

Fishing for health: building social cohesion in Charleville

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BACKGROUND

Charleville is a town of 4000 people in south-west Queensland in Cattle and Sheep country. As with a lot of country towns there are hardships. Queensland Health (Qhealth) provides many services in the town. One Aboriginal health worker employed by Qhealth has been pro-active in working with a group of Indigenous men who live in council housing. They met many of the criteria of the socially excluded based on a combination of linked problems; unemployment, poor skills, bad health, culture, physical barriers and family breakdowns.

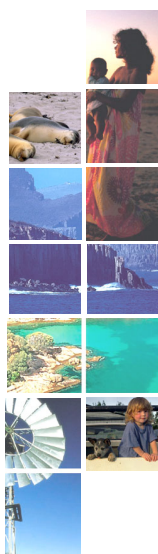
The complex problem of social exclusion appears to be intensified and more severe for individuals that belong to multiple excluded groups. Discrimination and racism can occur on multiple levels for the same individual (The inter-American development bank, 2002).

That was true of these men. The health care workers' daily routine was to visit the men and others in the community who met these criteria. She monitored their needs and general health status. If the men had a health issue she would invite the community health nurse to accompany her on these rounds. Because of the community health nurse's involvement, non-Indigenous clients with the same complex problems became involved in these rounds.

The idea was early detection and intervention of health problems. These health workers were passionate about their work but frustration surfaced. Health and social problems were frequent. The health workers would arrange for the clients to go to the hospital or doctor where they were patched up and returned to the same situation.

LITERATURE REVIEW

The Hon Justice Michael Kirby (Oct. 2002) said that, "Australia is not always inclusive of all its citizens", as well as "It hurts you because the ideal you keep in your mind and heart about Australia is a fair land that rejects unjust exclusion of any of its citizens from civil society". Just as Justice Kirby is passionate about the social exclusion of Australia's citizens so were the health care workers. Lang & Wilkinson (2002), identify that exclusion is about lack of access to power, knowledge, services, facilities, choice and opportunity.



THE PROJECT

The aim

The project aimed to improve the health of a group of men who were socially excluded from society.

The method

The health care workers presented an idea of including these clients in the established programs in Charleville. The co-ordinators could not help. Reasons were many:

- The men could not get to the activities; they had no transport.
- They had tried the programs before and just sat by themselves and did not join in.
- There was nothing at the moment but hopefully something would be up and running soon.

The men simply did not meet the standard criteria required to attend the socially inclusive activities provided in Charleville. It is acknowledged that these programs do a wonderful job and reach out to most of the people in Charleville, but not all. This paper is not an attempt to discredit them.

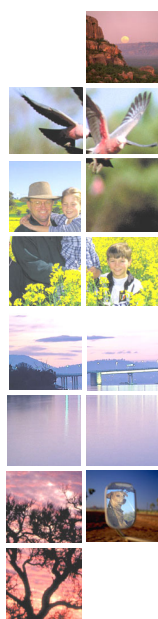
Each time an established activity was mentioned the men rejected it. The health care workers considered a survey to see why the men would not go to the programs. A written survey was rejected due to the limited literacy level of the group, so the survey was conducted verbally by encouraging the men to examine a question.

The question was **“What doesn’t the program have that you would like”**. The answers were not that surprising. These men felt that the activities that were offered were not activities they would participate in. They also felt that the programs were for non-Indigenous people and that “they did not fit in”. A disabled non-Indigenous man who had one arm could not participate in many of the activities. Surprisingly they said they disliked the structure of the activities and the locations, which were always indoors.

The findings were that none of the established activities in Charleville were desirable to this group and that the programs were not tailored to clients with multiple linked problems.

Again drawing from the literature of Lang & Wilkinson (2002), which states that in some cases people may become so alienated by the activities of the society they live in, that they no longer want to participate.

The health care workers felt that there were still opportunities for these men. They were listening to the questions and had not rejected the idea of doing something; therefore hope existed that these men would participate in society at some level. If exclusion was about not having power over choices, the next step was to empower these men to tell us what they wanted to do and then go about helping them do it.



This was not easy for them, and it took another few weeks for them to come up with the idea of **fishing**. Much discussion took place and while one man suggested the activity, all of them embraced it. Justice Kirby (2002) also said in his paper that Australia has a long way to go for full inclusion. Charleville was as good a place as any to start to reintegrate those Australians who were excluded. Fishing was the perfect choice for these men. It was something they had all been involved in when they were included in society; something they had in common. **To go fishing would provide them with an activity that would reintegrate them to some degree.** The reintroduction would be slow but would be on their terms, giving them power over the situation and the choice of an activity.

