

**Residents of Corio and Norlane: Enhancing well-being.
The perspective of service providers.**

Sally Savage

Susan Bailey

David Wellman

For the Deakin University and Department of Human Services
(Barwon-South Western Region) Partnership

MAY 2003

Reference Group for this Project

Charles Gibson, DHS, Barwon-South Western Region
Peter Quail, DHS, Barwon-South Western Region
Geoff Iles, DHS, Barwon-South Western Region
Tracey Slater, DHS, Barwon-South Western Region
Nola Ganly, DHS, Barwon-South Western Region
Tom Van Etten, DHS, Barwon-South Western Region
Tim Harrop, DHS, Barwon-South Western Region
Jane Wager, City of Greater Geelong
Sandy Austin, Barwon Primary Care Forum
Anna Fletcher, Barwon Health
Mark Lee, Barwon Health
Rob Lundie, Rosewall Primary School
Lou Brazier, Norlane Neighbourhood House

Acknowledgements

This project was funded by the Department of Human Services (Barwon-South Western Region).

We gratefully acknowledge the important role played by Charles Gibson from DHS in the development and initial stages of this research project.

We wish to acknowledge the contribution of all the service providers who were interviewed for this project. Without them this research would not have been possible.

Residents of Corio and Norlane: Enhancing well-being.

The Perspective of Service Providers.

Table of Contents

Executive Summary	1
Background	12
Aims and Objectives	12
The Setting	13
Evidence of Disadvantage.....	16
Self-Reported Health and Health Behaviours	19
Perceptions of Their Neighbourhood and Community	19
The Context.....	20
The Neighbourhood Renewal Project	20
The Community Building Project	20
The Local Learning and Employment Networks	21
Innovation Project Service Networks.....	21
Best Start	21
Approaches to Service Delivery.....	22
Levels of Collaboration.....	22
Integrating Services: Multiservice Centres	22
Integrating Services: Schools.....	24
Formulation of the Project Brief	25
Method	25
Formation of a Reference Group.....	25
Participants	25
Procedure.....	25
Results	26
Focus of Interview Questions.....	26
General Service Provision.....	26
Specific Service Provision	27
General Service Provision Issues	28
Issues for Service Providers	28
1. Health and Well-being Knowledge	28
2. Transportation	30
3. Cost of Services.....	32
4. Trust and Social Stigma	32
5. Waiting Lists and Waiting Times.....	33
6. Service Gaps.....	33
Specific Service Provision Issues.....	33
1. Young People	34
2. General Practice Medical Services.....	38
3. Families	41
4. Educational Services	46
5. Public Housing	50

6. Dental Health.....	55
7. Residents From the Migrant and Refugee Community.....	57
8. Indigenous Issues	59
Responses to Service Delivery in General	63
New or planned activities in the Corio / Norlane area	65
CAOS	65
PICSAR.....	65
Corio Community Park	66
Rosewall Primary School	66
Young Parents Access Project.....	66
Community Garden Project.....	66
Shaping Family Futures Project	66
Coolidge Street, Corio.....	67
Discussion	67
Complexity of Issues for Residents.....	67
General and Specific Service Provision Issues	68
Particular Aspects of Service Delivery	69
Access to Services.....	71
Trust and a Sense of Community	71
The Needs of Specific Groups	73
Things are Happening	74
Limitations	74
Suggestions Made by Service Providers.....	74
Improved Access to and Use of Services	75
Early Intervention or Prevention Services	75
Greater Flexibility in Service Delivery	75
Improved Integration Between Services	76
Co-location of Services	76
Increased Sensitivity to Cultural Issues	76
Increased Sense of Trust and Community.....	76
More or Improved Transport.....	76
More Funding.....	77
References	78
Appendices	82
Appendix A: Services Available in the Corio / Norlane Area	82
Appendix B: Interview Questions For Service Providers	89

Residents of Corio and Norlane: Enhancing well-being. The Perspective of Service Providers.

Executive Summary

Background

The relationship between low socio-economic status (SES) and poor health is well established. This report focuses on the enhancement of the health and well-being of the residents of two disadvantaged suburbs in the Barwon-South Western region: Corio and Norlane. The timing of the present research represented an opportunity to examine the situation in these suburbs before the impact of several major new initiatives was felt.

Aims and Objectives

The specific objectives of this project were to:

- Conduct interviews with service providers to provide information on: health related services currently provided in the Norlane and Corio areas; other agencies based outside Norlane and Corio that provide services to these areas; demographic data on service users and trends of service usage; key issues related to health care services in the Norlane and Corio areas (including concerns relating to access); strengths and weaknesses of current services; and areas that need further development.
- Suggest ways in which service delivery could be improved in the Corio and Norlane areas.

The Setting

The suburbs of Corio and Norlane are located in northern Geelong, and are part of the City of Greater Geelong Local Government Area (LGA). 2001 census data indicate that the population of Corio was 15,431 and Norlane 9,202 (ABS, 2002).

Evidence of disadvantage

There is substantial evidence to document that Corio and Norlane are disadvantaged suburbs. The area has been ranked as the fourth most socially disadvantaged postal area in the Barwon-South Western region.

Self-Reported Health and Health Behaviours

There is some evidence of poor health amongst residents of Corio and Norlane. Smoking rates were high in a similar sample, and information about other health behaviours is inconclusive.

Perceptions of Their Neighbourhood and Community

Research indicates that residents of the Northern Suburbs have a poor view of their neighbourhood.

The Context

At the time of data collection for this research, several important projects were being initiated or proceeding in the Corio / Norlane area. These include:

- The Neighbourhood Renewal Project which aims to narrow the gap between the most disadvantaged neighbourhoods in Victoria and the rest of the State.
- The Community Building Project which has as its overall goal to foster working together to achieve greater social and economic well-being for local communities.
- The Local Learning and Employment Network which builds working partnerships between local service providers from the education, training, employment and social support sectors to meet the needs of young people (15-24 years) in the Geelong Region.
- The Innovation Project Service Networks that have been established by DHS to respond more appropriately to the needs of vulnerable families, with greater emphasis on prevention and diversion.
- Best Start is a Victorian Government prevention and early intervention program which focuses on improving the health, development, learning and well-being of all children from pregnancy to eight years of age.

Approaches to Service Delivery

A brief overview of some aspects of service delivery in the human services area is provided including: levels of collaboration; integrating services: multiservice centres; and integrating services: schools.

Formulation of the Project Brief

As only service providers were interviewed in this study, this report concludes with a summary of the suggested ways of improving service delivery that emerged from the interviews with service providers, rather than with firm recommendations.

Method

Participants

There were 54 participants in the study that included representatives from DHS, Barwon Health, Centrelink, Victoria Police, family support, disability support and alcohol and other drug treatment organisations, neighbourhood houses, schools, kindergartens, childcare centres, GPs, education organisations, employment services, indigenous and multi-cultural organisations.

Procedure

- Ethical clearance was obtained from the Deakin University Ethics Committee and the Victorian Department of Education, Employment and Training.
- A structured interview format was employed. In-person interviews were conducted. Questions focused on service delivery issues.
- Only three people refused to participate.

Results

Focus of Interview Questions:

Questions related to general service provision included:

- Aspects required to improve the health and well-being of residents.
- Problems for residents in accessing general health and community services.
- Strengths and weaknesses of services currently available for residents.
- Alternative service delivery models.
- Integration opportunities for other service providers.

Questions related to specific service provision included:

- Recent/future changes in services provided.
- Problems for residents in accessing specific services.
- Problems in providing specific services for residents.
- Ideas to promote better service delivery to residents.
- Specific integration opportunities with other health and community services.

General Service Provision Issues

Issues for service providers

Six areas emerged as general service provision issues in the interviews.

1. Health and well-being knowledge

Service providers in 27 of the 40 interviews referred to health and well-being knowledge deficits as factors contributing to less than ideal outcomes for Corio and Norlane residents. Issues raised included:

- *Knowledge of services*
- *Nutritional knowledge*
- *General health and well-being knowledge*

2. Transportation

Service providers in 21 of the 40 interviews mentioned transport concerns. Aspects of transport mentioned were:

- *Access to services*
- *Cost of transport*
- *Organisational skills*
- *Weather difficulties*
- *Single parents*
- *Youth*

3. Cost of services

Thirteen of the 54 service providers mentioned that the cost of many services was prohibitive for residents.

4. Trust and social stigma

During the interviews many service providers discussed issues related to the theme of client trust. Several service providers stated that there is a stigma attached to living in Corio and Norlane that impacts on residents' health and well-being.

5. *Waiting lists and waiting times*

Many service providers mentioned that quite a few organisations had extensive waiting lists. Residents may have to wait anything from two weeks to two and a half years to access a particular service.

6. *Service gaps*

Many service providers indicated a desire for more health related services to be readily available at the Corio Community Health Centre, others indicated a need for a greater physical presence in Corio and Norlane of other mainstream health and related services currently available to residents but situated in other areas.

Specific Service Provision Issues

Eight specific service provision issues were identified.

1. *Young people*

Issues affecting young people (aged 10 – 25 years) in Corio and Norlane were raised during 22 interviews. The main areas of concern related to:

- *Issues related to recreational facilities and activities:*
 - Local recreational facilities.
 - Out of school sport for school aged young people.
 - School holiday programs.
- *Locating more mainstream young peoples' services in Corio / Norlane.*

Service providers in seven interviews indicated that they believed that young people in Corio and Norlane were poorly served with local youth specialist health and other services.
- *Mental health of young people including alcohol and other drug misuse*

There was a perception (from seven interviews) that the mental health of young people in Corio and Norlane was problematic. Specific matters raised were:

- Seriousness of mental health problems and eligibility criteria to receive services.
 - Age-gaps for mental health services.
 - Dual-diagnosis of mental health and drug/alcohol misuse.
- *Other issues for young people included:*
 - The need for early intervention in relation to mental health problems.
 - Teenage pregnancies.
 - Violence.

2. *General Practice Medical Services*

General Practice (GP) medical services were mentioned during 19 interviews, with specific issues being:

- *Difficulties accessing GP's:*
 - Surgery waiting times.
 - Continuity of care.
- *Difficulties experienced by new residents*
- *Other general practice medical service issues:*
 - Some GP's in Corio / Norlane are not aware of the gamut of allied health and community services that residents can be referred to.

- GPs need to take on a more educational role with patients to encourage greater use of GP services.

3. *Families*

Issues related to families were identified in 18 interviews, including:

- *Social issues:*
 - Low level of help-seeking skills.
 - Social isolation.
 - Alcohol and other drug misuse.
 - Health and well-being sometimes given a low priority.
 - Trust, fear and confusion in relation to service providers.
 - Family violence.
 - Lack of engagement with the community or service providers.
- *Concerns related to health and well-being service problems and limitations:*
 - Episodic service delivery.
 - Organisational selectivity.
 - Long-term assistance.
 - Difficulties related to involvement with Child Protection.
- *Other family issues:*
 - Low rate of breast-feeding in Corio / Norlane.
 - More appropriate use of school-based support staff.

4. *Educational Services*

Service providers in 18 interviews indicated that they were concerned about matters related to schools in Corio and Norlane. The different topics discussed included:

- *Issues for students:*
 - Behavioural and emotional issues.
 - Waiting lists for student support services.
 - Alternative schooling options.
 - Schooling for older students.
- *Issues for parents:*
 - Support for education.
 - Fear of engaging with school support services.
 - Poor links between parents and schools.
- *Schools linking with other service organisations was suggested to improve service delivery.*

5. *Public Housing*

Concerns related to public housing were mentioned by service providers in 15 interviews, and included:

- *DHS Office of Housing does not have a physical presence in the Corio / Norlane area.*
- *Communication between the Office of Housing and other service providers, specifically:*
 - Communication about existing problems.
 - Communication about future problems.
- *Social needs of public housing residents.*
- *Waiting times, including:*

- Waiting time for housing.
- Waiting time for action on requests of clients.
- *Dissatisfaction with housing condition and delays in carrying out modifications.*

6. *Dental health*

The matters raised in relation to dental health in general were:

- *Waiting list for dental treatment at the Community Health Centre.*
- *Access to dental services.*
- *Poor oral hygiene by children.*

7. *Residents from the migrant and refugee community*

Service providers in 14 interviews mentioned specific concerns for this sector of the Corio and Norlane community:

- *Language and cultural difficulties including:*
 - Interpreting services and medical consultations.
 - Interpreting services and family and personal counselling/support.
 - Interpreting services and health information.
- *Cultural issues, specifically:*
 - Culture specific knowledge.
 - Dietary advice.
 - Discrimination.
 - Mental health.
- *Dental health issues.*
- *Dealing with Centrelink.*

8. *Indigenous Issues*

Concerns about factors affecting the Aboriginal and Torres Strait Islander community living in the Corio / Norlane area were raised during seven interviews, and included:

- *Lack of cultural sensitivity in the general service community in the following areas:*
 - Accessing non-indigenous services.
 - Literacy skills.
 - Contacting indigenous clients.
 - Cultural diversity within the Aboriginal and Torres Strait Islander population of Corio and Norlane.
- *Mainstream services not being indigenous friendly.*
- *Transport difficulties.*
- *GP medical services.*
- *Indigenous family support services.*
- *Issues related to alcohol and other drug misuse:*
 - Not enough specialist workers in alcohol and other drug misuse services.
 - No indigenous rehabilitation and detoxification facilities in the region.
- *The need for indigenous kindergarten and child care facilities.*

Responses to Service Delivery in General

The overall comments made in relation to service delivery included:

- *The need for more services located in the area.*
- *The need for greater flexibility.*
- *Co-locate other services with schools.*
- *Other places to locate services.*
- *Prevention and education.*
- *Early intervention.*
- *The need for more outreach.*
- *Have one person / agency that knows what is available.*
- *The one-stop shop idea.*
- *The need for more integration.*
- *Comments on integration that is happening.*

New or planned activities in the Corio / Norlane area

This section briefly describes a number of activities which have commenced in the Corio / Norlane area after the interviews for this project were conducted, or which are currently in the planning stage. They are included here as many relate to concerns raised in the interviews with service providers.

- **CAOS**

The Community Agents of Sustainability Network (CAOS) has as its overall aim “to support and enhance a high level of collaboration between Community Development workers in the North”.

- **PICSAR**

A new partnership between Leisure Networks and VicHealth has recently been formed – Participation in Community Sport and Recreation (PICSAR).

- **Corio Community Park**

A local residents group, the Norlane, Corio and North Shore Consultative Group, is working towards creating a “Corio Community Park” at Shell Reserve. This program will offer a team approach between sport, recreation and health.

- **Rosewall Primary School**

Rosewall Primary School is seeking approval to have outside agencies co-locate within the school premises, has commenced a breakfast program, and is planning a walking bus program.

- **Young Parents Access Project**

The Corio Bay Senior College, in collaboration with DHS, COGG and community organisations, is providing support and child care services to young parents to continue their education and training after the birth of their babies.

- ***Community Garden Project***

Plans are underway to develop a community garden on the grounds of Flinders Peak Secondary College. The garden will give Primary and Secondary School students from Rosewall the opportunity to learn and be involved in growing, cooking and eating fresh food.

- ***Shaping Family Futures Project***

A new resource for parent educators is being prepared: “Healthy Kids, Healthy Relationships”.

- ***Coolidge Street, Corio***

A community facility has been established by the City of Greater Geelong and the Office of Housing in Coolidge Street in Rosewall, providing office space for Community Development Workers employed in various projects.

Discussion

A brief overview of the main findings of the 54 interviews is presented, outlining the key themes emerging from the data.

Particular Aspects of Service Delivery

Improvements in service delivery suggested by service providers included:

- Improving the process of service delivery.
- Increased integration and communication between service providers.
- Earlier intervention and health education.
- Co-locating services.

Access to Services

The general matter of access to services was raised in the interviews in several different ways, including:

- Geographic or physical access.
- Barriers related to service delivery processes.
- Cost as a barrier.
- Internal barriers which prevent residents from accessing services.
- Deficits in knowledge of services.

Trust and a Sense of Community

The issues of stigma, trust, or a sense of community were identified as important and likely to impact on the health and well-being of residents of Corio and Norlane. The importance of social capital and the contribution of some of the new initiatives in Corio / Norlane was briefly discussed.

The Needs of Specific Groups

The service providers highlighted the needs of specific groups in the Corio / Norlane area. Matters related to young people and to parents of young children in particular are discussed.

Things are Happening

The situation in the Corio / Norlane area is changing. Many large and small new initiatives target some of the concerns raised by service providers in the interviews.

Limitations

- This report presents the perspective of service providers.
- The Corio / Norlane area is referred to as a whole.
- The focus of the responses tended to be on deficits rather than positive aspects of the situation in Corio and Norlane.

Suggestions Made by Service Providers

This section summarises the views of service providers as to how the health and well-being of the residents of Corio and Norlane could be improved, with a focus on service provision.

• *Improved Access to and Use of Services*

Service providers felt that access to services could be improved by:

- less restrictive guidelines as to when a particular service could be provided, to whom, and for how long
- more information being available to the community about the services that are available
- information packages about services being available for new residents in particular
- education to promote early use of services, rather than waiting until a problem is severe
- reducing waiting times and providing more convenient access
- locating services physically closer to residents
- reducing the cost of services to residents
- co-locating services in friendly environments such as schools or neighbourhood houses.

• *Early Intervention or Prevention Services*

The areas in which early intervention or prevention was specifically mentioned include:

- education in the areas of nutrition and health
- education in the area of oral hygiene
- shorter waiting times, particularly in mental health and drug and alcohol areas
- increased focus on prevention, particularly in the areas of diet and nutrition
- information sharing so that early intervention is possible.

• *Greater Flexibility in Service Delivery*

Some service providers indicated that service delivery could be improved by more flexibility in:

- the criteria which determined to whom they could provide services (e.g. age, extent of problem)
- the amount of time service providers are able to spend with individual clients
- the type of service they could provide.

- ***Improved Integration Between Services***

Many participants indicated that service delivery could be improved if there was greater integration of services or communication between services, in particular:

- improved communication between some service providers would be helpful: certain service providers could notify other service providers when a problem with a shared client arises
- fewer case managers for each client
- possibly provision of a single case worker who could oversee all support services for each client.

- ***Co-location of Services***

The idea of services being co-located was raised as one way of improving service delivery for residents. Service providers mentioned in particular:

- schools as sites for additional services
- the Community Health Centre as a site for additional services, especially GPs
- Neighbourhood Houses as sites for additional services
- a one-stop shop with a number of different services co-located.

- ***Increased Sensitivity to Cultural Issues***

Specific problems for the migrant, refugee and indigenous communities were raised during the interviews, particularly in relation to cultural sensitivity in the provision of services. Suggestions included:

- greater use of interpreters for people who are not fluent in English
- awareness of language and cultural issues when communicating health information
- training to increase sensitivity to cultural issues for service providers
- the employment of indigenous workers in the service provision sector.

- ***Increased Sense of Trust and Community***

A number of service providers indicated that there was a need for residents of the Corio / Norlane area to feel more part of their community, and to increase the level of trust in the community. Some suggestions as to how to increase trust and a sense of community were:

- continuity of care to assist residents to develop trusting relationships with service providers
- increased outreach services to provide a public face for various organisations
- support services having a presence in friendly locations such as neighbourhood houses, community centres or schools.

- ***More or Improved Transport***

Service providers suggested that more or improved transport was needed to:

- improve access to a range of services
- increase recreational and social opportunities
- reduce social isolation.

- *More Funding*

A common theme throughout the interviews was that one way to improve the health and well-being of the residents of Corio and Norlane was to invest more money into the area in order to:

- provide more staff
- reduce waiting times for services
- reduce costs of services for residents
- improve or extend buildings and facilities
- improve recreational opportunities
- provide services that are not currently located in the area
- expand services that are located in the area but are not sufficient for needs
- provide services that cater for specific groups or needs, for example members of the indigenous community, young people, drug and alcohol services, domestic violence services.

Residents of Corio and Norlane: Enhancing well-being.

The Perspective of Service Providers.

Background

This report presents the data from a project which has as its underlying objective the enhancement of the health and well-being of the residents of two disadvantaged suburbs in the Barwon-South Western region: Corio and Norlane. The relationship between low socio-economic status (SES) and poor health is well established. A detailed review of Australian research on this topic concluded that persons of lower SES have higher mortality rates for most major causes of death, experience more ill-health, and are less likely to act to prevent or detect disease at an asymptomatic stage than persons of a higher SES (Turrell, Oldenburg, McGuffog, & Dent, 1999). The factors which need to be examined in order to explain this relationship between SES and health are complex, and inter-related (Turrell & Mathers, 2000). Conceptual frameworks that have been developed to explain this relationship have included some reference to the impact on health of an individual's area of residence or the built environment (Labonte, 1993; Turrell & Mathers, 2000).

At the time that this research was undertaken, several major projects, including a Neighbourhood Renewal project and a Community Building project, were just commencing or about to commence in the suburbs of Corio and Norlane. The aims of those projects encompass the enhancement of health and well-being of residents. Therefore, the timing of the present research represented an opportunity to examine the situation in these suburbs before the impact of the new initiatives was felt.

Aims and Objectives

The aim of this project is to undertake a comprehensive analysis of the service needs of residents of Norlane and Corio in order to: improve health and well-being; improve access to a range of Department of Human Services (DHS) services at a local level; and to increase social and personal development opportunities.

