 December 2005, p3.

community pools are open for approximately eight months a year and when they are closed it is with community consent.

(ii) *Finding the right pool design*

As described earlier in the report, the initial three swimming pools were built to the same design, rectangular in shape and measuring 25mtrs x 12mtrs with a variation in depth from 0.8mtrs in the shallow end to 1.5mtrs in the deeper end.

This design, though practical, does prevent the elderly and those with some form of physical incapacity from accessing the benefits of the swimming pool. Entry into these pools is either by the pool ladder or simply jumping in at the deep end.

The Committee looked at the pool design at Wadeye (Port Keats) in the Northern Territory when it visited in November 2005 and took special note of the ‘beach entry’ access into the L shaped pool. A beach entry allows easy access into a swimming pool by means of a low gradient walk way. This particular feature enables people, especially the elderly and incapacitated, the opportunity to enter and exit a swimming pool with minimal assistance. The possible health benefits associated with getting the elderly and incapacitated into the swimming pool include amongst others, water immersion, water aerobics and associated exercise programs. There is also increased scope for much needed social interaction.

The RLSS and the DHW both acknowledged that a beach entry type design would have been ideal at Burringurrah, Jigalong and Mugarinya, however, cost constraints prohibited its inclusion in the final pool design. Mr Tate of the RLSS told the Committee ‘a leisure pool with a beach entry would be ideal, but it would increase the costs of installing a pool’⁷⁷.

Both Bidyadanga and Warmun are to receive swimming pools under the current program to construct pools in remote communities. After long consultation between the communities, RLSS and the DHW it has been decided that both these two new swimming pools will have a beach entry. The new swimming pool designs will be based on the Wadeye (Port Keats) model.

During the visits to the communities, some mention was made to the Committee of possibly modifying the swimming pool design to incorporate a deeper section, equipped with a diving board, as a means of making the pool more attractive to older teenagers. While this idea does have some merit, it also has the potential to create a number of problems should it be progressed.

The DHW advised that the costs could be prohibitive and, with limited funds available to any remote pool program, may effectively reduce the number of swimming pools that could be built using these new specifications. Of some concern would be the diminished ability of pool managers to monitor pool safety. People using diving boards need to be closely monitored in case of accidents and such constant supervision could be too time intensive for a single pool manager.

⁷⁷ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005, p11.

The additional time spent supervising the use of the diving board could prevent a pool manager from effectively overseeing other areas of the pool.

The obvious and most regular complaint about the current pools operating under the auspices of the DHW administered program is that the pools are rather lacking in imagination and creative design features. The essential features of these original designs mean that the pools are set up essentially for swimming or as lap pools rather than for a full range of activities. There is a lot to be said for further expanding the design parameters for remote pools to create an attractive environment for activities in the water that can add on to the swimming, lap-pool competition type activity program in ways that would be better suited to meet the cultural and social realities of indigenous communities.

When considering future swimming pool designs, there exists a need to move beyond the limitations of the current swimming pool program. Future designs need to be more creative. There is a need to make the pools more attractive for the communities by incorporating “billabong shapes and features” as part of the overall design. This would create more of a water playground effect and would allow additional healthy aquatic activities other than swimming. Designers also need to be cognisant of cultural sensitivities when planning future swimming pools. New design features may need to include an area adjacent to a three lane pool that features shapes and bends. This would allow different community members, who might otherwise be excluded from pool use because of the proximity of individuals or groups who are culturally and/or socially required to maintain distance, simultaneous access to the swimming pool.

The swimming pools should be designed so that they can be utilised for as many months of the year as possible. There is a need to determine whether there are opportunities for the pools to be used during the colder months. Other water activities may need to be incorporated to encourage pool use during the winter months.

Finding 8

Budget constraints have hampered the ability of the DHW to develop a swimming pool design that is more suited to the cultural and social requirements of remote Western Australian indigenous communities.

Recommendation 8

While recognising budget constraints, and the need to maximise the number of aboriginal communities given access to swimming pools, the Department should provide every opportunity for tenderers to use imaginative and creative design features to maximise the use and benefit of the pools.