The links between social exclusion and health are well documented; with social exclusion being described as the “breeding ground for poor health” (Department of Health 1998a). The aim was also for the health care workers to have a basic focus shift – from cure to prevention and thereby improving the opportunity for better health.

The men with the aid of the health care workers formed a plan for the fishing trips:

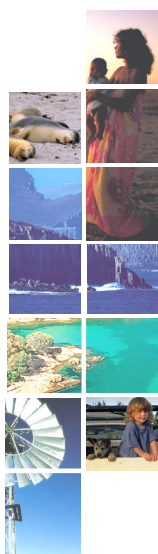
- The health care workers were to organised the bus, bait, fishing gear and barbecue etc.
- Hospital auxiliary bus at a cost of \$40 a trip.
- Clients must be sober to participate.
- Clients to supply their own ingredients for lunch.
- Aboriginal health worker to drive the bus (she was the only one with a bus licence).

All this sounded simple enough. The health care workers had come a long way to get the men to agree to participate but when they approached their line manager it was pointed out to them that many programs already existed in Charleville. The health workers argued that these services were not suitable for their clients but the idea was rejected.

Next, the bus became a problem. It would cost \$40.00 a trip. Community health did not have precedence for such a project and again barriers were met. Aboriginal Health was approached and was willing for us to use their bus, but it was undergoing repairs and would probably have to be replaced. The health care workers felt at this stage that the project would never get off the ground.

Charleville Health Service District’s Manager was approached. She could see the enthusiasm of the health workers and the frustration of not being able to get this project working. She instructed the workers to obtain the \$40.00 a trip from community health funds. The health care workers understood that if the trips were to be long-term alternative funding would be needed.

This move stimulated interest and the HACC (Health and Community Care) co-ordinator allocated funds to the project for social inclusion. All clients were easily HACC eligible. Another aspect of the plan was to encourage collaboration with Aboriginal Health. The manager was approached and she was interested in her workers’ helping. One young Indigenous male worker joined the group. It was



anticipated that his involvement would provide him with a learning experience to participate in future projects.

It was anticipated that at the end of the trial period the project would be handed over to one of the established programs in Charleville.

THE RESULTS

The fishing trips stimulated interest from day one. The bus needed to be picked up at the hospital and great interest came from the hospital staff and visitors (many of whom are locals and have known these men a long time). Inquires of how many fish were caught were common; and according to the official handbook of fishing the successful fishing holes have remained secret.

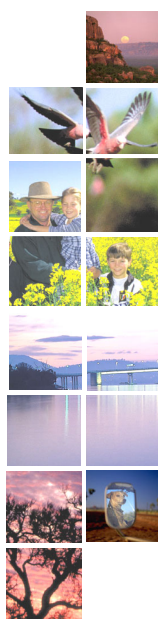
How did so and so get on? A few asked how the health care workers had gotten such good jobs. Remembering Charleville is a small town; the fact that the fishing trips were happening did not take long to get around. There were also setbacks. One man had to be told he could not come because he had been drinking for 3 days. Another man developed pneumonia and ended up in hospital. One day only one man was fit enough to go fishing.

These things were identified as possible barriers to the success of the project but it was decided to continue the trips and see if the attendance of the men improved. It did and soon the men were attending on a regular basis and indeed wanting to go more often. One bright suggestion was to get to the fishing hole before daybreak (when the fishing was at its best). The health care workers declined that suggestion.

The alcohol, tobacco and other drugs (ATODS) health worker put forward an idea of testing the men's alcohol level. The health care workers rejected this because if a limit of 0.05 was applied, none of them would ever go fishing. It was found that the men themselves enforced the non-intoxicated rule. It was interesting that they enforced a social standard on their mates. The health workers took this as a sign that the idea was working.

A days fishing would involve the health care workers going up to the hospital, getting the bus, loading it, picking up the men from their homes, and travelling to the chosen fishing spot. Many memorable incidents happened. There was one day when the health care worker ended up in the river and one of the men had to help her out, there were wonderful yarns about "fishing in the Warrego in the old days", and the discussions about what is the best wood for a fire, and what is the best way to build a fire? One man while showing us how to spin a billy to settle the tea leaves almost hit an overhanging branch, with disaster being avoided by the fall of the water. The female health care worker was talked into driving along black soil by one of the men. She had to back her way out, and with every person on the bus directing her, she still managed to back into a tree.

HACC funding was available for social activities provided by HACC workers but no workers could be found that had all the necessary requirements to work under the scheme (for example, full comprehensive car insurance). At the end of the trial period the original aboriginal health workers were still guiding the project. Others had joined and the original community health nurse had accepted another position.