The specific objectives of this project are to:

- Conduct interviews with service providers using a structured interview format to provide information on:
 - Health related services currently provided in the Norlane and Corio areas;
 - Other agencies based outside Norlane and Corio that provide services to these areas;
 - Demographic data on service users and trends of service usage;
 - Key issues related to health care services in the Norlane and Corio areas (including problems relating to access);
 - Strengths and weaknesses of current services;
 - Areas that need further development.
- Suggest ways in which service delivery could be improved in the Corio and Norlane areas.

The Setting

The suburbs of Corio and Norlane are located in northern Geelong, and are part of the City of Greater Geelong Local Government Area (LGA). The suburb of Corio is bounded by Cox Rd / St Georges Rd, Matthews Rd and Montview Rd / Torresdale Rd. Norlane is bounded by Cox Rd / St Georges Rd, Anakie Rd, Fumer Ave, Thompson Rd, the Princes Hwy and McLeod St. The Princes Highway intersects the suburbs of Corio and Norlane. Rosewall, which is sometimes viewed as a separate area, is within the geographic boundaries of Corio. The Corio Village Shopping Centre is the major shopping centre in the area, and provides a central hub for the community. The Community Health Centre, part of Barwon Health, is located adjacent to the Corio Village complex. These suburbs have a large proportion of public housing. In Corio the largest concentration of public housing is in the Cloverdale and Rosewall areas which were developed in the late 1970's and early 1980's. In Norlane the public housing was mostly constructed in the 1950's. The 2001 Australian Bureau of Statistics (ABS) census data indicate that the population of Corio was 15,431 and Norlane 9,202 (ABS, 2002). The following tables provide demographic information on the residents of Corio and Norlane. Information for the overall Geelong area, the LGA of the City of Greater Geelong, is also included. It should be noted that the area covered by the City of Greater Geelong includes the suburbs of Corio and Norlane. The data for the area of Geelong is included for the purposes of comparison.

Table 1 provides some general information on the characteristics of the population of Corio, Norlane, and of the LGA of City of Greater Geelong. The population of Corio according to the 2001 census data had decreased somewhat from the 16523 recorded in 1996 (Department of Human Services Barwon - South Western Region, 2001), while Norlane had remained almost the same, being 9184 in 1996 (Department of Human Services Barwon - South Western Region, 2001). This trend was not reflected in the area as a whole, as the population of the City of Greater Geelong increased by 8922 between 1996 and 2001 (City of Greater Geelong, 2002). This table indicates that a greater percentage of residents of both Corio and Norlane were born overseas and speak a language other than English compared with residents of the Geelong area overall. However, Norlane has substantially more residents who were born overseas or who speak a language other than English when compared with Corio. It is noteworthy that the population of Corio and Norlane comprises a large number of different nationalities, many represented by only a small number of individuals (Department of Human Services Barwon - South Western Region, 2001).

There are few differences in the age of residents (Table 2) between Corio, Norlane and the Geelong area. Most notably, the suburb of Corio differs from Norlane or the Geelong area. Corio has a somewhat higher percentage of residents in the 5 to 14 years age group and in the 15 to 24 years age group compared with Norlane or the Geelong area, and a lower percentage of residents aged 65 years and over.

Table 1 Selected Characteristics: Corio, Norlane and LGA - City of Greater Geelong

	Corio Persons	Norlane Persons	Geelong Persons
Total Persons	15431	9202	184331
Aged 15 years and over	11635	7248	146472
Aboriginal	248	123	1120
Torres Strait Islander	16	6	82
Both Aboriginal/Torres Strait Islander	0	6	58
Total Indigenous Persons	264	135	1260
Australian Born	11432	6338	145133
Total Born Overseas	3045	2304	29944
% of Total Born Overseas	19.7%	25.0%	16.2%
Speaks English only and aged 5 yrs +	12769	6479	158300
Speaks Lang. other than English, aged 5 yrs +	1929	2238	18019
% Speaks other Lang, aged 5 yrs +	12.5%	24.3%	9.8%
Australian Citizen	13662	8227	167778
Australian Citizen aged 18 years +	9300	6121	124998
Enumerated in Private Dwellings	14907	9172	179764
Enumerated in non-private dwellings	524	30	4567
Overseas Visitor	89	15	801

Source: Australian Bureau of Statistics (2002), 2001 Community Profile Series, Catalogue No. 2001.0

Table 3 provides data on the individual weekly income of residents of Corio and Norlane, and of all of the City of Greater Geelong. The data indicate that the greatest differences in weekly income occur at the lower and upper ends of the scale. There were substantially fewer persons reporting an income of between \$1 and \$199 living in the Geelong area compared with those living in Corio or Norlane. Further, Corio had a somewhat smaller number of residents receiving this low income (28.8%) compared with Norlane (33.5%). At the higher end of the scale, a substantially greater proportion of residents of the Geelong area reported receiving a weekly income of between \$800 and \$1499 (12.0%) compared with Corio (7.7%) or Norlane (4.8%).

Table 4 indicates that Norlane had a substantially smaller proportion of residents living in a household comprising a couple with children (42.5%) compared with Corio (51.1%), or the Geelong area (50.7%). Both Corio and Norlane have a greater proportion of lone parent families (19.6% and 21.1% respectively) compared with the Geelong area overall (12.0%). Corio had a relatively low level of lone person households.

Table 2 Age Structure: Corio, Norlane and LGA - City of Greater Geelong

	Corio Freq (%)	Norlane Freq (%)	Geelong Freq (%)
0-4	1144 (7.4)	664 (7.2)	11826 (6.4)
5-14	2653 (17.1)	1304 (14.1)	25925 (14.1)
15-24	2549 (16.4)	1189 (12.9)	25122 (13.6)
25-34	2104 (13.5)	1284 (13.9)	24640 (13.4)
35-44	2264 (14.6)	1285 (13.9)	26764 (14.5)
45-64	3272 (21.0)	2022 (21.9)	41877 (22.7)
65 +	1465 (9.4)	1477 (16.0)	27376 (14.9)
Overseas Visitor	89 (0.6)	12 (0.1)	801 (0.4)
Total	15540	9237	184331

Source: Australian Bureau of Statistics (2002), 2001 Community Profile Series, Catalogue No. 2001.0

As Table 5 shows, in 2001 the unemployment rates of both Corio and Norlane are substantially higher than that for the City of Greater Geelong. A slightly smaller percentage of residents in the Geelong area overall were living at the same address five years ago, in comparison with Corio or Norlane. It should be noted that Geelong has recorded an annual growth in its population of approximately 2% (City of Greater Geelong, 2002), thus some of the changing population was due to new residents arriving in the area. Office of Housing data indicate a somewhat higher turnover rate for public housing tenants in Corio (18%) and particularly in Norlane (20%), compared with the Geelong area as a whole (17%) for the calendar years 2000 to 2002. As these figures include data from units for older persons who are very stable, they are likely to underestimate the level of mobility in public housing tenants.

Table 3 Weekly Individual Income: Corio, Norlane and LGA - City of Greater Geelong (Aged 15 plus)

	Corio Freq (%)	Norlane Freq (%)	Geelong Freq (%)
Negative / Nil Income	970 (8.3)	384 (5.3)	8445 (5.8)
\$1-\$199	3372 (28.8)	2426 (33.5)	34549 (23.6)
\$200-\$399	2706 (23.1)	1895 (26.1)	34100 (23.3)
\$400-\$599	1714 (14.6)	983 (13.6)	22130 (15.1)
\$600-\$799	966 (8.3)	510 (7.0)	14526 (9.9)
\$800-\$1499	900 (7.7)	348 (4.8)	17711 (12.0)
\$1500 or more	112 (1.0)	41 (0.6)	3568 (2.4)
Not Stated	880 (7.5)	651 (9.0)	10752 (7.3)
O'seas Visitor	80 (0.7)	9 (0.1)	693 (0.5)
Total	11700 (100)	7247 (100)	146474 (100)

Source: Australian Bureau of Statistics (2002), 2001 Community Profile Series, Catalogue No. 2001.0

Evidence of Disadvantage

There is substantial evidence to document that Corio and Norlane are disadvantaged suburbs. In a report prepared by the Department of Human Services, Barwon – South Western Region, Planning Unit (2001), using information from the Jesuit Social Service's "*Unequal in Life*" report (Vinson, 1999), the suburbs of Corio, Norlane and North Shore were ranked as the fourth most socially disadvantaged postcode area in the region. This report described a series of risk factors that impact on the health and well-being of individuals and communities. These factors included: low income; low

Table 4 Household Composition: Corio, Norlane and LGA - City of Greater Geelong

	Corio Freq (%)	Norlane Freq (%)	Geelong Freq (%)
Couple & children	7526 (51.1)	3848 (42.5)	89098 (50.7)
Couple	2355 (16.0)	1648 (18.2)	37400 (21.3)
Lone parent fam	2881 (19.6)	1906 (21.1)	21060 (12.0)
Other family	130 (0.9)	113 (1.2)	1479 (0.8)
Group h'hold mem	281 (1.9)	190 (2.1)	4853 (2.8)
Lone person	1151 (7.8)	1042 (11.5)	18088 (10.3)
Other	391 (2.7)	300 (3.3)	3790 (2.1)
Total	14715 (100)	9047 (100)	175768 (100)

Source: Australian Bureau of Statistics (2002), 2001 Community Profile Series, Catalogue No. 2001.0
Overseas visitors excluded.

educational attainment levels; high stress; long-term unemployment; dependence on pensions and benefits; social isolation; poor mental and physical health; and premature death (Department of Human Services, Barwon – South Western Region, Planning Unit, 2001). Areas that have a high incidence of these risk factors were categorised as vulnerable or socially disadvantaged. The postcode area of Corio, Norlane and North Shore ranked in the top ten on seven of ten sets of indicators, indicating high levels of disadvantage.

An examination of specific indicators highlights the extent of the disadvantage experienced in Corio and Norlane. Almost one fifth (23%) of the population of Corio

Table 5 Employment and Time at Same Address - Corio, Norlane and City of Greater Geelong

	Corio Persons	Norlane Persons	Geelong Persons
Employed*			
Full-time	3201	1588	47661
Part-time	1825	870	26848
Not stated	191	100	2206
<i>Total</i>	<i>5217</i>	<i>2558</i>	<i>76715</i>
Unemployed*	933	630	7202
<i>Total labour force*</i>	<i>6150</i>	<i>3188</i>	<i>83917</i>
Not in labour force*	5025	3659	56903
Unemployment rate*	15.2%	19.8%	8.6%
Same address 1 yr ago	12421	7259	146254
Diff. address 1 yr ago	2247	1431	29623
% same address 1 yr ago	(84.7)	(83.5)	(83.2)
Same address 5 yrs ago	8572	5093	96467
Diff. address 5 yrs ago	5185	3055	69689
% same address 5 yrs ago	(62.3)	(62.5)	(58.1)

Source: Australian Bureau of Statistics (2002), 2001 Community Profile Series, Catalogue No. 2001.0

Note:

* Applicable to persons aged 15 years and over.

Overseas visitors excluded.

Full-time is defined as having work 35 hours or more in all jobs in the week prior to Census night.

and Norlane are covered by a Health Care Card, 32% benefit from a pensioner concession card, 11% are aged pensioners, and 5% receive single parenting payments (Department of Human Services, Barwon – South Western Region, 2001). Centrelink data indicate that the postcode area of Corio, Norlane and North Shore was one of the three postcodes that consistently recorded the highest number of recipients of payments in the Local Government Area of Greater Geelong (Barwon Primary Care Partnership Alliance, 2002). There is a relatively low rate of pre-school participation in the Corio and Norlane area (Department of Human Services Barwon - South Western Region, 2001). Data from Protective Services indicate that a disproportionate number of notifications and substantiations in the region came from the Corio and Norlane area from July 2000 to June 2001 (Department of Human Services Barwon - South Western Region, 2001). A disproportionately high number of Juvenile Justice Clients reside in Corio and Norlane (Department of Human

Services Barwon - South Western Region, 2001). The Corio and Norlane area had the highest absolute number of offences recorded in the region outside the CBD for 2000/2001, with approximately 3000 offences consistently recorded for the area over the last five years, and the third highest rate of criminal offences per 1000 population in the area (Department of Human Services Barwon - South Western Region, 2001).

Self-Reported Health and Health Behaviours

In a survey of health and community participation in the Barwon and Otway regions recently conducted for the Barwon Primary Care Forum (formerly the Barwon Primary Care Partnership Alliance), the self-reported physical and mental health of residents of the Northern Suburbs of Geelong, which included Corio and Norlane, did not differ significantly from that of residents of other areas in the region (Savage, Bailey, O'Connell & Austin, 2002). However, this finding may in part reflect the fact that a greater proportion of the Northern Suburbs residents were in the younger age groups compared with the residents of the other areas, as physical health in particular was found to decrease with age (Savage et al., 2002). Because there is a comparatively high number of public housing tenants in the Corio and Norlane area, research in the region conducted with tenants is of some interest. Data from research conducted with 360 tenants of public housing in the Barwon - South Western Region indicate that this group is more likely to describe their health as "Poor" or "Fair" (44%) (Clarke, Savage, Hanna, Neilson & Cox, 2001), compared with a random sample of residents of the region (15%) (Savage et al., 2002). The survey conducted with tenants of public housing also reported that 69% of participants indicated that they had a health problem (Clarke et al., 2001). The problems most often reported were arthritis, asthma, blood pressure, back problems and heart disease.

The data from the tenants of public housing survey in the Barwon - South Western Region indicate that this group is almost twice as likely to smoke as the national average, but self-reported drinking of alcohol was less than the national average (Clarke et al., 2001). While participants indicated that exercising regularly is the thing they are most likely to do to keep healthy, walking was the most frequent type of exercise reported and it was not clear how adequate the walking undertaken was as a form of exercise. Similarly, eating a healthy diet was frequently mentioned as how residents keep healthy, but the adequacy of the healthy diet is unclear in terms of public health recommendations. Of some concern is the fact that 23% of this sample saw themselves as highly stressed (Clarke et al., 2001).

Perceptions of Their Neighbourhood and Community

In considering the health and well-being of residents of any particular area, it is worthwhile to consider residents' perceptions of their neighbourhood and community. The community participation survey (Savage et al., 2002) provides information on residents' perceptions of their community and neighbourhood. Responses from 342 residents from the Northern Suburbs of Geelong (Corio, Norlane, North Shore, Bell Post Hill, Lara) were grouped together and compared with other areas of the region (grouped as Geelong, Bellarine, Surfcoast and Colac Otway). Five items asked participants to rate their neighbourhood. Fewest participants from the Northern Suburbs agreed with the statements that their neighbourhood is quiet, clean, friendly, safe to walk around at night, and that most people in the neighbourhood can be trusted (Savage et al., 2002). Participants from the Northern Suburbs were also least likely to agree that "People in my community are very willing to help each other out" and "I

am good friends with many people in this community”, and were least likely to report being assisted by others in two ways or more in the past year (Savage et al., 2002). These findings suggest that residents of the Northern Suburbs have a poor view of their neighbourhood. Over a third (38%) of the tenants of public housing surveyed in the region indicated that they have worries about their physical environment, with air pollution the most frequent concern (38%), followed by drugs or youth problems (19%), safety or vandalism (18%) and noise (12%) (Clarke et al., 2001).

The Context

The data presented in this report presents a snapshot of the perceptions of service providers in Corio and Norlane in the later months of 2002. At the time of data collection for this research, several important projects were being initiated or proceeding in the Corio / Norlane area. These include a neighbourhood renewal project, a community building project and a Local Learning and Employment Network initiative. A brief outline of the objectives of these projects will assist in providing an understanding of the valuable work that is occurring in the area, concurrently with the data collection phase of this project, that may impact on the service delivery topics raised in the interviews conducted for this project.

The Neighbourhood Renewal Project

The Corio / Norlane area was selected as one of ten disadvantaged communities in Victoria to be part of the statewide Neighbourhood Renewal initiative. This project aims to narrow the gap between the most disadvantaged neighbourhoods in Victoria and the rest of the State. Areas with concentrations of public housing were chosen to be part of this project. Neighbourhood Renewal aims to:

- Increase people’s pride and participation in the community.
- Enhance housing and the physical environment.
- Lift employment, training and education opportunities and expand local economic activities.
- Improve personal safety and reduce crime.
- Promote health and well-being.
- Increase access to transport and other key services and improve government responsiveness (Office of Housing, 2002).

The Community Building Project

The overall goal of community building is to foster working together to achieve greater social and economic well-being for local communities (Office of the Premier and Cabinet, 2002). An important aspect of community building is listening to what local people believe could improve their community, and to their ideas about the changes they want to achieve. Partnerships with business, community organisations, local councils and Government departments are encouraged.

A demonstration Community Building project has been funded in Geelong. Auspiced by the City of Greater Geelong (COGG), the Community Building Project conducted in Geelong focuses on the suburbs of Corio, Norlane and Rosewall in the north, and Whittington in the east. The Community Building objectives for the Geelong Demonstration Project are:

- To build on community strengths, through: sharing skills and information, peer support and identification of pathways.

- To engage local communities in neighbourhood planning.
- To implement projects to positively change the social, environmental and economic circumstances of communities by impacting on critical issues.
- To enhance existing community building activities, including reshaping service provision to focus on local priorities and solutions.
- To maximise social capital and community well-being through activities, social networks and support structures, civic and political involvement and empowerment, trust in people and social institutions and tolerance of diversity.
- To create dynamic partnerships with State and Local Government, service providers, businesses and the community (Geelong Community Building Project).

The Local Learning and Employment Networks

The Local Learning and Employment Networks (LLENs) are a Victorian government initiative. The Smart Geelong Region LLEN covers the Geelong region and states that this initiative:

- Builds working partnerships between local service providers from the education, training, employment and social support sectors.
- Plans together to meet the needs of young people (15-24 years) in the Geelong Region.
- Works together to ensure that no young person falls through the cracks of the service system.
- Provides advice to Government (Smart Geelong Region LLEN, 2002).

While this initiative does not apply exclusively to the Corio / Norlane area, it is likely that activity related to the Smart Geelong Region LLEN will impact on residents of Corio and Norlane.

Innovation Project Service Networks

The Innovation Projects have been established by DHS to respond more appropriately to the needs of vulnerable families, with greater emphasis on prevention and diversion. This approach entails an intensive working relationship with professionals involved with children or young people via the establishment of a Service Network in the Local Government Area. Geelong is one of six local government areas for this new initiative (Department of Human Services, 2003). The Innovation Project objectives are to:

- Divert a significant proportion of families currently notified to child protection services to community-based services.
- Minimise client re-notifications and the progression of families into the child protection system.
- Provide an improved service capacity for families who may not come into contact with child protection services.

Best Start

Best Start is a Victorian Government initiative. It is a prevention and early intervention program which focuses on improving the health, development, learning and well-being of all children from pregnancy to eight years of age (Policy and Strategic Projects Division, Victorian Government Department of Human Services, 2002). The program supports communities, parents and service providers to improve

local early years services to ensure that they are responsive to local need. The anticipated results of the program are:

- Better access to child and family support, health services and early education.
- An improvement in parents' capacity, confidence and enjoyment of family life.
- Communities that are more child and family friendly (Policy and Strategic Projects Division, Victorian Government Department of Human Services, 2002).

The Rosewall Estate is the location of the Best Start project in the City of Greater Geelong. Two family days were held in 2002, and a walking bus and breakfast program are planned for 2003.

Approaches to Service Delivery

As the current project focuses particularly on the area of service delivery, it is appropriate to provide a brief overview of some innovative approaches to service delivery in the human services area. This will focus in particular on integrating services as this aspect of service delivery is most relevant when considering one geographic locality. It has been suggested that integrating services may be based upon one or more of four organising principles: *place* (refers to the geographic neighbourhood); *purpose* (refers to the service goals); *people* (refers to grouping services together on behalf of a particular clientele); and *process* (refers to an activity undertaken) (Healy, 1988).

Levels of Collaboration

The extent to which integration or collaboration occurs between agencies or organisations can be conceptualised as a continuum that ranges from mild collaboration to intense collaboration (Andrews, 1990). Collaboration may also occur at various domains of human service organisations: service delivery or direct work with clients; program management, such as administration and management; and policy development (Andrews, 1990). Table 6 presents a typology of collaboration, with the columns indicating the three human service organisational domains. Barriers to collaboration include inconsistent legal and regulatory systems, different eligibility criteria, limited resources and incompatible reporting systems (Andrews, 1990).

Integrating Services: Multiservice Centres

One approach to service delivery involves multiple agencies operating from the one location or centre. The extent to which services are linked and coordinated rather than simply co-located varies. Healy (1991) provides a checklist of possible links which highlight the extent of formal coordination within an inter-agency network:

- Administrative fiscal links (joint budgeting, joint funding, purchase of service agreement).
- Administrative support links (joint planning, information exchange, record keeping, grants management, admin services, central guidelines and standards, public relations and publicity, research, evaluation).
- Program links (staff secondment, combined delivery, joint delivery, staff training, volunteer recruitment, grievance procedures, transport).
- Service links (information for clients, intake, assessment, case conference, case management).

Table 6 Levels of Collaboration, by domain

Service delivery	Program management	Policy development
<i>Mild collaboration</i>		
Case referral from one professional or organisation to another	Purchase of service agreement between agencies	Newsletter to communicate one agency's board decisions to other agencies
Case consultation between professionals	Interagency grant project in which each agency performs a specific role and receives a share of the funds	
<i>Moderate collaboration</i>		
Multidisciplinary and/or interagency case assessment and treatment teams as in child protection and long-term elder care	Co-location of offices Interagency joint development of separate operating policies	Community coordinating council or advocacy coalition for a particular concern Comprehensive community planning and resource allocation
<i>Intense collaboration</i>		
Generic human services case management conducted by one organisation for several others	Shared management information system	Organisational merger of two or more agencies
An office that handles case intake for several agencies	Consolidated interagency program plan	Interagency policy council to administer joint project
An interorganisational disaster-relief team		International coalition of agencies concerned with a common issue

Adapted from Andrews (1990).