(iii) *Kiosks and out buildings*

One feature of the pool surrounds design that was of interest to the Committee was the location of the kiosk and, in particular, the line of sight from the kiosk to the swimming pool. The kiosks are often a good revenue raiser and the profit is normally used to help offset the pool power costs for which the communities have some responsibility. On most days the kiosks are operated by members of the community. On occasion though, the pool managers are entrusted with running the kiosks and the actual location of some kiosks physically prevents the managers from having a clear line of sight to the pool. The Committee noticed that at some locations it was the actual design of the kiosk that inhibited a clear view to the pool, on other occasions the view was obstructed by plants or the metal poles used to hold the shade sails in place.

Pool managers are charged with maintaining a safe environment at each community pool. It would be advantageous if pool designers were more aware of this premise and tried to ensure that all future pool designs incorporate clear and unobstructed lines of sight from the kiosks to all areas of the swimming pool.

Another important feature of the pools in the remote communities is to have very robust ablution facilities that can cope with, amongst other things, the difficult water supply that is a constant feature of life for many communities, where standard pipes and shower-roses can be too easily and quickly clogged by water impurities.

Finding 9

The pool kiosk creates another opportunity for training and employment within the aboriginal communities.

(iv) *Ownership*

There has been some argument that the communities do not have enough involvement in the management and day to day running of the swimming pools and that as a result of this the community has no real sense of ownership of the swimming facility.

Professor Stanley advised the Committee:

Pools in remote Aboriginal communities have shown that they can work and provide important health and social benefits to Aboriginal children. If they are to improve in the long term a positive approach to handing over the management to local employees and councils will assist in the ownership by the communities.⁷⁸

⁷⁸ Letter from Professor Fiona Stanley, Director, Telethon Institute for Child Health Research, 21 December 2005, p4.

When the Committee asked the RLSS if there were any obstacles preventing communities from managing their own facilities, they responded:

...our organisation has a lot of experience and knowledge in aquatics, in swimming and lifesaving and program implementation that probably the local community does not have. We are trying to engage them and teach them that. It also gives them a separation of funds. We manage the funds for the pool, and all the funds go to the swimming pool and to the very important aspects of that pool. However, in saying that, we need to continue to work very closely with the community and consider its needs and what it wants. If you were to give the community the \$150 000 or \$170 000 a year to employ the pool manager and to put in place the audit system, I do not believe it would work as well.⁷⁹

With respect to the management of swimming pool funds, the Committee recognises the importance of community involvement in managing the pool. Community involvement in all facets of pool administration is to be encouraged. The Committee also appreciates the considerable level of expertise required to ensure that a public swimming pool is run effectively and efficiently. Consequently, the Committee would not encourage communities to take control of the administrative aspects of the swimming pool until they and the RLSS were confident that this could be achieved.

The Committee also acknowledges that having a local pool manager is a key component of the swimming pool program. The Committee is cognisant, however, of the dangers of placing inadequately trained people into positions of responsibility, particularly with regards to pool safety.

Swimming pool programs need to be much more securely linked to a full range of other programs within the community. These include the legitimate goal of providing the community with a meeting place and centre for community activities, parent and child bonding and increasing school attendance. These programs may also need to include outcomes associated with improving education, training, leadership, physical activity and exercise programs.

Other community oriented programs that can be linked to the swimming pool are the introduction of motivational programs that deal with tackling diabetes, obesity and cardio-vascular disease. Team building programs based on competitions, collaboration, water sports and water activities can also be included.

The pool environment lends itself to being host to the involvement of elite sportsmen and women, athletes, footballers, basketball and netball players who can use the pool and its environs not only to build local sport and recreation skills but also to utilize sport and recreation to open up pathways back to school, training and employment as well as towards healthy lifestyles.

⁷⁹ Mr Gregory Tate, Manager, Community Relations, Royal Life Saving Society, *Transcript of Evidence*, Wednesday, 22 June 2005, p5.

