SUBMISSION TO:
THE SELECT COMMITTEE ON YOUTH SUICIDES IN THE NT

SUMMARY:
This submission addresses, in part, four of the six terms of reference of the Inquiry into Youth Suicides in the Northern Territory.

It addresses the following areas of the Terms of Reference:
(b) programs and services for youth in remote communities;
(c) the role, responsibility, co-operative coordination and effectiveness in the response of NT Government agencies;
(d) the role of targeted programs and services that address particular circumstances of high-risk groups; and
(a) proposals to access Commonwealth funding programs.

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Programs and services for youth in remote communities

Young people in remote communities do not have access to programs and services for youth that are available in larger centres in the Territory and there are significant costs in providing equity and access for them.

There have been significant efforts made at both the local and Territory-wide levels to improve programs, services and facilities for young people in remote communities.

This submission focuses on a particular area of programs, services and facilities for youth: the provision and maintenance of swimming pools in remote communities.

There are eighteen remote communities in the Territory with public swimming pools:

Yuendumu, Ngukurr, Numbulwar, Maningrida, Gunbalanya, Nguiu, Wadeye, Alyangula, Batchelor, Kintore, Nauiyu Nambiyu, Peppimenarti, Santa Teresa, Areyonga, Borroloola, Jabiru, Nhulunbuy, Pirlangimpi and Tennant Creek.

This year has seen the closure of swimming pools in areas with high youth suicide rates and few facilities for young people, including Nguiu, Santa Teresa and Jabiru. Youth access to the pool in Gunbalanya is expensive and highly restrictive.

There is a lack of coordinated planning for swimming pools in the Territory, and failure to enable young Territorians to have the same opportunities to learn to swim, to learn water safety and to enjoy swimming as a recreation, as those enjoyed other young Australians.

There is no coordination across Government to fund, sustain and maintain pools in remote areas or to ensure that there is access to safe swimming facilities for young people across the Northern Territory.

The role, responsibility, co-operative coordination and effectiveness in the response of NT Government agencies.

The future of remote pools in the Territory was dealt a severe blow under the restructure of local Councils in 2008.

The situation in Gunbalanya can provide insight into the consequences of the new council arrangements. The Kunbarllanja Community Council managed the local swimming pool until 2008. In 2008 the Kunbarllanja Community Council was incorporated into West Arnhem Shire Council.

The new West Arnhem Shire decided that it had no mandate or budget to run the Gunbalanya pool and left responsibility with the Gunbalanya Sports and Social Club. The Club is now managed by a Darwin businessman who runs
the local airline and service station. The pool is fenced and locked. It has no lifeguard and charges a $150 annual entry fee.

Some Indigenous people do use the pool but most can’t afford it. It is periodically made available for the Royal Life Saving Society to run water safety courses but it is not available as an accessible recreation facility for young people and for the community as are swimming pools in larger centres.

West Arnhem Shire estimated that the Gunbalanya pool would cost around $200,000 a year to staff and maintain and it received no core funding from the Northern Territory Budget to maintain or manage the pool. It does however manage the pool in Jabiru, which is currently closed and empty.

Currently there is no cooperative coordination between the Territory Government, local Councils and Shires and communities to ensure that remote swimming pools are adequately funded, managed, staffed and maintained.

The role of targeted programs and services that address particular circumstance of high-risk groups.

The program to provide and maintain swimming pools in remote areas of Western Australia has been demonstrated to reduce ear infections and consequent hearing loss amongst children in remote areas. These have been seen to lead to feelings of exclusion, learning difficulties, social problems, reduced employment prospects and an increased risk of anti-social behaviour that can result in incarceration.

Remote pools have also been shown to reduce the incidence of scabies, that results in sores, open to streptococcal infection. Untreated, streptococcal infections have led to high rates of renal and rheumatic heart disease in remote communities.

Swimming is recognised as an effective means of reducing both anxiety and depression. On the physiological level swimming workouts release endorphins. Swimming serves as well to sop up excess fight-or-flight stress hormones, converting free-floating angst into muscle relaxation. It can even promote so-called “hippocampal neurogenesis” – the growth of new brain cells in the part of the brain that atrophies under stress. In animal models, exercise has shown itself to be even more potent than drugs like Prozac at spurring such beneficial changes.¹

Swimming represents a potent adjunct to antidepressant medications. It requires the alternating stretch and relaxation of skeletal muscles while simultaneously deep-breathing in a rhythmic pattern. These are key elements of many practices used to evoke the relaxation response. We use focus on the body here in the moment to keep past thoughts or future worries from invading our consciousness. By concentrating on the different aspects of

¹ Aimee C. Kimball, Centre for Sports Medicine, University of Pittsburgh Medical Center. Quoted in Staying Happy by Jim Thornton in Swimmer Magazine Jan-Feb 2010
stroke mechanics, from hip rotation to kick patterns, to streamlining and pulls, regular swimmers practice this intuitively.