In the multiservice centres considered by Healy (1991), it was noted that while administrative and program links were common, there were few client service links. One attraction of a coordinated approach is that fragmented, centralized systems can be replaced by coordinated networks of services at the neighbourhood level (Poole & Colby, 2002).

Healy (1990) lists the essential elements necessary for success in establishing a multiservice agency in an Australian context:

- a central planning authority capable of exerting sufficient coordinating influence;
- an environmental context for allocating new services;
- capital outlay from one major fund;

- a large operating agency that establishes a core identity for the centre and attracts a compatible mix of other services; and
- an active local planning team with the capacity to shape the facility and its services to the needs of the local community (p. 95).

It has been suggested that the development of multiservice centres is most likely to occur either with the development of a new housing area, or when services are redistributed to a disadvantaged area (Healy, 1990).

The notion of a one-stop shop providing a range of different services is a type of multiservice centre. One example of this is Frontyard Youth Services, a one-stop shop providing free services to young people aged 12 to 25 years who are homeless or at risk (Frontyard Youth Services, 2002). Frontyard is a partnership of the City of Melbourne, the Department of Human Services, and Melbourne Citymission, which aims to address the physical, emotional and social needs of young people. The services Frontyard provides include accommodation information and referral, a health service, Centrelink advice, a sexual health clinic and free legal advice. It involves staff from various services being at the Frontyard centre in the Melbourne CBD at specified periods, for example Centrelink Community Officers, doctors and nurses, and Youthlaw workers (Frontyard Youth Services, 2002).

Integrating Services: Schools

The notion of combining schools and community building activities is well established in the United States. It has been argued that schools can be a logical site for the provision of other community services to children and their families, particularly given their social penetration and community outreach capability (Institute for Educational Leadership, 2001). The advantages of an integrated school-based service delivery system have been enunciated by Thompson (1992):

- there is a strong relationship between the child's basic well-being and school achievements;
- the school reaches all children;
- schools are usually geographically accessible and familiar to community residents;
- schools are the primary community institution seen as positive and neutral;
- schools have the best system of access and outreach to all students and their families (Thompson, 1992, p. 9).

There are numerous ways in which services can be integrated in schools. These range from schools having staff such as nurses, social workers and counsellors available in schools for limited times, or schools which act as a service centre with professionals from health or social service agencies having facilities in the school, to community schools (Thompson, 1992). Community schools as described in the US literature have formal links with the community, and usually involve: a community advisory council composed of parents and community members; a school-based involvement program; and a community-based involvement support system (Thompson, 1992).

In a somewhat different approach, the Parks Community Centre in Adelaide is a type of multiservice centre that includes a high school and adult and further education as well as other services and facilities (Healey, 1991).

Formulation of the Project Brief

Resident participation is of acknowledged importance in neighbourhood renewal or community building work (Office of Housing, 2002; Wood, 2002). While the brief for this project initially included focus groups with residents of Corio and Norlane, the Reference Group decided that this should not be undertaken, given the concurrent work being undertaken with residents in the other projects in the Corio and Norlane area. As only service providers were interviewed in this study, it would be inappropriate to make firm recommendations on how to improve service delivery in the area in ways that would improve the health and well-being of residents, and that would be sustainable. This report therefore concludes with a summary of the suggested ways of improving service delivery that emerged from the interviews with service providers, rather than with firm recommendations. It is anticipated that the findings of this project will inform the major projects that are underway in the Corio / Norlane area.

Method

Formation of a Reference Group

A reference group was formed from key service provider stakeholders in the Greater Geelong area. This group comprised representatives from service providers to the residents of the Greater Geelong area, including DHS, Barwon Health and COGG, as well as representatives from community organisations and schools in Corio and Norlane. Based on discussions with the reference group a list of potential service provider participants was formulated to include a broad cross-section of important service organisations providing assistance to the residents of Corio and Norlane.

Participants

There were 54 participants in the study that included representatives from DHS, Barwon Health, Centrelink, Victoria Police, and family support, disability support and alcohol and other drug treatment organisations. DHS participants included workers from the Office of Housing and Child Protection, based in Geelong, and also local workers in areas such as dental health, nursing, mental health, and community development. As well, there were local representatives from neighbourhood houses, schools, kindergartens and childcare centres, as well as GP's, education organisations and employment services. Other participants included representatives from indigenous and multi-cultural organisations. A full list of services available to residents of Corio and Norlane, from which participants were recruited, is presented in Appendix A.

Procedure

A structured interview format was employed during this study. Items were developed in the following areas (see Appendix B for the full list of questions):

- Type of services provided by each interviewer
- Recent proposed changes to the type of services provided to Corio / Norlane residents
- Demographic information about service users, including any recent or future changes
- Strengths of current services

- Weaknesses of current services
- Hindrances to the provision of services
- Ideas to improve service delivery
- Integration opportunities that could be investigated to improve service delivery.

After receiving ethical clearance from the Deakin University Ethics Committee and the Victorian Department of Education, Employment and Training, one of two procedures was employed. For large organisations, a letter was sent to the Manager (or similar person) with a plain language statement outlining the study, and a request for permission to interview recommended staff. For smaller organisations, initial contact was via a telephone call or email. The nature of the study was outlined and a request made to interview one or more staff members as deemed appropriate. In both large and small organisations, those who indicated approval to participate were asked to provide contact information for the recommended participants and to inform those staff concerned that the research team would be in contact. At a later date, recommended staff members were contacted by telephone or email and an interview time arranged for those consenting to participate. Only three people refused to participate (less than six percent of those invited) and in each of these cases it was because of time constraints.

The interviews generally ranged from 40 to 75 minutes and were conducted at a quiet location suitable to the participants. Most interviews were conducted individually although some organisations preferred to have all recommended staff present at one time. Forty interviews were conducted, involving a total of 54 participants. At the beginning of the interview all participants were handed a plain language statement to read and asked to sign a consent form before the questions commenced. During the interviews, the interviewer took notes and requested clarification of any points that were unclear.

Results

Focus of Interview Questions

At the beginning of each interview, informants were asked to outline the type of service(s) provided to residents of Corio and Norlane and, where possible, to provide a demographic outline of their client base. While the interviews were usually conducted in a structured way there was often considerable overlap of responses into more than one subject area. For the purpose of clarity of this report, information has been grouped into several main subject areas. Each of these areas is outlined in the following sections. The first six subject areas referred to general health and community service provision to residents of Corio and Norlane, while the final subject areas applied specifically to the services provided by each respondent.

General Service Provision

- *Aspects required to improve the health and well-being of residents.*
Service providers were asked to identify factors required to improve the health and well-being of Corio / Norlane residents. Some service providers were familiar with problems facing the general community in the area and offered

responses to this question. However, many service providers do not have a physical presence in Corio / Norlane and indicated that they did not know the area well enough to suggest possible solutions.

- *Problems for residents in accessing general health and community services.*
Service providers were asked to identify problems Corio / Norlane residents may have in accessing appropriate health and community services.
- *Strengths and weaknesses of services currently available for residents*
Informants indicated which services or areas of service they were aware of that were providing particularly good service to residents, and areas where there were weaknesses.
- *Alternative service delivery models.*
Service providers were asked to provide ideas about how health and community services could be better provided to Corio / Norlane residents.
- *Integration opportunities for other service providers.*
Service providers were asked to indicate which other services could work more closely together to improve service delivery to Corio / Norlane residents.

Specific Service Provision

- *Recent/future changes in services provided.*
Service providers were asked if there had been any recent changes in services provided to residents of Corio and Norlane. It was anticipated that responses would indicate recent changes either in demand for services or organisational structures and policies. By not setting a time frame to define 'recent changes', responses varied from changes in the last six months to changes occurring eight years before the interview. Some providers also mentioned changes that were imminent or were currently under investigation.
- *Problems for residents in accessing specific services.*
Service providers were asked to indicate if there were any known difficulties experienced by Corio / Norlane residents in accessing their specific service.
- *Problems in providing specific services for residents.*
Information was obtained about difficulties experienced by service providers in providing services to Corio / Norlane residents.
- *Ideas to promote better service delivery to residents.*
Service providers provided information about factors that would help them provide better services to Corio / Norlane residents.
- *Specific integration opportunities with other health and community services.*
Information was obtained about integration opportunities with other health and community services that could improve service delivery to Corio / Norlane residents.

As can be seen from the above list, there are some similarities between several items from the general service provision list with those from the specific list. In outlining the results of service provider interviews, key themes given in response to the general questions will be discussed prior to the discussion of specific service areas.

General Service Provision Issues

Issues for Service Providers

As well as these factors concerning residents of Corio and Norlane, there are also service provider issues that impacted on responses of service providers. First, there is considerable variability in the service delivery limitations placed on service providers. For instance, some service providers are funded to deal with a highly specific target group and have no flexibility to deal with other clients, while other service providers may have funding flexibility or alternative organisational sectors to deal with a wider range of clients. Second, there is considerable geographic variability in the location and service area of health and community service organisations. For example, some organisations are physically located in Corio and Norlane and provide their main services to a more specific area in these suburbs (Neighbourhood Houses and Kindergartens). Other organisations are physically located in Corio and Norlane and provide services to all Corio and Norlane residents and sometimes to residents of other suburbs. This is in contrast with other organisations providing services to Corio and Norlane residents who have no structural or personnel presence in the area (mainly specialist services). Thirdly, health and community service organisations have considerable variability in the way that services are provided. While some organisations provide their services at a specific location(s) only, other service providers engage in outreach. This can be as either a needs-based service or on a permanent basis.

Taken together, these three factors have an impact on the perspective taken by service providers to health and well-being issues of Corio and Norlane residents. The knowledge of matters specifically affecting Corio and Norlane residents' health and well-being may be vastly different for a service dealing only with local residents at a convenient local location than it is for a service located in Geelong for whom Corio and Norlane residents are only ten per cent of the client base.

Bearing these limitations in mind, several general problems did emerge during the course of the 40 interviews with service providers, each of which will be discussed below.

1. Health and Well-being Knowledge

Service providers in 27 of the 40 interviews referred to health and well-being knowledge deficits as factors contributing to less than ideal outcomes for Corio and Norlane residents. The interviews uncovered three main areas of knowledge deficit. These were knowledge of health and well-being services, nutritional knowledge and general health and well-being knowledge. Many of the comments made during the interviews probably reflect the fact that Corio and Norlane residents have an average educational level below the Victorian average.

a) Knowledge of services

Eleven service providers stated that lack of knowledge of services was a problem in Corio and Norlane. There were several aspects to this concern.

The issue most commonly reported was of residents not knowing what services were available. This deficit ranged from not knowing about services available for highly

specific problems, to knowing what general health services were available at the Community Health Centre. Some service providers argued that this was of particular concern for services not outreached to the home environment and others argued that the problem is even more pronounced for new public housing residents.

Related to the above point, service providers also stated that some residents did not have the knowledge required to know how to access services when there was a problem. It was argued that this was probably due to a combination of individuals having inadequate knowledge and language skills, and general social isolation and lack of community support.

In several interviews there was concern raised about residents' confusion over what services were available from an organisation. That is, residents reading about a service but not thinking that it applied to them, or confusing one organisation with another. A number of instances were raised about residents being reticent to engage with voluntary services they mistakenly believed were associated with mandatory child protection. It was also noted that sometimes residents were confused by service organisations operating in several different service areas. For instance, a resident may have previously used one of the service areas of an organisation and not accept a referral to another service area because they believe they will get the same service again.

Several respondents stated that service providers sometimes lacked knowledge about other services that were available. One organisation noted that they had never received a referral from a local GP.

Information from Additional Sources:

The survey of 360 public housing tenants suggests that many tenants are not aware of the services available at a community health centre: only 52% indicated that they know what kind of services a community health centre offers (Clarke et al., 2001). There is also some evidence of a lack of knowledge of health services in general from research undertaken in the region. Twenty-four per cent of 400 residents of Geelong indicated that they disagreed with the statement "I know what health services are available in my area" (Capp, 2001).

b) *Nutritional knowledge*

Six service providers mentioned that nutrition and diet were general areas of concern to the health and well-being of the Corio and Norlane community. There was concern that many residents did not have enough nutritional knowledge to make informed decisions about what to eat and were overweight because of eating too much take-away food.

Information from Additional Sources:

In the survey of public housing tenants, responses suggested that many participants had a reasonable knowledge of the issues to consider in relation to nutrition. However, it is difficult to ascertain the degree of accuracy of that knowledge, given that many responses relied on non-specific statements such as "too much" (Clarke et al., 2001). The proportion of participants in that

survey who were overweight according to self-report (51%) was slightly less than the proportion of Australians who were classified as overweight (Clarke et al., 2001). While 32% of public housing tenants surveyed reported eating takeaway food once a week or more often, younger participants (20-40 yrs) were significantly more likely to do this than older participants (50-70 yrs) (Clarke et al., 2001). Parents of children aged up to 12 years old were vague in their responses to questions about healthy eating in a recent focus group study conducted by Bethany Community Support (Savage, Brennan & Paxton, 2002).

c) *General health and well-being knowledge*

There was concern expressed by eight service providers that the level of knowledge of facts about general health and well-being were contributing to poorer outcomes than necessary for Corio and Norlane residents. Some service providers believed that many residents had so little knowledge of preventative measures that they would put up with complaints until a small problem had become serious. Similarly, others suggested that a proportion of residents would only use services once things had gone '*terribly wrong*'. Service providers from several organisations running educational self-improvement courses stated that often the residents who most needed help would not attend. These issues suggest that the benefits of early intervention for health and well-being concerns may not be paramount to the very group of individuals most at risk.

2. *Transportation*

One of the concerns most commonly reported by service providers was the impact of transportation difficulties on residents. Service providers in 21 of the 40 interviews mentioned transport concerns. Many service providers mentioned that a large proportion of their clients from Corio and Norlane did not drive a car and therefore had to use other forms of transport to attend services that do not outreach. However, there were several different aspects to this matter that were mentioned by service providers. These were:

a) *Access to services*

It was noted that some services, particularly those providing services outside of Corio / Norlane, are difficult for people to access using the available public transport. Some service providers stated that the current public transport is irregular, others that some residents have to use two or three buses to reach a particular service setting, and others that residents had a long walk either to or from the bus stop to get to particular service organisations.

It was also noted that some residents might be initially keen on attending a particular program to which they have been referred. However, motivation sometimes wanes when they are informed that they have to travel outside of Corio / Norlane to attend.

Several service providers made specific mention of the Corio train station and said that they believed it was difficult for many people to access, particularly mothers with prams, because of uneven surfaces around the station.

The difficulty of crossing the Princess Highway safely by foot was mentioned by several people in relation to accessing services located within Corio / Norlane (including public transport). It was thought that this was particularly problematic for older residents and single parents.

b) Cost of transport

The cost of public transport is prohibitive for some people requiring health and welfare assistance. As one service provider said, *'It comes down to money. People won't catch a bus to town for an appointment with a mental health worker if they need that bus fare for a loaf of bread.'*

c) Organisational skills

Several service providers stated that some Corio and Norlane residents are struggling with so many other issues in their lives that organising which bus(es) to catch and then organising to catch that bus(es) are very difficult matters.

d) Weather difficulties

It was pointed out that some services see a notable decline in attendance of clients without their own transport if the weather is inclement. This was particularly noted in regard to single parents with young children who may prefer to stay home rather than wait for the bus in the rain with a young child.

e) Single parents

It was mentioned by several service providers that it is generally very difficult for young mothers without their own transport to get to services that are not within walking distance. This is particularly problematic in Corio and Norlane because of the large number of single parent households.

f) Youth

There was general consensus that there are few recreational facilities for the youth of Corio and Norlane compared to many other areas. It was thought that this was compounded due to limited bus services after hours and during the weekend that prevented some young people from being able to use facilities in other areas of Geelong unless they were prepared to walk several kilometres home.

Information from Additional Sources:

Problems with transport have been raised in other studies in disadvantaged areas as an important issue (Federal Department of Family and Community Services, 2002). In the survey of tenants of public housing in the region, 74 individuals (21% of participants) indicated that they have difficulties in using public transport (Clarke et al., 2001). Difficulties included having trouble getting on and off, health problems such as agoraphobia, transport being too far from where they live, having to wait too long, and transport not running when needed. Transport was also one of the most common reasons mentioned for having difficulties in using any health service in that study (Clarke et al., 2001).

ABS data indicate that Norlane residents are less likely to have access to a motor vehicle than residents of Corio or of the Geelong area. While only 9% of households in the City of Greater Geelong had no motor vehicle and 10%

of households in Corio had none, in Norlane 19% of households had no motor vehicle (ABS, 2002).

3. Cost of Services

Given that the Corio and Norlane area is one of higher than normal unemployment, it is not surprising that 13 of the 54 service providers mentioned that the cost of many services was prohibitive for residents. Some service providers also mentioned that although their services were aimed at improving the well-being of residents, their services were only generally used if residents thought that the assistance was very tangible and/or there was a clear financial gain to be made.

Information from Additional Sources:

In the survey of public housing tenants, when asked about things that make it difficult to keep healthy, cost was mentioned by 8% of participants (Clarke et al., 2001). When asked about what they value about the public health care system, 35% of 400 residents of Geelong mentioned the fact that it is free, or the Medicare system (Capp, 2001). While participants in the latter study were focusing on public health care, this finding does give an indication of how important a free service is to the Geelong community in general. When a comparison of lower and higher SES suburbs was made, participants from the lower SES suburbs (which included Corio and Norlane) were significantly more likely to mention a free service as something that they value about the public health care system (Capp, 2001).

4. Trust and Social Stigma

During the interviews many service providers discussed concerns related to the theme of client trust. There were two main aspects to this: the general difficulty in gaining the trust of Corio and Norlane residents and, when a trusting relationship had been developed over time, the difficulty of referring residents to other health and welfare services. Some service providers indicated that these aspects of trust were exacerbated if an organisation did not have a physical presence in the Corio and Norlane area.

Associated with these issues of trust was a thesis offered by several service providers that there is a stigma attached to living in Corio and Norlane that impacts on residents' health and well-being. One service provider commented that when "bad things" are reported in the media it would be preferable if people's names were used rather than the suburb they live in, as this was giving Corio and Norlane a bad reputation. Comments from two service providers probably sum these thoughts up best:

'There is a feeling of helplessness out here; lots of drugs, crime, physical impacts from smokestacks, high level of early school-leavers, low scores on school grades...', and,
'People believe that the reputation of the area is correct and the people who live here are hopeless. They won't access services unless things are really bad; they don't deserve it'.

Taken together, the aspects of lack of trust and social stigma may be working to minimise uptake of health and well-being services by Corio and Norlane residents.

5. *Waiting Lists and Waiting Times*

Many service providers mentioned that quite a few organisations had extensive waiting lists. Residents may have to wait anything from two weeks to two and a half years to access a particular service. For some services, particularly government services, it was noted that waiting times were comparable to other areas of Victoria. However, it was stated by many that certain services (mental health and drug and alcohol in particular) should be dealt with quickly so that the individual's motivation to change was not lost.

Information from Additional Sources:

In the survey of public housing tenants, 17% of participants mentioned shorter waiting times as something that the public health system should provide (Clarke et al., 2001). When asked what are the shortfalls in the public health care system, 34% of 400 residents of Geelong mentioned waiting for elective surgery, 15% waiting in general, 13% waiting in emergency, 12% waiting to see a specialist, and 10% waiting to see a GP (Capp, 2001). In that study, 12% of participants indicated that more money should be spent on reducing waiting times. Participants from the lower SES suburbs (which included Corio and Norlane) were significantly more likely than participants from higher SES suburbs to mention shorter waiting times as being most important for the public health care system to provide, and where more money should be spent (Capp, 2001).

6. *Service Gaps*

There were two general concerns related to service delivery gaps commonly mentioned during the interviews. The first was a desire by many for more health related services to be readily available at the Corio Community Health Centre. The second was for a greater physical presence in Corio and Norlane of other mainstream health and related services currently available to residents but situated in other areas.

Specific Service Provision Issues

The most commonly mentioned service areas will be outlined separately using the subject areas focussed on during the interviews. These are ordered by the frequency with which they were raised. An outline of each area of concern will be presented first, followed by suggestions made by service providers to tackle the issue and limitations affecting outcomes. The final section of each specific service area will outline recent or future changes under consideration by service organisations that may impact on the issue(s). The areas covered in this section are: young people; General Practice medical services; families; school issues; public housing; dental health; residents from the migrant and refugee community; and indigenous issues.

1. *Young People*

Rather than using the age-limiting terms youth or adolescents, for the purposes of this study a broad definition of '*Young people*' will be used. That is, residents between the ages of approximately 10 – 25 years. The main reason for this is that during the interviews it was apparent that many respondents providing services in the general area of youth considered that many of the concerns were common across the broader age range. Indeed, some service providers indicated that their services were having to deal with either younger and/or older clients than would have been traditionally the case in the past. Issues affecting young people in Corio and Norlane were raised during 22 interviews. It is of note that many respondents spoke very highly of the efforts of certain service providers working in the youth area. In particular, the work of two organisations providing services to young people, and some of the local schools were singled out as organisations working effectively and in some cases imaginatively to service the young people of Corio and Norlane.

