

Animal Management in Rural and Remote Aboriginal Communities Inc. (AMRRIC)

Animal Management Worker Program Evaluation

20 August 2014



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Acronyms

ABA	Aboriginals Benefit Account
AMRRIC	Animal Management in Rural and Remote Communities Inc.
AMW	Animal management worker
BRC	Barkly Regional Council
DSS	Australian Government Department of Social Services
EARC	East Arnhem Regional Council
EHO	Environmental Health Officer
EHW	Environmental Health Worker
LGA	Local government authority
RGRC	Roper Gulf Regional Council

Glossary

ABA Funding Agreement	Funding agreement dated 18 July 2011 entered into between AMRRIC and the Commonwealth Department of Social Services (formerly the Department of Families, Housing, Community Services and Aboriginal Affairs) to implement an animal health and management program in the Northern Territory
Companion animal	Domesticated animals such as cats and dogs
Funding period	Funding period covered by AMRRIC's Funding Agreement with ABA ending on 30 June 2014
Zoonosis	An infectious disease that is transmitted from animals, other than humans, to humans or from humans to other animals (the latter is sometimes called reverse zoonosis or anthroponosis)

Executive Summary

Context

In July 2011 Animal Management in Rural and Remote Indigenous Communities (AMRRIC) received funding from the Commonwealth Department of Social Services (formerly the Department of Families, Housing, Community Services and Aboriginal Affairs) through the Northern Territory Aboriginal Benefit Account to implement an animal health and management program in the Northern Territory.

Activity

Over the last three years AMRRIC has worked with three Regional Councils – Barkly Regional Council (BRC), East Arnhem Regional Council (EARC) and Roper Gulf Regional Council (RGRC) – to employ and train Aboriginal animal management workers (AMWs) to help improve companion animal health and control in those regions. The intention in running those programs has been both to improve animal, environmental and human health and to develop a sustainable Aboriginal AMW program model that could be applied more broadly across rural and remote Aboriginal communities in the Northern Territory.

A range of community awareness building and education activities have also been undertaken either as part of, or in parallel with, those programs.

Program Models

The AMW programs that have been run in each of the three Councils have been structured and delivered in different ways. The differences in approach have meant that AMRRIC has, in effect, been able to trial three different AMW program coordination and delivery models:

- A co-delivery model (BRC) - where the Council has worked with AMRRIC as a joint program partner to design, coordinate and implement an AMW program
- A collaborative model (EARC) - where the Council has taken responsibility for the design and implementation of the AMW program and has liaised with AMRRIC as a funding partner and service provider to access AMW training and support and community education programs and
- An outsourced delivery model (RGRC) - where the Council has engaged with AMRRIC as a funding provider and has worked independently to implement an AMW program and deliver animal management activity using that funding.

Staffing structures have varied across the three programs in terms of where within Council services the program has been located, whether AMWs have been centrally located and worked as roving regional teams or been based in specific communities and how supervision arrangements have been structured.

The differences in the program coordination approach and the staffing models used across the three Councils have been influenced by a number of factors, including:

- The animal health and management issues being faced in the community
- Whether or not there was a pre-existing animal health and control program in place at the commencement of the AMW Program, what the focus of that program was and whether or not it already involved the employment of Aboriginal AMWs
- The relative importance and priority being placed on animal health and control activity, reflected in the allocation of funding and resources to that area
- The geographical area needing to be covered by the Council and the way that Council services were structured to do that
- The skills and experience of the staff responsible for managing the program and
- The ability of the Council to attract appropriately qualified Aboriginal community members to take up AMW roles.

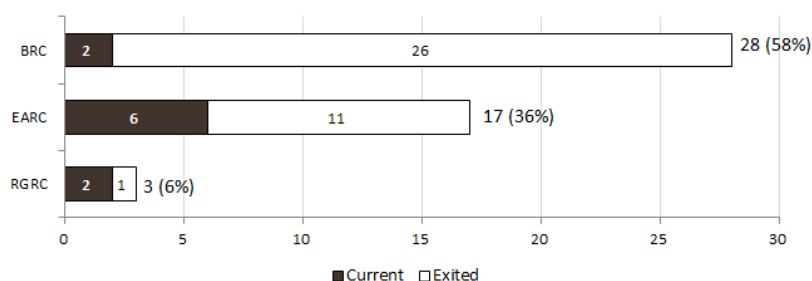
The BRC and EARC programs have placed significant focus on the development and delivery of a sustainable AMW program model as a core component of those regions animal health and control strategies. The focus in RGRC appears to have been more on the delivery of animal health and control activities with the employment of AMWs as a secondary, contributing factor. In all cases the Councils have put priority on seeking to engage local communities in animal management activity and have focused on the provision of culturally appropriate animal health and management approaches.

AMW Employment and Skill Development

In total, forty-eight (48) Aboriginal community members have been employed as AMWs by the participating Councils over the course of the AMW Program. Ten (10) of those staff were currently employed at the end of the ABA funding period (30 June 2014). Two (2) of those staff were still completing a trial period of employment; both were nearing completion of their trial and are expected to continue in employment post-trial.¹

The number of AMWs employed has varied across the different Councils. EARC has aimed to fill four full time equivalent positions (4 FTE). It has generally employed between four (4) – six (6) AMWs across five communities. Most of those have been part time. BRC has aimed to fill two full time equivalent positions (2 FTE). It has trialed a range of employment models, including casual, long term casual, permanent part time and full time models. More recently employed staff have been engaged on a full time basis. RGRC has also aimed to fill two full time positions (2 FTE), although it has generally struggled to fill both positions.

Figure 1 – AMW employment profile by region and status



All of the BRC and RGRC AMWs have been male. EARC has had a mix of male and female AMW staff.

Of the thirty-eight (38) AMWs that had exited employment at the end of the funding period, just over half (21, 55%) did not continue beyond a trial period of employment.² Almost all of those AMWs were engaged by BRC (19, 90%), ten (10) of those were employed during the initial six (6) months of the program while the Council was still working through how best to structure its AMW positions and approach and target the recruitment process.

Of the twenty-five (25) AMWs that have progressed beyond a trial period of employment, approximately a third (8, 32%) have been employed for twelve months or more. (Four (4) of those staff are current employees.) A further six AMWs (6, 24%) have been employed for between six (6) – twelve (12) months. (Two (2) of those staff are current employees.) That means that just over half of the AMWs who completed a trial period were employed for six months or more.

Post-trial retention rates have tended to be higher in EARC and RGRC than in BRC. The data able to be collected for this evaluation has not allowed us to clearly identify the cause of the variation. It may be related to differences in the attributes of the employees themselves or, possibly, differences in the structure of the AMW roles.

Skill assessment surveys completed by AMRRIC and Council staff for a sample of eighteen (18) AMWs indicate that most of those AMWs demonstrated improvement in their general work skills, general animal management and treatment skills, surgical preparation and support and animal handling skills

¹ All participating Councils have included probationary periods in their standard contracting arrangements. BRC and EARC have structured their recruitment to include formal trial periods for AMWs where the prospective candidate does not have significant work experience and / or where the candidate's fit with the role is uncertain.

² Includes participants formally employed on a trial basis and those who were employed initially on a permanent basis but did not remain in employment for more than two (2) weeks.

over the course of their employment. Most of the AMWs that had been involved in community education activities also developed their understanding and skills in that area as well.

Not unexpectedly, the level of development appears to be correlated with the amount of time that the staff have been employed.

Program Outcomes

Each of the different program models appear to have contributed to the delivery of improved animal health and management outcomes. The nature and depth of the contribution made through the provision of AMW Program funding and AMRRIC support appears to have varied depending on the pre-existing status of animal health and control measures in the community, the program model applied and the depth and breadth of engagement that the Council has had with AMRRIC.

The contribution that the AMW Program has made appears to have been more significant in BRC and EARC where AMW employment rates and the level of engagement between the Councils and AMRRIC were higher than in the RGRC.

The participating Councils have all noted the importance of having effective animal treatment and management programs in place to maintain animal, environmental and human health and the critical role that local government needs to play in the animal health and management area.

“Animal control needs more recognition as a core service of local government and there needs to be a responsibility (on the part of) local government to be committed to providing such services.”³

The Councils have also all confirmed the value of employing local Aboriginal AMWs to assist in the delivery of those programs, particularly in helping to:

- Engage community members on animal health and management related issues
- Improve community understanding of animal welfare and responsible dog ownership responsibilities
- Increase cross-cultural awareness in the design and delivery of Council based animal management services
- Encourage community take up of available population control and treatment services and
- Increase the adoption of improved dog management and human hygiene practices.

Policy and Program Implications

While the participating Councils have noted that animal health and control functions should ideally be funded through core local government revenue, they have observed that there is value in Councils being able to access additional funding and support to assist in the establishment of effective animal treatment and management strategies, particularly when the baseline position is poor.

Council staff have also noted that there is value in local governments being able to access best practice policies, resources and tools, such as those provided by AMRRIC, to help develop and implement such programs.

General feedback on the AMW Program suggests that like programs would benefit from:

- Building in a structured collaborative planning stage at the start of the program to agree how best to tailor and coordinate program activity to meet local needs
- Conducting regular planning and coordination meetings between Council and support (e.g. AMRRIC) staff to make sure that activities are well coordinated and as cost efficient and effective as possible
- Structuring recruitment criteria to accommodate prospective Aboriginal employees that have an interest in working in the area but do not have a formal animal management or environmental health qualification
- Maintaining a flexible role structure so that AMW positions can be tailored to suit the capabilities and interests of prospective employees
- Maintaining strong induction and trial employment processes to support recruitment and early stage retention of AMWs

³ Council interviews (Emma Kennedy).

- Providing AMW staff with personal support to help them to manage cross-cultural challenges that come with having to balance employment and community and family responsibilities and peer pressure
- Providing regular on the ground training and coaching for AMW staff, including access to remote Skype and / telephone based coaching between training visits
- Documenting AMW training curriculum to allow it to be shared across different training providers and staff to help improve the consistency of both formal and informal training program delivery
- Reviewing formal certificate level training options and learner support frameworks to best assist AMWs to complete accredited training, including stronger literacy and numeracy support
- Distinguishing clearly between the provision of veterinary services and training support to avoid confusion about the allocation of responsibilities and help make sure that where veterinary services are provided by a partner organisation they are delivered in a way that aligns with the broader Council program
- Providing funding for vehicles and related expenses to support the delivery of AMW functions as well as salaries
- Increasing the focus on community education activity in parallel with core animal health and control activities and
- Providing access to pro forma community awareness building and education programs and materials that can be tailored to meet community needs.

From a policy perspective the outcomes of the AMW Program suggest that there is potential value in the Northern Territory Government implementing a similar program to support remote Aboriginal communities that do not have an effective animal health and control program in place to establish one. It could do that by adopting a flexible program coordination and delivery model such as that applied by AMRRIC in this case, or by augmenting its current environmental health service delivery model to incorporate animal management as part of broader environmental health services. By doing that the Government could help to improve animal health and the general health and welfare of those communities.

Any such programs should be modelled on the good practice principles outlined in this paper and should be designed in a flexible way so that program coordination and delivery approaches can be tailored to meet the specific needs of individual Councils, as was the case with the AMRRIC Program.

1. Introduction

1.1. The Case for Action on Aboriginal and Environmental Health

It is a sad reality that on average the health, wellbeing and life expectancy of Aboriginal and Torres Strait Islander people remains significantly lower than that of non-Aboriginal Australians.⁴

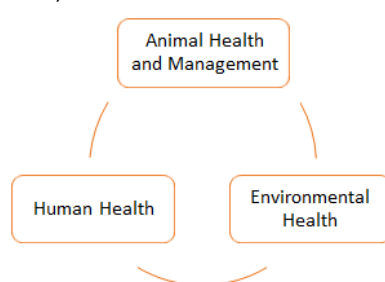
Aboriginal Australians remain burdened by illness and disease at much higher rates than their non-Aboriginal peers and their average life expectancy is approximately eleven (11) years lower than that of the non-Aboriginal population.⁵ The burden of disease and gap in life expectancy is particularly high in rural and remote Aboriginal communities.⁶

Poor environmental health conditions have been identified as contributing to the poorer health and life expectancy status in many of those communities.⁷

1.2. The Importance of Effective Animal Management

Research shows that there is a link between companion animal, environmental and human health.⁸

Figure 2 – Relationship between animal, environmental and human health



Poor animal health and management can increase environmental health risks associated with animal borne infection and disease and can lead to public safety risks linked to uncontrolled and aggressive animal behaviour.⁹

Improving the health and management of companion animals (such as dogs and cats) can play an important role in helping to improve human health and safety in rural and remote Aboriginal communities.¹⁰

1.3. The Need for a Stronger Animal Management Response in the Northern Territory

Animal health and management has been identified as being a particular issue in many rural and remote Aboriginal communities including those in the Northern Territory.¹¹

Poor companion animal health and particularly high numbers of companion animals per household, combined with poor household conditions and preventative health (hygiene) practices, have been identified as contributing to poor human health and life expectancy outcomes.¹²

Many rural and remote communities in the Northern Territory have a largely uncontrolled dog population with a high number of dogs per household. Many of the dogs are unhealthy, underweight and / or have visible, preventable skin diseases or mange. Access to veterinary services is usually limited

⁴ In this paper the term Aboriginal is used to refer to both Aboriginal and Torres Strait Islander peoples.

⁵ ABS. Cat. no. 4704.0; ABS. Cat. no. 3302.

⁶ ABS. Cat. no. 4704.0.

⁷ Queensland Health 2008., p.8; EnHealth 2007., p.5.

⁸ EnHealth WGATSIEH 2007; EnHealth 2010.

⁹ EnHealth 2010.

¹⁰ EnHealth 2010.

¹¹ EnHealth WGATSIEH 2007; AMRRIC.

¹² Constable, Dixon & Dixon 2010., pp.337-349.

and so sick dogs often are not (able to be) treated. Dogs are usually not constrained and are able to roam unsupervised. They can become a public nuisance and cause public health and safety issues (e.g. through defecation, scavenging and aggressive behaviour).

Poor dog health and management can contribute to higher than average instances of animal borne diseases infecting humans. These diseases are spread through direct and indirect contact with animal waste products and include skin infections, diarrhoeal diseases and chronic intestinal parasite infections.

Community members are often not fully aware of the link between animal health and environmental and human health and / or the ways that they can manage those health issues. They often are not able to access affordable preventative health and treatment for their animals. Cross-cultural factors can also limit the propensity of community members to take up available services.

The Commonwealth and Northern Territory Governments have acknowledged the need to address environmental health and animal management issues in rural and remote communities in the Northern Territory.¹³

In July 2011 AMRRIC received funding from the Commonwealth Department of Social Services (formerly the Department of Families, Housing, Community Services and Aboriginal Affairs) through the Northern Territory Aboriginal Benefit Account (ABA) to implement an animal health and management program in the Northern Territory.

Over the last three years AMRRIC has worked with three Regional Councils – Barkly Regional Council (BRC), East Arnhem Regional Council (EARC) and Roper Gulf Regional Council (RGRC) to employ and train Aboriginal animal management workers (AMWs) to help improve companion animal health and control in those regions (AMW Program). The intention in running those programs has been both to improve animal, environmental and human health and to develop a sustainable Aboriginal AMW program model that could be applied more broadly across rural and remote Aboriginal communities in the Northern Territory.