CHAPTER 5 CURRENT SWIMMING POOL PROGRAM

5.1 Bidyadanga and Warmun

(a) Overview

As part of the current swimming pool program, swimming facilities are to be constructed in the Bidyadanga and Warmun communities.

The tender process for the design and construction of the two pools was again undertaken by the DHW. Expressions of interest were sought from qualified consultants and a 'total of six were received before this was short listed down to five based on the quality of their application'⁸⁰. Donovan Payne Architects were eventually selected based on their experience and price of their tender.

Preliminary discussions between the communities and the DHW and RLSS concerning proposed procurement methods and possible site location were conducted at the end of 2005. In February 2006 a representative of Donovan Payne and DHW held a second meeting with the communities to finalise the site for the swimming pool. The DHW has advised that it anticipates tenders for the construction of the pools will be called for in May or June 2006 with construction to commence early in the 2006/7 financial year⁸¹.

Though the swimming pools at Burringurrah, Jigalong and Mugarinya were built using Myrtha Technology, this should not infer that the two new pools will be built the same way. The DHW informed the Committee that they will use a performance based assessment to determine the best tender for the construction of the new swimming pools.

The RLSS have again been appointed to manage the two new swimming pools and will conduct a similar management regime to that already in place at Burringurrah, Jigalong and Mugarinya. Local climatic conditions will be assessed and community consultation undertaken to determine whether it is viable for these two pools to remain open longer than the other three, more remote pools.

The RLSS are currently in discussion with the DHW as part of the negotiation process to renew and extend their management contract for the remote swimming pools. The current contract comes to a close on 30 June 2006. As part of the negotiations, the RLSS and the DHW are looking at increasing the length of the future contracts from the current three years to a five year term.

⁸⁰ Letter from Mr Bob Thomas, A/Director General, Department of Housing and Works, Government of Western Australia, 17 January 2006, p2.

⁸¹ *ibid.*

The Committee has been advised that the proposed pool design for the new swimming pools will be based on the Wadeye (Port Keats) model and will incorporate a beach entry. The beach entry was considered to be an extremely valuable design modification as it allowed easier access for the elderly and the disabled.

Initially, all funding for the construction of the two swimming pools was to come from the Commonwealth Government. There is some doubt, however, about whether the amount provided by the Commonwealth will be sufficient. The DHW has expressed concern ‘that the \$3m provided by the Commonwealth Government is likely to be insufficient to build two satisfactory facilities’⁸². At present, it is anticipated that the cost for the two new pools will be in the vicinity of \$2m to \$2.2m each. Architect fees will equate to \$200,000 leaving only \$2.8m of Commonwealth funds to build the two new swimming pools, a shortfall of approximately \$1.2m to \$1.4m.

The DHW is currently assisting the two communities in their application for grants from the Department of Sport and Recreation to cover the discrepancy. The DHW has undertaken to cover the costs associated with the construction of houses for the pool managers, a contribution of approximately \$500,000. The DHW has also agreed to provide the ‘recurrent funding for these two pools in addition to the three existing pools, an ongoing commitment of approximately \$900,000 for the five swimming pools’⁸³.

The DHW has advised the Committee that it is now no longer in a position to provide any funding towards future community swimming pools⁸⁴.

(b) Location

The site that was chosen for the Bidyadanga swimming pool was made with the ‘beach entry easy access’ design specifically in mind. The community, in consultation with the DHW, decided that the swimming pool would be located behind and adjacent to the local health clinic and close to the community’s senior citizen housing development. Access will be through a secure gate and the provision of a short paved pathway will ensure that the elderly or infirm will have little difficulty in reaching the pool. It is envisaged that the pool will be incorporated into the aged care health regime and utilised, at various times, for hydro-therapy, aqua-aerobics and other gentle exercise programs.

The swimming pools overall central location within the Bidyadanga community allows it to be readily and easily accessed and this should ensure that the pool will be well utilised by the entire community.

⁸² Letter from Mr Bob Thomas, A/Director General, Department of Housing and Works, Government of Western Australia, 17 January 2006, p3.