The main areas of concern were:

a) *Recreational facilities and activities.*

Service providers in seven interviews indicated that they believed there was a lack of enough suitable sport and recreational facilities for young people in Corio and Norlane. There were several aspects to this covering young people of different ages.

i) *Local recreational facilities:* Service providers in five interviews commented on the general lack of recreational facilities and activities for young people in the Corio / Norlane area. One service provider noted that what is needed is fun activities and open parklands, and commented on the poor quality of some parks in the area '*..some [parks] that are there do not feel safe; no landscaping, broken glass around the place etc. The community needs open spaces to have a BBQ and run on the oval*'. Several service providers suggested that the lack of suitable and affordable recreational facilities for young people in Corio and Norlane resulted in greater rates of vandalism, gang-type behaviour and drug and alcohol misuse than would otherwise be the case. One service provider mentioned that the nearest cinema was in Geelong but that the lack of public transport during the evening made it difficult for young people without access to private transportation to attend.

ii) *Out of school sport for school aged young people:* For school age children it was stated that while participation in school sporting activities by younger people was enthusiastic, the expense involved in participating in after school hours sporting clubs excluded many young people. The opinion was expressed that this led to a gradual disengagement of young people from sporting activities during the school years. As one service provider suggested, lack of involvement in after school hours sport '*...means kids are at home and bored. These types of activities can help kids feel good about themselves.*' Without this engagement one service provider suggested that young school aged residents are at increased risk of being involved in gang-type behaviour and vandalism.

iii) *School holiday programs:* Service providers in two interviews indicated that the school holiday periods was a particularly problematic time for school aged residents and their parents because of a lack of sufficient and affordable school holiday programs. Having young people at home all day without sufficient activities

posed the threat of heightening any tension in the house and increasing the likelihood of family breakdown. Along with this, it was suggested that some young people became bored. One service provider was particularly concerned for working parents and stated that, *'I think holiday programs for kids would be good. It would give them something to do and make it easier for working parents.'*

Suggestions from service providers:

During the interviews several suggestions were made about the recreational needs of young people in Corio and Norlane.

- *COGG could improve and maintain existing parks to a higher standard.* It was thought that the existing parks in Corio and Norlane could be made more user-friendly. That is, the parks could be landscaped to improve the amenity, barbecue facilities installed where appropriate, and any broken glass and litter removed in a timely fashion.
- *More recreational facilities could be located in Corio and Norlane.* Several service providers mentioned that the Corio / Norlane area was under-resourced in terms of recreational facilities for young people. The most common suggestion made was that a skate park should be constructed (three interviews). Other suggestions included generally more recreational facilities and public space.
- *Easier access for young people to join sporting clubs.* One service provider indicated that there should be some way to make it financially possible for young residents to remain engaged in out of school hours sporting activity. Although no suggestions were offered as to how this could happen, the research team suggested that corporate sponsorship from local businesses may be one funding possibility.
- *More school holiday programs for young people.* It was thought that providing some activities to occupy young people would help both the young people and their families. While there were few clear suggestions as to what these programs should be or who should operate these programs, one service provider suggested that even an occasional movie screening in a community hall, school or neighbourhood house may provide some interest for young people while providing respite for parents during school holiday periods.

Limitations:

- It is acknowledged that there is a great deal of expense involved for COGG in both improving and expanding the available recreational facilities (first two suggestions above).
- For the third suggestion, it is important to remember that most amateur sporting clubs only operate on the goodwill of volunteer members. Applying for corporate sponsorship is an involved process and may be beyond the capacity of many club members, especially those from smaller sporting organisations. Perhaps there would need to be either government assistance or the formation of a peak body representing all sporting clubs to assist in this process.

- There is also an important limitation on school holiday programs (fourth suggestion above). If there is a cost involved in these programs it may limit access for many young people in Corio and Norlane, especially the most disadvantaged members of the community. For this reason, fee subsidies would be required. If funding could be found for such a program, the subsidies would have to take into account the personal need of each young person and also their parents' employment position.

b) *Locating more mainstream young peoples' services in Corio / Norlane.*

Service providers in seven interviews indicated that they believed that young people in Corio and Norlane were poorly served with local youth specialist health and other services. CREATE Inc. is one of the few locally based services for young people and, since 1997, has grown from operating education services aimed at helping young people (who have left school) complete year 10 or enter TAFE, to be currently operating many different support, disability and outreach services. However, there are still many mainstream services not offered in the area that service providers indicated would be more beneficial to the health and well-being of local young residents if they also had a local presence. As a respondent from a school stated, '*When we refer kids to other organisations[located outside of Corio / Norlane] there is a big drop-out rate, even with Clockwork. The advantage of people on-site is that this is the community's preferred way*'.

Suggestions from service providers:

Some of the mainstream services suggested include the following:

- *Treatment services.* Many of the service providers indicated that more treatment services were required for the young people of Corio and Norlane. In particular, service providers in two interviews considered that support services for young people were generally available locally but that the main area of weakness was access to local treatment services. The treatment services mentioned during the interviews were:
 - o *Health services.* Several service providers mentioned that it would benefit young people in Corio and Norlane to have a service like *Clockwork* (the young people's health service located in Geelong) based locally. This service provides a drop-in centre for young people to access confidential health treatment, advice and referrals to other services. It was proposed that having a health service based on this model in the Corio / Norlane area, even on a part-time basis, would enable more local young people to deal with their health concerns.
 - o *Mental health and drug and alcohol services.* Service providers in two interviews suggested that it would be better for young people to have specialist mental health and drug and alcohol services present in the Corio and Norlane areas. It was indicated that a substantial percentage of the young people using the available services already came from this area and that having facilities located locally would improve access and create higher recognition of these services within the community.
 - o *Youth workers.* In two interviews, service providers believed that more youth workers could be located locally. That is, rather than organisations focussing almost exclusively on outreach to young people in Corio / Norlane, greater trust (see, Trust and social stigma, in the general issues section) within

the community would be attained by having youth workers present on an ongoing basis.

Limitations:

For the introduction of young people's health services into Corio / Norlane, one service provider indicated that there may be a significant limiting factor related to the location of any new services. It was suggested that one of the reasons that Clockwork had been accepted by young people was that its location in Geelong promoted confidence among young people that using the service would not compromise confidentiality. That is, it was unlikely that young people would be seen entering the premises by people known to them. Any young people's health services that are to locate in the Corio / Norlane area may also need to find premises where the anonymity of young people using the services can be maintained.

It is also of note that any health service for young people needs GP's to diagnose and administer any medical interventions. Given the GP shortage mentioned earlier, this may also limit the scope of any proposed youth health service.

c) Mental health of young people including alcohol and other drug misuse

There was a perception (from seven interviews) that the mental health of young people in Corio and Norlane was a problem. Of particular concern was the availability of local mental health services and the extent of alcohol and other drug misuse by young people of Corio / Norlane. While most of the suggestions for locating new services within Corio / Norlane (point b) above) apply also to mental health services, there were three concerns mentioned by service providers that are particularly worrying. These were:

i) Seriousness of mental health problems. A difficulty for younger residents was identified during one interview related to the classification of mental health problems. If young people present with a mental health problem that does not fulfil the requirements of the mental health team, they are referred to other counselling or psychological service providers. The difficulty arises because there is only one psychologist currently working without charge in Corio / Norlane and referrals to this service have an extensive waiting period (the same problem was also identified for the adult population). The view was expressed that mental health problems are best tackled quickly, especially if the individual concerned has self-referred. The longer the wait, the less likely it is that the individual will maintain any motivation to change.

ii) Age-gaps for mental health services. One service provider suggested that occasionally young residents were denied mental health services because they did not fit the age requirements of a particular service provider.

iii) Dual-diagnosis. It was indicated during one interview with service providers working in the area of drug and alcohol treatment that treating young people with dual-diagnosis of mental health and drug/alcohol misuse issues was particularly difficult. While young people are still actively using drugs, medications do not work as intended and they are resistant to change.

Suggestions from service providers:

No suggestions were given as to how the mental health of young people, including dealing with matters of alcohol and other drug misuse, could be improved. However, there could be an argument made for bringing different service providers together to discuss these issues with the aim of devising procedures to best help the young people of Corio and Norlane, particularly in relation to the first two points above. The problem of dual-diagnosis clients may be more difficult to deal with.

Limitations:

As more than one service provider mentioned, sometimes funding models do not allow service providers to be flexible with their services and the clients they deal with.

Recent/future changes:

One service provider indicated that there were currently moves being undertaken through Barwon Health and other organisations to improve young people's access to local mental health services.

d) *Other issues for young people*

Several other general concerns were raised in relation to young people in Corio and Norlane, although few suggestions were made as to how these could be improved. They were as follows:

i) *Early intervention.* Service providers in two interviews presented the opinion that strategies of early intervention should be encouraged when young people are experiencing problems. That is, rather than waiting until problems are serious enough to be treated within the existing service provider structures, it would be better for the young people and, ultimately, financially as well, to start dealing with problems early. This is especially the case in Corio / Norlane where many people can not afford to pay for services. No specific service areas were mentioned in regards to early intervention but the sense was that it was lacking in many areas. As one service provider stated, '*... the earlier the better. Early intervention and encouragement to use mainstream services and outreach services [is what is needed]*'.

ii) *Teenage pregnancies.* Several service providers stated that teenage pregnancy is an issue for the young people in Corio and Norlane and that better sex education is needed in the community.

iii) *Violence.* Several service providers believed that violence, both within the family and the community, was a problem affecting many young people in the area.

2. *General Practice Medical Services*

General Practice (GP) medical services were mentioned during 19 interviews. It is of note that the main concerns raised did not relate to the standard of care provided by GP's but were linked to a shortage of GP's in Corio and Norlane and difficulties dealing with the specific health concerns of particular groups within the community. Some service providers were keen to point out that most GP's working in the Corio /

Norlane area were providing a very professional and dedicated service. Other service providers indicated that they were in regular contact with the GP association. However, the main areas of concern were:

a) *Difficulties accessing GP's.*

Many interview responses indicated that there were perceived problems for some Corio and Norlane residents in accessing GP's (mentioned in 12 interviews). There were two main issues, both related to a shortage of GP's in the Corio / Norlane area.

i) Surgery waiting times: Waiting times in doctors' surgeries in Corio / Norlane were mentioned during nine interviews, mainly in reference to bulk-billing medical centres offering appointments without booking. While most service providers indicated that waiting times were generally unacceptably long, one respondent stated specifically that some Corio / Norlane clients had reported '*...having to wait 3-4 hours in the surgery before seeing a doctor.*' Long waiting times were thought to act as a disincentive for positive health management for some residents. Specifically, one service provider mentioned the difficulties involved for parents dealing with several children in a confined surgery waiting room for extended periods. Service providers in another interview stated that because of the long waiting times in Corio / Norlane medical surgeries, '*... a lot of residents go to the emergency department in Geelong.*'

ii) Continuity of care: Related to the above point, four service providers stressed the importance of having and maintaining a trusting relationship with a GP as an important aspect of health management. This relationship was thought to be important both to improve the likelihood that residents will access a GP when they have health problems and to increase the possibility that GP's will provide appropriate follow-up for clients managing health concerns. There were two related areas of concern. First, it was noted that because of the doctor shortage in Corio and Norlane, some GP's operating under an appointment system were dealing with so many regular clients that they had closed their books to new clients. This situation was thought to be particularly problematic for new residents, residents dealing with acute health concerns or residents living in close proximity to these surgeries who may have significant transport difficulties accessing other GP options (see Transportation, under general issues). Often the only local option for residents is to attend a non-appointment GP and be subjected to long waiting times, as mentioned above.

The second and related continuity of care matter was that some residents attending non-appointment medical centres (with multiple GP's) find it difficult to establish a continuing relationship with one GP. A preferred GP may not be working or may not be readily available when residents attend one of these medical centres.

Suggestions from service providers:

Most service providers who raised the topic of the difficulty for residents in accessing GP's also indicated that the only way to improve the situation was to recruit more GP's to work in the Corio / Norlane area. However, there were few suggestions as to how this could be achieved. Service providers in three interviews suggested that it could be improved if DHS were to locate GP's at the Corio Community Health Centre. In the past this service had been available but had been removed several years prior to this study.

Limitations:

The GP shortage is a problem throughout Australia, particularly in areas away from the capital cities. In this vein, the problems being experienced by Corio / Norlane residents would be shared to varying extents with many other communities. Another limitation espoused by one service provider was that the low income nature of residents in the Corio / Norlane area was adding to the problem of attracting more GP's. This was because GP's working in low income areas tend to bulk-bill patients and therefore work at a lower pay rate than GP's in more affluent areas where patients are charged (to highlight this point, one GP interviewed stated that '*...well over 80% of consultations last year [2001-02] were with health or pension card holders*').

Recent/future changes:

- One service provider indicated that after approximately one year of concerted lobbying of both State and Federal governments, the Corio / Norlane area had been classified as an area of special need. This status allows overseas trained doctors on temporary resident visas to work in the area prior to fulfilling Australian requirements for registration to practice (and is usually restricted to rural and remote locations). At the time of the study, one doctor had recently commenced working in the Corio / Norlane area under this scheme.
- Two interview respondents indicated that they believed that DHS was investigating the possibility of re-introducing GP's into the Corio Community Health Centre.

b) New residents

New residents were mentioned in three interviews as having particular concerns in relation to accessing general practice medical services. Service providers in two interviews identified increased difficulties for new residents in establishing an on-going relationship with GP's in Corio / Norlane because of the waiting time and continuity of care issues mentioned above (*Difficulties accessing GP's*). As well, a family support agency indicated during interview that some of their clients who have been relocated into public housing in the Corio / Norlane area from other locations just do not know where health services are located. One service provider stated that the difficulties of accessing GP's in Corio / Norlane meant that some new residents who had been relocated from Melbourne were still travelling back to their previous Melbourne residential location to receive GP services.

Suggestions from service providers:

The suggestions listed in the section above (*Difficulties accessing GP's*) apply also to the problems for new residents. Any increase in the number of GP's in Corio / Norlane should also improve GP access for new residents. One suggestion received during the interviews was aimed at improving the local knowledge of new public housing residents. The suggestion was to have the Office of Housing develop a booklet to be distributed to new public housing residents outlining the location of all services, including GP's, located in and around Corio and Norlane.

c) Other general practice medical service issues

Other areas of concern raised during the interviews about general medical practice were generally raised during one interview only. As such, there was no consensus on the extent of these problems in Corio / Norlane. However, bearing this limitation in mind, each will be mentioned separately.

i) During one interview it was mentioned that some GP's in Corio / Norlane did not seem to be aware of the gamut of allied health and community services available to residents, even though GP's have ready access to most of this information.

ii) One service provider suggested that the health and well-being of residents could be improved by '*...making people aware that with their own health that they need to access services rather than putting up with complaints*'. It could be argued that there is a role for GP's working in Corio and Norlane to take on a more educational role with patients to encourage greater use of GP services. If health complaints are dealt with early it may decrease the severity and stop a minor complaint turning into a major long-term health problem.

3. *Families*

Issues related to families were identified in 18 interviews. Many respondents praised the work being undertaken by service providers working with families in Corio and Norlane. In particular, the work of the maternal and child health nurses, Glastonbury Child and Family Services, Bethany Family Support, Mackillop Family Services and the Salvation Army were mentioned individually. However, there was at least partial agreement on a number of topics, from different perspectives, that were thought to impact on the health and well-being of families in Corio and Norlane. These ranged from general social issues prevalent in the region to highly specific service areas. They were as follows:

a) *Social issues.*

Social issues were raised by service providers during nine interviews. It was acknowledged by several service providers that the majority of families in Corio and Norlane were functioning well, despite some being under considerable strain, but that there was a small percentage of families for whom social issues were impacting on their health and well-being and/or their ability to access appropriate assistance. For families already involved in accessing health and well-being services it was indicated that the impact of these social issues was evidenced by a high rate of missed appointments, even when services were being outreached into family homes, and a reticence to follow-up other assistance opportunities. Some of the common themes mentioned in relation to this at-risk group were:

i) *Low level of help-seeking skills.* Service providers in three interviews spoke on themes related to a low level of help-seeking skills among some parents, one respondent stating that '*...these are a group of parents that really love their children; they just don't have the skills to access services or to know where to go to change their lives*'. One reason for the low skill level may have been indicated by remarks made by two other respondents. They suggested that there was a generally low level of education among the parents who were most at-risk of poor health and well-being outcomes. Several other service providers also noted that there are many young

families in the region who may not have the experience or knowledge required to access help when required.

ii) Social isolation. Another concern, mentioned during three interviews, was the impact on families of social isolation. Many at-risk families in Corio and Norlane are living in public housing and may not originally be from the Geelong area. When problems do arise in these families there may not necessarily be family or friends available to provide support. When this is combined with a lack of financial capability to afford private assistance, the social isolation may be even more intense.

iii) Alcohol and other drug misuse. Misuse of alcohol and other drugs was mentioned by service providers in two interviews as being a problem impacting on families in Corio and Norlane.

iv) Priorities. During two interviews it was suggested that looking after the health and well-being of family members was simply not always a priority for some Corio / Norlane families. One service provider stated that '*Priorities will stop parents attending programs. Sometimes a pack of fags is more important than an educational opportunity*'. While this response is related to the drug issues mentioned above, it also implies that parents with limited financial capabilities have to constantly weigh up where their resources are spent. Sometimes it may seem more important to a parent that they look after their own needs before attending to the needs of other family members.

v) Trust, fear and confusion. The two issues of trust and fear were discussed in five interviews. Several service providers involved in providing outreach services to Corio and Norlane families indicated that it took a long time to gain the trust of some residents, much longer than in many other areas of Geelong. While it was not clear why this was the case, other service providers raised the related issue of fear. They indicated that some families did not want to get involved with organisations providing family related services because of the fear that Child Protection officers may become involved (see, Trust and social stigma, in the General Issues section), either directly or indirectly. It appears that some families may confuse the role of Child Protection with other service providers.

vi) Family violence. Family violence was mentioned in two interviews as an important factor affecting families in Corio and Norlane. However, there were differences in the way these service providers believed the matter was being dealt with in the community. One respondent stated that family violence '*... is another major issue out here but is largely kept a secret.*' In contrast, the other respondent stated that while family violence was an important issue, the '*...domestic violence outreach service is on the ball.*'

vii) Lack of engagement/disempowerment. Service providers in two interviews indicated that their organisations had difficulty engaging with parents from the local community at the level they would like. The theme for both interviews was that other family members could be better helped if parents would engage with service organisations and the broader community. However, many parents were thought to have generally low self-esteem and to be disempowered to such an extent that, as one

service provider stated, involvement with the community is difficult because ‘... they feel that they have nothing to offer or may get in trouble [through involvement].’

Suggestions from service providers:

There were not many direct suggestions made that were aimed at improving social issues for families in Corio and Norlane. Many service providers were excited by the community and capacity building projects proposed for the next few years. The suggestions that were made were mainly about reducing barriers to services for residents dealing with various social issues raised above.

- *Increased outreach of services.* This would help alleviate the problems of isolation and, by providing a *public face* for various organisations within the community, may increase recognition and reduce fear and mistrust.
- *Offering family support services through friendly locations in Corio and Norlane.* The main suggestions were that if support services could have some sort of presence in neighbourhood houses, community centres and schools (even if this was a few hours per week), this would help reduce social barriers for families.

b) *Health and well-being service problems and limitations*

During nine interviews, topics were discussed indicating some degree of frustration with service organisation problems and limitations and the way these limitations impacted on the health and well-being of Corio and Norlane families. Although many different problems were identified, most had two common elements: they were borne out of inflexible organisational funding arrangements and attitudes, and, the effects were most noticeable with families with the most complex problems. The resultant problems were thought to impact negatively on either the type of clients that could be helped, the number of clients that could be helped, or the duration of service provision. The main issues were as follows:

i) *Episodic service delivery.* Service providers in four interviews indicated that many of the Corio and Norlane families that they dealt with had multiple and complex problems. They suggested that one of the most frustrating things for these families was delivery of specialist services in a fragmented way that involved contact with many different organisations and case workers, each dealing with a single problem in isolation. As a service provider stated, ‘Episodic services work for white middle class communities, not residents in Corio / Norlane battling multiple issues’. One organisation mentioned that they tried to develop holistic plans for their family clients but were often faced with the inability of other service organisations to provide timely support.

ii) *Organisational selectivity.* Two service providers raised problems related to the selection of clients by organisations. Both respondents indicated that some service organisations may be rejecting some family clients based mainly on inflexibility within organisational structures. As one respondent stated:
‘... when someone presents with multiple problems to some organisations, the organisation can select which of the competing presenting problems is the major one. Often they will claim that the major problem is not the one that they deal with and pass the person on to another organisation. The same thing can then happen with the

second organisation, etc. I think this leads many people at-risk into frustration with the system.'

The other respondent indicated that one of the most highly funded mental health services in the region will sometimes not take clients that are deemed too difficult. This therefore produces access problems for the residents concerned and the likelihood that the presenting problem(s) will be treated by less qualified practitioners.

iii) Long-term assistance. Service providers in two interviews indicated that funding arrangements made it extremely difficult to provide long-term care when this was required. This matter was thought to be problematic for families in Corio and Norlane because, as already mentioned, presenting problems are sometimes very complex. One service provider indicated that because of client need they had been undertaking more than three times the number of appointments required by the service provider's employer. Another indicated that their organisation was only funded to work with family members for between three and six months and that this was not sufficient for some families. At the end of the funding period the respondent indicated that clients were referred to other service providers but that long waiting lists (see Waiting lists in the General Issues section) were impacting on continuity of care and client motivation.