A range of community awareness building and education activities have also been undertaken either as part of, or in parallel with, the above AMW Program.

1.4. The Purpose of this Paper

The purpose of this paper is to review the above AMW Program to determine whether it has been successful in contributing to the improvement of animal health and management in the Northern Territory through the employment and training of AMWs in line with the objectives set out in the ABA Funding Agreement.

It seeks to identify key learnings from the work that has been done through the AWM Program that can be used to inform the development of a sustainable approach to animal management in rural and remote communities in the Northern Territory.

This paper has been prepared based on:

- Desktop research into good practice principles relating to animal management and treatment, program and policy design
- Consultations with State and Territory environmental health and animal management representatives and AMRRIC and participating Council staff
- AMW and community member feedback and survey responses¹⁴ and
- AMW skill assessments completed by AMRRIC and Council staff.

Unless otherwise specified numerical data provided in this paper is based on AMRRIC program or AMW skill assessment data.

¹³ EnHealth WGATSIEH 2007; EnHealth 2007., p. 5.

¹⁴ In BRC AMW interviews were conducted by a local evaluation partner, Ktima Heathcote.

1.5. The Structure of this Paper

The paper is structured in six (6) sections:

- Section One provides a context for the paper and outlines the basic objectives and structure of the report
- Section Two reviews the good practice principles informing the design and delivery of effective animal treatment and management programs in rural and remote Aboriginal communities
- Section Three reviews approaches that are currently being taken by the Northern Territory, Queensland and Western Australian Governments to support the implementation and delivery of effective animal health and control programs in such communities
- Section Four provides an overview of the AMW Program that has been implemented by AMRRIC in collaboration with BRC, EARC and RGRC.
- Section Five reviews the AMW employment and skill development outcomes that have been delivered through the Program. It outlines the community awareness building and education activities that have been delivered as part of and / or in parallel to the Program and comments on the overall animal, environmental and human health outcomes that have been delivered through the Program based on feedback provided by the participating Councils and
- Section Six summarises the key findings of the report.

2. Overview of Good Practice Principles and Program Attributes

Animal management in rural and remote Aboriginal communities can be complex. That complexity can be driven by a mix of logistical and cross-cultural factors.

Logistical factors such as the small size and related ratepayer base of rural and remote Aboriginal communities, as well as their relative geographic isolation and spread, can limit the ability to access sufficient program funding and resources, including appropriately qualified staff, to support the delivery of effective animal management activities.

Cross-cultural factors such as differences in language, communication style and behaviour can also influence how different community members perceive animal health and management issues. Those factors can affect how effectively community members and animal management program staff engage with one another and can influence the extent to which community members make use of available animal treatment services and management programs.

Cultural Considerations

Companion animals hold a particular significance for Aboriginal people that is linked to the role that they have traditionally played in family and community life and the relationship that Aboriginal people have with them.

Prior to colonisation Aboriginal people lived a semi-nomadic existence. Extended family and clan groups lived together and took responsibility for the care and protection of one another and their companion animals. While dingoes moved with Aboriginal people, they scavenged their food and were largely self-sufficient.¹⁵ For many Aboriginal people dingoes (and now dogs) are regarded as sacred animals. They are incorporated into Aboriginal society through dreaming and creation knowledge, are seen as providing spiritual protection and are sometimes given skin names that formally include them into family units (i.e. are given the status such as parent, aunt or child). They are seen as companions, are a source of warmth, provide physical security and assist with hunting.¹⁶ The perceived role of companion animals and the ownership, responsibility and care for companion animals in Aboriginal communities need to be understood in that context.

The above factors mean that to be effective animal management programs in rural and remote Aboriginal communities need to be designed and delivered in a way that takes into account both logistical and cross-cultural considerations and so need to be structured and run in a way that is different to mainstream, urban animal management programs.

2.1. Key Good Practice Principles

Research indicates that animal management programs in rural and remote Aboriginal communities tend to be most successful where:

- A respectful, culturally appropriate approach is taken to program design and delivery
- Program design and delivery is community informed and directed
- Community members are actively involved in the delivery of the program
- A learning and engagement based approach is applied to build community awareness and buy in
- Cultural considerations are taken into account when undertaking animal treatment and management activities
- A flexible approach is applied when implementing program activity to accommodate local circumstances and resources as they change over time
- The local service system is supportive and
- The program is resourced and structured in a financially sustainable way.¹⁷

¹⁵ Wilks 2000 in AMRRIC & International Fund for Animal Welfare 2007., p.5.

¹⁶ AMRRIC & International Fund for Animal Welfare 2007., pp.3-5.

¹⁷ AMRRIC & International Fund for Animal Welfare 2007; Fritschy 2002., pp.3-4; Productivity Commission 2004., pp.27-28; Russo 2005., pp.4-5; Stoneham & Daube 2008., pp.5-8; WA Health Department 2000.

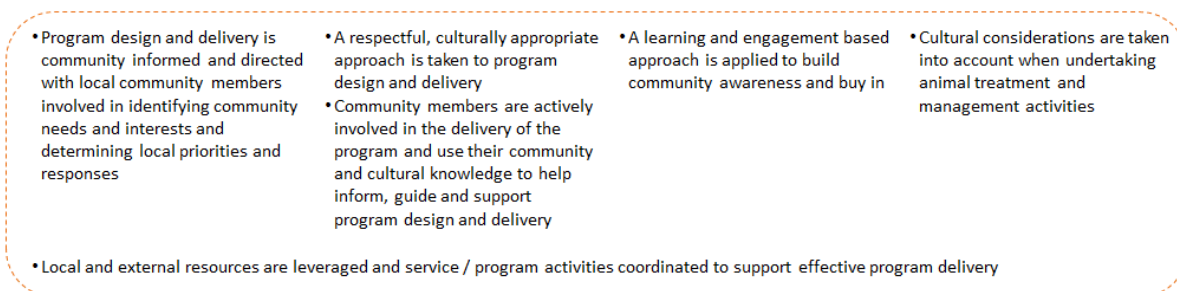
2.2. Good Practice Program Attributes

In order to apply the above principles, well designed animal management programs tend to incorporate five (5) key components:

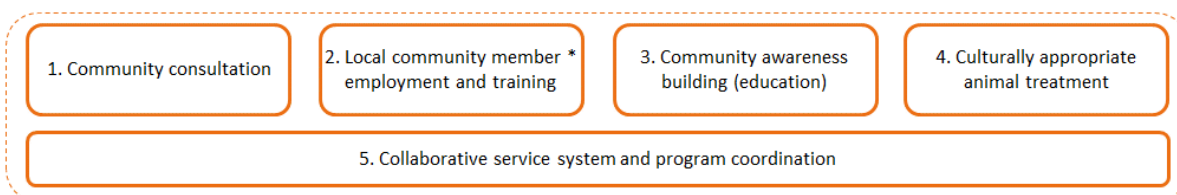
1. Community consultation
2. Local Aboriginal community member employment and training
3. Community awareness building and education activities
4. Culturally appropriate animal treatment and
5. Collaborative service system and program coordination.

Figure 3 – Key animal management program components (linked to good practice principles)

Guiding good practice principles:



Program components:



*Local Aboriginal or Torres Strait Islander community members or other people who have a strong cultural or family connection

Community Consultation

The most effective animal management programs tend to involve a range of community consultation activities during both the design and implementation stages of the program.¹⁸ Formal and / or informal consultation and feedback processes are usually set up to support ongoing communication and dialogue between local community members and program staff to:

- Help establish rapport and trust between the local community and animal management program staff
- Help build a common understanding of local animal health and management issues
- Identify local community priorities
- Discuss how best to address community needs, interests and priorities in a way that will be effective, take into account relevant cultural considerations and promote community confidence, engagement and buy in and
- Provide a mechanism for ongoing discussion and collaboration.

Employment and Training of Local Aboriginal Animal Management Workers

In many cases local Aboriginal community members are engaged on a volunteer or employee basis as AMWs to act as a point of connection between the local community and animal management program staff and support the culturally appropriate design and delivery of the program.

¹⁸ Fritschy 2002., pp.3-4; Local Government Association of SA 2014; Productivity Commission 2004., pp.27-28; Russo 2005., pp.4-5; University of Western Sydney 2003.

Local Aboriginal AMWs can play a critical role in:

- Helping to build rapport and trust between the local community and animal management staff
- Promoting cross-cultural understanding
- Supporting effective two-way communication
- Facilitating the culturally appropriate delivery of animal treatment and management services
- Building community awareness and understanding of the link between animal, environmental and human health issues and appropriate prevention, treatment and management options and
- Encouraging community take up of available services and adoption of preventative health measures.

Aboriginal AMWs can use their community and cultural knowledge to help inform, guide and support effective animal treatment and management activity.

In order to do that AMWs need to perform a diverse range of functions. They need to build relationships with and liaise between community members and animal management program staff, as well as coordinate and undertake day to day animal treatment and management and community awareness building and education activities.

Figure 4 – Multi-faceted role played by local Aboriginal AMWs to connect communities and program staff

Community	← Local Aboriginal AMWs →	Other program staff
Provide a point of connection (referred trust) between community and program staff	Connection (trust)	Provide a point of connection (referred trust) between program staff and the community
Act as an interpreter for community members	Communication	Act as an interpreter for program staff
Help community members to understand what program staff are doing and navigate the service system	Understanding	Help staff to understand the community and navigate community factors, concerns and issues
Help community members to access program staff and services	Access	Help program staff to access community groups / members
Help build community awareness and understanding of animal and environmental health and safety issues and treatment options	Education and role modelling	Help build staff understanding of cultural considerations and practices
Make sure that animal treatment is managed appropriately and that community members' rights are respected (informed consent)	Respectful engagement	Make sure that animal treatment is undertaken in a professional, culturally appropriate way
Support ongoing service delivery (during and between vet visits)	Service delivery	Support ongoing service delivery (during and between vet visits)

By undertaking the above role local Aboriginal AMWs can support the adoption of a two-way learning and engagement model where community members and staff share information and engage with one another in a collaborative and respectful way that takes into account differences in understanding, cultural experience and perspective. They can help the community and program staff to build a shared sense of purpose and ownership of the program and improve the take up and participation in animal management activity.

The employment of local Aboriginal community members as AMWs can also help build individual and community based skills and provide workers with an opportunity to act as role models within their community.

Community Awareness Building (Education) Activities

The most effective animal management programs also tend to include activities aimed at helping to build community awareness and understanding of the link between animal, environmental and human

health and things that can be done to improve not only animal but also environmental and human health outcomes.¹⁹

Local Aboriginal AMWs are often involved in helping to coordinate and deliver those activities

Culturally Appropriate Animal Treatment and Management

In all effective programs, particular care is taken to make sure that animal management and veterinary staff are aware of local community and cultural considerations and that animal treatment and management activity is undertaken in a professional and culturally appropriate way.²⁰

Informed consent is required for all animal treatment activity and animal management is based on clear community based guidelines.

Collaborative Service System and Program Coordination

Delivering the above activities requires access to appropriately qualified resources and funding. In many cases that requires communities to draw on a mix of skills and resources from across a range of organisations. In some cases it requires communities to bring in specially qualified staff, including veterinarians, to help with the delivery of preventative health and treatment services and the training and support of local animal management staff.

Because of that, the most effective programs tend to operate within a collaborative service system, where processes are in place to leverage both local and external resources and coordinate the delivery of program activity through a mix of different service providers.

Animal management activities are often positioned, funded and resourced as part of a broader environmental or public health program in order to:

- Maintain appropriate focus on animal management as a health (as distinct from a general municipal) function
- Help facilitate access to relevant funding sources and
- Improve access to related environmental and public health resources.

It is the combination of all of the above factors that appears to go to support the sustainable delivery of effective, community based animal management programs.

¹⁹ AMRRIC & International Fund for Animal Welfare 2007; WA Health Department 2000; Hardaker 2012., p.51.

²⁰ AMRRIC & International Fund for Animal Welfare 2007; WA Health Department 2000.

3. Government Responses

3.1. Environmental and Public Health and Policy Context

In 2008 the Commonwealth, State and Territory Governments committed to close the health and life expectancy gap between Aboriginal and non-Aboriginal Australians. Those commitments were outlined in the *National Partnership Agreement on Closing the Gap in Aboriginal Health Outcomes*.²¹

The *National Environmental Health Strategy* (adopted prior to the COAG commitment in 2007) and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework* prepared for The Australian Health Ministers' Advisory Council in 2011 explicitly recognised that:

“Good environmental health conditions are an essential requirement for maintaining and improving the health of Aboriginal and Torres Strait Islander communities.”²²

Both documents identified the environmental health of Aboriginal and Torres Strait Islander communities as a key national environmental health risk.²³ Research, policy and program development work undertaken by the Working Group on Aboriginal and Torres Strait Islander Environmental Health (WGATSIEH) has identified animal management as a key area for focus in addressing environmental health risks in rural and remote Aboriginal communities.²⁴

WGATSIEH has also highlighted the importance of having effective physical environmental health infrastructure and adequate human and financial resources to support the implementation of effective environmental health and animal management strategies. They also noted the importance of including the employment, training and support of local Aboriginal community members to support the delivery of such environmental health and animal management activities as being an essential part of improving the environmental health situation in rural and remote Aboriginal communities.²⁵

3.2. Shared Accountability for Policy Development and Delivery

The development and implementation of environmental health and related animal management policy and program responses is made more complex by the fact that responsibility for those areas is shared across three levels of government (Commonwealth, State / Territory and Local Government).

The Commonwealth Government has an overarching responsibility for community health and wellbeing and is responsible for the provision of both direct program funding for local activity in communities and ‘flow through’ funding that is allocated to State and Territory Governments to administer at a regional level (e.g. through health and housing related funding).

State and Territory Governments are responsible for the management of flow through funds and the delivery of public health services including environmental health. They also have primary responsibility for funding and exclusive responsibility for the supervision of Local Government Authorities in their State or Territory.

Local Governments are responsible for the provision and maintenance of local municipal regulations and services, including local water and waste management and animal management services.

While the specific responsibility for animal regulation and management rests at a Local Government level, the ability of local authorities to fund and resource those activities is often limited, particularly in rural and remote Aboriginal communities where the rate payer base is often small and resources are already stretched. The adequacy of the delivery of State and Territory Government based housing and health education services also impacts on how effective some Local Government animal management initiatives can be (e.g. when public housing fences are not maintained and / or animal treatment programs are not complemented by human health education and treatment services).

²¹ COAG 2008.

²² COAG 2010; Aboriginal and Torres Strait Islander Health Workforce Working Group 2011., p.10; EnHealth 2007.

²³ COAG 2010; EnHealth 2007., pp.4-5.

²⁴ EnHealth WGATSIEH 2007.

²⁵ EnHealth WGATSIEH 2007; Aboriginal and Torres Strait Islander Health Workforce Working Group 2011., p.10; Health Workforce Australia 2011.

State and Territory Governments have taken different approaches to help improve animal management in rural and remote Aboriginal communities.

