

CORRECTED VERSION

RURAL AND REGIONAL SERVICES AND DEVELOPMENT COMMITTEE

Inquiry into retaining young people in rural towns and communities

Donald — 17 May 2006

Members

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Mr C. Ingram
Mr J. M. McQuilten

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Witness

Ms L. J. Kelly, Southern Mallee Primary Care Partnership (sworn).

The CHAIR — Welcome Linda. Would you please give us your full name and address and tell us whether you are attending in a private capacity or representing an organisation today, and if so tell us the name of that organisation and your position within that organisation.

Ms KELLY — I am Linda Jane Kelly of [ADDRESS REMOVED] Beverford. I represent Southern Mallee Primary Care Partnership which covers Buloke, Gannawarra and Swan Hill shires.

The CHAIR — If you could give us your evidence for the next 10 minutes or so, we will have some questions for you following that.

Ms KELLY — I will start by explaining that Southern Mallee Primary Care Partnership is a voluntary partnership of health and community agencies in Buloke, Gannawarra and Swan Hill shires. We have representation from all hospitals, local government, divisions of general practice and community services. Our primary objective is to improve the health and wellbeing of our communities across the catchment. As part of this collaborative planning process, youth and recruitment were identified as a major focus, and as such a number of strategies have been implemented.

The youth policy in Buloke was developed in 2000 with a commitment from stakeholders to support and encourage youth to stay within the shire, to utilise their skills and improve community capacity, something we have heard a lot about today. This catchment has an ageing population, not an aged population, and we need younger people here to look after us. Some of the strategies we have developed as part of the primary care partnership include a rural resident project, a project in which a web site was developed based on recruitment and retention for the region. It not only has employment opportunities but also information on lifestyle and geographical location. The formation of the G2K group, which has been touched on before and stands for Get to Know group, was formed by a group of young people. Unfortunately they have all left to go to major centres but with the idea that that would form a young people's network. One has been formed in Swan Hill and we are looking at possibly introducing it into both Gannawarra and Buloke.

We need a stronger link between service providers of schools and tertiary institutions, which must encourage and foster pathways, which is something the Loddon Mallee Community Alliance is certainly doing. Some of the outcomes of the case studies we have done as part of our rural residents program have certainly acknowledged some of the benefits and barriers of working within our community. Some of the benefits were that they loved the casual rural lifestyle; they liked greater responsibility, which of course then leads to greater learning outcomes; and they liked the connectedness to the community. Some of the barriers included being named by your surname or your lineage and not by your skill.

There is then the issue of de-skilling. People like social workers, for example, are employed for that specific skill, but in a rural setting they are also required to cover reception shifts over lunchtime. So there is some of that tension. Accommodation came up very strongly but interestingly both as a barrier and as an enabler. Some have been able to access cheaper accommodation than they did in a metropolitan setting and have liked being able to live in a country setting as well.

The case studies also reaffirmed our belief that the decision to locate to a rural area is often made outside that setting, but the decision to stay in a rural setting is shaped entirely by that experience. The transport connections project is another project that Southern Mallee is involved in, and today we are waiting for an announcement from the minister about flexible transport opportunities. Some of the things we are doing, particularly here in Buloke, include looking at bus services between Horsham and Donald which will enable VET students to travel to and from, and that is part of the provincial statement. We are hoping that some of those strategies — things like access to school buses — can be implemented across our region.

Consultation has already started for our next phase and youth retention has already come up very strongly. As we have heard today, young skilled workers are in a minority. They often work and live together and obviously have to socialise together. They are also aware that they are a very scarce and valued commodity, and as such they are very reluctant to leave their community, but we know historically they will have to for further education. There are limited opportunities for social and cultural interaction. The loss of young people to stay and play sport also unravels the social fabric as sporting in rural communities is pivotal to social cohesion.

Demographic trends provided by DSE in 2004 in *Regions in the Future* indicate that in 2011 Buloke will have 80 youths aged between 20 and 24 years, and by 2021, if that trend continues, the figure will drop to less than 40. Gannawarra reflects a slightly higher but similar trend.