Suggestions from service providers:

- *Better inter-agency communication and integration of services.* It was suggested that if organisations could better communicate with each other it would help to improve each of the service problems and limitations mentioned. For instance, case work could be planned to best suit the family. Responsibility could be divided between organisations to help with each problem facing the family, and continuous steps could be structured so that families needing long-term assistance are not left to cope alone for long periods.
- *Provision of a single case worker and/or a single case management site.* There were two closely related suggestions dealing with reducing case management fragmentation for Corio and Norlane residents dealing with multiple problems. One was that a single case worker should be assigned to a family and take charge of liaisons with all service providers involved with that family's care. Amongst other things, this could help to streamline care and reduce frustrations for residents and service providers with episodic delivery of services. Related to and sometimes incorporating this suggestion, other respondents believed that co-location of service providers in the Corio / Norlane area would help to reduce service provider problems and limitations.

Limitations:

One major limitation was alluded to in many interviews when service providers were asked what would help them provide better services to residents of Corio and Norlane. In the vast majority of cases the first choice of respondents was for more money. Many service providers indicated that their services were working to the limit with the available staff and physical structures. In the same light, the major limitation to the suggestions listed above involves the extra funding that

would be required. Also, the execution of better inter-agency communication would necessarily require attendance of case workers at joint meetings. This would further reduce the available time of these staff to work with residents.

iv) Involvement with Child Protection. Two service providers mentioned specific concerns related to involvement with Child Protection, one from the organisational perspective and the other from the perspective of the health and well-being of residents.

The first respondent, from a disability support organisation, indicated that it was hard for their organisation to communicate effectively with Child Protection. The respondent stated that: '*... we find it hard to make contact with them and they won't communicate back with us. They need more commitment to a two-way interaction*'. This respondent also noted that poor communication with Child Protection about one family sometimes affected other families using disability services. One example given was that workers in the disability area were very busy and families often had to book services several months ahead. However, sometimes Child Protection would request a report on a client by the next day without regard to the inconvenience this may cause other families whose disability-related appointment may need to be cancelled in order to fulfil the request from Child Protection.

The second respondent, from a school and family support organisation, suggested that some Child Protection policies were not in the best interest of the health and well-being of residents. The example given was that '*... sometimes they [Child Protection] will withdraw when a mother goes back to a violent relationship rather than keep services going*'.

Suggestions from service providers:

Only one suggestion was provided: that Child Protection improves its communication with other service organisations.

Recent/future changes:

During interviews with Child Protection staff it was indicated that there were moves underway looking at out-posting protection officers within other agencies in the Corio area. It could be expected that closer physical relationships with other organisations may also lead to improved communication and understanding of other service provider perspectives.

c) Other family issues

Several other family issues were raised during interviews that were not mentioned by many service providers because they were in very specific areas. These were as follows:

i) Low rate of breast-feeding in Corio / Norlane. Several service providers in one interview indicated that they were concerned about the low rate of infant breast-feeding by mothers in the Corio and Norlane area. It was stated that many mothers in the area would stop breast-feeding for relatively minor reasons. Because breast-feeding is associated with better infant health outcomes, the suggestion was made that a community program should be instigated (starting pre-birth and in hospital), to

increase awareness of the health benefits, and to encourage continuation, of breast-feeding when relatively minor problems arise.

ii) Appropriate use of school-based support staff. Two service providers dealing with at-risk students in Corio and Norlane schools indicated that sometimes these positions were limiting. That is, the brief was only to identify children at-risk. However, sometimes this led to communication with other family members and the service providers indicated that occasionally this interaction suggested that the whole family may be in need of assistance. The suggestion was made that the community may be better helped if their role was expanded to include ‘...somehow identifying families that may be at-risk rather than just identifying children at-risk’.

4. Educational Services

Service providers in 18 interviews indicated that they were concerned about matters related to schools in Corio and Norlane. There were several different perspectives to these issues including those of concern to students, to parents, to staff involved in providing school based services and to non-school based health and well-being services. While there was considerable crossover between these perspectives for many of the issues, they will be outlined in separate sub-sections of this report. It was also notable during the interviews that many non-school based service providers spoke highly of most schools in Corio and Norlane. This included acknowledgement of the caring environments nurtured at these schools and the imaginative programs already being undertaken.

a) Issues for students

Service providers in eight interviews discussed topics related to school students. There was a wide range of views on important matters affecting the health and well-being of school students in Corio and Norlane, most being discussed in only one or two interviews. These were as follows:

i) Behavioural and emotional issues. Service providers in two interviews raised concerns about behavioural and emotional issues for Corio and Norlane school students. These respondents were working in the area of student support and listed several different but possibly related areas of concern. Two service providers indicated that there were severe behavioural problems among school students in Corio and Norlane. One of the respondents stated that the Corio / Norlane area had the highest number of students with behavioural problems in the Greater Geelong area. Associated with these behavioural problems, both respondents indicated that many students involved with student welfare had witnessed domestic violence. One service provider indicated that many students requiring specialist support services had experienced grief and/or loss as a result of parental separation. It was suggested by one service provider that many parents of children experiencing difficulties at school had themselves experienced difficulty, leading to generational problems that were difficult to address.

Suggestions from service providers:

While no detailed suggestions were made by service providers, one respondent indicated that it would be helpful if domestic violence services were available in Corio and Norlane.

ii) *Waiting lists for student support services.* One respondent employed in the specialist area of student and family support indicated that while students were seen almost immediately in an emergency, there was normally a waiting period of four or more weeks that may not be in the best interest of student welfare. Related to this, service providers in another interview indicated that because of the increased support needs of school students in Corio and Norlane, teachers may be spending comparatively more of their time in student and family support related activities than teachers in other areas.

Suggestions from service providers:

One service provider suggested that the health and well-being of school students (and their families) in Corio and Norlane could be improved if there were more specialist student and family support services available to Corio and Norlane schools.

iii) *Alternative schooling options.* One service provider indicated that schooling arrangements for students who did not thrive in a *normal* school environment were limited for students in Corio and Norlane. The service provider indicated that there were two privately run alternative schools in Geelong (part funded by the Department of Employment, Education and Training), but that there were not enough places for the number of students who could benefit from such schooling. It was also stated that there were primary school students in Corio and Norlane who had dropped out of schooling and had no alternative educational or other opportunities. It was stated that most specialist services working with school leavers will only deal with young people from the time they reach 15 years of age. If a student leaves school at 12 years there are no viable alternatives.

Suggestions from service providers:

- It was suggested that the health and well-being of Corio and Norlane school students could be improved if there were more places available in alternative schooling environments to cater for students finding it difficult in traditional schooling.
- One service provider suggested that a specialist behaviour intervention team could be formed in the Geelong area. On referral, this team would be available to work with students, their families and their teachers in an intensive way to develop individual behaviour coping plans to give students the best opportunity to remain in schooling.

iv) *Schooling for older students.* Service providers in one interview indicated that a High School in Corio / Norlane had instigated procedures to assist older students return to school after having previously dropped out of education. It was stated that while there had been considerable success, two problem areas were identified. Firstly, one of the initiatives undertaken by the school had been to provide a child care facility for students returning to school after having given birth. It was stated that this had been a costly exercise financed from within the school budget and had added to the school's financial burden. Secondly, it was stated that government policy was to fund school students only until the age of 21 years. After this, it is expected that students returning to study will pay fees. In order to promote students over 21 years returning

to school in the Corio / Norlane area, it was found necessary for High Schools to cover fees for older students or to reduce them significantly. This added another financial burden to the schools.

Suggestions from service providers:

It was suggested that further financial assistance be given to schools embarking on strategies to assist school leavers return to schooling.

b) *Issues for parents*

It is important to note that all of the concerns previously identified in the *Families* section of this report also apply to parents of school children. As well, there were several other matters of importance identified by service providers in seven interviews concerning schooling of their children. The multiple issues affecting parents of children at school may lead to a level of frustration for some workers in the area. This can be summarised with the following comment from a service provider working in one of the schools in Corio / Norlane:

*‘We don't have the training that these families need. Families need intensive family support, a lot need financial support, and sometimes what they need is just an ear that can ask the **right** questions. There are waiting lists for most services so most people can't get help and we [school staff] have to try. There is a fear that if services become involved the kids will be taken away’.*

Other areas of concern are outlined in the following points.

i) *Support for education.* Service providers in three interviews who work in the area of education discussed issues related to the difficulties involved for some children in Corio and Norlane whose parents do not appear to highly support the education provided to their children. It was suggested that this occurred for several reasons. Firstly, some parents had limited or adverse educational experiences themselves as children and because education was not an important part of their lives they did not see education as being important for their children. Secondly, some parents were dealing with multiple issues in their own lives and did not have the energy and/or emotional strength to devote to encouraging their children's education. Finally, because some parents were feeling generally disempowered they did not have the skills to know how to help their children and the confidence to know how or whom to ask for help when needed. There were no suggestions for how this situation could be improved.

ii) *Fear of engaging with school support services.* Service providers in two interviews indicated that some parents were reluctant to engage with student and family support services as recommended. One service provider suggested that while parents were generally happy to use school based student support services, there was a difficulty in referring parents to other family support organisations. There were two reasons provided by these respondents. One was a lack of confidence in knowing how to help their children. Second was parents' fear of having children taken into child protection if professional services were used. One respondent indicated that if parents were willing to improve their own parenting skills this would dramatically improve

the educational outcomes for students. No suggestions were given to improve the situation.

iii) Poor links between parents and schools. Service providers in three interviews identified the difficulty in establishing links between parents and schools. As one example of these difficulties, one respondent indicated how a primary school had been concerned about children arriving at school without having eaten a nutritional breakfast and, as a response, had instigated a free breakfast program for children. However, this program was later discontinued because only three children were attending. It was thought that the main reason other parents in need were not sending their children was because it meant that they had to get up too early.

c) Schools linking with other service organisations

During 14 interviews, service providers made comments consistent with increasing linkages between Corio and Norlane schools and other types of service organisations. Some service providers mentioned that these linkages were already present in some instances and in others, schools were taking over the financial burden of delivering other services (for instance, child care and kindergarten). Some comments made by respondents best explain the rationale for this desire to see greater linkages:

‘From my discussions with a couple of principals, most of their time is spent on welfare and they can't do their teaching work. They need someone to come in and do some of the welfare work for them. Schools can play an important part of the community.’

‘As health professionals we need to look at health and education and then merge them.’

‘When we refer kids to other organisations there is a big drop-out rate The advantage of people on-site [schools] is that it's the community's preferred way.’

‘We need to go beyond traditional service delivery. There needs to be integration with schools so that issues are dealt with quickly and at the coal face where people are engaged.’

‘Get services into schools and out of government buildings. If they [parents] have a good relationship with the school they will access [services].’

These comments indicate that service providers see greater integration between schools and other service organisations assisting to improve the health and well-being of Corio and Norlane residents in several ways. It will free-up school teaching staff to devote more time to teaching (as opposed to support and counselling), and forge closer links between health services and education. It may increase the rate of uptake of support services by students and their families and also reduce the dropout rate once residents are using these services.

Suggestions from service providers:

Increase the linkages between schools and other service organisations. It was proposed that an effort be made to provide better access to other health and well-being services within and close to school environments. While some service providers suggested this in a general way without reference to specific services and the way it would need to be organised, other respondents were more specific. Some respondents thought that services would not need to be placed full-time within the schools but could operate on an outreach basis where their presence was at specified times each week/month/term. It was stated by two respondents that having services located within schools would increase the likelihood of early intervention. Services mentioned specifically by service providers included:

- Childcare
- Kindergartens
- Alcohol and other drug services
- Mental health
- Health education services
- Audiologists
- Social workers
- Parenting skills programs
- Office of Housing
- Welfare support
- Police (one respondent believed that it was important for police to have a regular presence in schools ‘...so that the relationship can be developed with the children rather than the scary things that may happen at home when the police come with guns drawn’).

Limitations:

Two service providers indicated that there may be constraints placed on schools by the Education Department which could limit the use of school facilities by non-teaching staff.

5. Public Housing

Concerns relating to public housing were mentioned by service providers in 15 interviews as an issue to the health and well-being of Corio and Norlane residents. The most commonly mentioned issues are described below.

a) *DHS Office of Housing does not have a physical presence in the Corio / Norlane area.* Several service providers offered that difficulties were sometimes experienced by residents because of the location of the housing office in the city of Geelong. As mentioned in the general service provision section, transport can be difficult for some residents, particularly those without private transportation (see *Transportation*, under General Issues). While it was noted that many communications with housing officers could take place over the telephone, one respondent mentioned that public telephones were lacking in certain parts of Corio / Norlane. The Rosewall Estate area was given as an example with the respondent stating that there was only one public telephone and that this was not always in working order.

Suggestions from service providers:

- *Locate public housing officers within Corio / Norlane.* This would provide easier access for residents and promote better and more timely communication when residents were experiencing difficulties. Having an office located in Corio / Norlane would also provide a public face for the Office of Housing that may improve government-resident relationships and engender stronger public trust (see *Trust and social stigma*, under General Issues).
- *Improve availability of public telephones.* This would make communication easier for residents when dealing with public housing problems that do not require a formal appointment with a housing officer.

Recent/future changes:

The Office of Housing is currently undertaking a formal study into the possibility of having offices located with the Corio / Norlane area. There is also a process underway of developing a Housing Master Plan and an Urban Design Framework.

b) Communication with other service providers.

Several service providers indicated that their service organisation had regular communication with the Office of Housing through established channels. In particular disability services, youth services and drug and alcohol services. While several described this relationship as good, one respondent indicated that the relationship was quite adversarial. Several respondents suggested that if communication between the Office of Housing and other service providers could be improved the health and well-being of Corio and Norlane residents could also improve. The major communication issues were mentioned by service providers dealing with residents with either a disability, mental health problem or child protection order. The communication issues were in two broad areas: communication about existing problems, and communication about possible future problems.

i) Communication about existing problems. Service providers in three interviews mentioned that they were sometimes caught unawares by the eviction of clients and that the eviction usually intensified difficulties for residents and made it harder to provide continuity of care. The mental health and disability service providers indicated that their provision of services would be improved if they were informed when one of their clients was having housing difficulties. As one disability worker stated, “...even if they're [residents] not too quick on paying their rent perhaps public housing should notify us (and other organisations) before giving eviction notices to these people.” With early notification of a housing problem it was thought that it was more likely that appropriate strategies could be enacted to secure residents' accommodation.

ii) Communication about future problems. In one interview it was mentioned that during informal discussions with Office of Housing workers it had been mentioned that housing officers tend to know whether a family is at-risk of housing breakdown in the early stages of a contract. As one service provider said, “*This family is going to*

become at-risk but we don't know about them. If they [Housing] informed us we could provide a case worker to help at that stage before trouble started.”

Suggestions from service providers:

- *Develop a protocol to improve communication between the Office of Housing and other relevant service providers.* This would need to be developed bearing in mind the privacy and confidentiality guidelines of each service organisation and would require signed consent from residents. Such a protocol would enable consenting residents with existing housing problems to gain assistance from other service organisations prior to eviction from public housing.
- *Increase the likelihood that residents identified as at-risk of housing breakdown receive appropriate assistance.* Two suggestions were made to increase the likelihood of assistance being provided to residents identified as at-risk. Both suggestions may require the Office of Housing to formalise criteria by which housing clients' risk factors are evaluated.
 - That the Office of Housing employs a case-worker(s) to evaluate the health and welfare needs of public housing residents, referring individuals to appropriate support and assistance.
 - Provide housing officers with training to offer referrals to other service organisations with clients potentially at-risk of housing breakdown. This may encourage some at-risk residents to seek assistance before difficulties become overwhelming.

Limitations:

Responses from housing officers indicated that there is currently no obligation on clients to indicate if they are having personal issues that require support or assistance from other service organisations (i.e. mental health treatment). This leads to a situation where the Office of Housing, as landlord, must follow through with eviction processes on any tenants not complying with their contractual obligations. Unless residents inform housing officers of their problems there is no possibility of adjusting the conditions under which housing can be maintained. Given the transport and trust matters previously outlined, the likelihood of residents informing housing officers of personal issues may also be improved by having housing officers present in the Corio / Norlane area. Improvements in residents' accessibility to housing officers may also lead to closer communication and trust.

A second limitation was noted by one disability support worker who warned that strategies aimed at improving communication with and between service providers need to be wary of increasing the number of case workers involved with residents. Individuals (residents) can get confused when they are dealing with multiple services and service people and, in extreme cases, may not know whom they are meeting and/or what the meeting is about. This respondent warned that any strategy that introduces more case workers into the situation may be counter productive.

Recent/future changes:

The Office of Housing in Geelong has recently appointed a Housing Support Worker whose duties include working closely with other agencies and providing referrals for residents to other service organisations. This position is similar to that suggested by service providers (*Suggestion (a)* listed above).

c) *Social needs of public housing residents.*

Respondents from four service providers indicated that they believed that the grouping of public housing residents in Corio and Norlane was sometimes inappropriate. Concerns raised by service providers varied from broad to highly focussed. At the broadest level several respondents suggested that having such a high concentration of public housing in the Corio / Norlane area leads to a situation where similar marginalised people are necessarily grouped together. In this situation it is hard for an individual to remove himself or herself from what could be negative influences. It was suggested that there is inadequate coordination within the Office of Housing to attempt to match the social needs of a client with a suitable house. For example, one respondent said “*Often a person who has to leave an area because of violence is put into another suburb with a violent reputation.*”

At a more focussed level, service providers in two interviews indicated that there had been some occasions in which public housing clients with similar mental health problems had been located in the same street or local area in Corio and Norlane. It was claimed that grouping of residents, particularly those with similar mental health issues, exacerbated problems for residents and service organisations alike.

Suggestions from service providers:

It was suggested that the Office of Housing should have more flexibility to address clients’ social needs when deciding on the location of housing. One respondent suggested that if the Office of Housing took clients’ social concerns into consideration it would make their work much simpler by reducing the housing turnover rate in Corio / Norlane.

Recent/future changes:

It should be noted that two service providers indicated that they were aware that the Office of Housing was trying to change its procedures to take the social needs of clients more into account. This was confirmed during interviews with housing officers. The recently appointed Housing Support Worker should also have an impact on the ability of the Office of Housing to more closely meet clients’ social needs when deciding housing options.

d) *Waiting times*

Service providers in six interviews mentioned waiting times as an area of concern with the Office of Housing. There were two types of waiting time concerns mentioned.

i) *Waiting time for housing:* This was a general issue that some service providers stated had been mentioned by Corio / Norlane residents. That is, when individuals required new public housing for any reason (i.e. relationship breakdown, violent neighbours), there was a long wait without many other housing options, particularly

for those residents without short-term access to housing of family or friends. It is of note that while DHS does provide housing stock for emergency and supported accommodation in Corio / Norlane, none of the stock is managed by the Office of Housing. Therefore, when a client requests emergency and/or supported accommodation, housing officers can only refer that client to another agency. As one respondent noted, the private agency may or may not be able to provide immediate housing and residents may embark on a merry-go round of visits to service providers without finding any solution.

ii) Waiting time for action on requests of clients: One service provider stated that public housing residents had reported difficulty in dealing with the Office of Housing when requesting improvements or repairs. The first difficulty mentioned was getting the Office of Housing to follow up a request and, as this respondent stated, *“If it is followed up it is inappropriate or takes a long time.”*

Suggestions from service providers:

- *That more emergency and supported accommodation be made available.* This would improve the ability of individuals and families in crisis or with special needs to access public housing in a timely fashion.
- *Investigate the feasibility of providing a single, integrated ‘one-stop housing shop’.* This would enable new public housing clients to evaluate all housing options in one location. It would also enable existing clients with emergency accommodation needs to avoid having to travel from agency to agency at a time of potentially great personal stress.

Limitations:

The Office of Housing throughout the State has only limited public housing stock available such that waiting times for new housing is not a unique feature of the Corio and Norlane areas. As well, the quantity of public housing stock in Victoria has been generally diminishing over at least the last two decades. Adding to this, the Office of Housing has an understandable policy that dictates that clients with the highest need get first priority. Therefore, if an existing public housing client requests a new housing arrangement, the waiting time is not just dependent on the availability of housing stock but also the assessment of need.

e) Housing condition and modifications.

Service providers in three interviews indicated dissatisfaction either with the condition of public housing in the Corio / Norlane area or the time taken to carry out modifications. Service providers had general dissatisfaction with the condition of public housing in the Corio / Norlane area, with one respondent specifically mentioning housing in the Rosewall Estate as being in particularly poor condition. Another respondent indicated that having so many houses looking the same in Corio / Norlane did not help to engender feelings of ownership among residents, resulting in poorer house and property maintenance than may otherwise be the case.

While there was only one interview in which modifications to existing public housing were mentioned as a concern, it is of note that this report was from a disability support organisation. It was stated that failure to carry out timely modifications to

public housing used by clients dealing with either their own or a family member's disability can impact negatively on health outcomes.

Suggestions from service providers:

- *The Office of Housing should try to improve the condition of public housing, maintain a regular property maintenance schedule and promptly repair damage.* Included with this, efforts should be made to individualise the housing as much as possible and to encourage clients to take psychological ownership of their houses.
- *Provide a system for disability clients to have timely housing modifications completed.* To avoid confusion over the types of modifications required, this system would need to operate on recommendations from disability service providers.

Limitations:

It was recognised by the research team that talking about public housing being in “poor condition” is somewhat vague. There may have been some confusion about which aspects service providers were talking about when referring to the “poor condition” of public housing. For instance, it may have been the internal condition of the housing, the external condition of the physical housing structure, or could have included external elements such as gardens and other objects within properties.