⁸³ *ibid.*

⁸⁴ Submission No 3 from Department of Housing and Works, Western Australian State Government, 7 July 2005, p1.

The Warmun community had identified several sites for the new swimming pool. After much deliberation this was narrowed down to two sites, one located close to the school in the middle of the community and the other near the sports oval which is located approximately 800 metres from the town centre via an access road.

The DHW and architects Donovan Payne briefed the community on the advantages and disadvantages of the two proposed swimming pool locations. The final decision on site location was made by the community. The DHW does not have an official policy regarding site selection and will normally support a community's decision unless there are compelling reasons to the contrary.

The Committee was informed that the Warmun community chose the sports oval site as the location for the new swimming pool.

What became clear at the Warmun community was that decision making in planning for the new pool was, quite appropriately, the subject of consultation between DHW, the responsible architects and the community Council. It was also evident that the final decisions on location, design and other issues were being largely guided by the Council itself.

The Committee is of the view, however, that the Warmun community Council members were not properly equipped with sufficient knowledge and understanding of the importance of swimming pool location. Decisions concerning location, in particular, whether the pool is placed near the school and thus closer to community housing or near the oval and therefore some distance from the community are extremely important. It would have been preferable for the community council decision makers to visit some of the other communities that already have pools, prior to making any final decision on pool location and, in some instances, design.

Finding 10

Community representatives charged with making the final decision on swimming pool design and location need to visit other remote communities with a fully operational swimming pool in order to gain a better understanding of how location and design can affect pool usage.

Recommendation 9

That DHW makes available, as part of the swimming pool program, funds to allow representatives of communities wanting a swimming pool to visit communities where a pool is already operational.

Recommendation 10

The Committee recommends that while the decision on location of swimming pools needs to be made in consultation with the community, the final decision should be made by DHW and be based on ensuring that the pool complex is located near the centre of the community to maximise use.

5.2 Expanding the swimming pool program

The DHW has notified the Committee that the Bidadanga and Warmun swimming pools mark the end of the current swimming pool program. Currently, no other remote communities in Western Australia have been listed to receive a swimming pool.

The successes of the swimming pool program are well documented. The Telethon Institute for Child Health Research announced in February, 2006 that it had finally completed its six year study into the health benefits of swimming pools in remote communities. The Institute's Director, Dr Fiona Stanley was quoted as saying at the announcement of the completion of the study:

*We now have firm evidence that these pools are a great investment not simply for fun, but for a range of health and social benefits.*⁸⁵

Figures from the study show that since the opening of the swimming pool in Jigalong, there have been reductions of 41% in antibiotic prescriptions, a 44% reduction in the number of cases of ear disease, a 51% reduction in the incidence of skin disease and a 63% reduction in the number of cases involving respiratory disease⁸⁶. These figures highlight the growing importance of swimming pools as a medium through which the health standards of remote indigenous communities can be significantly improved.

Though the figures are not as well documented, evidence suggests that swimming pools can play an important role in increasing school attendance numbers. Through the 'no school, no pool' program, pools can be used as an incentive to increase the number of children attending school. The potential of swimming pools is, however, limited and a larger more inclusive strategy is required to ensure that school attendance rates in many of the communities reach an acceptable and sustained level.

⁸⁵ Telethon Institute for Child Health Research, Available at: <http://www.ichr.uwa.edu.au/news/news.lasso?id=159> Accessed on 13 March 2006.

⁸⁶ *ibid.*

Recommendation 11

The Committee recommends that:

- **The program of establishing swimming pools in remote indigenous communities be continued as a partnership between the Commonwealth and State governments, ideally in collaboration with the local government authority;**
- **That the State Government make a formal approach to the Commonwealth Government seeking an annual allocation for expanding this program in Western Australia; and**
- **That it be expanded to provide remote communities that satisfy the basic selection requirements with the option of nominating to receive a swimming pool.**

An effective expansion of the swimming pool program past the 2006 objectives will require a substantial increase in Federal and State funding. Funding for the recurrent costs of the swimming pool program is currently the responsibility of the DHW. This situation is rapidly becoming untenable. To maintain the ongoing success and sustainability of the swimming pool program, a whole of government approach is required for both capital and recurrent funding.