3.3. Northern Territory Approach

In the Northern Territory responsibility for environmental health is shared between the Department of Health and Local Government Authorities (referred to as Regional Councils). Animal management, while related to environmental health, is seen as being a Regional Council responsibility.

The Northern Territory Department of Health employs regional Environmental Health Officers (EHOs) to perform general public health functions across the Territory. Those staff are allocated on a regional basis.²⁶

Figure 5 – Northern Territory Environmental Health Officers allocated by region (as at March 2014)²⁷

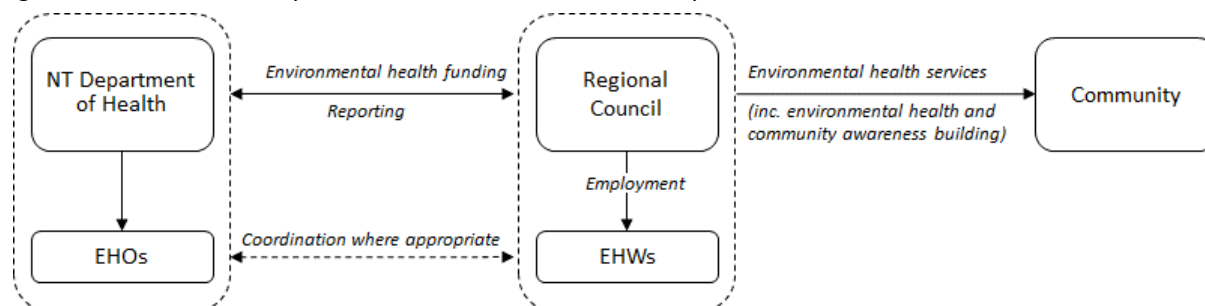
Location	No. of EHOs
Darwin metro	8
Darwin rural	4
Nhulunbuy	1
Katherine	2*
Tennant Creek	1
Alice Springs	7
Total	22

*One position vacant

The above staff work in coordination with Regional Council staff to address public and environmental health issues such as water treatment and supply, waste management, food safety, community housing and infrastructure maintenance and emergency management. They also do some environmental health promotion (e.g. hygiene awareness).

The Department also runs an *Environmental Health Worker (EHW) Program* in a small number of communities.

Figure 6 – Northern Territory environmental health service delivery model



Through that program the Department of Health has entered into service contracts with five (5) Regional Councils (including two of the Councils involved in the AMRRIC AMW Program, BRC and RGRC) to employ EHWs to assist in the development and implementation of local environmental health plans.²⁸

EHWs funded under the *Environmental Health Worker Program* are required to:

- Be Aboriginal or Torres Strait Islanders (and preferably be members of the local community in which they are working) and
- Have, or be working towards completing a Certificate III in Aboriginal Environmental Health or equivalent.

²⁶ Northern Territory Department of Health consultation 2014.

²⁷ Northern Territory Department of Health consultation 2014.

²⁸ As at March 2014 EHWs were located in Maningrida, Ngukurr, Tennant Creek, Alice Springs and Wadeye.

Regional EHOs employed by the Northern Territory Department of Health try to coordinate with locally employed EHWs.

Both EHOs and EHWs focus on environmental health activities but generally do not perform animal management duties; although they will occasionally provide assistance if there is a significant animal management issue that poses a broader public health risk to the community.

3.4. Policy Responses in Other States

Some other States, such as Queensland and Western Australia, have formally incorporated animal management into broader based environmental (public) health programs and have used those programs to support the delivery of animal management activities at a local level.

Figure 7 – Environmental health and animal management responsibilities covered under the combined public health model used in Queensland and Western Australia²⁹

Environmental health responsibilities	Animal health and management responsibilities
<ul style="list-style-type: none"> • Drinking / potable water treatment and supply • Sewage and waste water disposal • Waste management (e.g. rubbish collection and disposal) • Food safety • Community housing and infrastructure inspections and maintenance • Climate control (e.g. shading areas in and around houses or meeting areas) • Emergency management 	<ul style="list-style-type: none"> • Pest management / control • Internal and external parasite treatment • Veterinarian assistance (e.g. surgical desexing and euthanasia assistance) • Animal registration and micro chipping • Animal census and monitoring • Pound maintenance

In the case of Queensland the above functions have been covered through the provision of program based funding to Aboriginal and Torres Strait Island Local Government Authorities to support the employment of local Aboriginal EHWs and AMWs and the delivery of environmental health and animal management activities. In Western Australia it has been outsourced to local service providers working on a contract (fee for service) basis in local communities.

In both of the above cases the incorporation of animal management functions into a broader public health framework has had the benefit of allowing the Governments to:

- Improve access to funding for animal management activities
- Better leverage available resources at a State / Territory and Local Government level
- Strengthen local service delivery and
- Improve local environmental health and safety.³⁰

3.4.1. Queensland Approach

Overview

Since 2002 the Queensland Department of Health (Queensland Health) has run a *Public Health Program* to provide environmental health services including animal management in rural and remote communities in conjunction with the Queensland Department for Local Government, Community Recovery and Resilience (DLG).

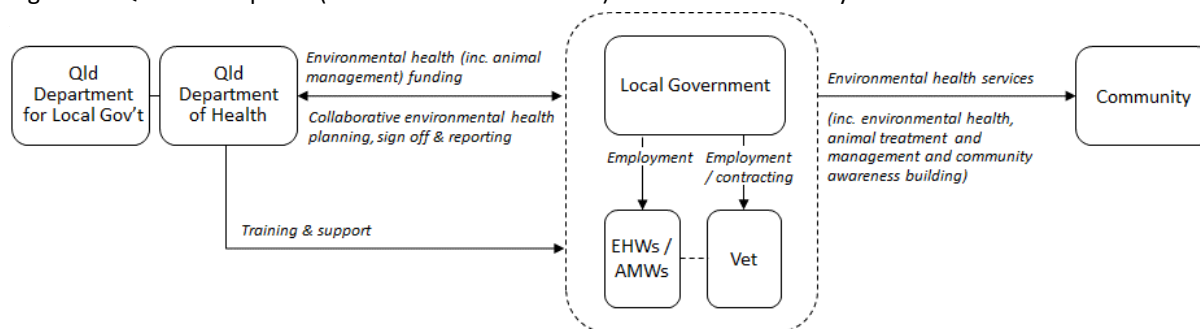
The above program was initially piloted in Aboriginal Shire Councils (formerly Aboriginal Community Councils) located in the Cape York region. Since 2005 it has been run across twenty-four (24) of Queensland's Aboriginal or Torres Strait Island Local Governments.³¹

²⁹ WA and Queensland Environmental Health consultations 2014; WA Health Department 2013; Queensland Health 2013; Queensland Health 2014.

³⁰ WA and Queensland Environmental Health consultations 2014.

³¹ Queensland Health 2005; Queensland Health 2008.

Figure 8 – Queensland public (environmental and animal) health service delivery model



Queensland Health provides program-based funding to Local Government Authorities (LGAs) to support the delivery of environmental health and animal management activities. LGAs are funded to employ EHWs and / or AMWs to assist in the development and implementation of local environmental health plans including animal management. Limited funding is also provided to cover the direct delivery of some environmental health and animal management activities.

EHWs and AMWs funded under the Public Health Program are required to:

- Be Aboriginal or Torres Strait Islanders (and preferably be members of the local community in which they are working) and
- Have, or be working towards completing, a Certificate IV in Aboriginal Environmental Health (in the case of EHWs) or a Certificate IV in Animal Control and Regulation in Aboriginal and Torres Strait Island Communities (in the case of AMWs) or equivalent.

Participating LGAs are required to develop a local Environmental Health Work Plan that is reviewed and approved by the Department. LGAs are then required to report against that plan on a periodic basis as part of their standard funding contract reporting requirements. (Participating Aboriginal and Torres Strait Island LGAs are required to report on the implementation of their Environmental Health Work Plan on a six monthly basis and to submit financial reports on a quarterly basis.)

The above plans focus on a mix of environmental health, preventative animal health (parasite control) and population control and community awareness building (education) activities. Those activities are generally delivered by EHWs and / or AMWs in collaboration with local veterinary services contracted by the LGA.

Staff are employed by Queensland Health to support the coordination and delivery of the program. A designated Senior Environmental Health Officer (0.1 FTE) oversees the state-wide program. A Funding and Contract Manager oversees funding arrangements with LGAs and is responsible for contract administration and associated financial reporting.

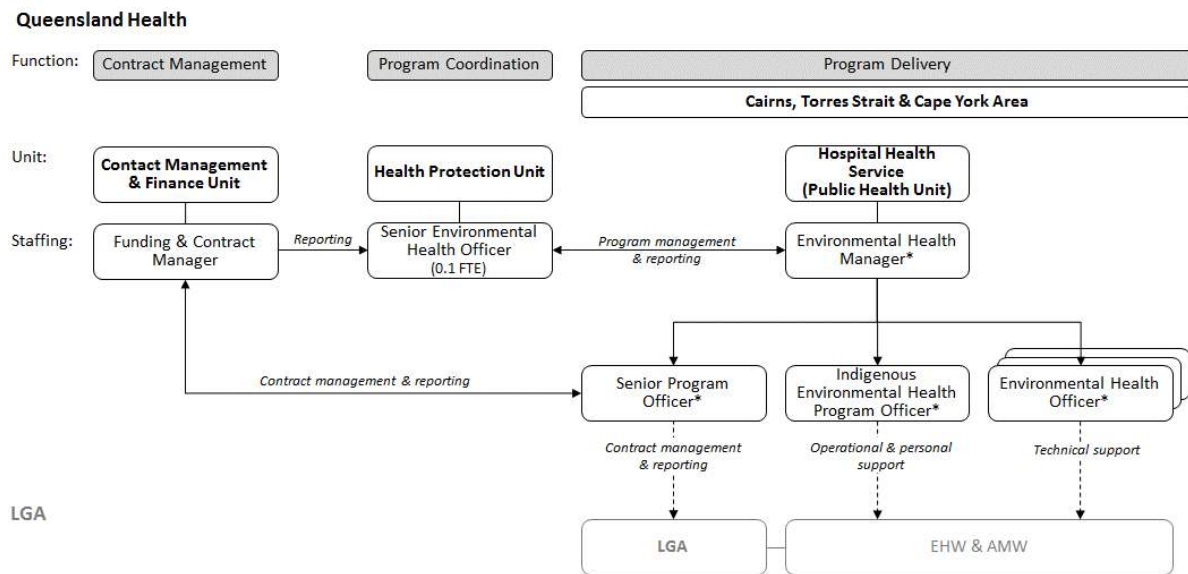
Environmental Health Teams are allocated on a regional basis and work with LGAs to oversee and support the implementation of the program. Staffing levels and structures vary across Queensland's Hospital Health Service (Public Health Unit) areas.³²

Cairns, Torres Strait and Northern Peninsula and Cape York Area Staffing

In the Cairns, Torres Strait and Northern Peninsula and Cape York area, where there are a high proportion of remote and rural Aboriginal communities, the Environmental Health Team is made up of a dedicated Environmental Health Manager, Senior Program Officer, Aboriginal Environmental Health Program Officer and Environmental Health Officers.

³² Hospital Health Service areas are as follows: Cairns area (covering 9 LGAs), Torres Strait and Northern Peninsula area (2 LGAs), Cape York area (8 LGAs), Townsville area (3 LGAs), Rockhampton area (1 LGA) and Toowoomba area (1 LGA). As of 1 July 2014 Cairns, Torres Strait and Northern Peninsular and Cape York Hospital Health Service District Areas will be amalgamated.

Figure 9 – Queensland Health Public Health Program support functions in the Cairns, Torres Strait and Northern Peninsula and Cape York area



The local Environmental Health Manager is responsible for overseeing the overall program and providing additional technical and program support to the Senior Program Officer, Aboriginal Environmental Health Program Officer and Environmental Health Officers and partner LGAs where required.

The Senior Program Officer and Aboriginal Environmental Health Program Officer work with LGAs and EHW / AMW staff in their region on a hands-on basis to:

- Support them to identify and prioritise local environmental health and animal management issues
- Develop Environmental Health Work Plans to address those issues
- Help assist EHWs / AMWs to access appropriate accredited training and
- Provide coaching and support to assist EHWs / AMWs to manage day to day issues relating to the implementation of their role and the challenges associated with acting as a connection point between community and program staff.

The Senior Program Officer and Aboriginal Environmental Health Program Officer visit participating LGAs regularly (approximately 1 - 2 times per year). They stay in regular contact with EHWs and AMWs employed through the program and are available for consultation by telephone and email outside of their community visits.

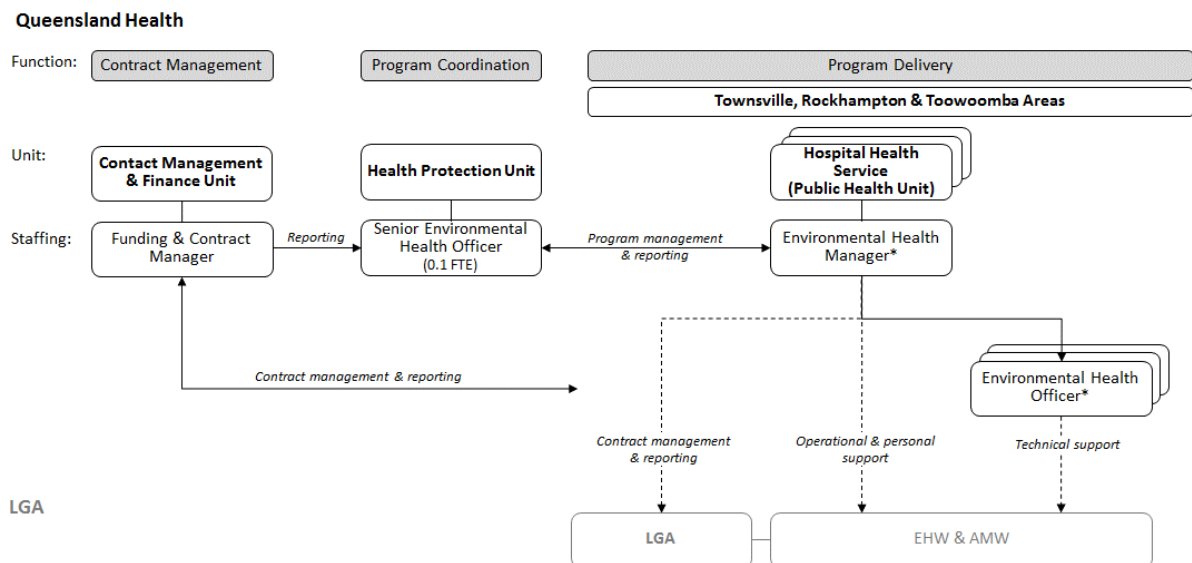
The above staff tailor the level of support that they provide to suit the needs of the LGA and local EHW / AMW staff that they are working with. (LGAs are informally rated based on support need and more support is provided to those communities that have more serious environmental health issues and / or where local staff are less well positioned to respond to issues based on resourcing level, skill and / or experience.)

Environmental Health Officers work with specific LGAs / communities to provide technical training and support for EHWs / AMWs as well as some operational and program support. (They also stay in regular contact with EHWs and AMWs and are available for consultation by telephone and email outside of their community visits.)