Recent/future changes:

There is currently work being undertaken to upgrade areas of public housing in the Corio / Norlane area and also other projects on the physical amenity of the area being conducted as part of the Neighbourhood Renewal project. One respondent also stated that there was a new private housing development planned for the area just north of the Rosewall Estate. This respondent suggested that having new private housing so close to the Rosewall Estate could impact on the general amenity of the area.

6. Dental Health

During 14 interviews dental health was raised as an important issue for residents of Corio and Norlane. While discussing dental health, service providers used terms such as ‘major’ or ‘huge’ to describe the problem for residents. Most service providers indicated that the general awareness of dental health was low and several specific difficulties were mentioned for residents accessing existing dental services. Some of the most salient matters raised were as follows:

a) Waiting list for dental treatment at the Community Health Centre.

Service providers in four interviews mentioned that cost prohibited many Corio / Norlane residents accessing private dental treatment and, in all but emergency situations, there was a long waiting list for the affordable (fixed at \$20) dental treatment offered at the Community Health Centre. In emergency situations, when residents are in extreme pain, two service providers indicated that the dental service is ‘fantastic’ and usually available within a couple of days. One other respondent from a

family support organisation indicated that they sometimes ‘... *have people begging for \$20 to do something about their teeth*’.

Suggestions from service providers:

The suggestion was made that more dentists should be employed at the Community Health Centre to reduce the waiting time for residents.

Limitations:

During one interview it was indicated that waiting lists in Corio / Norlane were similar to community dental services in other locations in Victoria. It was also indicated that the Community Health Centre building at Corio had limited space and could not be expanded to include more dental rooms. Further, it was indicated that the available facilities were operating with full staff and within all available hours.

Recent/future changes:

As previously mentioned, one service provider indicated that there was a study underway looking at re-developing the Community Health Centre. This may impact on the number of dental rooms available at the Community Health Centre in the future. Another service provider also mentioned that the waiting time for the community dental program had been reduced by half in recent years.

b) *Access to dental services.*

Service providers in five interviews indicated that Corio and Norlane residents had difficulties accessing dental services. The access difficulties were in two areas. First, the cost of dental services were thought to be too high (in both private and community dental clinics). Second, were problems for residents in knowing how to access the available services. Respondents from one support organisation indicated that both issues were particularly difficult for homeless people in the area who may not be able to provide sufficient documentation to apply for a health care card. In emergencies, these clients could be seen but they had little opportunity to access regular dental care. No suggestions were received to improve access to dental services except to state that access should be improved.

c) *Poor oral hygiene by children.*

While two service providers indicated that the children’s dental service (based in a caravan at a local primary school) was invaluable, two other respondents working with pre-school age children indicated that very few children brushed their teeth. One of these respondents working in a kindergarten indicated that as few as 3 out of 25 children would regularly brush their teeth in the morning.

Suggestions from service providers:

A dental hygiene education program could be conducted in Corio and Norlane. It was suggested that parents of young children would better help their children if they had more information about the benefits of regular teeth cleaning and diet to dental health.

Limitations:

One respondent working in the community dental service indicated that one of the major factors involved in poor dental health of residents of Corio / Norlane

and the greater Geelong area was tied to the water supply. That is, unlike most other major centres in Australia, the water supply in Geelong was not fluoridated and this led, according to the respondent, to a situation that was quite similar to a ‘... *third world country*’ in regards to ‘... *rampant decay and high denture rates*’.

7. *Residents From the Migrant and Refugee Community*

During the interview stage of the study there were only two interviews with respondents from organisations working solely with residents from the migrant and refugee community. However, service providers in 12 other interviews indicated that they were aware of specific concerns for this sector of the Corio and Norlane community. The main issues identified by service providers referred to language and cultural difficulties. However, several other areas of concern were identified in a few interviews. Each of these will be outlined in the following sections.

a) *Language and cultural difficulties*

Service providers in 11 interviews referred to language and cultural issues affecting the health and well-being of ethnic community members from Corio and Norlane. Several themes were identified. The topic of interpreting services was identified in seven interviews. Several respondents reported that telephone-interpreting services worked well for their service organisation but six respondents indicated situations in which the health and well-being of Corio and Norlane residents was not being maximised.

i) Interpreting services and medical consultations. The main area was during medical consultations where it was suggested that interpreting services may be under-utilised. As one respondent who deals with the ethnic community members in the area said, ‘... *if you have to tell someone they have diabetes you need to have some way of telling them in their own language*’. One service provider provided a possible reason for under-utilisation when it was indicated that GP appointments using interpreting services tended to be much longer than would otherwise be the case. This puts another pressure on GP’s in the area, most of whom are working long hours due to the existing staffing shortage.

ii) Interpreting services and family and personal counselling/support. Respondents from a family support organisation indicated that when a family or individual was dealing with deeply personal issues, using local interpreters was problematic. This was because the interpreter was likely to know the person(s) concerned, especially with smaller ethnic groups. This difficulty means that interpreters have to be engaged from Melbourne for some clients. A second difficulty was reported by respondents from another family support organisation who alluded to the difficulty involved in establishing a positive therapeutic relationship with residents when interpreting services were used.

iii) Interpreting services and health information. One respondent dealing with residents from local ethnic communities but not in a health capacity indicated that sometimes residents approached their organisation with health information sheets given to them through local health services. The respondent indicated that, ‘... *they [ethnic community members] bring in the information from the GP but don't understand it themselves. I have to explain it to them*’. Given that this respondent did

not work in a health-related position, the onus of explaining health information is clearly an important matter.

Suggestions from service providers:

Several respondents thought that the use of interpreting services should be encouraged by service providers.

Recent/future changes:

One service provider indicated that a medical surgery in Corio / Norlane was currently investigating using face-to-face interpreting services (rather than telephone services) during consultations. This was being investigated in conjunction with the Community Health Centre, and it was envisaged that interpreters would operate on a client appointment basis.

b) *Cultural issues.*

There were several cultural issues raised by individual service providers.

i) *Culture specific knowledge.* One respondent suggested that staff in health and community service organisations sometimes made mistakes when dealing with ethnic community members based on a lack of culture-specific knowledge.

ii) *Dietary advice.* One service provider suggested that health professionals sometimes gave advice (dietary advice was mentioned specifically) to members of ethnic communities that followed western norms but did not speak to cultural dietary norms that may differ. As this respondent stated, '*They [health professionals] don't understand because dietary changes are also akin to a cultural change. It takes them [ethnic community members] much longer to understand health problems generally and do something to change it than it does the Australian population*'. No direct suggestions were received for this topic.

iii) *Discrimination.* One service provider stated that many refugee and migrant residents felt discriminated against in the Australian cultural context. Along with this, the respondent suggested that a lot of ethnic residents were depressed and felt isolated, and many also had family problems. No direct suggestions were received for this issue.

iv) *Mental health.* One service provider suggested that many multi-cultural clients had mental health and family difficulties that were not being addressed. The respondent indicated that, '*... some have mental illnesses but won't admit it or even discuss it. I refer some to another worker but you can't make them [ethnic community member] do anything. They need to admit to needing help but this is very difficult*'. It was proposed that the reason for this difficulty is that mental health problems may be considered in some way shameful or be kept private in certain cultures. It was also suggested by another respondent that many older migrant and refugee residents may choose to stay at home because of language difficulties. No direct suggestions were received for this problem.

Suggestions from service providers:

One service provider suggested that training to increase sensitivity to cultural issues was necessary for staff of health and welfare service organisations dealing

with refugee and migrant clientele. This may help minimise ‘...culturally avoidable mistakes’.

c) *Dental health.*

One respondent working exclusively with refugee and migrant residents was extremely concerned about dental health matters with this sector of the population. This respondent saw this as a cultural issue and explained that, ‘...they [residents] seem to think that dentists are prohibitively expensive and some clients hold their hand in front of their mouth when speaking so that you can't see their teeth. You see, overseas, dentistry is very expensive but they don't understand that in Australia its affordable really. No direct suggestions were received for this problem.

d) *Centrelink.*

One respondent working in the employment area indicated that refugee and migrant clients had expressed approval at the provision of translators by Centrelink. However, this respondent also indicated that Centrelink forms, particularly the disability claim form (around 50 pages), were extremely difficult for clients to complete. This respondent stated that ‘...[I] think the paperwork for Centrelink is too hard and overwhelming for nearly all my clients, even for those who have been here for 20 or so years. Even when I help, they get angry with me asking some of the personal questions that are on the centrelink forms’.

Suggestions from service providers:

Centrelink could investigate making claim forms shorter and easier to complete for people from the refugee and migrant community.

8. *Indigenous Issues*

Issues affecting the Aboriginal and Torres Strait Islander community living in the Corio / Norlane area were raised during seven interviews. However, only two of these interviews were with respondents from organisations dealing exclusively with indigenous community members. From the other interviews, three respondents indicated that their organisation had either none or limited numbers of indigenous clients. It was suggested by one respondent that indigenous residents were probably accessing indigenous services. This was confirmed by the indigenous workers interviewed for this project who indicated that many indigenous clients preferred indigenous services to general community services and that most of the indigenous health services were free. Dental care, discussed previously as being a concern for the local community, was not thought to be a problem for the indigenous community of Corio and Norlane. It was stated that a bus was regularly used to transport community members to a Melbourne-based indigenous dental service. It was also stated that there were a number of health and community service providers with formal arrangements with a local indigenous organisation. However, some areas of concern were raised:

a) *Lack of cultural sensitivity in the general service community.*

There were several different areas in which lack of cultural understanding was impacting on the health and well-being of Aboriginal and Torres Strait Islander residents of Corio and Norlane.

i) Accessing non-indigenous services One service provider indicated that it could be culturally difficult for indigenous clients to access non-indigenous health and well-being services. In particular, counselling was mentioned as a service area where an indigenous resident may risk being alienated from the local indigenous community if seen to be taking their problems outside of that community. The respondent indicated that the cultural difficulties inherent in accessing non-indigenous services led to indigenous service providers having to attempt to cover many health and community service areas normally undertaken by specialist service providers.

ii) Literacy skills. One indigenous worker indicated that many indigenous clients had poor reading and writing skills that made it difficult for them to complete forms and read other health and well being related material. Centrelink forms were specifically mentioned as being difficult for some indigenous clients to understand and complete.

iii) Contacting indigenous clients. One indigenous worker indicated that contacting indigenous clients was sometimes problematic, particularly with younger indigenous clients (14 – 22 years). The respondent provided several reasons for this. Firstly, it was stated that some clients did not have telephone communication at their residence. This makes it difficult to contact indigenous clients whether in the case of an urgent communication or a reminder of a forthcoming appointment. Secondly, it was stated that some clients were not living at the residential address provided. For younger indigenous residents the address provided to service organisations may be the residence of another family member or friend but the young person may actually be living elsewhere in the region with another member of their extended network of family and friends.

iv) Cultural diversity within the Aboriginal and Torres Strait Islander population of Corio and Norlane. One service provider indicated that the lack of cultural sensitivity exhibited by some service organisations was evidenced by general knowledge weaknesses ‘... such as not knowing that the indigenous community here is actually quite diverse. People from all over Australia are living here’. Therefore, cultural norms may vary depending on where the indigenous person originally comes from.

Suggestions from service providers:

No formal suggestions were provided that may lead to increased cultural sensitivity within non-indigenous service organisations and the broader community.

b) Mainstream services not being indigenous friendly.

One indigenous worker stated that although non-indigenous health and well-being services indicated that they would like to provide assistance to more indigenous clients, many services did not provide an environment that was welcoming to indigenous residents. This reduced the likelihood that indigenous residents would use these services by choice or maintain involvement after an initial meeting. Related to this, it was also suggested that few community service organisations working with Corio and Norlane residents employed indigenous staff.

Suggestions from service providers:

- *Mainstream service organisations could display respect for the indigenous community.* It was suggested by one service provider that non-indigenous services might increase the likelihood of attracting and maintaining indigenous clients through simply placing an indigenous poster in a prominent position in their establishments, thereby outwardly showing respect for the indigenous community.
- *Mainstream services could seek to employ indigenous workers.* It was suggested that service organisations without indigenous employees could increase their profile within the indigenous community by employing an indigenous worker(s) in their existing programs. This could assist to increase how welcome indigenous residents felt using non-indigenous service organisations and also improve the rate at which indigenous clients use non-indigenous services.

Recent/future changes:

One service provider indicated that a non-indigenous family support provider had just appointed a half-time indigenous officer to work within their service organisation.

c) *Transport difficulties*

One respondent from an indigenous organisation indicated that at least 80% of the Aboriginal and Torres Strait Islander community members in the region did not have access to private transportation. For this reason, outreach is an important component of health and community service provision to indigenous clients in Corio / Norlane. There is also a community bus and van used to provide transportation to health and welfare services, community activities and to provide transportation to enable respite for families engaged in delivering foster care services to the community. It was stated that the community transport vehicles were becoming older and that there was currently difficulty in raising the funds required to update these vehicles. It was suggested that this could impact on the health and well-being of local indigenous residents in the future.

Suggestions from service providers:

While no formal suggestions were received to assist with this potential transport difficulty for Aboriginal and Torres Strait Islander community members in Corio/ Norlane, there was an implied wish for more funding to assist up-grades of existing transport options and maintenance of current services.

d) *GP medical services*

One service provider stated that there was an irregular GP service offered at an indigenous community centre in Corio / Norlane and that there was at least one GP in the area who had a good rapport with indigenous clients. However, it was also stated that the health needs of Aboriginal and Torres Strait Islander community members living in Corio and Norlane would be more closely monitored if there was a regular indigenous GP service available. It was also argued that the current indigenous health centre was inadequate and if regular visits were made by a GP it would be preferable to have purpose built consulting facilities.

Suggestions from service providers:

One service provider suggested that it would be ideal to have an indigenous medical service located in Geelong.

Recent/future changes:

One service provider indicated that there was currently in-principal support from several government departments for the building of a new indigenous community facility in Corio / Norlane. If this facility was to proceed it would include a health care section.

e) *Indigenous family support services*

One service provider indicated that the existing indigenous family support services were not adequate. As this respondent stated, '*We are poorly resourced. One family support worker only for the whole area [the area covers Werribee to Lorne] - it is tokenistic*'.

Suggestions from service providers:

It was suggested by two service providers that more financial support is required to enable the available indigenous family support program to be expanded.

Recent/future changes:

As previously mentioned, one non-indigenous family support organisation has recently employed an indigenous worker on a half-time basis. If this service is utilised by members of the Aboriginal and Torres Strait Islander community living in Corio and Norlane it may ease the workload for the one existing worker and better help indigenous residents.

f) *Alcohol and other drug misuse*

Service providers in two interviews raised the issue of alcohol and other drug misuse as being a concern for the indigenous community residing in Corio and Norlane. One service provider suggested that the main area of concern was alcohol and other drug misuse among older indigenous residents. It was claimed that a successful drug education program with younger residents had helped minimise the problems compared to many other indigenous communities in Australia. Two main topics were raised in relation to alcohol and other drug misuse.

i) *Not enough specialist workers in alcohol and other drug misuse.* One service provider stated that there was only one indigenous alcohol and other drug worker in the region and that this worker was responsible for dealing with clients from a large geographic area (Werribee to Lorne).

ii) *No indigenous rehabilitation and detoxification facilities in the region.* One service provider indicated that indigenous rehabilitation and detoxification were available in Melbourne but that there were issues that made these services problematic. First, it is a problem when clients have to leave their local area and separate from family and other support mechanisms. Second, it was stated that there was often a waiting time to access these services that impinged on the success of changing behaviours. It was thought that when indigenous residents decide that they want to change their alcohol and other drug related behaviours it was often as a

consequence of particular experiences. The salience of these experiences tend to diminish if the waiting time is too long, resulting in a change of mind about accepting assistance.

Suggestions from service providers:

One service provider suggested that the health and well-being of Aboriginal and Torres Strait Islander residents dealing with alcohol and other drug misuse issues would be better served if indigenous rehabilitation and detoxification facilities were available locally.

g) Kindergarten and child care facilities

One service provider indicated that there were no indigenous kindergarten and child care facilities in the Corio and Norlane area. It was suggested that this made it difficult for some indigenous families, particularly those where parents were working. It was stated that the existing non-indigenous services were too expensive for many indigenous families.

Suggestions from service providers:

One service provider suggested that the health and well-being of indigenous families with working parent(s) could be improved with a specialist indigenous centre offering child care and kindergarten services. To increase the likelihood of such a service being used by indigenous families, services would have to be either free or at minimal cost. While this was not mentioned by service providers in the interviews, it should be noted that the State Government does run a Koori Early Childhood Program which assists Koori children to access preschool programs and to encourage programs to be more culturally relevant and inclusive.

Responses to Service Delivery in General

The previous sections have detailed concerns related to specific service areas. The following will attempt to amalgamate these ideas into an overview of issues identified by respondents in relation to service delivery in general for the residents of Corio and Norlane.

a) The need for more services located in the area

In a total of 18 interviews, service providers mentioned that there is a need to have more services located in the Corio / Norlane area. These comments did not refer to additional services of a type already available, but to types of services that are not located in the area at all. Six of these comments related to services in general, while nine mentioned health-related services in particular (sometimes in addition to other types of services). Specific health services mentioned included speech pathology, dietician, and treatment services. Other services that respondents thought should be located in the area included youth services, housing services, gambling services, domestic violence and sexual assault services.

b) The need for greater flexibility

The issue of flexibility was raised in 13 interviews. Respondents generally indicated that service delivery was limited or restricted by *'policies, guidelines, or procedures'*. Specific problems mentioned included limits on the age of clients an organisation could assist, the length of time a client could be assisted for, the seriousness of a

problem required before an agency could assist, limits on what type of service is funded or is able to be provided, and a restrictive position description. These comments were made from respondents working in various fields.

c) *Co-locate other services with schools*

Eight service providers specifically suggested locating other services at local schools. Two of these suggestions came from interviews conducted with schools, the others from interviews with a variety of service providers. However, one respondent indicated that it would not be a good idea to locate health services at schools, that students need confidentiality.

d) *Other places to locate services*

When suggesting other ways of combining or co-locating services, four service providers suggested having GP's at the Community Health Centre, and one suggested having GP's at the Corio Village. Neighbourhood houses were suggested as a good place to provide other services by three respondents. One respondent suggested having other services located in their own building, and one suggested a mobile service for health services, including pathology.

e) *Prevention and education*

Seven service providers mentioned the need for service delivery to focus on preventative information or education, particularly in the areas of life skills, parenting skills, and nutrition and diet. Educating people that they need to access health services rather than putting up with complaints was also mentioned.

f) *Early intervention*

Service providers in six interviews indicated that there is a need for service delivery to occur earlier rather than when a problem required serious action. This was mentioned as a general need, and in reference to child protection issues, diagnosing problems early in children, and the early identification of families at-risk in general.

g) *The need for more outreach*

Six service providers suggested that there was a need for more outreach work in the Corio / Norlane area. This need was specifically mentioned for older isolated people, young people and also as a general need.

h) *Have one person / agency that knows what is available*

Service providers in six interviews suggested that there was a need for one person or agency to know about all services that are available, a central place for people to go to. One of these respondents suggested that this agency could do a general assessment of clients' needs. One respondent suggested that a single role may overcome the problem of service fragmentation. The difficulty of carrying out this idea was acknowledged by one respondent: *'There should be one central location for all information. However, it is larger than Ben Hur so can't be undertaken'*.

i) *The one-stop shop idea*

Four service providers specifically mentioned a one-stop-shop to provide multiple services at one location. It should be noted that it is possible that the respondents

suggesting one person or agency who knows about all services may have been thinking of a one-stop-shop concept without labelling it as such. One participant indicated that they did not agree with the idea of a one-stop-shop.

j) The need for more integration

In total, fifteen service providers mentioned a need for greater integration of services. This was occasionally mentioned in terms of the respondent suggesting they could work more closely with other agencies, sometimes that other agencies could work with them more, but was quite often a general suggestion that services could be better integrated. A major topic discussed was the unwillingness or inability of certain agencies to share information about clients with other organisations that would assist them to meet the needs of clients.

k) Comments on integration that is happening

Throughout the interviews references were made to ways in which service providers do work together. These comments are summarised in this section.

In 21 interviews, service providers mentioned that their organisation does work with other service providers in the Corio / Norlane area. These respondents came from a wide range of organisations and indicated the presence of existing relationships with an equally wide range of other organisations. Schools were the most frequently mentioned type of organisation specifically mentioned as being worked with. Frequently respondents indicated working well with other services offering a similar service, or mentioned a broad category, for example “support services” that they worked well with.

Five respondents mentioned having a good relationship or good communication with other service providers. Three respondents indicated receiving referrals from other service providers, or themselves making referrals.

New or planned activities in the Corio / Norlane area

The following section briefly describes a number of activities which have commenced in the Corio / Norlane area after the interviews for this project were conducted, or which are currently in the planning stage. They are included here as many relate to matters raised in the interviews with service providers.

CAOS

The Community Agents of Sustainability Network (CAOS) has as its overall aim “to support and enhance a high level of collaboration between Community Development workers initiating “on the ground” responses within the North” (The “CAOS” Connector, 2003, p. 1). The first meeting of CAOS was held early in February, 2003, at which workers in attendance provided information on existing or planned initiatives in the North. CAOS provides an important forum for workers in the Corio and Norlane area to communicate and share information, and should facilitate opportunities for working together (The “CAOS” Connector, 2003).