Moreover, since most pools have set times for lap swimming and coaching, regular swimmers usually find themselves settling into a schedule that becomes automatic. For stressed out people, this lack of options is paradoxically comforting because it removes the burden of yet another decision. All you have to do is show up at the regular time and you know there is a good chance you will end up leaving the pool feeling a little better than when you arrived.2

Proposals to access Commonwealth funding programs.

The NT is a signatory to the National Partnership Agreement on Remote Service Delivery, that includes the following commitments:

- To raise the standard and range of services delivered to Indigenous families to be broadly consistent with those provided to other Australians in similar sized communities; and

- To increase Indigenous economic and social participation and promote personal responsibility.

Commonwealth funding to progress this National Partnership Agreement is targeted to 15 remote service centres:

Hermannsburg, Yuendumu, Lajamanu, Ngukurr, Numbulwar, Angurugu, Umbakumba, Yirrkala, Gapuwiyak, Galiwin’ku, Milingimbi, Maningrida, Gunbalanya, Nguiu and Wadeye.

The Northern Territory Working Future program has identified twenty growth towns in remote areas, with plans to develop them as centres for improved education, health, commercial and employment facilities. The twenty NT growth towns include the fifteen remote service centres targetted under the National Partnership Agreement, with additional growth centres in Borroloola, Daguragu/Kalkarindji, Ali Curung, Elliott and Papunya.

To implement the commitments made under the National Partnership Agreement on Remote Service Delivery, Local Implementation Plans have been developed that set out an agreed range and level of services to be developed in each community, to assist in meeting Closing the Gap targets.

These Local Implementation Plans all include agreed actions to improve health through better access to sport; and to improve the access of young people to sports training and facilities.

Six of the fifteen communities funded under the *National Partnership Agreement on Remote Service Delivery* already have a swimming pool:

Yuendumu, Ngukurr, Numbulwar, Maningrida, Gunbalanya, Nguiu and Wadeye.

Only one of the Local Implementation Plans for these communities makes any reference to the existing local swimming pool in its proposals to improve the access of young people in these communities to sport and recreation.

The Local Implementation Plan for Yuendumu includes an action to “review sources of funding for the ongoing management of the swimming pool. NTG will contribute to the pool’s ongoing operation.”

The other five Local Implementation Plans for the communities with swimming pools: Ngukurr, Numbulwar, Maningrida, Gunbalanya, Nguiu and Wadeye, do not mention the existence of a swimming pool in the community; do not give any consideration to the future of these pools; do not mention their value in providing recreation facilities and potential employment for young people; nor their capacity to develop swimming and water safety skills and to help prevent ear, eye and skin infections.

There are no plans for new swimming pools to be constructed in any of the other nine remote service centres funded under the *National Partnership Agreement on Remote Service Delivery* or in those Territory Growth Towns that have no existing swimming pool.

The NT is also a signatory to the *National Partnership Agreement on Indigenous Economic Participation*, that includes the following commitments:

- To halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade; and

- To ensure that Indigenous people of working age are represented in all employment sectors and at all levels of the labour market.

There is coordinated planning in the NT to train and employ Indigenous workers to manage and maintain remote pools; nor to adequately staff the swimming pools in remote communities.

A study done by the Royal Life Saving Society of Australia in 2009[^3] for the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs, looked at swimming pools in eighteen remote communities. The study looked at the management of the pools and found that only two of the eighteen had a business plan; four had a full time manager and a further four had part-time managers; and only nine swimming pools had an operational budget.

The Royal Life Saving Society of Australia study found that none of the eighteen remote pools had a risk management plan in place; twelve of the eighteen pools rated less than 50% in its aquatic facility safety assessment; fifteen pools had significant deficiencies in safety signage; seven had poor storage arrangements for pool chemicals; four had inadequate fencing; toilets and showers were a major problem for seven pools; and nine pools did not have a maintenance plan.

It is clear that the problems facing remote swimming pools have been exacerbated in the past two years as local government funds have become more stretched. Fifteen of the remote pools are the responsibility of Shire Councils, with three run by local organisations and clubs. This year the media has reported the closure of pools at Santa Teresa, Nguiu and Jabiru while the current situation of the other fifteen pools is not clear.

The terms of reference of this inquiry refers to accessing a National Partnership Agreement on Mental Health. No such agreement exists.

CONCLUSION

Providing access to properly managed and maintained swimming pools in remote communities will assist in lifting the mental and physical health of their young people.

Access to public community swimming pools and the recreation, skills and enjoyment they can provide will assist their young people to see a future for themselves equal to other young Australians across the country.

I recommend that the Committee consider these matters and that it develops effective recommendations to enable the NT Government to address them.

Yours faithfully

Ting Walker
4 November 2011