Townsville, Rockhampton and Toowoomba Area Staffing

In the Townsville, Rockhampton and Toowoomba areas the staff resourcing level is more limited.

Figure 10 – Queensland Health Public Health Program support functions in the Townsville, Rockhampton and Toowoomba areas



* Dedicated Program staff

The Environmental Health Team in each of the above areas tends to consist of an Environmental Health Manager and Environmental Health Officer(s). The Health Program Manager is responsible for overseeing the overall program in their region but also takes on a broader technical and program support role both for partner LGAs and EHW / AMWs. Environmental Health Officers tend to fulfil the same functions as outlined above. In some cases additional staff have been engaged to support the set up and delivery of the program at a regional level.

Additional Training Structure and Supports

Queensland Health has worked with the University of Queensland to develop an appropriately targeted accredited training program for local Aboriginal EHWs and AMWs. Queensland Health liaises with participating LGAs to facilitate EHW / AMW access to that training. It also coordinates Environmental Health and Animal Management workshops for EHWs and AMWs on a regular (half-yearly) basis to provide them with additional training and encourage peer based networking and learning.

The Department has also developed a range of materials to support LGAs to recruit EHW / AMW staff and develop and implement local environmental health and animal management activities including:

- Pro forma EHW and AMW role descriptions
- Staff induction and training materials and
- Community environmental health checklists (assessment tools) and planning and reporting templates.

Key Outcomes

An early stage evaluation undertaken by the Batchelor Institute and Environment Consulting & Associates Pty Ltd indicates that the Queensland Public Health Program has helped increase the level of animal treatment and management activity in rural and remote communities and has contributed to improved animal health. While that evaluation notes that further activity is still required in those areas

it indicates that the animal health and management situation is significantly better than it was before the program.³³

3.4.2. Western Australian Approach

Overview

The Western Australian Health Department has funded and coordinated the delivery of an *Aboriginal Environmental Health Program* to provide environmental health services including animal management in rural and remote communities since 1994.

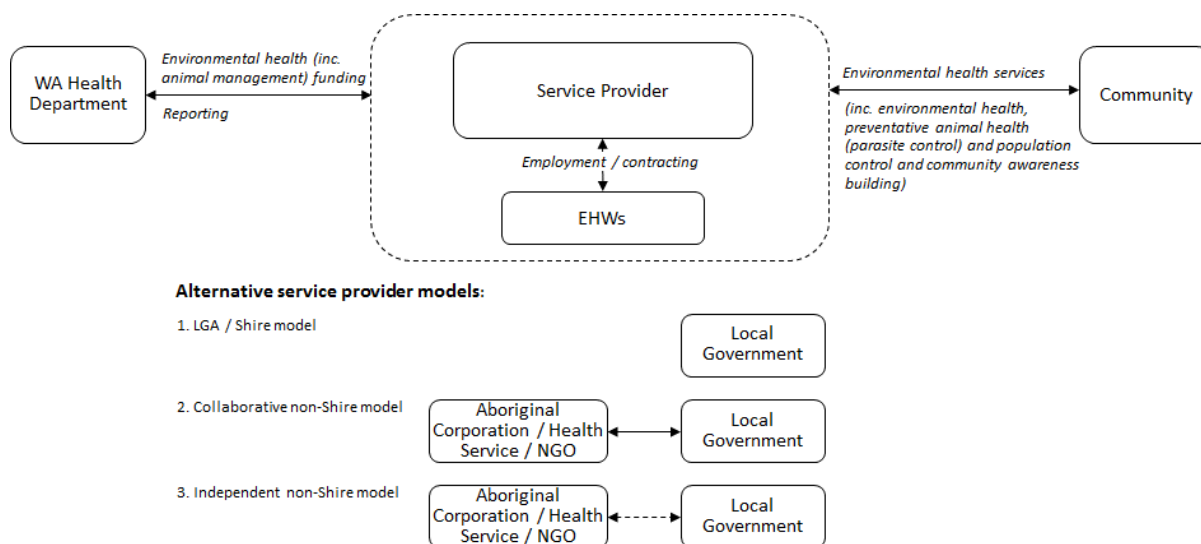
The Western Australian Health Department has entered into service contracts with LGAs and Aboriginal not-for-profit organisations to deliver environmental health and animal management services. Initially contracts were only entered into with LGAs on the basis that they were perceived as being best placed to provide the staff and resources required to deliver the above services. Over time some LGAs have withdrawn from the program. Because of that the Western Australian Health Department has moved to contract with regional Aboriginal organisations with the capacity to take on environmental health services in Aboriginal communities to deliver services in those areas.³⁴

The Western Australian Health Department currently has twenty-two (22) contracts in place with LGA and community organisations to provide local environmental health services in rural and remote communities across the Goldfields, Mid-West, Pilbara and Kimberley regions of Western Australia.³⁵ Five (5) of the above contracts are with regional LGAs and the remainder are with Aboriginal health corporations or health services (17).³⁶

Figure 11 – Western Australian contractor break down (as at January 2014)³⁷

Contractor	Goldfields	Mid-West	Pilbara	Kimberley	Total
LGA	2	-	1	2	5 (23%)
Aboriginal corporation / health service	6	3	2	6	17 (77%)
Total	8	3	3	8	22 (100%)

Figure 12 – Western Australian environmental and animal health service delivery model



³³ Queensland Health 2005., p.22, 47, 50.

³⁴ WA Health Department 2013.

³⁵ One Kimberley based contractor has two contracts for services in two different regions. The Department of Health also has one contract for the delivery environmental health services in the Perth metropolitan area but animal health and management services are not part of that contract.

³⁶ WA Health Department 2014.

³⁷ WA Health Department 2014.

The Western Australian Health Department funds contracted service providers to deliver environmental health services including animal management services in specified areas.

Contractors are required to liaise with local communities (including LGA services where appropriate) to identify local environmental health and animal management issues and priorities and develop Community Health Action (Service) Plans to respond to those issues. Contractors are required to submit those plans to the Department and to report against those plans on a periodic basis as part of standard contract reporting requirements.

The focus of the above plans is on environmental health, preventative animal health (parasite control) and population control and community awareness building and education activities. General animal treatment services are not covered under the program.

The relationship between non-Shire contractors and the relevant LGA varies. Some service providers have strong, collaborative relationships with the LGA and coordinate closely in relation to the delivery of environmental health and animal management services; others have a more independent / arms-length relationship.

The contracted service providers provide services to the communities for which they are responsible in accordance with the agreed Community Health Action (Service) Plan. Those services tend to include a mix of preventative treatment and population control activities including the use of parasite management, pharmaceutical sterilisation and euthanasia based treatments, general environmental health and community awareness building (education) activities.

In a number of cases the contracted service providers have employed (local) Aboriginal Environmental Health Workers (EHWs) to undertake / assist with the above activities. While a number of those staff do not have formal environmental health qualifications many have or are working towards completing Certificate II level qualifications in Aboriginal Environmental Health. A small number of workers have completed Certificate III level qualifications. In order to have access and use particular controlled drugs EHWs must also have successfully completed a training course supervised by the Veterinary School at Murdoch University.³⁸

Training and supervision of EHW staff is the responsibility of the relevant contracted service provider.

Additional Training Structure and Supports

The Western Australian Health Department works with local service groups to support the delivery of Regional Aboriginal Environmental Health Forums that are run at a regional level (e.g. in the Goldfields, Mid-west, Pilbara and Kimberley) on a quarterly or half-yearly basis. These forums function differently between regions based on the interests and needs of the local service providers. They often tend to incorporate some form of good practice dissemination and training activity.

Key Outcomes

Consultations with Department of Health staff indicated that although there has been some variation in the terms of how program activity has been delivered across communities it generally appears that there has been an improvement of animal health and management in Western Australia since the implementation of the Aboriginal Environmental Health Program.³⁹

3.5. Imperative for Action

Animal health and management remains an issue in many rural and remote Aboriginal communities in the Northern Territory.⁴⁰ The approaches taken in States such as Queensland and Western Australia appear to be effective, with improvements seen in animal health and management in rural and remote communities.

³⁸ Moxidectin / Cydectin, Proligestone / Covinan and Pentobarbitone must be delivered in accordance with the 'Protocol for the use of controlled drugs as part of a dog health program in Aboriginal communities (June 2007)'.

³⁹ WA 2014.

⁴⁰ EnHealth WGATSIEH 2007; AMRRIC; AMRRIC & International Fund for Animal Welfare 2007.

While the Northern Territory Environmental Health Worker Program does not focus on animal management the Program does have many similarities to those in place in Queensland and WA. There is potential value in the Northern Territory Government considering augmenting its current environmental health service delivery model to incorporate animal management as part of broader environmental health services. Such a move could help to improve animal health in rural and remote Aboriginal communities in the Northern Territory and, through doing that, improve the health and welfare of those communities.

4. Animal Management Worker Program

4.1. AMRRIC

AMRRIC is a non-profit organisation that works to improve the health and welfare of companion animals in rural and remote Aboriginal communities and, through doing that, improve the health and welfare of those communities. Its work includes policy development, research, animal management, community education and stakeholder capacity building.⁴¹

AMRRIC has expertise working in rural and remote Aboriginal communities in the Northern Territory. Its focus is on the development and promotion of sustainable, culturally appropriate animal management practices in those communities. It seeks to do that by bringing together both local and external resources to design and implement community based programs to:

- Build awareness and understanding of animal management related animal, environmental and human health issues and
- Support the adoption of effective animal treatment and management practices.

As part of its work AMRRIC runs a professional network that provides members with access to professional development and networking opportunities relating to animal health and welfare in Aboriginal communities.

4.2. Animal Management Worker Program Funding

In July 2011 AMRRIC received funding from what was then called the Department of Families, Housing, Community Services and Aboriginal Affairs through the Northern Territory Aboriginals Benefit Account (ABA) to implement animal health and management programs in the Northern Territory with a view to developing a sustainable program model that could be applied more broadly across the Territory.

AMRRIC was funded to work in collaboration with Regional Councils to employ, train and support local Aboriginal community members to deliver animal management programs through its *Animal Management Worker Program* (AMW Program). It was funded to work in collaboration with three Regional Councils (East Arnhem Regional Council, MacDonnell Regional Council and West Arnhem Regional Council) to do that and to provide training to local Aboriginal AMWs in a fourth Regional Council (Tiwi Islands Regional Council). This report covers the work that AMRRIC has undertaken in the first three Regional Councils, it does not include activity that has taken place in the Tiwi Islands Regional Council.

The objective of AMRRIC's AMW Program was to employ and train Aboriginal AMWs to help implement sustainable, community based responses to animal management that contribute to improved animal, environmental and human health in rural and remote communities in the Northern Territory.

Specifically, the Program sought to:

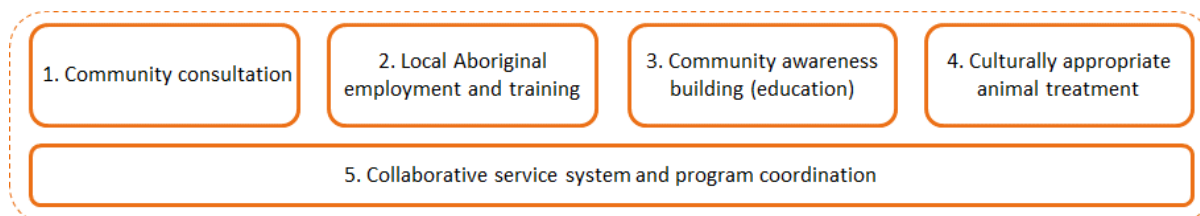
- Increase community engagement in animal management related issues and activity
- Improve understanding of cross-cultural considerations influencing animal management, program design and delivery
- Incorporate cross-cultural considerations in the design and delivery of animal management programs
- Provide employment and training opportunities for local community members to support the design and delivery of animal management programs
- Increase awareness of companion animal related environmental and human health issues and the importance of taking appropriate measures to promote animal, environmental and human health
- Increase adoption of appropriate preventative health and management measures (including dog vaccination, parasite control, training and population control etc.)
- Improve animal health and welfare
- Improve environmental health and safety
- Reduce the incidence of adverse health issues relating to poor animal health and management and
- Improve access to and coordination of resources to support sustainable and effective animal management activity.

⁴¹ AMRRIC 2013.

4.3. Proposed AMRRIC Animal Management Worker Program Model

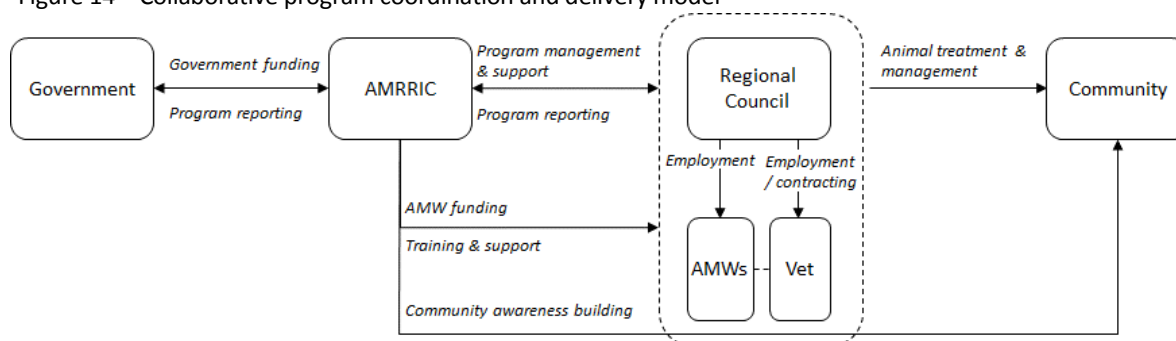
The AMW Program has been designed based on good practice principles relating to both place based community development and animal management. It has five (5) key components: community consultation, local Aboriginal employment and training, community awareness building and education, culturally appropriate animal treatment and collaborative service system and program coordination.

Figure 13 – Key AMW Program components



Under AMRRIC’s proposed program model the above activities were to be delivered in collaboration with local Regional Councils.

Figure 14 – Collaborative program coordination and delivery model



Key Program roles and responsibilities are shared between AMRRIC and each of the participating Regional Councils.

Figure 15 – Key role and responsibility allocation (Ticks identify areas of responsibility, larger ticks identify which party holds lead responsibility for an activity were both parties are involved in an activity, an ‘A’ indicates were support is able to be provided by AMRRIC as an ancillary function when delivering other activities)

Role	AMRRIC	Regional Council
Program management and reporting (to accountable funding body)	✓	-
Local activity based data collection and reporting	✓	✓
Community consultation	✓	✓
Community awareness building and education program design and delivery	✓	✓
AMW recruitment	-	✓
AMW employment and supervision (including the provision of infrastructure and equipment)	-	✓
AMW workplace based (work readiness) training	A	✓
AMW practical technical training on basic animal treatment and management	✓	-
AMW accredited training coordination	✓	-
AMW mentoring (including professional and personal support)	✓	✓
Veterinary service provision	A	✓

The allocation of the above roles and responsibilities has been formally outlined in Program Agreements that have been entered into between AMRRIC and each of the participating Regional Councils.