PICSAR

A new partnership between Leisure Networks and VicHealth has recently been formed – Participation in Community Sport and Recreation (PICSAR). This program

will offer a team approach between sport, recreation and health. PICSAR will work closely with sporting associations and clubs, recreation providers and health services to provide physical activity programs (The “CAOS” Connector, 2003). PICSAR is a different approach to sport and recreation, and hopes to attract a broad range of people.

Corio Community Park

A local residents group, the Norlane, Corio and North Shore Consultative Group, is working towards creating a “Corio Community Park” at Shell Reserve in Purnell Rd, Corio (The “CAOS” Connector, 2003). It is anticipated that the park will provide a much-needed family facility for the residents of the Northern Suburbs (The “CAOS” Connector, 2003).

Rosewall Primary School

Rosewall Primary School is seeking approval to have outside agencies co-locate within the school premises. The school is keen to establish a multi-disciplinary early intervention team of student support workers who are able to work directly with students and families, co-located with the school (The “CAOS” Connector, 2003).

A breakfast program has commenced at Rosewall Primary School, supported by the CFMEU and the AEU, and as part of the Best Start program (The “CAOS” Connector, 2003).

A walking bus program is being planned which encourages children to walk to and from school in small, supervised groups. The walking bus program aims to improve levels of fitness and safety, enhance social connectedness and reduce car congestion and pollution (The “CAOS” Connector, 2003). This project is funded by VicHealth and the City of Greater Geelong.

Young Parents Access Project

The Corio Bay Senior College, in collaboration with DHS, COGG and community organisations, is providing support and child care services to young parents to continue their education and training after the birth of their babies (Department of Human Services, Barwon-South Western Region, 2003). A parent support worker will be employed to work with young parents.

Community Garden Project

Plans are underway to develop a community garden on the grounds of Flinders Peak Secondary College. The garden will give Primary and Secondary School students from Rosewall the opportunity to learn and be involved in growing, cooking and eating fresh food. Benefits to the community will include opportunities to become involved in various aspects of gardening and setting up a tool bank. This project is being developed by a small group of parents, students and staff from the Flinders Peak and Rosewall Primary Schools, Barwon Health, Create Inc., Neighbourhood Renewal, COGG, Office of Housing and Cultivating Communities (The “CAOS” Connector, 2003).

Shaping Family Futures Project

While this project is not specific to the Corio / Norlane area, it is in a field which is very relevant to some of the comments made by service providers. A new resource for

parent educators is being prepared: “Healthy Kids, Healthy Relationships”. This is a program which aims to enhance and strengthen parent practices around issues which contribute to a child’s healthy sense of self, promoting the physical, social and emotional well-being of children. This project is funded by the Commonwealth Department of Health and Ageing under the National Child Nutrition strategy, and is conducted by Bethany Community Support as the auspice agency, in partnership with the Victorian Department of Human Services and Body Image Health Inc.

Coolidge Street, Corio

A community facility has been established by the City of Greater Geelong and the Office of Housing in Coolidge Street in Rosewall. This facility will provide office space for the Community Development Workers employed under the Neighbourhood Renewal Project, the Community Building Project and the LLEN Youth Voice Project Worker, as well as providing meeting space for community and resident groups (Department of Human Services, Barwon-South Western Region, 2003).

Discussion

This report presents the results of interviews with 54 service providers who were either located in the Corio / Norlane area, or who provided services to residents of the area. Structured interviews were conducted which focussed on issues affecting Corio and Norlane residents and ways of improving the delivery of health and well-being services. This report presents a snapshot of the situation in Corio and Norlane at one point in time, interviews being conducted mostly in late 2002, with a small number of interviews conducted in January 2003. A large number of important new initiatives were commencing as these interviews took place, or have since commenced in the Corio / Norlane area, as described above. It is unlikely that the impact of projects such as the Neighbourhood Renewal Project or the Community Building Project would have been experienced at the time that the interviews were conducted.

Some service providers indicated that it is not always appropriate to view the Corio and Norlane area as a whole, that there are many smaller geographic areas with unique needs encompassed in these suburbs. The demographic information presented in the introduction to this report clearly indicates that the suburb of Norlane differs from Corio in terms of age and household composition. At times in the interviews service providers referred to matters that they believe relate to small areas of Corio / Norlane. In general however, this report presents views which relate to the Corio / Norlane area as a whole.

Complexity of Issues for Residents

In discussing common themes raised about the provision of health and community services to the residents of Corio and Norlane, several issues need to be considered about the resident population in the area. First, the Corio and Norlane area rates as one of the most disadvantaged geographic locations in Victoria. The high percentage of unemployed persons, public housing and single parent households in the area combined with social and health problems greater than the State average, leads to a situation where health and well-being needs may also be greater than most Victorian suburbs. Conversely, the ability to pay for services may be considerably less. Second, associated with the high rate of public housing is a greater than normal transient

population. There is a perception that some people moving to Corio and Norlane only stay for a short time and this transience possibly increases the difficulty for some service providers in identifying the needs of these residents and providing timely and appropriate assistance. Third, the high unemployment rate means that there is a greater proportion of households in the area without their own car, or with a car that is unreliable, and a corresponding increased reliance on public transport. Finally, the high number of short-term residents and also single parent families suggests that convenient and immediate family and social support networks may not be as generally available to residents of Corio and Norlane as is the case in other suburbs.

These four issues impact on all areas of health and well-being of Corio and Norlane residents and, as well, each issue relates to each other. These conditions lead to a complex series of relationships and inter-relationships that make it difficult to clearly define the nature of health and well-being problems for residents. It is apparent that the impact of some of the concerns raised in the interviews in relation to service delivery are exacerbated by the social and economic disadvantage experienced by residents of Corio and Norlane. For example, the fact that some services are not available in the Corio / Norlane area presents a significant problem for residents who do not have access to a car, in an area lacking in public transport, and for whom the money for public transport, or the skills needed to navigate the public transport system, may not be available.

General and Specific Service Provision Issues

The six general service provision issues raised by respondents were:

- health and well-being knowledge
- transportation
- cost of services
- trust and social stigma
- waiting lists
- service gaps.

The significance of these broad issues to residents of lower SES areas was largely substantiated by information from other sources.

The specific service issues raised in the interviews were grouped under the headings of:

- young people
- General Practice medical services
- families
- school issues
- public housing
- dental health
- residents from the migrant and refugee community
- indigenous issues.

Rather than discuss details of each of these categories, this section will focus on the overall themes identified in the interviews, particularly as they relate to the issue of service delivery.

Particular Aspects of Service Delivery

When discussing service delivery, service providers generally mentioned many more ways that things could be improved, in comparison with positive comments about service delivery as it is. This is perhaps partly due to the questions asked in the interviews. Ways of improving both the quantity and content, as well as the process of service provision were suggested. Discussion of the process of service delivery related to concerns about quality rather than quantity. Fewer examples were presented of more positive aspects of current service provision, for example, of service providers working together optimally.

Improvements in the quantity and content of service delivery, as suggested by service providers, related to increasing the range of services located in the Corio / Norlane area and expanding the services that are currently available in order to meet the needs of more residents, and meet these needs more promptly. Given the nature of the general service provision concerns raised in the interviews, it is not surprising that many service providers indicated that more funding would assist them to improve the health and well-being of residents of Corio and Norlane. More funding was mentioned for additional services, additional staff, improving or extending premises, and to reduce costs to clients.

The suggestions related to improving the process of service delivery included greater flexibility, increased integration and communication, earlier intervention or education, and co-locating services. Increased flexibility in how, what, when, and to whom services were delivered was seen as one way of enhancing the health and well-being of residents of the Corio / Norlane area. Restrictions in the eligibility criteria for services, the type of service that could be provided, the length of time during which that service could be delivered, and where the service could be delivered, were cited as problematic.

Increased integration and communication between service providers was mentioned frequently. In particular there was some discussion of the advantages of some organisations informing other service providers when there was a potential problem on the horizon for some clients. The possibility, for example, of the Office of Housing being able to communicate with other support services when a family was at risk of being evicted was raised. The problem of clients having multiple case workers, and being confused as to which service they were dealing with at any time was also raised. These comments are substantiated by the published literature. In the case of young adults with a disability, a lack of cohesion and continuity of care was reported, resulting partly from having many organisations involved in service delivery (O'Connell, Bailey & Pearce, 2003). This problem has been recognised in the Draft State DisAbility Plan (DisAbility Services Division, Victorian Department of Human Services, 2001), which lists as one change to be considered: "More integrated, whole-of-government approaches and active partnerships between organisations" to replace "Government departments and authorities working in isolation from each other" (p. 31).

In relation to the typology of collaboration presented by Andrews (1990), the suggestions made by respondents ranged from mild collaboration, such as case

consultation between professionals, to more intense collaboration, such as one person handling case management for several agencies. While respondents in the current research indicated a desire for collaboration between service providers, there are barriers to this due to our pluralistic service delivery system (Andrews, 1990). Such factors as inconsistent legal and regulatory systems, different eligibility criteria, limited resources and incompatible reporting systems have been described in the literature as barriers to collaboration between human service providers (Andrews, 1990). There may be practical ways of improving communication between agencies however which could be explored.

Earlier intervention, so that services are implemented before a crisis is reached, was mentioned as one way of improving the health and well-being of residents of Corio and Norlane. This is an acknowledged goal in the delivery of human services in Australia, for example in the area of mental health (Australian Health Ministers, 1998) and child and family services (Policy and Strategic Projects Division, Victorian Government Department of Human Services, 2002). In a similar vein, health education was seen as desirable, particularly in the area of diet and nutrition. It needs to be noted however, that providing information about diet and nutrition may not be successful in changing dietary behaviour. While knowledge is necessary, it is not sufficient to bring about behaviour change. Research has shown that educational interventions that inform and educate people about health risks are not effective on their own, that the motivation to change behaviour must come from within the individual, rather than from a health expert (Syme, 1997). It is possible that what service providers, or health professionals, believe residents of Corio and Norlane need to know, for example about diet and nutrition, may differ from what the residents themselves believe they need to know. Other, external, factors may need to be considered. For example, in relation to dietary behaviour, Victorian research has shown that mothers with the least education and who were likely to live in a low SES area, were most likely to report that it was not easy to buy food in their area, that the quality of fresh produce in their area was poor, and that the variety of fruits and vegetables available at their local shop was limited (Campbell, Crawford, Jackson et al., 2002).

Co-locating services was also cited in some interviews as a means of improving service delivery. Having more services, in particular GPs, based at the Community Health Centre was a frequent suggestion. Using schools as the location for providing a range of services was also suggested. The schools in the Corio and Norlane area were spoken of very highly by respondents. The extent of the inter-agency links envisaged by service providers when they referred to co-locating services is not clear from the interview data. As mentioned in the introduction to this report, these links can exist across the areas of administration, programs and services (Healy, 1991). A range of innovative activities are currently being undertaken by the schools in the area. The literature indicates that utilising schools as a base for support services can work well (Thompson, 1992). Concerns raised in these interviews about the fragmentation of services and the difficulties this presents for clients echo similar comments in the published literature (O'Connell et al., 2003).

Access to Services

The general topic of access to services was raised in the interviews in several different ways. These included the issue of geographic or physical access, barriers related to service delivery processes, cost as a barrier, internal barriers which prevent residents from accessing services which are available, and deficits in knowledge of services.

In relation to geographic or physical access, the lack of a physical presence of some services in the Corio / Norlane area was raised as a problem. Transport was also frequently raised as a concern in the interviews. Transport is particularly likely to be a problem in Norlane where the ABS data indicate a larger proportion of residents do not have access to a car (ABS, 2002). The presence of more residents of an older age group in Norlane may combine with transport difficulties to create a particularly isolated older community. Suggestions about improving access related at times to specific groups, for example school students. A common theme in discussions of access problems was the lack of GPs in the Corio / Norlane area. While this problem is not unique, it potentially has a substantial impact on the overall health of residents, given the important role that GPs have in our health system.

Service delivery processes which restrict access to services included the strict criteria which must be met in order to obtain some services and the limits placed on service providers in terms of the type and duration of assistance they are able to provide. Long waiting times were also identified as problematic in some services.

The cost of some services was identified by some service providers as a barrier for residents. In addition to the cost of the actual service, some service providers indicated that the cost of transport may prevent some residents from accessing services.

Some service providers indicated that there were internal barriers which prevented some residents of Corio / Norlane from accessing services appropriately. They mentioned some residents not feeling that they deserved to be assisted and therefore not seeking assistance for a range of problems. A related problem mentioned by service providers was that some residents lacked knowledge of when seeking assistance is appropriate. For example, residents waiting until a problem is serious before seeking help was cited as a problem.

Another concern regarding access to services related to deficits in residents' knowledge of what services are available and how to access them. This issue was raised in particular as a problem for people who have recently moved to the area. Some respondents suggested that there is a need for a single person or a single site from which information about all available services can be obtained.

To some extent these issues are inter-related. An individual who is uncertain whether a health problem warrants a visit to a GP may be less inclined to visit a GP if they know there will be a long wait at the doctor's surgery, or if they are uncertain how to go about locating a GP.

Trust and a Sense of Community

The issues of stigma, trust, or a sense of community were raised by several service providers. They indicated perceptions that residents of Corio and Norlane feel that

there is a stigma attached to living in those suburbs, there is a lack of community involvement and concerns about safety. A recent survey indicated that residents of Corio and Norlane have a poor view of their neighbourhood and a lack of a sense of community (Savage et al., 2002). The crime figures indicate that crime rates in these suburbs are relatively high. When Geelong residents were asked about areas that feel unsafe in the Local Safety Survey, 12 of 52 comments related to the Corio / Norlane area. Interestingly, when asked “what makes you feel this area is unsafe” a number of people cited reading about crime occurring in certain areas in the newspaper (Crime Prevention Victoria, 2001). This suggests that it is possible for people to feel unsafe as a result of media reports of crime, rather than from any direct experience of crime. It supports one respondent’s suggestion that when crimes are reported in the media, the suburb where the alleged criminal lives should not be named.

The existence of these feelings in the community are problematic. Overseas research has demonstrated a relationship between perceptions of the local neighbourhood and health (Sooman & Macintyre, 1995). The subjective perceptions most associated with poor health included poor reputation of the area, fear of crime, and lack of neighbourliness (Sooman & Macintyre, 1995). Such perceptions may affect the preparedness of individuals to participate in their local community. In a British study, objectively rated aspects of the built environment were found to be associated with depression, even after SES and characteristics of the dwellings were controlled for (Weich, Blanchard, Prince, Burton, Erens & Sproston, 2002). The authors concluded that efforts to reduce the prevalence of depression should extend to the contexts in which people live (Weich et al., 2002). Similar conclusions were reached by researchers in the US who found that higher rates of a sexually transmitted disease (STD) were reported in neighbourhoods characterised by the presence of broken windows, accumulated rubbish, graffiti, and abandoned cars (Cohen, Spear, Scribner, Kissinger, Mason & Wildgen, 2000). The latter authors argued that physically deteriorated neighbourhoods contribute to the prevalence of STDs (or high-risk sexual behaviours) independent of individual characteristics such as race, poverty and unemployment (Cohen et al., 2000).

A number of service providers in the present study indicated that there is a need for an increased sense of community and trust in the Corio / Norlane area. Some suggested that the new initiatives such as the Neighbourhood Renewal and Community Building projects were encouraging. The aims of these and other projects are consistent with the literature which emphasises the importance of social connectedness in promoting health and well-being. The relationship between community participation or social capital and health is well established (Catford 2001, Labonte, 1997; Rifkin, 1986). Participating in community activities may enable some people to overcome isolation and perceived powerlessness, which in turn has a positive effect on health and well-being (Labonte 1997). The enhancement of social capital or social connectedness is believed to enhance the health of individuals within a community as well as the health of the community overall (Rosenfeld 1997). Interestingly, in overseas research, lower levels of trust in health professionals have been reported by people living in communities with lower levels of social capital (Ahern & Hendryx, In press). Lower levels of social capital have been reported in low income areas (Baum, Bush, Modra, et al., 2000; Kawachi, Kennedy, Lochner, & Prowther-Smith, 1997), thus working to strengthen social capital in low SES area is particularly important for the health and well-being of those communities.

The Needs of Specific Groups

The service providers highlighted the needs of specific groups in the Corio / Norlane area. Problems experienced by young people in the area were highlighted, as was the limited availability of some services specifically for this group located in the Corio / Norlane area. At the same time, certain services, and the work of the schools in the area, received praise from many respondents. The need for particular attention to the needs of the Aboriginal and Torres Strait Islander community was stressed in some interviews. Sensitivity to the needs of residents from the migrant and refugee community was nominated as an area that could be improved in the service delivery sector.

The concerns raised by some service providers about parenting skills, poor knowledge of nutrition in particular, and exposure of children to violence, together with the known low rates of pre-school attendance, are of some concern. There is a substantial literature which documents the importance of the period from conception to eight years in the overall development of children. Such factors as poor nutrition, infections, environmental neurotoxins and chronic stress can harm the developing brain, particularly during the first three years (Shonkoff & Phillips, 2001). Negative experiences in the early years, whether from neglect, absence of stimulation, or parent mental health problems are also likely to have a long term impact on the developing child (McCain & Mustard, 1999; Shonkoff & Phillips, 2001). Nurturing and dependable relationships in the early years are critically important and have a long term impact on how people develop, their capacity to learn and their behaviour (McCain & Mustard, 1999; Shonkoff & Phillips, 2001). The work being undertaken by the schools in the Corio / Norlane area which aims to engage parents of young children, encourage their involvement in the school and community, and provide family services, is likely to be of significant benefit to children and to the community. The Best Start program is one initiative that acknowledges the importance of the early years, and the important role parents play in their child's development. The implementation of this program in Rosewall is an important aspect of the overall development of the community.

Many service providers indicated that young people living in Corio / Norlane in particular experience problems which impact on their health and well-being. Gaps in service delivery for people aged 10 to 25 years were identified, as well as a lack of recreational facilities and activities for this group. Problems in service delivery for this age group are noted in the literature. Research conducted in the Geelong region identified problems for young people with a disability in the transition from paediatric care to the mainstream health services, where they no longer had access to a central coordinator (O'Connell et al., 2003). Issues related to the lack of services for young people in the areas of mental health and drug and alcohol misuse are of particular concern as they may have long term effects on the individuals. The lack of a sense of community in the Corio / Norlane area, reported by some respondents, may impact particularly on young people. Other research in the region has found that younger persons in general tend to be less involved members of their community compared with older age groups (Savage et al., 2002). Overseas research has reported a relationship between lower levels of social capital and binge drinking by young people on college campuses (Weitzman & Kawachi, 2000). Thus the low levels of social capital for young people in the Corio / Norlane area may have unexpected ramifications.

Things are Happening

The situation in the Corio / Norlane area is changing. Coolidge Street in Rosewall where the Community Development Workers from several different projects co-locate provides an excellent example of integration in action at one level. The CAOS network of workers in the Northern Suburbs also augurs well for future integration. In addition to the large new initiatives, there are many new smaller projects which are generally working towards the goal of enhancing the health and well-being of Corio / Norlane residents. It is encouraging to note that to some extent the suggestions made by service providers are being targeted by new initiatives in the Corio / Norlane area. For example, the need for increased recreational opportunities was mentioned in the interviews, in particular for young people. The initiative currently being developed by PICSAR (The “CAOS” Connector, 2003) addresses this concern to some extent, as it will increase access to sport and recreation programs. The development of Shell Reserve should also improve recreational options. Given the concerns related to public housing that were identified in the interviews, the implementation of the Neighbourhood Renewal project, which includes the employment of a Community Development Officer, is clearly meeting a need.

Limitations

It should be noted that this report presents the perspective of service providers to the residents of Corio and Norlane. The responses they gave to the interview questions represent their own views and may not always be an accurate reflection of the situation in the Corio / Norlane area. At times it is difficult to discern if service providers are expressing their own views or are commenting on what they believe are the perceptions of residents of Corio / Norlane.

This report generally refers to the Corio / Norlane area as a whole, as this was how the area was described in the interviews. As previously mentioned, there are smaller areas which have particular issues, so that it is not always optimal to discuss the overall situation.

Because many of the responses of service providers focused on how service provision in Corio and Norlane could be improved, there is a tendency for the summaries presented in this report to present a negative picture of the area. It is hoped that the list of projects which are currently underway or about to commence in the Corio / Norlane area will provide some indication of the many positive aspects of life in Corio and Norlane.

Every attempt was made to interview a broad range of service providers working in Corio and Norlane, or providing services to the residents of Corio and Norlane. Only a small number of organisations or individuals approached declined to be interviewed, which suggests that a representative sample of service providers was obtained for this research.

Suggestions Made by Service Providers

Throughout the interviews, service providers made suggestions on how the health and well-being of the residents of Corio and Norlane could be improved, with a focus on service provision. This section summarises their views and concludes this report.

These findings can be utilised to inform the major community projects which are being undertaken in the Corio and Norlane area.

The suggestions which focus on the process and various aspects of service delivery are listed first, followed by those which focus purely on resource issues. It should be noted that these categories are not discrete. There are many inter-relationships between the categories.

□ *Improved Access to and Use of Services*

Some service providers indicated that residents of Corio / Norlane were not always using services that were available to them appropriately. They felt access could be improved by:

- less restrictive guidelines as to when a particular service could be provided, to whom, and for how long
- more information being available to the community about the services that are available
- information packages about services being available for new residents in particular
- education to promote early use of services, rather than waiting until a problem is severe
- reducing waiting times and providing more convenient access
- locating services physically closer to residents
- reducing the cost of services to residents
- co-locating services in friendly environments such as schools or neighbourhood houses.