The DHW has to date done an exemplary job in building and maintaining the remote community pools, however, under current funding arrangements, it is not appropriate that the DHW carry the funding responsibility for the swimming pool program without a dedicated budget allocation and has requested that:

*...the funding issue be placed on the Human Services Directors General Group for inclusion in the Indigenous Issues Cabinet Submission Budget Strategy for 2006/07 and the immediate out years.*⁸⁷

With due consideration to the DHW request, it would be extremely beneficial to the future of the swimming pool program for the Western Australian State Government to identify a single funding source for all recurrent and future capital expenses and that this source be installed under the auspices of a dedicated unit within the DHW.

The State Government should continue to pursue Federal funding options for the design and construction costs of all future swimming pools.

⁸⁷ Submission No 3 from Department of Housing and Works, Western Australian State Government, 7 July 2005, p1.

Recommendation 12

The Committee recommends that the DHW maintain control of the on-going and expanded swimming pools program for remote aboriginal communities. Further, the Committee recommends that:

- **There should be a dedicated and expanding budget for the program and that it be placed under the auspices of the DHW; and**
- **There should be a dedicated unit created within the DHW to manage all current, proposed and future swimming pools constructed under the remote swimming pool program.**

Recommendation 13

The Committee recommends that a work schedule for the construction of all future swimming pools in remote indigenous communities be created by the DHW as soon as possible and that:

- **This schedule be used to ensure the smooth coordination of community selection, tendering and swimming pool construction; and**
- **The dedicated swimming pool unit within the DHW be responsible for the implementation of this work schedule.**

The current process used to determine community suitability for a swimming pool should be continued. There is, however scope to include more regional departmental participation. The Committee met and had discussions with Mr Jeff Gooding, Chief Executive Officer of the Kununurra Development Commission and were informed that it would be advantageous to let the different regions determine which community within their locale is in the best position to receive and effectively utilise a swimming pool.

Incorporating local expertise and knowledge into the determination process can only assist in ensuring that the selection procedure identifies the most appropriate swimming pool sites.

In the Northern Territory, the Committee learnt that the failure to coordinate pool management had left only three remote community pools still functioning out of the original 11 that were constructed.

The Western Australian system of going into a contractual arrangement between the State Government and an external service provider (in this case, at least initially, with the RLSS) had

opened up this management to some understandable criticism. Particularly because of the failure of the program to deliver any real skill transfer in terms of passing on pool management skills directly to community individuals.

While arguably the communities at large have engaged in the issues around pool management, they have not been able to deliver any individuals who are able to take on the training tasks involved and subsequently head towards certification that could ensure local pool management.

Finding 11

In Western Australia we have a system of some remote communities enjoying the benefits of a coordinated pool management program that has successfully distinguished itself. The current swimming pool program has features that are far superior to the earlier uncoordinated approach that operated in the Northern Territory prior to the introduction of the Pools in Remote Areas (PIRA) program and which also existed, though to a lesser extent, in Western Australia before the introduction of the current swimming pool program.

Recommendation 14

The Committee recommends that the process of seeking tenders for coordinated pool management be continued with options for increased indigenous training and enhanced pool usage included.

5.3 Independent to the swimming pool program

The swimming pools that were constructed at Halls Creek and Wiluna and the one that the Fitzroy Valley Committee would like installed at Fitzroy Crossing were never intended to be part of the official swimming pool program. The pools were planned and built under the auspices of their respective local governments and will remain the responsibility of the individual shires concerned.

In the context of this report, the Committee considered it important that reference was made to the swimming pools located at Papulankutja, Warburton, Warakurna, Halls Creek and Wiluna. Though not part of the swimming pool program, the educational, health and social benefits these pools provide has proven to be a boon to the communities and towns involved.

Finding 12

While Fitzroy Crossing falls outside of the swimming pool program, the Committee is of the view that government assistance should be provided for a swimming pool facility in this town similar to that provided at Halls Creek.