The CHAIR — Could you tell us a bit about how you would hope to see more flexible use of school buses in this area — or other transport options — to make access easier for students?

Ms KELLY — Certainly. We have looked at a pilot access to community buses or to school buses as a community bus within this region. Some of the barriers that we encountered were that there needs to be some community development around that. There are expectations that something that is provided purely for a school will be hijacked for other reasons, which was certainly not the case. There needs to be a lot more community development to support that. There needs to be flexibility within the actual contracts of the bus service providers. That is something that is obviously being looked at a state level as well. There need to be linkages to other transport systems — we have a very limited transport structure within our catchments, as you are probably aware — and also linking with service providers. For example, for appointments at a health service you would make sure that there is structured access. Likewise for students, there would need to be structured access to the TAFEs at certain times. It is about coordination and having that coordination to do it. Often things are run on intent and goodwill, and unless there is that fund of resource to do it, it will not occur.

The CHAIR — On the coordination side of things, how do you see that working?

Ms KELLY — I think the transport connection model has been a good example. It is almost like a pilot study if you like; I think there are nine funded PCPs across the state. Some of the learnings they have had from that, they being the project works that have been the linkages and the resourcing for it, have been that conduit for the linkage. I suppose that model itself is probably the best one because I do not think it fits within an agency, which is something that has certainly been highlighted in these projects.

The CHAIR — So the project workers have been able to make the transport connections actually happen and work for the people, and they are getting the passengers on the bus services to make them feel like it has been worthwhile, cost effective and that sort of thing?

Ms KELLY — Yes.

Mr INGRAM — Linda, you made some comments before about Buloke and the population of young people. Can you repeat those population figures?

Ms KELLY — Certainly. I am sorry I should have provided the report. They are actually from the DSE — we love acronyms — report *Regions in the Future*. We have 80 youth in the 20 to 24 bracket, and by 2021 this figure will drop to less than 40.

Mr INGRAM — What is the total population of the same area? What sort of percentage is it?

Ms KELLY — I think in Buloke at the moment, across our catchment we have a total population of 39 000. That is our entire catchment. I think Buloke was eight.

Mr WALSH — I was going to say seven, but it would be eight.

Ms KELLY — So it is certainly a very alarming trend. As I said, Gannawarra is very similar, slightly higher, but there is a disturbing trend. Just looking at that demographic alone, does that answer your question?

Mr INGRAM — Of those that remain you would nearly be able to individualise and work out exactly what they are doing.

Mr McQUILTEN — The mayor has three of them.

Mr INGRAM — What sort of employment are those who are there in? What are they doing? Has there been much tracking of that, do you know, or not?

Ms KELLY — The LLENs within their capacity have a sort of set demographic they work with, so I do not think there is anyone who has had the capacity to do that social mapping, if you like. That would certainly be a good evidence base to say that this is happening and this is what is occurring.

Mr INGRAM — One of the other things that has come up today that may be within your area of knowledge is that rental accommodation has been a problem. One of the points put forward is that there really needs to be some independent living type accommodation for aged people within the area; supported accommodation, stuff like that. There is a real, if you like, lack of incentive or financial incentive for aged care providers or others to provide that type of accommodation. Do you know much about that or can you provide us with more information about it? It has really only come by way of anecdotal evidence, if you like.

Mr McQUILTEN — It was mainly Sea Lake.

Mr INGRAM — It is a problem.

Ms KELLY — Are we talking about aged care specifically?

Mr INGRAM — We are basically talking about the fact that there is no accommodation for aged people so you have older people living in large houses. One way of freeing up that, if you like, rental accommodation is to provide independent, supported living near health services or whatever. That would kill two birds with one stone. It would allow a more supportive type of accommodation, a more applicable type of accommodation for the aged within the community. It would also make rental properties available for young couples to move in and work in those areas.

Ms KELLY — I think it is a great solution, and there certainly is a need because we have information from families moving off farm or elderly people, if there is one sole survivor, will move into town into that larger house. That is not a one-off, and I think the shire has those statistics. It certainly is an issue. I can see that if that person living in that three-bedroom house, if you like, was in low-care housing accommodation, then absolutely you free up some of that rental market nicely. I can see that as being a very good solution as well.