Under those arrangements, AMRRIC is contracted to undertake an overall program management, coordination and support role, providing assistance to participating Regional Councils in relation to the design and implementation of an effective animal treatment and management program. It provides funding for the employment of local AMWs as well as technical on the job training for AMWs in relation

to basic, day to day animal treatment and management activities. It also coordinates access to accredited training. Because AMRRIC training staff are qualified vets they can provide some ancillary veterinary support as they undertake the above training activity. AMRRIC also provides access to community awareness building and education programs and resources.

The Regional Councils have direct responsibility for the employment and supervision of AMWs, veterinary service provision and animal management activity. They are responsible for recording and reporting on animal health, treatment and management activity and outcomes delivered through the program. As part of that they are required to provide AMRRIC with regular reports on the above activities and outcomes as well as program expenditure.

It was anticipated that the way that the above program model would be applied and the focus of the activity that would be undertaken would vary across the different Councils depending on a range of factors relating to the nature of the participating communities, the type and extent of animal management issues being experienced, the adequacy of the existing animal management response and the availability of resources.

Figure 16 – Factors potentially influencing animal management program design and delivery

Category	Influencing factors
Nature of community	Community size, location and accessibility
	Community attitudes, interests and priorities
	Specific cultural considerations relevant to animal treatment and management
Type and extent of animal health and management issues	Type and extent of animal health issues
	Type and extent of animal related environmental health and safety issues
	Type and extent of animal related human health issues
Adequacy of existing response	Adequacy of animal treatment and management protocols and registration systems
	Nature and extent of existing animal treatment and management activities
	Community adoption of appropriate animal treatment and management practices
Availability of resources	Availability of appropriate program funding and resources
	Environmental health / animal management experience, skills and capacity within the local Regional Council and / or other local service providers
	Availability of professionally trained veterinary staff
	Availability of prospective AMWs with relevant potential, skills and qualifications

4.4. Program Implementation

4.4.1. Participating Regional Councils

AMRRIC was initially funded to work with four (4) Northern Territory Regional Councils: EARC, West Arnhem Regional Council, MacDonnell Regional Council and Tiwi Islands Regional Council. Funding for the Tiwi Islands Regional Council was limited to the provision of training to AMWs.

The EARC, West Arnhem Regional Council and MacDonnell Regional Council had indicated interest in participating in the AMRRIC Program prior to the submission of its ABA application. When AMRRIC was informed that its ABA application had been successful it contacted those Councils to move to implement the Program. Key staff turnover, funding and resourcing constraints meant that two of the Regional Councils, West Arnhem Regional Council and MacDonnell Regional Council, were no longer in a position to participate in the Program. AMRRIC then sought alternative Regional Council partners to take up those positions. The BRC and RGRC expressed interest in being involved in the AMW Program. A variation was subsequently made to the ABA Funding Agreement to substitute those two Regional Councils as program partners.

AMRRIC had previously worked with the EARC and the BRC prior to the AMW Program. AMRRIC vets had been providing services in East Arnhem for a number of years and the Council's current Vet & Animal Control Manager, Emma Kennedy, had participated in surgical desexing programs in Arnhem Land as an AMRRIC volunteer. AMRRIC had also provided advice to BRC on a range of animal management related issues, including the development of animal management plans and pound design. It had recently worked with the Council on the development of an animal health and management program and had conducted the Council's first surgical desexing program in Utopia.

By comparison AMRRIC had had only limited involvement with the RGRC prior to the AMW Program through AMRRIC member vets who had provide services in Borroloola.

4.4.2. Program Delivery Models

The AMW programs that have been run in each of the three Councils have been structured and delivered in different ways. The differences in approach have meant that AMRRIC has, in effect, been able to trial three different program coordination and delivery models:

- A co-delivery model (BRC) - where the Council has worked with AMRRIC as a joint program partner to design, coordinate and implement an AMW program
- A collaborative model (EARC) - where the Council has taken responsibility for the design and implementation of the AMW program and has liaised with AMRRIC as a funding partner and service provider to access AMW training and support and community education programs and
- An outsourced delivery model (RGRC) - where the Council has engaged with AMRRIC as a funding provider and has worked independently to implement an AMW program and deliver animal management activity using that funding.

The differences in the program coordination approach and the staffing models used across the three Councils have been influenced by a number of factors, including:

- The animal health and management issues being faced in the community
- Whether or not there was a pre-existing animal health and control program in place at the commencement of the AMW Program, what the focus of that program was and whether or not it already involved the employment of Aboriginal AWMs
- The relative importance and priority being placed on animal health and control activity, reflected in the allocation of funding and resources to that area
- The geographical area needing to be covered by the Council and the way that Council services were structured to do that
- The skills and experience of the staff responsible for managing the program and
- The ability of the Council to attract appropriately qualified Aboriginal community members to take up AMW roles.

A summary of the different program coordination and delivery models that have been adopted by the three participating Councils are described below as is the context in which each of the programs were initiated.

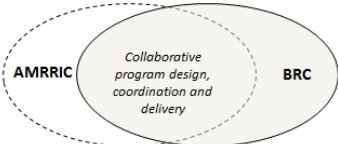
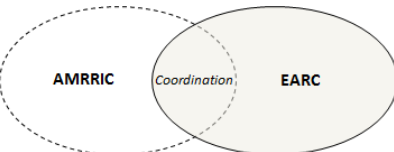
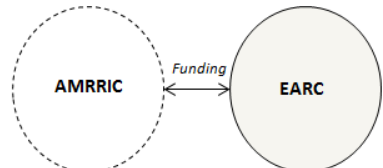
Figure 17 – Comparison of regional program coordination and delivery models⁴²

	BRC	EARC	RGRC
Program timing	<ul style="list-style-type: none"> Contract signed: October 2011 First AMW employed: October 2011 	<ul style="list-style-type: none"> Contract signed: October 2011 First AMW employed: March 2012 	<ul style="list-style-type: none"> Contract signed: February 2012⁴³ First AMW employed: November 2012
Baseline animal, environmental and human health context	<ul style="list-style-type: none"> Prior to the commencement of the AMW Program companion animal health in the Region was generally poor. There were large numbers of malnourished and mangy dog across most communities. The dog population was high and breeding was uncontrolled. There was not a structured surgical desexing program in place and the proportion of desexed dogs was low. Dog management was largely reactionary with dogs often being taken against the wishes of the owner for destruction when incidents occurred. There were concerns regarding the health, wellbeing and safety of community members linked to the high dog population. Aggression and pack behaviour, scavenging through bins, barking and noise at night disturbing peoples' sleep, faecal contamination of the environment and the zoonotic potential of canine parasites were all factors contributing to such concerns. Some community members reported that aggressive dogs meant they were fearful to walk across the community at night. (P.T.O.) 	<ul style="list-style-type: none"> Prior to the commencement of the AMW Program companion animal health in the Region was relatively good. The Council Veterinarian was making regular visits to each community and was implementing an animal treatment and preventative health program. Parasite treatments and some basic health treatments had been administered to most dogs across the Council. The dog population while high was being proactively managed. Most dogs had already been desexed through surgical sterilisation. There were concerns regarding the health, wellbeing and safety of community members linked to the high dog population. Aggression and pack behaviour, scavenging through bins, barking and noise at night disturbing peoples' sleep, faecal contamination of the environment and the zoonotic potential of canine parasites were all factors contributing to such concerns. General Aboriginal community health was very poor compared to the non-Aboriginal population. Skin infections, including scabies and parasite related infections were high. (P.T.O.) 	<ul style="list-style-type: none"> Prior to the commencement of the AMW Program companion animal health in the Region was relatively good. Council contracted veterinarians were making regular visits to each community and were implementing an animal treatment and preventative health program. Parasite treatments and some basic health treatments had been administered to many of the dogs across the Council. The dog population while high was being proactively managed through a surgical sterilisation program. There were concerns regarding the health, wellbeing and safety of community members linked to the high dog population. Aggression and pack behaviour, scavenging through bins, barking and noise at night disturbing peoples' sleep, faecal contamination of the environment and the zoonotic potential of canine parasites were all factors contributing to such concerns. General Aboriginal community health was very poor compared to the non-Aboriginal population. Skin infections, including scabies and parasite related infections were high. (P.T.O.)

⁴² AMRRIC program data, AMRRIC and Council staff interviews and Aboriginal Community Veterinary Services Field Reports 2012 – 2014 prepared for RGRC.

⁴³ Initial negotiations with AMRRIC relating to the AMW Program were conducted by Youth Services Staff. Shortly after the contract was finalised responsibility for the Program was passed to the Municipal Services Manager. The shift in responsibility resulted in a slight delay in the implementation of the Program (as the Council worked through a restructure of its Municipal Services area). It also resulted in a change away from the collaborative delivery model that had been discussed in initial contract negotiations in which AMRRIC was identified as providing on the ground AMW training and support and delivering community education activities, to an outsourced service delivery model.

	BRC	EARC	RGRC
Baseline animal, environmental and human health context (con't)	<ul style="list-style-type: none"> • General Aboriginal community health was very poor compared to the non-Aboriginal population. Skin infections, including scabies and parasite related infections were high. • Community awareness or understanding of the link between animal and human health and adoption of good hygiene approaches relating to animal management was low. 	<ul style="list-style-type: none"> • Community awareness or understanding of the link between animal and human health and adoption of good hygiene approaches relating to animal management was low. 	<ul style="list-style-type: none"> • Community awareness or understanding of the link between animal and human health and adoption of good hygiene approaches relating to animal management was low.
Existing animal health and control strategy	<ul style="list-style-type: none"> • BRC had only a limited pre-existing animal control strategy in place. The strategy was primarily focused on the implementation of animal management regulations and registration in Tennant Creek and stray dog management. Population control was limited and was based on periodic stray dog culling strategies. It did not incorporate any significant animal health / welfare or community education components. • The animal management function was run as an activity within the Municipal Services area. • Responsibility for animal management was combined with environmental health. 	<ul style="list-style-type: none"> • There was a pre-existing animal health and control strategy focusing on improving animal management, health and welfare through: <ul style="list-style-type: none"> – Animal management and treatment programs – Community education and – The gradual strengthening of animal regulation and registration provisions. • The function was run as a specialist activity within the Technical Services area (as distinct from the Municipal Services area). • Responsibility for animal management was managed separately to environmental health. 	<ul style="list-style-type: none"> • There was a pre-existing animal management and treatment strategy focusing on the implementation of animal management regulations and registration, population control and animal treatment services. • At the time that the Program was initiated the function was in the process of being transitioned from being a specialist, technical function to being a core function within the Municipal Services area. • Responsibility for animal management was combined with environmental health.
	<ul style="list-style-type: none"> • The manager overseeing the AMW Program (Brian Radovic) had longstanding operational experience but was not technically qualified in the animal management / welfare area. • He was supported by an Animal Control Officer and veterinarian. 	<ul style="list-style-type: none"> • The manager overseeing the AMW Program (Emma Kennedy) was a trained veterinarian. 	<ul style="list-style-type: none"> • The manager overseeing the AMW Program (Sharon Hillen) had longstanding operational experience and was technically qualified in companion animal management. • The manager was supported by an Environmental & Animal Health Manager (Gary Hillen) and Animal Control Officer (Liz Norman) located in Katherine.
	<ul style="list-style-type: none"> • At the time the program commenced the Council did not have Aboriginal staff employed as AMWs. 	<ul style="list-style-type: none"> • At the time the program commenced the Council was working with local Aboriginal community members to assist with animal treatment and management activities on a casual employment basis. 	<ul style="list-style-type: none"> • At the time the program commenced the Shire did not have Aboriginal staff specifically employed as AMWs.

	BRC	EARC	RGRC
AMW Program focus	<ul style="list-style-type: none"> The BRC AMW Program has focused on a range of animal management, treatment and community education activities. Particular focus has been placed on trying to help community members take responsibility for the health and welfare of their animals and provide access to population and parasite control treatments. A range of school and community based programs have also been run to help build community awareness of how to look after their animals and increase community awareness of the link between animal, environmental and human health. Those activities have been carried out as a separate stream of activity, largely independent of AMW staff. 	<ul style="list-style-type: none"> The EARC AMW Program has focused on a range of animal management, treatment and community education activities. Particular focus has been placed on trying to improve animal health by encouraging and helping community members to take responsibility for the health and welfare of their animals and providing access to population and parasite control treatments. A range of school and community based programs have also been run to help build community awareness of how to look after their animals and increase community awareness of the link between animal, environmental and human health. 	<ul style="list-style-type: none"> The RGRC AMW Program has focused on animal management and treatment activities. Particular focus has been placed on trying to help community members take responsibility for the health and welfare of their animals and provide access to population and parasite control treatments. Responsibility for formal community education activity associated with animal related environmental health issues has been seen as falling outside of the scope of the program (on the basis that it is a health rather than an animal management services responsibility). Community education focused activities have therefore been limited to informal education / learning embedded in the delivery of other program functions.
Program coordination model	<ul style="list-style-type: none"> BRC has adopted a co-design and delivery model. AMRRIC has worked with the Council to help design, coordinate and implement the program. It has assisted in the provision of animal treatment, AMW training and community education activity.  <ul style="list-style-type: none"> Help plan and coordinate program activity Provide technical training and support for Aboriginal AMWs Assist with animal treatment and management activity Support community awareness building (education) activity Liaise with AMRRIC staff and local vet to plan and coordinate program activity Employ and supervise Aboriginal AMWs Provide workplace based training and support for AMWs Coordinate day to day animal management and treatment activity 	<ul style="list-style-type: none"> EARC has adopted a collaborative program delivery model. The Council has taken responsibility for the design of the program. AMRRIC has supported the delivery of the program through the provision of AMW training and community education activity.  <ul style="list-style-type: none"> Provide technical training and support for Aboriginal AMWs Assist with animal management and basic treatment activity as part of technical training Support community awareness building (education) activity Plan and coordinate program activity Employ and supervise Aboriginal AMWs Provide workplace based and technical training and support for AMWs Coordinate and deliver day to day animal management and treatment activity 	<ul style="list-style-type: none"> RGRC has adopted an outsourced delivery model and has used the funding provided by AMRRIC to independently implement its program.  <ul style="list-style-type: none"> Provide program funding Provide access to program resources where requested Plan and coordinate program activity Employ and supervise AMWs Coordinate day to day animal management and treatment activity

Where the Councils have located their animal management programs within their organisations and the way that they have structured their animal management teams has also varied.