Results summary

The men were empowered to recognise an activity that would provide them with the opportunity to interact in a social setting of their choosing. They set their own rules for the outings and enforced them through accepted group norms (no alcohol, no swearing, must be on time). Small groups were suitable, as there was a low level of social exchange.

The fishing trips provided an outlet for these men and provided a focus outside their homes. They interacted between themselves and others in a socially acceptable manner.

Alcohol was abstained from for a couple of days a fortnight and visits to the doctors and admissions decreased. The men were more positive in their outlook on life. Their mental health improved with a focus shift to fishing instead of drinking (not all the time).

Other services in the community had become interested in the idea. The health care workers learnt to work through barriers to their work. Not all of this happened to every man and not all were sustained over a period of time. Remembering that these men had multiple health and social problems, and small gains were huge for them and the health care workers.

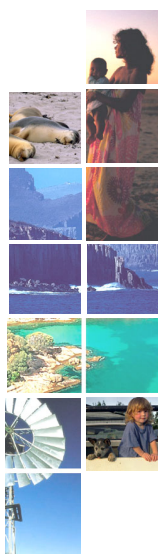
CONCLUSIONS

- The project demonstrates that standard programs do not cater for the socially excluded who have a combination of linked problems.
- That the socially excluded do not want to attend the standard programs.
- That clients should be encouraged to drive their own programs and to expect the assistance of health care workers.
- That health care workers can work in a collaborative manner to develop successful programs.
- That health care workers need to be advocates for the socially excluded and lobby for their inclusion in programs.
- That activities should consist of small groups.

It is acknowledged that this project was provided to this group through local knowledge and that other groups might choose an activity other than fishing.

Recommendations for changes to the health care system in Charleville for people who are socially excluded because of multiple risk factors:

- Socially inclusive activities will be a collaborate activity of health care workers from differing projects across Charleville District; for example community health, HACC, mental health, Aboriginal Health, ATODS, public health, healthy ageing, south-west healthy ageing and the hospital.



- Community programs should include activities for the most socially exclusive members of our community.
- Activities should be client driven and the groups small.
- Project to be trialed on other groups eg. women elders, mental health clients.
- HACC funding to remain available for the projects.
- Aboriginal health to be invited to participate in the projects.

REFERENCES

1. Dept. of Health (1998a)
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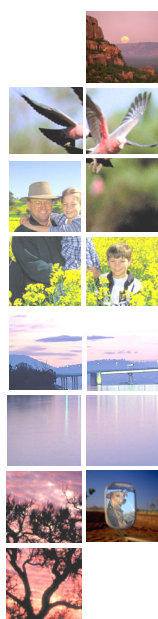
PRESENTERS

Jill Carroll started nursing as a Cadet Nurse (16 in those days) at the Royal Brisbane. That was the answer to the nursing shortage in 1971. Jill did one year as a Cadet and 6 months of her training. She had to live in and hated it, so she left nursing at 17½. Jill got married and had three children and went back to nursing as an assistant in nursing at a nursing home in 1983. She loved that but had a thirst for something more stimulating. She began studying in 1987 at the then QIT at Garden Point. It became QUT while she was there. Jill can remember all the political hype as nursing went to full-time university. She became a Registered Nurse at the end of 1989.

Jill then worked at the Holy Spirit in their Vascular Surgical Unit. She ventured to Saudi Arabia for 18 months and worked in a surgical unit in Tabuk. She was there not long after the Gulf War. When Jill returned home she purchased a home in Brisbane and worked at North West Private Hospital in their Colo-rectal Unit.

All her children left home in 1976 and Jill took a position for three months in Augathella. Both her parents had been “bushies” and when she arrived in Augathella (400 people) she felt she had come home. Jill lived all her life in Brisbane and had never been west of Toowoomba. The shock she received when she hit Augathella was frightening. Jill had worked in the busiest, most complex situations in nursing and found she could cope with anything, but nothing prepared her to work in a small country hospital, not even working in Saudi.

Jill moved from Augathella to Charleville 5 years ago where she met her present partner, Donny (born and bred in Charleville). She now works in Morven (380 people), one hour from Charleville, which is to the west, and one hour from Augathella, which is to the north. No doctor, no back-up just Jill – and she loves the work, the people and the land. Even in drought! Jill’s paper is dedicated to the people of this area and



shows that programs that promote social inclusion need to be tailored to the people of the area. Fishing is right for Charleville but may not be for Brisbane or then when you think about it, it may not be such a bad idea.

Carmel Baker was born in Charleville and has spent all her life there. She is an Indigenous health worker with Queensland Health. She has Aboriginal heritage. Her interest in this program grew out of her wish to see the best for the Indigenous population of Charleville. Carmel's interests include horses. She is an acclaimed jockey and since her retirement she has turned her hand to horse training.