Recommendation 15

That the relevant State Government agencies, specifically Sport and Recreation, Education and Training and Health, initiate discussion with the local government and communities to explore funding options to provide a swimming pool in the town of Fitzroy Crossing.

APPENDIX ONE

BRIEFINGS HELD

List of Briefings (witnesses where Hansard is not present).

Date	Name	Position	Organisation
25 May 2005	Mr Peter Smith	Senior Project Co-ordinator	Department of Housing and Works
9 September 2005	Mr Glenn Grey	Administrator	Karalundi Aboriginal Corporation
9 September 2005	Mr Cedric Wyatt Dr Randolph Spargo	Chief Executive Officer Community Doctor	Jigalong Community Inc.
10 September 2005	Mr Sai Lim	Chief Executive Officer	Yandeyarra Community
10 September 2005	Mr Paul Barron Mr Rob Taylor Mr Donald Kelly Mr Mervyn Lewis Mr Lester Ball	Chief Executive Officer Acting Administrator Sport and Recreation Chairperson Swimming Pool Manager	Burringurrah Community Aboriginal Corporation
31 October 2005	Mr Gerry McCue	Senior Project Officer	NT Department of Business, Economic and Regional Development
31 October 2005	Mr Michael Dillon	Chief Executive Officer	NT Department of Local Government, Housing and Sport
1 November 2005	Ms Mandy Leggett	COAG Trial Coordinator	Thamurrur Regional Council (Wadeye)
1 November 2005	Mr Jeff Gooding	Chief Executive Officer	Kununurra Development Commission

EDUCATION AND HEALTH STANDING COMMITTEE

2 November 2005	Mr Andrew McGaw Mr Max Thomas Ms Yvonne Martin Mr John Mosquito Mr Barry Farley Mr Peter Bridge Sister Theresa Morrilini	Chief Executive Officer Chairman Councillor-Health Councillor-School Sport and Recreation Bridge Program Community Services Supervisor	Warmun Community Inc.
2 November 2005	Senior Constable Bill Malasits Ms Megan Buckley Mr Eamon Scott	Officer in Charge, Argyle Police Station Curator Curator	Western Australian Police Service Warmun Art Centre Warmun Art Centre
2 November 2005	Mr Peter McConnell Mr Colin Keen Sister Maura O'Connell	Chief Executive Officer Executive Manager Principal	Halls Creek Shire Council Warlawarru Catholic School
3 November 2005	Mr Noel Mason Mr David Heathwood Ms Sandra Spatanuda Mr Chris Cresp Father Matt Digges Brother Bernard Cooper Mr Bruce Smythe	Chief Executive Officer Youth Worker Youth Worker Chief Executive Officer Parish Priest Principal Health Clinician	Balgo Community Inc. Palyatju Katjungka Catholic Parish Luurnpa Catholic School WA Department of Health

EDUCATION AND HEALTH STANDING COMMITTEE

<p>3 November 2005</p>	<p>Mr Geoff Davis Ms Jodie Bell Mr Peter Scharf Mr Lawrence Rowland Mr Joe Ross Mr John Pearson Ms Suzanne Rigney</p>	<p>Vice Chairman Member Member Member Member Chief Executive Officer Executive Manager, Community Development</p>	<p>Fitzroy Valley Future's Forum Swimming Pool Committee Shire of Derby/West Kimberley</p>
<p>4 November 2005</p>	<p>Mr Gus Tampalini Mr James Yanawana Mr Geoffrey Blythe Ms Janice Cutler</p>	<p>Acting Chief Executive Officer Chairperson Principal Health Clinician</p>	<p>Bidyadanga Aboriginal Community La Grange Inc. La Grange School WA Department of Health</p>

APPENDIX TWO

SUBMISSIONS RECEIVED

List of Submissions received for the inquiry.

Submission	Name	Position	Organisation
1			Royal Life Saving Society, WA Branch
2	Mr Christopher Smith		
3	Mr Bob Thomas	A/Director General	Department of Housing and Works
4	Br Bernard Cooper	Principal	Luurnpa Catholic School

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