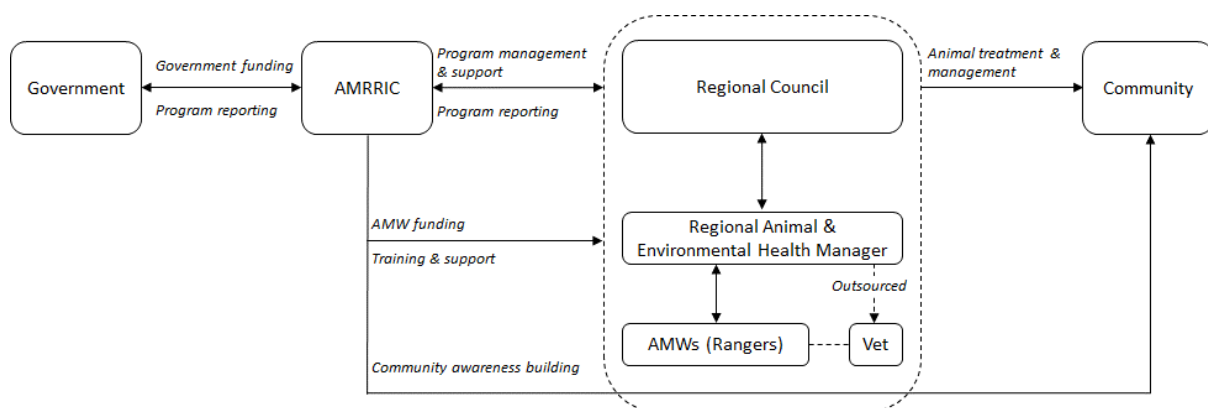
Barkly Regional Council

The BRC AMW Program has been coordinated through a central Regional Animal & Environmental Health Manager (Brian Radovic) working within the Municipal Services team. He initially reported to the Municipal Services Manager but has recently moved to report directly to the Chief Executive Officer.

AMWs have been employed by and have reported directly to the central Regional Animal & Environmental Health Manager as the program coordinator. With only limited exceptions, they have been based in Tennant Creek and they have worked as a single, centrally located team servicing the whole region. Training has been conducted on a centralised basis.

The Regional Animal & Environmental Health Manager has liaised with local Town Managers when coordinating animal management activity in their area.

Figure 18 – BRC program model – central coordination and AMW team



A range of employment models have been applied over the course of the program including casual, long term casual, permanent part time and full time models. More recently employed staff have been engaged on a full time basis.

The AMWs have been involved in a mix of animal welfare and control activity. They have undertaken animal census, regulatory compliance and public nuisance management, parasite control and critical incident support and provided support to community and AMRRIC vets.

Formal community education activities have been delivered directly by AMRRIC staff rather than local AMWs; although AMWs have been involved in informal community awareness building and education activities through their day to day animal management and treatment activity.

East Arnhem Regional Council

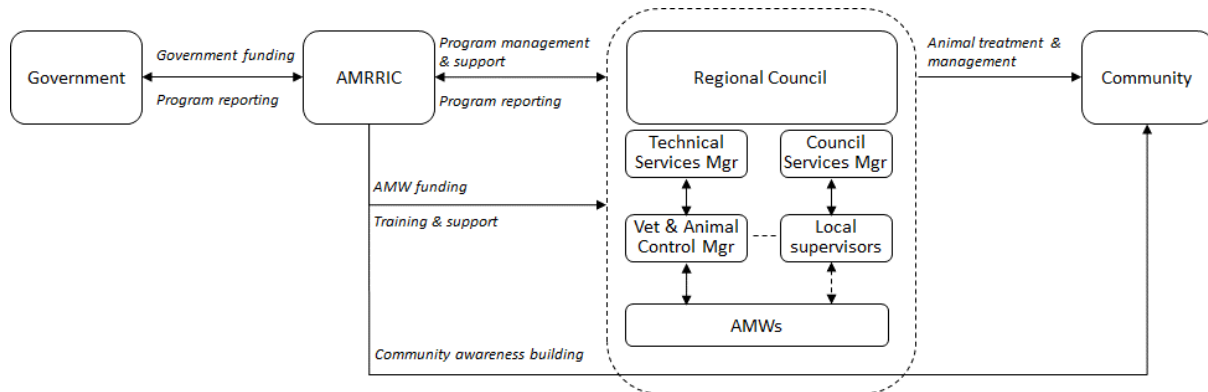
EARC has run its AMW Program across five communities or local regions: Gapuwiyak (including Yirrkala and Gunyangara); Groote Eylandt (including Angurugu, Milyakburra and Umbakumba); Ramingining; Milingimbi; and Galiwin'ku.

The program has been coordinated through a central Vet & Animal Control Manager (Emma Kennedy) working with local, community-based AMWs. In all except one case the AMWs have worked only in their local community; one AMW has worked specifically cross all a cluster of three communities (including her local community) as well as visiting other communities to support Council Vet visits to those communities.

The AMWs have tended to report both to the Vet & Animal Control Manager and a local Council Services Manager who has had (dotted line) responsibility for providing the AMWs with day to day supervision. There has been some variation in that where it has not been appropriate for an AMW to report to the local Manager because of culturally related gender or personality considerations.

The level of day to day supervision has varied by community, and within individual communities, over time depending on the staff involved.

Figure 19 – EARC program delivery model – central coordination team with local AMWs



The focus of the roles that AMWs have played has tended to vary slightly based on gender, with male workers tending to be less engaged and female workers tending to be more engaged in community education activities. All of the workers participated in general animal management and treatment activities though.

AMWs have generally been employed on a permanent part time basis. In some cases AMW roles have been combined with Municipal Services or Environmental Health Officer or Ranger roles to make up a full time role. One AMW has been employed on a long term casual basis.

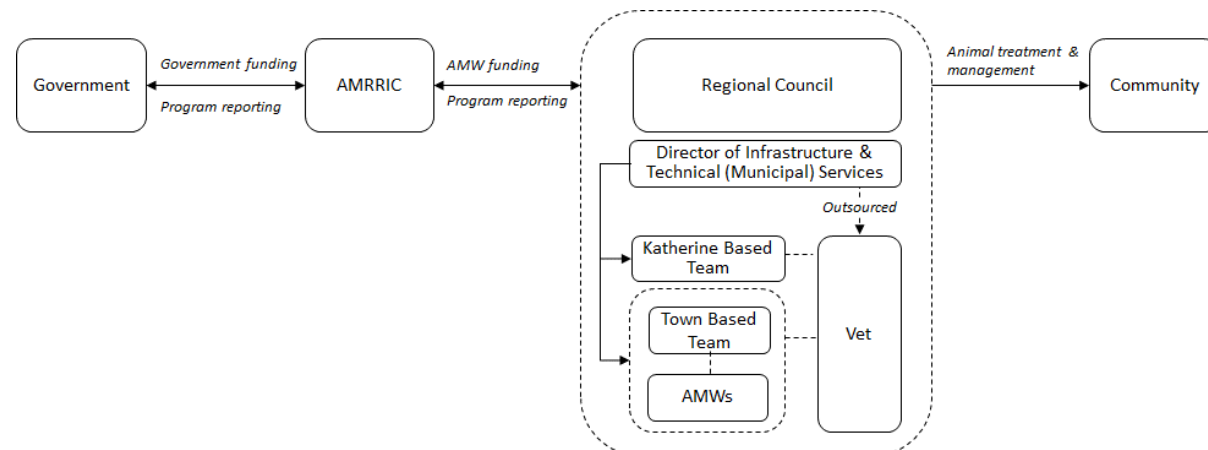
Roper Gulf Regional Council

The RGRC AMW Program has been coordinated through a central Environmental & Animal Management Manager (Gary Hillen) reporting to the Director of Infrastructure & Technical (Municipal) Services (Sharon Hillen). The program coordinator has been supported by an Animal Management Officer (Liz Norman). Those two staff have formed a central, Katherine based team that has worked with local Town (or Field) Managers and AMWs. AMWs have reported to the relevant local Town (Field) Manager.

Vets have been contracted by the Council to visit communities on a regular basis (two times a year). The central, Katherine based animal management staff have usually visited communities before and after those vet visits to help set up for visit and run complementary parasite treatment activities etc. They have also visited the communities on an ad hoc or responsive basis to help deal with animal management issues as they arise.

The Katherine based team liaise with the local Town Managers and AMWs when coordinating animal management activity in their area.

Figure 20 – RGRC program delivery model - central coordination team with local AMWs



AMWs have been employed on a full time basis. They have been involved in a mix of animal welfare and control activity. They have undertaken animal census, regulatory compliance and public nuisance management, parasite control and critical incident support and provided support to central environmental health and animal management staff and contract vets engaged by the Council.

The BRC and EARC programs have placed significant focus on the development and delivery of a sustainable AMW program model as a core component of those regions animal health and control strategies. The focus in RGRC appears to have been more on the delivery of animal health and control activities with the employment of AMWs as a secondary, contributing factor. In all cases the Councils have put priority on seeking to engage local communities in animal management activity and have focused on the provision of culturally appropriate animal health and management approaches.

5. Program Activity and Outcomes

5.1. AMW Employment and Skill Development

Key Good Practice Principles

Research indicates that Aboriginal employment and training initiatives, particularly those working with Aboriginal people from remote communities, tend to be most successful where:

- A respectful, culturally appropriate approach is taken to program design and delivery
- Organisations provide, and are perceived by the community and prospective employees to provide, a culturally safe, welcoming and respectful workplace
- Staff are recruited based on a mix of personal, work readiness and vocational skills
- Staff are provided with appropriate supervision, training and support
- Staff roles, rights and responsibilities are clearly defined and communicated
- Staff roles are structured so that there is a sufficient volume and flow of work to maintain staff engagement and to provide career pathway options
- Animal management workers' community and cultural knowledge is seen as important and is used to help inform, guide and support the way that the program is designed and delivered
- Staff or workplace related issues or conflicts are addressed quickly and sensitively and
- The program is appropriately resourced and structured in a financially sustainable way.⁴⁴

Recruitment, retention and skill development outcomes tend to be strongest where particular focus is placed on providing prospective staff with practical opportunities to get exposure to the workplace and what the role involves, where induction, supervision and training are tailored to suit the specific experience and needs of the staff member, and where Aboriginal staff are supported to deal with some of the cross-cultural challenges associated with trying to balance their community and family obligations with their workplace responsibilities.

AMW Employment

In total, forty-eight (48) Aboriginal community members have been employed as AMWs by the participating Councils over the course of the AMW Program. Ten (10) of those staff were currently employed at the end of the ABA funding period (30 June 2014). Two (2) of those staff were still completing a trial period of employment; both were nearing completion of their trial and are expected to continue in employment post-trial.⁴⁵

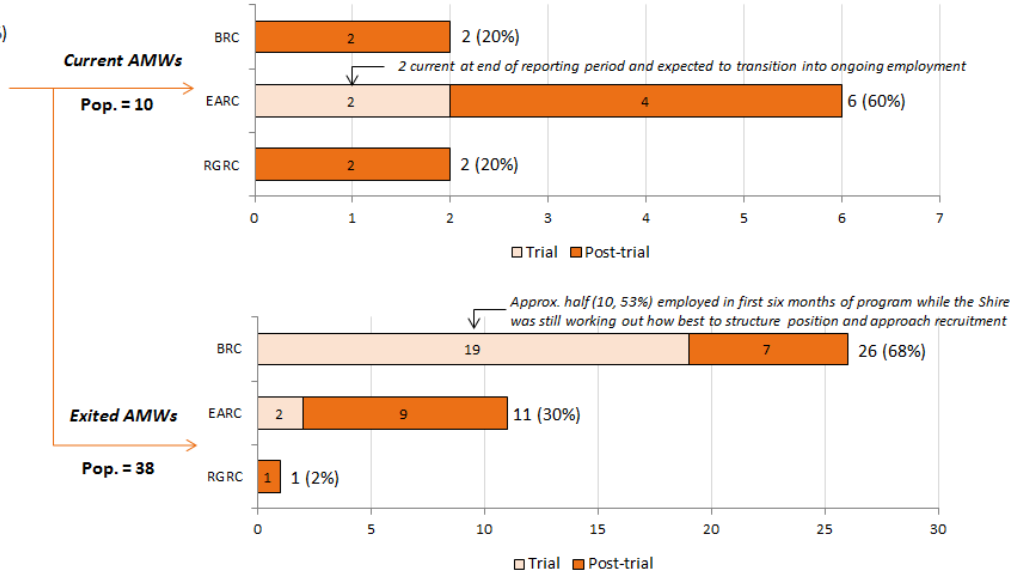
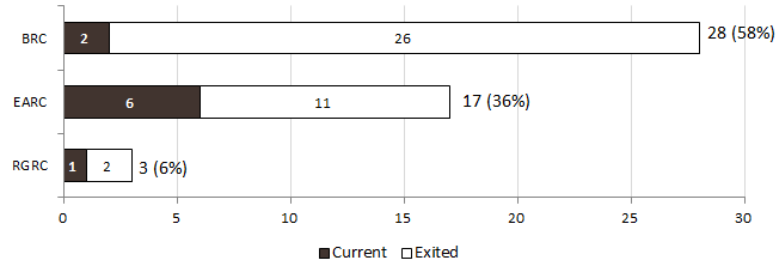
Of the thirty-eight (38) AMWs that had exited employment at the end of the funding period, just over half (21, 55%) did not continue beyond a trial period of employment.⁴⁶ Almost all of those AMWs were engaged by BRC (19, 90%), ten (10) of those were employed during the initial six (6) months of the program while the Council was still working through how best to structure its AMW positions and approach and target the recruitment process.

⁴⁴ WA Health Department 2000; Stoneham & Daube 2008., pp.5-8; Health Workforce Australia; AMRRIC & International Fund for Animal Welfare 2007.

⁴⁵ All participating Councils have included probationary periods in their standard contracting arrangements. The BRC and EARC have structured their recruitment to include formal trial periods for AMWs where the prospective candidate does not have significant work experience and / or where the candidate's fit with the role is uncertain.

Figure 21 – AMW employment profile overview by region and employment status⁴⁷

All AMWs (Current + Exited) Pop. = 48



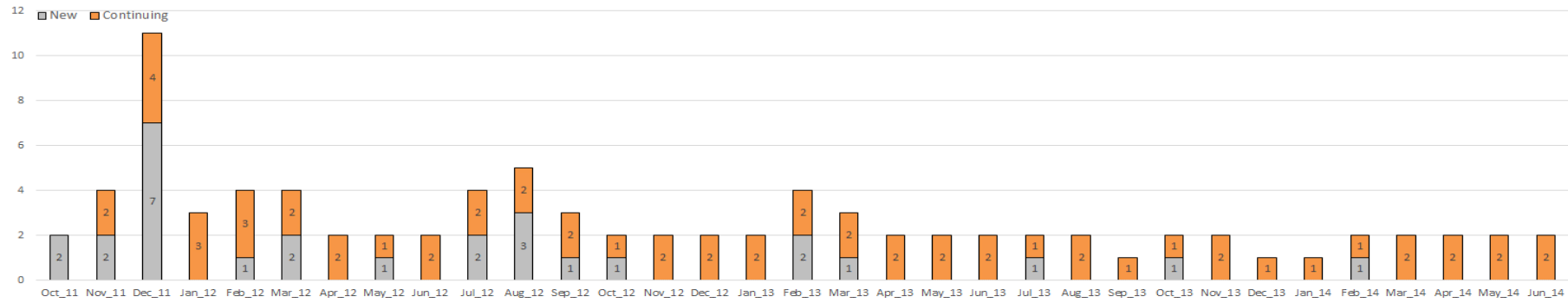
The number of AMWs employed by the different Councils using AMRRIC funding has varied.