□ *Early Intervention or Prevention Services*

To some extent comments about the need for early intervention or prevention services are resource-based and process based. Greater flexibility in service delivery was seen as needed so that people are assisted before they reach crisis point. In other situations, more resources would be required to provide early intervention or prevention services, for example nutrition or dental education. The areas in which early intervention or prevention was specifically mentioned include:

- education in the areas of nutrition and health
- education in the area of oral hygiene
- shorter waiting times, particularly in mental health and drug and alcohol areas
- increased focus on prevention, particularly in the areas of diet and nutrition
- information sharing so that early intervention is possible.

□ *Greater Flexibility in Service Delivery*

A number of service providers indicated that they were restricted in the services they could offer residents by funding requirements or guidelines. They indicated that service delivery could be improved by more flexibility in:

- the criteria which determined to whom they could provide services (e.g. age, extent of problem)
- the amount of time service providers are able to spend with individual clients
- the type of service they could provide.

□ *Improved Integration Between Services*

Many participants indicated that service delivery could be improved if there was greater integration of services, and more communication between various service providers. This would enable each service provider to be aware of the multiple needs of individual clients. In particular:

- improved communication between some service providers would be helpful: certain service providers could notify other service providers when a problem with a shared client arises
- fewer case managers for each client
- possibly provision of a single case worker who could oversee all support services for each client.

□ *Co-location of Services*

The idea of services being co-located was raised as one way of improving service delivery for residents. Service providers mentioned in particular:

- schools as sites for additional services
- the Community Health Centre as a site for additional services, especially GPs
- Neighbourhood Houses as sites for additional services
- a one-stop shop with a number of different services co-located.

□ *Increased Sensitivity to Cultural Issues*

Specific problems for the migrant, refugee and indigenous communities were raised during the interviews, particularly in relation to cultural sensitivity in the provision of services. Suggestions included:

- greater use of interpreters for people who are not fluent in English
- awareness of language and cultural issues when communicating health information
- training to increase sensitivity to cultural issues for service providers
- the employment of indigenous workers in the service provision sector.

□ *Increased Sense of Trust and Community*

A number of service providers indicated that there was a need for residents of the Corio / Norlane area to feel more part of their community, and to increase the level of trust in the community. Some suggestions as to how to increase trust and a sense of community were:

- continuity of care to assist residents develop trusting relationships with service providers
- increased outreach services to provide a public face for various organisations
- support services having a presence in friendly locations such as neighbourhood houses, community centres or schools.

□ *More or Improved Transport*

Service providers suggested that more or improved transport was needed to:

- improve access to a range of services
- increase recreational and social opportunities
- reduce social isolation.

□ *More Funding*

A common theme throughout the interviews was that one way to improve the health and well-being of the residents of Corio and Norlane was to invest more money into the area in order to:

- provide more staff
- reduce waiting times for services
- reduce costs of services for residents
- improve or extend buildings and facilities
- improve recreational opportunities
- provide services that are not currently located in the area
- expand services that are located in the area but are not sufficient for needs
- provide services that cater for specific groups or needs, for example members of the indigenous community, young people, drug and alcohol services, domestic violence services.

References

- Ahern, M. M., & Hendryx, M. S. (In press). Social capital and trust in providers. *Social Science & Medicine*.
- Andrews, A. B. (1990). Interdisciplinary and interorganizational collaboration. *Encyclopedia of Social Work, 18 (Suppl)*, 175-188.
- Australian Bureau of Statistics. (2002). *Community Profile Series* (Catalogue No. 2001.0): Commonwealth of Australia.
- Australian Health Ministers. (1998). *Second National Mental Health Plan*. Canberra: Commonwealth Department of Health and Family Services.
- Barwon Primary Care Partnership Alliance. (2002). *Centrelink data by the area of Greater Geelong*. Newcomb: Barwon Primary Care Partnership Alliance.
- Baum, F.E., Bush, R. A., Modra, C. C., Murray, C. J., Cox, E. M., Alexander, K. M., Potter, R. C. (2000). Epidemiology of participation: an Australian community study. *Journal of Epidemiology and Community Health, 54*, 414-23.
- Campbell, K., Crawford, D., Jackson, M., Cashel, K., Worsley, A., Gibbons, K., & Birch, L. (2002). Family food environments of 5-6 year old children: Does socio-economic status make a difference? *Asia-Pacific Journal of Clinical Nutrition, 11 (Suppl)*, S553-561.
- Capp, S. (2001). *The Geelong community's priorities and expectations of public health care*. Unpublished Doctor of Health Science Thesis, Deakin University, Geelong.
- Catford J. (2001) Health inequalities in Victoria: a new agenda for research, policy and services. *Health of Victorians*, Department of Human Services, pp. 21-22.
- City of Greater Geelong. (2002). *Geelong Economic Indicators Bulletin 2001/2002*. Geelong: City of Greater Geelong.
- Clarke, V., Savage, S., Hanna, B., Neilson, P., & Cox, H. (2001). *Health promoting behaviours of residents of government housing tenants*. Geelong: Deakin University and Department of Human Services (Barwon-South Western Region).
- Cohen, D., Spear, S., Scribner, R., Kissinger, P., Mason, K., & Wildgen, J. (2000). "Broken windows" and the risk of gonorrhoea. *American Journal of Public Health, 90*, 230-236.
- Crime Prevention Victoria. (2001). *Local Safety Survey 2001. Summary of results for City of Greater Geelong*.

- Department of Human Services Barwon - South Western Region. (2001). *Norlane and Corio community renewal demographic profile. Draft framework*. Geelong: Department of Human Services (Barwon-South Western Region).
- Department of Human Services Barwon - South Western Region, Planning Unit. (2001). *Identification of vulnerable communities project*. Geelong: Department of Human Services.
- Department of Human Services Barwon – South Western Region. (2003). *Norlane and Corio Neighbourhood Renewal Community Action Plan. Part A: Community profile and key issue identification*. Geelong: Department of Human Services.
- Department of Human Services, Victoria. (2003). *Best Start. Greater Geelong City Council*. Retrieved 18-03-2003, from the World Wide Web: www.beststart.vic.gov.au/demo_project/rosewall.htm
- DisAbility Services Division, Victorian Department of Human Services. (2001). *Draft State DisAbility Plan*. Melbourne: Victorian Government Department of Human Services.
- Federal Department of Family and Community Services. (2002). *Tableland shires join the drive for transport solutions* [Government web page]. Federal Department of Family and Community Services: Can Do Community. Retrieved 26/9/2002, 2002, from the World Wide Web: www.facs.gov.au/cando/casestudies/Tableland.html
- Frontyard Youth Services. (2002). *Frontyard youth services*. Available: www.frontyard.org [20/08/02].
- Geelong Community Building Project. *Community Building. Growing Victoria together. Geelong fact sheet*. Geelong: City of Greater Geelong.
- Healy, J. (1988). Packaging the human services. *Australian Journal of Public Administration*, XLVII(4), 321-331.
- Healy, J. (1990). Multiservice centres as administrative anomalies. *Canberra Bulletin of Public Administration*, 60, 90-95.
- Healy, J. (1991). Linking local services: Coordination in community centres. *Australian Social Work*, 44(4), 5-13.
- Institute for Educational Leadership. (2001). *Education and community building. Connecting two worlds*. Washington: The Institute of Educational Leadership.
- Kawachi, I., Kennedy, B. P., Lochner, K., & Prothrow-Smith, D. (1997). Social capital, income inequality, and mortality. *American Journal of Public Health*, 87, 1491-8.
- Labonte, R. (1993). A holosphere of healthy and sustainable communities. *Australian Journal of Public Health*, 17, 4-12.

- Labonte, R. (1997). *Power, participation and partnerships for health promotion*. Carlton South: VicHealth.
- McCain, M. N., & Mustard, J. F. (1999). *Reversing the Real Brain Drain. Early Years Study Final Report*. Toronto: Ontario Children's Secretariat.
- O'Connell, B. Bailey, S., & Pearce, J. (2003). Straddling the pathway from paediatrician to mainstream healthcare: transition issues experienced in disability care. *Australian Journal of Rural Health, 11*(2), 57-63.
- Office of Housing. (2002). *Neighbourhood renewal. Growing Victoria together*. Melbourne: Victorian Government Department of Human Services.
- Office of the Premier and Cabinet. (2002). *Community building. Communities growing together*. Retrieved 15-2-03, from the World Wide Web: www.dpc.vic.gov.au
- Policy and Strategic Projects Division, Victorian Government Department of Human Services (2002). *Best Start. Program overview*.
- Poole, D. L., & Colby, I. C. (2002). Do public neighbourhood centers have the capacity to be instruments of change in human services? *Social Work, 47*(2), 142-152.
- Rifkin, S. B. (1986). Lessons from community participation in health programmes. *Health Policy and Planning, 1*, 240-249.
- Rosenfeld, E. R. (1997). *Social support and health status: A literature review*. Adelaide, South Australia: South Australian Community Health Research Unit.
- Savage, S., Brennan, S., & Paxton, S. (2002). *Shaping Family Futures Project Barwon Region - Victoria, Focus Group Report*. Geelong: Bethany Community Support.
- Savage, S., Bailey, S., O'Connell, B., & Austin, S. (2002). *Health and community participation in the Barwon and Otway regions*. Geelong: Department of Human Services (Barwon-South Western Region) and Deakin University.
- Shonkoff, J. P., & Phillips, D. A. (2001). From Neurons to Neighborhoods: The Science of Early Childhood Development - An introduction. *Zero To Three, April/May*, 4-7.
- Smart Geelong Region Local Learning and Employment Network. (2002). *Making a difference for youth in the Geelong region projects*. Available: www.sgrllen.com.au [July 2002].
- Sooman, A., & Macintyre, S. (1995). Health and perceptions of the local environment in socially contrasting neighbourhoods in Glasgow. *Health & Place, 1*, 15-26.
- Syme, S. L. (1997). Individual vs. community interventions in public health practice: Some thoughts about a new approach. *Health Promotion Matters, 2*.

The "CAOS" Connector. (March, 2003). Bi-monthly newsletter of the northern suburbs community development Network.

Thompson, L. (1992). *Building a community for learning: Integrated school-based services* (#92-16): Saskatchewan School Trustees Association.

Turrell, G., & Mathers, C. D. (2000). Socioeconomic status and health in Australia. *The Medical Journal of Australia*, 172, 434-438.

Turrell, G., Oldenburg, B., McGuffog, I., & Dent, R. (1999). *Socioeconomic determinants of health: Towards a national research program and a policy and intervention agenda*. Canberra: Queensland University of Technology.

Vinson, T. (1999). *Unequal in life: The distribution of social disadvantage in Victoria and New South Wales*. Richmond, Victoria: The Ignatius Centre for Social Policy and Research, Jesuit Social Services.

Weich, S., Blanchard, M., Prince, M., Burton, E., Erens, B., & Sproston, K. (2002). Mental health and the built environment: Cross-sectional survey of individual and contextual risk factors for depression. *British Journal of Psychiatry*, 180, 428-433.

Weitzman, E. R., & Kawachi, I. (2000). Giving means receiving: The protective effect of social capital on binge drinking on college campuses. *American Journal of Public Health*, 90, 1936-1939.

Wood, M. (2002). *Resident participation in urban and community renewal*: Australian Housing and Urban Research Institute.

Appendices

Appendix A: Services Available in the Corio / Norlane Area

Services located within Corio and Norlane	
Corio	Norlane

DHS Funded Services

Community Health Centres

Corio Community Health Centre (Barwon Health)

2 Gellibrand St., Corio.

Ph. 5273 2200

Services: Community health nursing, dental, district nursing, massage, mental health, occupational therapy, physiotherapy, podiatry, psychology, reproductive health care, family planning clinic, counselling, ethnic and youth workers, needle and syringe program.

Kindergarten/Pre-Schools

Corio Kindergarten

152 Purnell Rd., Corio.

Ph. 5275 1629

Rosewall Kindergarten

36 Sharland Rd., Corio

Ph. 5275 4529

Williarn Hovell Pre-School Centre

28 Hendy Rd., Corio

Ph. 5275 4663

Norlane North Shore Kindergarten

11 Gerbera Ave., Geelong

Ph. 5275 1443

Norlane West Kindergarten

39 Peacock Ave., Norlane

Ph. 5275 3774

Neighbourhood Houses

Cloverdale Community Centre

167 Purnell Rd., Corio

Ph. 5275 4415

Norlane Neighbourhood House Inc.

Rose Ave., Norlane Ph.

5275 8124

Rosewall Neighbourhood Centre

Sharland Rd., Corio

Ph. 5275 7409

Services located within Corio and Norlane

Corio

Norlane

Maternal and Child Health Services

Maternal and Child Health Service

22 Hendy St., Corio
Ph. 5275 3044

Maternal and Child Health Service

32 Plume St., Norlane
Ph. 5272 1375

Maternal and Child Health Service

167 Purnell St., Corio
Ph. 5275 4416

Maternal and Child Health Service

9 Sparks Rd., Norlane West
Ph. 5272 1258

Other Services

Child Care Centres

City Learning and Care - Corio (COGG)

116 Purnell Rd., Corio
Ph. 5227 0790

City Learning and Care - Trudy Moritz (COGG)

9 Sparks Rd., Norlane
Ph. 5227 0795

Kada Children's Centre

140 Cox Rd., Norlane
Ph. 5278 9962

Medical Practitioners

Corio Medical Clinic

7 Gellibrand St., Corio
Ph. 5274 1100

Norlane Medical Centre

49 Princes Hwy., Norlane
Ph. 5278 1723

Corio Village Medical Practice

83D Purnell Rd., Corio
Ph. 5275 4568

Corio Medical Cox Rd.

Cnr. Bacchus Marsh & Cox Rds.,
Corio
Ph. 5274 2255

Dentists

Corio Dental Surgery

Bacchus Marsh Rd., Corio
Ph. 5275 3444

Norlane Dental Surgery

124 Sparks Rd., Norlane
Ph. 5278 2666

Schools

Corio Primary School

Hendy St., Corio
Ph. 5275 1430

Norlane West Primary School

Peacock Ave., Norlane West
Ph. 5275 3260

Services located within Corio and Norlane

Corio	Norlane
--------------	----------------

Corio South Primary School

Vermont Ave., Corio
Ph. 5275 1815

Norlane Secondary College

Cox Rd., Norlane
Ph. 5275 1393

Corio West Primary School

Wexford Crt., Corio
Ph. 5275 2741

North Shore Primary School

Tallis St., North Shore
Ph. 5275 1359

Corio Bay Senior College

Goldsworthy Rd., Corio
Ph. 5275 1158

St Thomas School

Plume St., Norlane
Ph. 5275 3560

Flinders Peak Secondary

College
Hendy St., Corio
Ph. 5275 2886

Isik College

Thrush St., Norlane
Ph. 5275 0019

Rosewall Primary School

Sharland Rd., Corio
Ph. 5275 3986

St Francis Xavier School

Bacchus Marsh Rd., Corio
Ph. 5275 1974

Educational Support

Geelong North District Student and Family Support Service (DEET)

Corio Bay Senior College
Ph. 5275 0496

A psychology and social work service for children attending government schools and their families. Special education, speech therapy and disability counselling also available.

Disability Services

CRS Australia

Suite 10/11 Corio Village
Shopping Centre, enr. Purnell and
Bacchus Marsh Rds., Corio
Ph. 5274 3169

Services: assists people with dis-

Services located within Corio and Norlane

Corio

Norlane

ability or work-based injuries.
A workcover provider.

St Laurence Disability Services

140 Cox Rd., Corio
Ph. 5275 2665
Service: provides opportunities for individuals with disabilities through discrete programs and individual training.

Employment Training

Centrelink

Corio Village Shopping Centre
Cnr. Bacchus Marsh & Purnell Rds., Corio
Ph. 13 1021

Create Inc - Youth & Community Service Centre

Cnr Cox and Melbourne Rds.,
Norlane
Ph. 5274 1191

Migrant Employment Program

Corio Bay Senior College
Goldsworthy Rd., Corio
Ph. 5275 0812
Works with 15 - 24 years and 45+ years. Provides job matching, resume and letter preparation plus other services.

Create Community Access Centre

Ph. 5272 2561

Create Inc - Community Support And Educational Referral Services

46 Robin Ave., Norlane
Ph. 5274 1191

St Laurence Disability Services

140 Cox Rd., Corio
Ph. 5275 2665
Opportunities for individuals with disabilities. Support for employers, volunteers and government organisations.

Shannon Park Industries

154a Station St., Norlane
Ph. 5274 1944
Employment unit for people with disabilities.

St Laurence Employment Service

143 Princes Hwy., Norlane
Ph. 5275 0004
Employment assistance to job seekers and employers. Intensive help for the disadvantaged unemployed.

Food and Material Aid

Unitingcare PEX Welfare

Uniting Church Hall
Wendover Ave., Norlane
Emergency relief according to availability. Mon, Tue, Thu, Fri, 10am - 12noon.

Services located within Corio and Norlane

Corio	Norlane
--------------	----------------

Income and Consumer Services

Centrelink

Corio Village Shopping Centre
Cnr. Bacchus Marsh & Purnell Rds., Corio
Multi lingual telephone service: Ph. 13 1202
Family payments: Ph. 13 6150
Employment Services: Ph. 13 2850
Retirement/disabilities: Ph. 13 2300
Youth and student services: Ph. 13 2490
Provides income support for families, older persons, unemployed persons, widows/widowers, carers, orphans, disabled persons, sole parents, young homeless persons and people who cannot work due to illness.

Indigenous Services

Centrelink - Indigenous Customer Services Officer

Corio Village Shopping Centre
Cnr. Bacchus Marsh & Purnell Rds.,
Corio
Ph. 5228 7084
Helping Aboriginal and Torres Strait Islander customers to access Centrelink payments.

Wathaurong Aboriginal Co operative

Lot 62, Morgan St., North
Geelong
Ph. 5277 0044
Provides social support to Kooris in the Geelong region and a meeting place for all Kooris.

Information and Referral Services

Barwon Health - Community

Information and Referral Assoc.

2 Gellibrand St., Corio
Ph. 5275 6772
Mon to Fri, 10am - 2pm.
Provides community based referral to all members of the public. Staffed by trained volunteers. Also offers free accountancy and legal service.

Library Services

Corio Library

Cox Rd., Norlane
Ph. 5275 2388

Suicide Awareness, Training and Support

Corio Community Health Centre

-Mental Health Team

2 Gellibrand St., Corio

Services located within Corio and Norlane

Corio	Norlane
--------------	----------------

Ph. 5273 2255
 Provides awareness and training about suicide, support, intervention, and post suicide attempt support.

Youth Services

Barwon Health – Youth Dental Program

Corio Community Health Centre
 2 Gellibrand St., Corio
 Ph. 5273 2227
 Free youth dental program for 12-25 years who are homeless, at risk of homelessness or not in a stable home environment.

Services located outside of Corio / Norlane

Community Service/Support Providers

BAYSA Ltd. - Youth Services

44 Spring St., Geelong West
 Ph. 52214466
 A number of youth programs including support, education, motivation, housing and drug and alcohol.

Bethany Family Support

1 Gibb St., North Geelong
 Ph. 5278 8122
 Provides housing support, family support, counselling, parent and relationship education, help for problem gambling and help for people with intellectual disabilities.

Centacare: Catholic Family Services

170 Little Malop St., Geelong
 Ph. 52217055
 Counselling for individual, relationship, family and pregnancy issues. Peer support programs.

Gateways Support Services Inc.

10-12 Albert St., Geelong West
 Ph. 52212984

Glastonbury Child & Family Services

222 Malop St., Geelong
 Ph. 5222 6911
 Assists families in crisis to develop appropriate parenting skills.

Mackillop Family Services

Helen St., North Geelong
 Ph. 5278 9211
 A child, youth and family welfare agency. Services include residential and foster care, disability and education.

Noah's Ark Inc.

37 Fenwick St., Geelong
 Ph. 5229 5327
 Family support and coordination.

Salvation Army Geelong Family and Community Support Service

28 Bellarine St., Geelong
 Ph. 5223 2434
 Emergency relief (food, clothing furniture, housing) and counselling.

St Laurence Community Services
 82 Fyans St., South Geelong

Services located outside of Corio / Norlane

Disability support and respite.

Ph. 52216128

Advocacy, referral, community development, food and material aid.

Geelong Migrant Resource Centre

153 Pakington St., Geelong West

Ph. 52216044

General welfare and community services for migrants, ethnic communities and the general community.

Appendix B: Interview Questions For Service Providers

What type of services do you and/or your organisation provide?

Have there been any recent changes in the types of service provided?

Could you describe the demographic characteristics of people who use your services?
(E.g. age, gender, employment status)

Have there been any recent changes in the demographic characteristics of people using your service?

Do residents of Corio and Norlane have any problems in accessing your services?
What type of problems do they have?

Do you have any problems in providing services to residents of Corio and Norlane?

What would help you to better provide services to the residents of Corio and Norlane?

Can you think of any opportunities for integration of health and community services that could improve service delivery to the residents of Corio and Norlane?

Now we come to the general questions

How do you think the health and well-being of the residents of Corio and Norlane could be improved?

What do you think are the problems for residents of Corio and Norlane in accessing health and community services?

What type of health and community services do you think the residents of Corio and Norlane need?

What do you see as the strengths of services currently available to residents of Corio and Norlane?

What do you see as the weaknesses of services currently available to residents of Corio and Norlane?

How do you think better health and community services could be provided to the residents of Corio and Norlane?

Can you think of any other health and community services that could work more closely together to improve service delivery to the residents of Corio and Norlane? If so, how would this help service delivery to Corio and Norlane residents?