Mr INGRAM — But there does not seem to be an incentive to provide that.

Ms KELLY — No, there has not been the economic incentive. That has been the biggest barrier, I think, and certainly not only in Buloke but, as Peter would be aware, in Gannawarra as well. Yes, it is an economic barrier.

Mr INGRAM — Mental health problems with young people, is that an issue in the area?

Ms KELLY — Absolutely. As I said at the start, the primary care partnerships are such a conglomeration, if you like, of such a wide variety of agencies. We have from social services right through to general practitioners. We are certainly seeing an increase in mental health issues such as stress and anxiety. Farm succession planning, as was mentioned today, has come up and the stress associated with that. We are seeing an increased incidence of same-sex attraction which could obviously then lead to — heaven forbid — an increased rural suicide rate. We are seeing some people actually leave because the support services are not there. It is certainly well documented within this region that we do not have a lot of mental health services. Peter, you would agree? Yes.

Just another one to throw in quickly — I am aware that you have got an extremely long distance to travel — particularly with the rural clinical schools in Shepparton, and there are similar ones across the country, while young aspiring GPs have done placement within a rural setting, we are still not able to retain them. We still do not have a great retention rate, so I think some of that needs to be included in this inquiry as well.

Mr INGRAM — Is that more lifestyle or environmental factors around where they are living?

Ms KELLY — Yes, employment for partners or education opportunities, professional development and, dare I say it, sometimes the generalist surgery stuff is nowhere near as sexy as the metropolitan *ER* whizzbang setting. There is also that fear of young GPs working in the area that they have grown up in that they will be treating family. Some are very reluctant to do that. Yes, it is a mixture of quite a lot of that, but unfortunately with some of the students that are coming through there is a reluctance to be a practitioner in a rural setting.

The CHAIR — Earlier on you were talking about people deciding to stay making that decision based on their experience whilst they are there. Obviously then there is a challenge for rural communities to make the experience of people very positive when they first arrive and as they are there. Has there been some work done to look at that particular issue of retaining people here, and what are some of the examples of things you do?

Ms KELLY — We have certainly looked at mentoring. To use the example of Swan Hill hospital, it has nominated people within cross-disciplines to mentor some of the younger people who are coming in. They not only look at their workplace skills but they ask them: what other activities are you interested in; what extracurricular things are you interested in doing? They have gone that next step and said there is a hockey match next week, that sort of thing. They have done that mentorship informally. I am aware that local government also does some of that informal mentoring, if you like. It certainly does happen in most agencies, and I know that community services tend to do that as well. They look at their staff with a more holistic approach and make sure that they are linked into other activities apart from the normal work activities.

The CHAIR — What about the schools and the industries?

Ms KELLY — Certainly that was some of the impetus behind the G2K — Get to Know — and there were invitations to police, schools and all community services so that if there was anyone young that they had employed, we were very strict in saying that it is not young professionals, it is basically anyone young that you have employed that would like to know what is going on in your community, what opportunities there are; so very social and very informal, if you like, but it certainly has been a great opportunity for them to look at what is in the region rather than jumping in the car and going away on the weekend.

The CHAIR — What were the kind of activities that G2K found successful?

Ms KELLY — It was more raising awareness of what was available. There was a directory formed that said these are the activities; a physical activity directory, a community services directory that says this is what is occurring, this is what you can do. It is very informal.

The CHAIR — What about networking and all that sort of thing; was that part of it as well?

Ms KELLY — Yes.

The CHAIR — How did they do that?

Ms KELLY — Again, that was, I suppose, identifying commonalities and then going off and doing that. But that, I think, needs to be resourced. That is one thing that we would like to be able to resource and continue to encourage and foster.

The CHAIR — Thank you very much, Linda, for spending the time today and coming here. You will get a copy of the transcript in about two weeks, and you can correct any errors but not change matters of substance. Thanks very much.

Ms KELLY — Thank you.

Witness withdrew.