BRC has aimed to fill two full time equivalent positions (2 FTE). It initially struggled with recruitment and had difficulty retaining staff post-trial. It has tried a range of employment models, including casual, long term casual, permanent part time and full time models. More recently employed staff have been engaged on a full time basis.

⁴⁶ Includes participants formally employed on a trial basis and ones who were employed initially on a permanent basis but did not remain in employment for more than two (2) weeks.

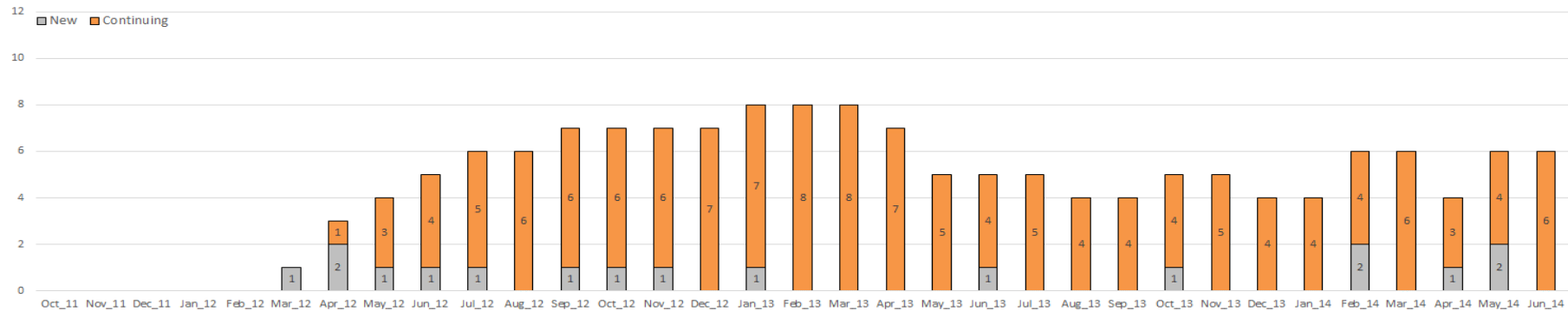
⁴⁷ AMRRIC program data.

Figure 22 – BRC AMW employment profile (no. of new and continuing AMWs employed per month)⁴⁸



EARC has aimed to fill four full time equivalent positions (4 FTE). The first AMRRIC funded AMW was recruited in Milingimbi in March 2012. Staff were recruited in Ramingining and Galiwin’ku in April and June 2012. The program was extended to Gapuwiyak, Yirrikala and Ganyangara in 2013 and Groote Eylandt in 2014. The EARC has generally employed between four (4) – six (6) AMWs across the five community areas it is working in.

Figure 23 – EARC AMW employment profile (no. of new and continuing AMWs employed per month)⁴⁹



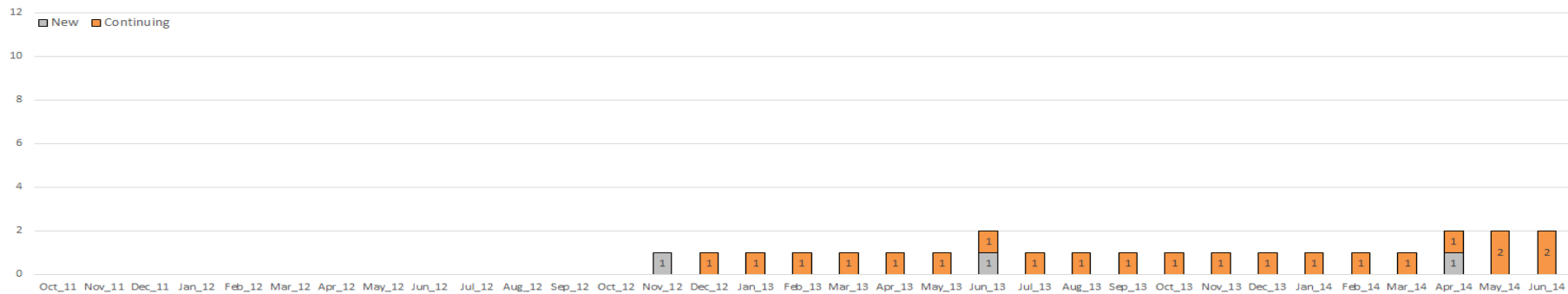
⁴⁸ AMRRIC program data.

⁴⁹ AMRRIC program data.

Most of those staff have worked on a part time basis. Some have been employed full time, covering a mix of animal management and environment health or ranger roles. One staff member was employed on a long term casual basis.

RGRC has aimed to fill two (2) full time positions. It has found it difficult to recruit appropriately qualified Aboriginal staff. It employed its first Aboriginal AMW in November 2012. It has maintained one AMW position throughout most of the program period, initially based in Ngukurr and then in Borroloola. In April 2014 it took on a second AMW in Numbulwar.

Figure 24 – RGRC AMW employment profile (no. of new and continuing AMWs employed per month)⁵⁰



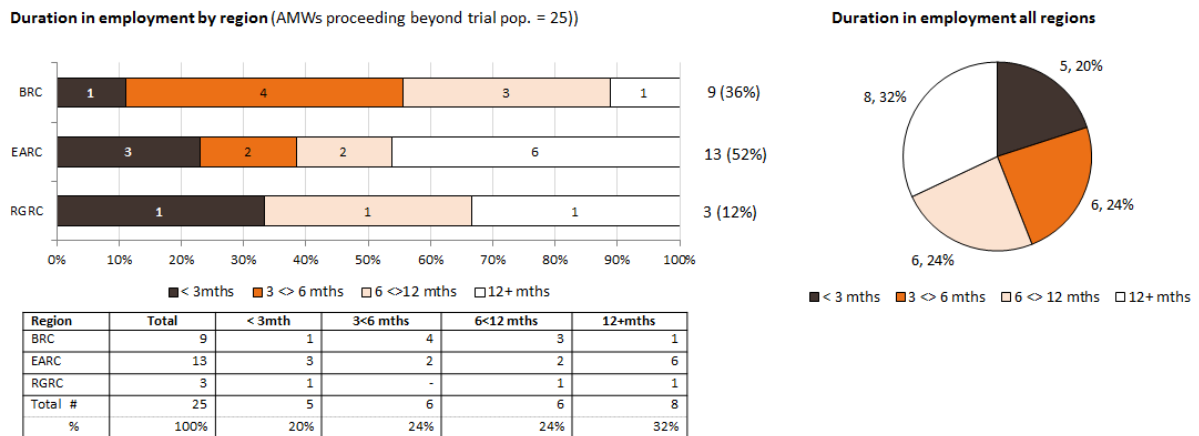
To date EARC has been the only Council to employ both men and women in AMW roles.

Of the twenty-five (25) AMWs that have progressed beyond a trial period of employment, approximately a third (8, 32%) have been employed for twelve months or more. (Four (4) of those staff are current employees.) A further six AMWs (6, 24%) have been employed for between six (6) – twelve (12) months. (Two (2) of those staff are current employees.) That means that just over half of the AMWs who completed a trial period were employed for six months or more.

Post-trial retention rates have tended to be higher in EARC and RGRC. The data able to be collected for this evaluation has not allowed us to clearly identify the cause of the variation. It may be related to differences in the attributes of the employees themselves or, possibly, differences in the structure of the AMW roles.

⁵⁰ AMRRIC program data.

Figure 25 – Duration in employment for AMWs progressing beyond trial period by region (including current and exited AMWs)⁵¹



Although there has been a slight variation in the nature of the roles being taken up by men and women there does not appear to have been any significant variation in the retention profile for men and women in EARC; although more men than women tended to take up full time employment options. That may be related more to the nature of the roles for which full time positions were available rather than a difference in the interest or propensity of men versus women to take up full time roles.

All of the Councils have noted that it has been challenging recruiting and retaining staff.

Recruitment

In terms of recruitment both BRC and EARC have noted that the perception of the AMW role as being related more to animal management rather than health related considerations, particularly during the early stages of the AMW Program, seemed to play a role in making it more difficult to recruit AMWs. In the case of BRC changes were made to the title of the AMW positions to refer to the workers as Animal Health Rangers rather than AMWs part way through the program to try to offset that perception. Council staff have noted that the perception of AMW roles as being more management than animal welfare and treatment related appears to have started to shift in some areas as the AMW Program has progressed.

The multifaceted nature of the AMW role has also been noted as a factor that can make recruiting staff with the right mix of skills challenging. Both BRC and EARC staff have noted the importance of:

- Being flexible and being prepared to tailor roles to accommodate staff preferences and skills, particularly where the preferences reflect community and cultural trends and practices and
- Providing appropriate supervision and support to help staff to develop and broaden out their skills.

Retention

All of the Councils noted that community, family and peer group influences often had an impact on how AMW staff viewed and managed their responsibilities as an employee. All of the Councils identified situations where the need to balance family responsibilities and / or peer group influences appeared to have played a role in AMWs exiting employment.

The Councils noted the importance of making sure that AMWs were appropriately supervised and supported in their role. EARC staff noted that in a number of cases it had been a challenge to make sure that the AMWs located in communities (other than the one where the Vet and Animal Control Manager was located) were appropriately supervised and supported on a day to day basis. The level and quality of local supervision tended to vary based on the workload, skills and attitudes of local Council staff.

⁵¹ AMRRIC program data.

Anecdotally it appears that the level of engagement between local staff and AMWs was often greater where AMW roles were combined with other municipal services or environmental health functions roles, although this was not always the case.

Setting up supervision structures that take into account the capabilities, resourcing capacity and personalities of management staff and the skills, interests and personalities of AMW staff and clearly defining those accountabilities appears to be one of the most important factors in making programs of this type work.

Discussions with Council and AMRRIC staff suggest that the appropriateness and adequacy of local supervision is important both in terms of helping AMWs to engage and develop in their role and in making sure that AMW time was appropriately utilised and directed. In some cases it was thought that the lack of supervision and guidance meant that AMWs' time was not fully utilised, leading them to become disengaged. In some cases it appears that may have contributed to AMWs exiting their employment.

Council and AMRRIC staff noted that in some cases they felt that there was not sufficient animal management work to keep staff sufficiently engaged and occupied. AMW feedback appears to confirm that *"during animal health programs and training weeks there was lots to do, but other weeks when not supervised were slow"*.⁵²

Council and AMRRIC staff observed that there was potential value in blending animal management and environmental health and / or municipal services roles to try to avoid this. The inclusion of AMW workers within the Municipal Services and blended Environmental and Animal Health Services areas in RGRC and BRC allows for the potential expansion of AMW roles in this way. EARC staff have noted, however, that it is important to take into account gender differences when structuring and blending roles to accommodate differences in work preferences.

Anecdotally the blending of AMW functions with other Council services can also provide a mechanism through which to help fund AMW staff and supervision costs.

In terms of general feedback Council staff have indicated that they thought that like projects would benefit from:

- Structuring recruitment criteria to accommodate prospective Aboriginal employees that have an interest in working in the area but do not have a formal animal management or environmental health qualification
- Maintaining a flexible role structure so that AMW positions can be tailored to suit the capabilities and interests of prospective employees
- Maintaining strong induction and trial employment processes to support recruitment and early stage retention of AMWs
- Providing AMW staff with personal support to help them to manage cross-cultural challenges that come with having to balance employment and community and family responsibilities and peer pressure and
- Providing funding for vehicles and related expenses to support the delivery of AMW functions as well as salaries.

AMW Skill Development

AMRRIC staff have worked with the BRC and EARC to help train AMWs. They have visited communities and provided practical workplace based training and coaching for AMWs. Much of that training has taken place while AMRRIC staff have worked with AMWs to complete their day to day activities and / or undertaken desexing and veterinary treatment work. Staff have also provided remote telephone / Skype based advice and support between visits.

⁵² EARC AMW feedback.

Figure 26 – AMRRIC staff visits and desexing and treatment activity undertaken in collaboration with AMW staff ⁵³(note this data does not include Council based services delivered without AMRRIC involvement)

Region	No. vet visits	No. houses visited	No. dogs desexed	No. dogs treated for parasites	No. of other dog treatments	No. dogs euthanised
EARC	57	536	53	748	17	6
BRC	27	156	1,537	2,201	1	41
RGRC	2	-	-	-	-	-
Total	86	692	1,590	2,949	18	47

AMRRIC staff also arranged for some AMWs to have access to formal accredited animal care and management training as well as delivering more general workplace based skills and technical skills training to AMW staff while they were visiting the community.

Examples of the types of training modules or topics that were covered by AMRRIC staff include:

Figure 27 – Examples of the types of training delivered by AMRRIC staff ⁵⁴

Skill area	Module	Description
General work skills	Meeting basic employment requirements	Understanding and meeting basic employment requirements
	Understanding animal management work	Building an understanding of the AMW job locally and in other states
	Maintaining equipment	Understanding the need to maintain and respect equipment to ensure longevity and how to undertake specific equipment maintenance tasks
	Communicating with other staff	Understanding the importance of communicating with other staff and how to work with others in a team
	Communicating using VHF radio	Using VHF radio to communicate with other staff
	Literacy skills	Assisting with reading and comprehension
	Numeracy skills	Understanding the meaning of and difference between whole numbers, fractions and decimals and converting between units (e.g. millilitres and litres)
	Using computers / IT	Using computers / IT to perform role (e.g. create posters, take, download and files photos, record census information)
	Introduction to filming	Planning a film using a story board and filming
	Compliance with OH&S requirements	Understanding basic OH&S requirements and how to work in a safe way
Task organisation	Prioritising and organising tasks and understanding techniques that can be used to do that (e.g. writing reminders, using calendars)	

⁵³ AMRRIC program data.

⁵⁴ AMRRIC training module delivery data.

Skill area	Module	Description
General work skills (con't)	Planning and prioritising work lists	Understanding treatment priorities and creating work lists for vets
	Accredited assessment support	Understanding accredited training modules and assessment tasks and assisting with study and learning techniques
	Completing a stocktake	Understanding the use of stocktake as a way of monitoring stock levels, recording quantity of stock and checking levels against minimum required quantities
	Driving skills	Providing vehicle driving lessons
Technical animal management skills	Dogs' roles in community	Discussing the importance of dogs in families and the community
	Differences between dogs and dingoes	Understanding the differences between dogs and dingoes, their different breeding strategies and ways to prevent them from mixing
	Animal, environmental and human health	Understanding implications of animal health on environmental and human health
	Communicating with community members about the program	Approaching community members about the program, explaining what is on offer and encouraging them to participate (inc. different communication techniques and mediums)
	Communicating with community members about treatments and procedures	Talking to community members about sick dogs, gaining a thorough history, discussing treatments and recovery
	Gaining consent	Understanding the importance of gaining informed consent from owners
	Body score and skin scoring systems	Understanding body score and skin scoring systems
	Performing community animal census	Understanding census forms and undertaking community census
Basic animal treatment	Maintaining treatment records	Understanding the importance and legal requirements of treatment records and how to keep them
	Labelling and communicating medicines	Understanding the requirement for clear labelling of medicines and clear and thorough administration instructions for owners
	Understanding antibiotics	Understanding what antibiotics are and how they are used
	Calculating doses	Understanding the importance of accurate doses and the effects of under or over dosing, how to measure volumes of fluid and calculate volumes based on dog weight
	Using syringes	Handling syringes and needles to draw up specific medication amounts and practicing injection techniques
	Understanding parasites	Understanding parasites and their different life cycles and treatment
	Understanding the use of Ivermectin	Understanding and communicating what Ivermectin does and does not treat and the importance of repeat treatments
	Skin problems in dogs and link to chronic disease	Understanding common skin problems and their consequences (e.g. rheumatic heart disease and chronic kidney failure)
	Understanding fleas	Understanding the life-cycle of fleas and the difficulties of effective treatment and eradication
	Understanding flea treatments	Understanding and communicating what the local shop can stock to help community members care for their dogs and how to dilute flea concentrate and apply to dogs
	Understanding exotic diseases	Understanding what exotic diseases are, that Australia is free from many diseases that affect South East Asia and the importance of monitoring and reporting exotic diseases
	Monitoring exotic diseases	Using exotic disease guides and survey sheets
	Rabies theory	Understanding impact of rabies on humans, how it is spread and what to look out for in dogs
	Screw worm fly theory	Understanding screw worm fly and what to look out for in dogs
Animal first aid	Understanding how to respond to animal first aid incidents	

Skill area	Module	Description
Surgical preparation / support	Dog breeding reproduction	Understanding the dog reproductive cycle and reasons for desexing
	Anatomy basics	Learning basics of organ anatomy with a view to understanding what the desexing operations involve
	Understanding germ theory	Understanding different germ 'families' (i.e. bacteria, parasites, viruses and fungi) and where germs are found in the environment
	Growing bacteria	Swabbing different surfaces, growing samples on agar and looking at the different bacteria colonies grown
Surgical preparation / support (con't)	Microscopes and infection	Introduction to microscopy, basic bacteriology, infection and disinfection
	Understanding immune systems theory	Understanding what the immune system is, how it keeps the body healthy and the implications of a weak immune system (i.e. increased susceptibility to disease)
	Understanding sterility	Understanding reasons for and importance of killing bacteria, understanding the concept of sterility, and the importance of not contaminating sterile fields during surgery
	Mobile clinic set up	Setting up a work space and making preparations to facilitate the work the vet can do
	Surgical preparation	Preparing patients for surgery including clipping, scrubbing and administering tattoos and microchips
	Assisting surgery	Estimating animal weights and administering appropriate amounts of sedation or medications and monitoring patients using manual (e.g. gum colour and refill, corneal reflex, respiratory rate and effort, pulse) and automated methods
	Peri-operative nursing care	Monitoring dogs after operations and following up on recovery
Disposal of euthanised animals	Understanding dangers and procedure for disposal of euthanised animals	
Animal handling	Recognising dog behaviours	Recognising dog emotions / body language to facilitate safe handling
	Handling animals safely	Understanding effective techniques for holding and moving animals
	Dealing with bite incidents	Responding to bite incidents and gathering information from victim, witness and dog owner
	Handling sedated dogs safely	Handling dogs with an emphasis on safety of the AMW and compassion for the patient
Community education	Understanding community education materials	Understanding AMRRIC community education resources
	Developing community education materials	Developing AMRRIC community education resources for use in the community
	Presenting to community groups	Using AMRRIC community education resources to present to community members

Field reports indicate that approximately twenty-five (25) AMWs participated in aspects of the above training activities, including seventeen (17) AMWs that progressed beyond trial and eight (8) that did not. A number of prospective employees (who were not ultimately employed) were invited to participate in training activities to help them to get a sense for the AMW role and determine whether or not they were interested in applying for a position. Training was also made available to other local Council staff and community rangers.⁵⁵

⁵⁵ AMRRIC training module delivery data.

Ten (10) AMWs were enrolled in accredited training including a Certificate II in Animal Studies, Certificate II in Indigenous Environmental Health Studies and Certificate IV in Companion Animal Services. Attendance at that training was variable though. No participants had completed their certificate as at the end of the funding period on 30 June 2014.⁵⁶

AMRRIC and Council staff feedback suggests that low AMW literacy levels, limited prior experience in completing formal training of that type and the need to participate in training units outside of the community appeared to limit the propensity and ability of AMWs to make effective use of the more formal training options. The workplace based training and more flexible, community based instruction provided by both Council and AMRRIC staff generally appeared to be more effective in engaging AMW staff and supporting their skill development.

While it was initially intended that AMRRIC staff would visit communities in each of the three Councils on a four (4) – six (6) week basis to provide on the ground training and support to AMWs, staffing and logistical constraints meant that visits to BRC and EARC tended to occur on a more irregular basis.

In RGRC the Council assumed responsibility for AMW training and development activities.

Skill assessment surveys have been completed by AMRRIC and Council staff for a sample of eighteen (18) AMWs from across the three participating Councils, including sixteen (16, 64%) of the twenty-five (25) AMWs who proceeded beyond a trial period and the two AMWs that were nearing the completion of their trial period at the end of the program reporting period.

Figure 28 – Skill assessment survey sample population profile

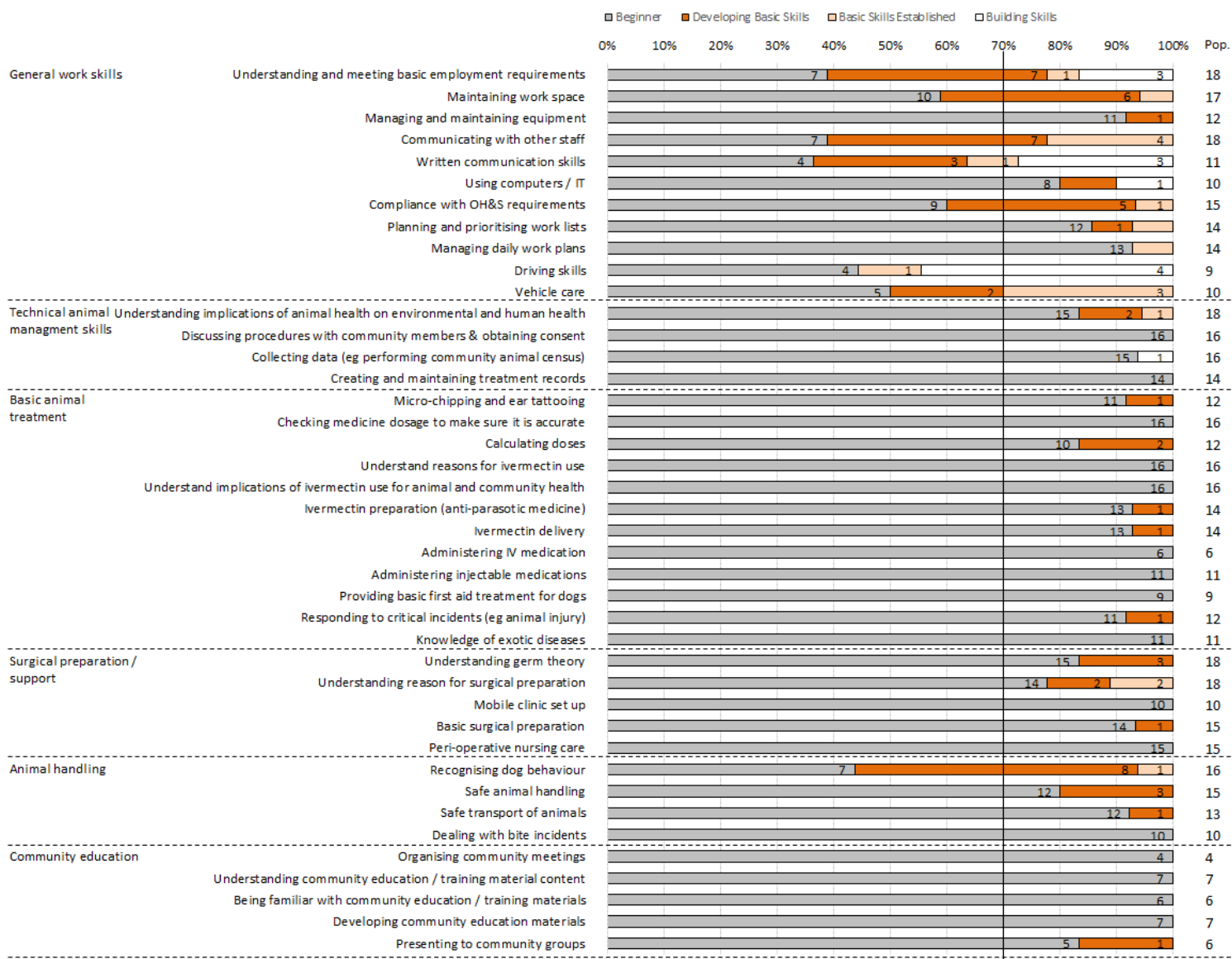
Region	Male	Female	Current	Exited	Trial	Post-trial
BRC	4	-	2	2	-	4
EARC	5	7	6	6	2	10
RGRC	2	-	1	1	-	2
Total	11	7	9	9	2	16

The assessments indicate that most of those AMWs demonstrated improvement in their general work skills, general animal management and treatment skills, surgical preparation and support and animal handling skills. Where the participants had been involved in community education activities they often developed their understanding and skills in that area as well.

Although the AMWs varied in relation to their general workplace skills, most of the staff were assessed as starting at a new employee (beginner) level and requiring close day to day instruction in relation to the more specific animal management related skill areas. The small number of AMWs who were assessed as having higher levels of technical skill tended to also be assessed as having stronger general workplace skills.

⁵⁶ AMRRIC staff interviews and AMW feedback.

Figure 29 – Baseline (starting) skill assessment profile (please note that sample populations vary by skill area)⁵⁷

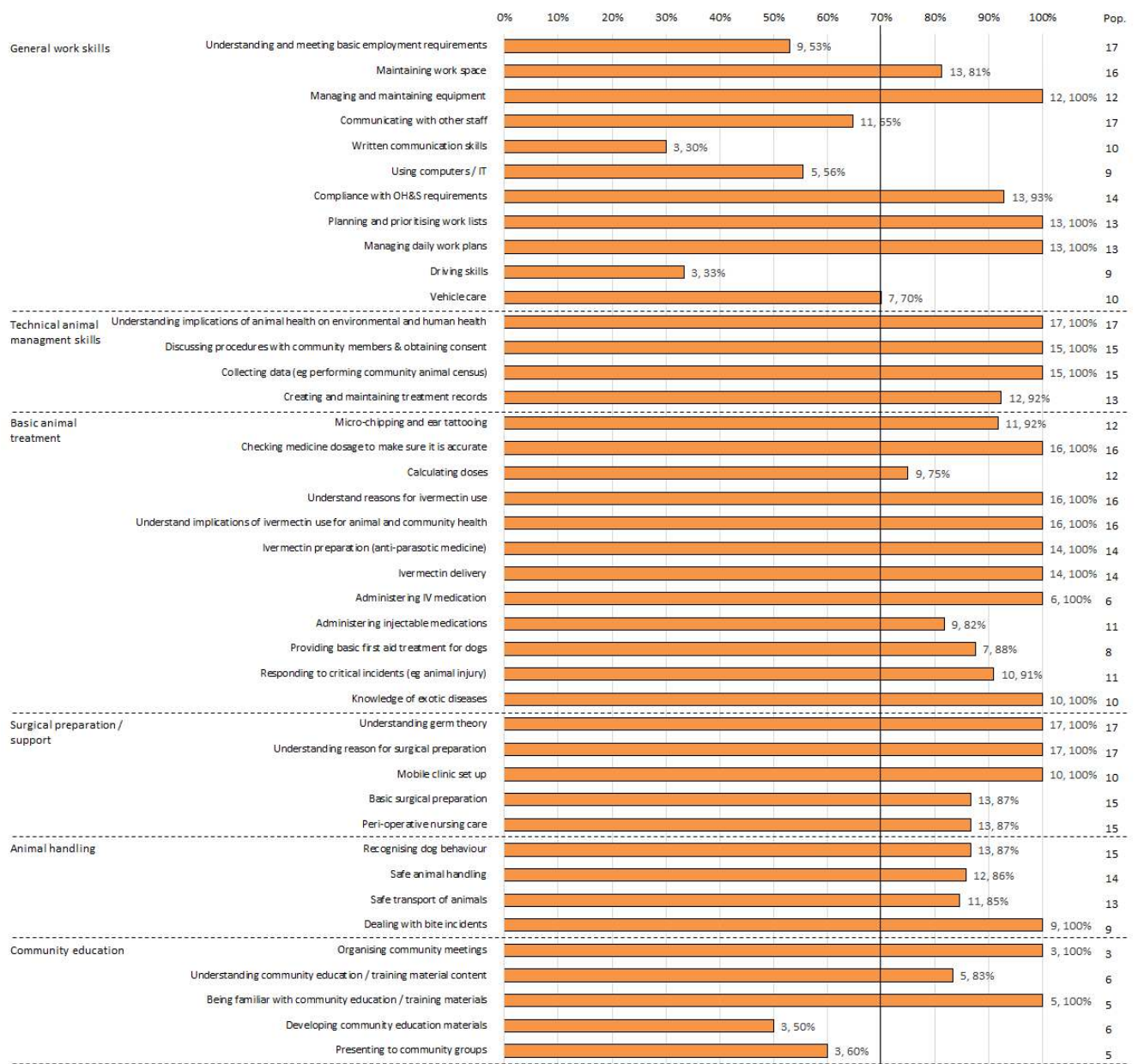


Most AMWs tended to demonstrate at least some level of improvement across the technical skill areas required of the role, particularly in relation to core functions relating to:

- Understanding the implications of animal health on environmental and human health
- Communicating with community members
- Microchipping animals
- Collecting animal census data
- Handling and transporting animals
- Administering the use of Ivermectin and checking medicine dosages
- Understanding germ theory and
- Setting up mobile clinics and dealing with bite incidents.

⁵⁷ Skill assessment data.

Figure 30 – Skill improvement profile based on the number of AMWs identified as demonstrating an improvement in skill level on exit or as at June 2014 (please note that sample populations vary by skill area)⁵⁸



Not unexpectedly, the level of development appears to be correlated with the amount of time that the staff have been employed.

⁵⁸ Skill assessment data.

Figure 31 – Number and proportion of AMWs demonstrating an improvement in skill profile split based on whether they had been employed for more or less than 6 months⁵⁹



BRC and EARC staff noted the critical importance of being able to access training and support such as that provided by AMRRIC staff.

In terms of general feedback they indicated that they thought that like projects would benefit from:

- Conducting regular planning and coordination meetings between Council and support staff to plan and coordinate training activities
- Having access to more regular on the ground training and coaching for AMW staff, including access to remote Skype and / telephone based coaching between training visits
- Documenting AMW training curriculum to allow it to be shared across different training providers and staff to help improve the consistency of both formal and informal training program delivery

⁵⁹ Skill assessment data.

- Reviewing formal certificate level training options and learner support frameworks to best assist AMWs to complete accredited training, including stronger literacy and numeracy support and
- Distinguishing clearly between the provision of veterinary services and training support to avoid confusion about the allocation of responsibilities and help make sure that where veterinary services are by a partner organisation they are provided in a way that aligns with the broader Council program.

EARC staff in particular indicated that they believed that there would be value in adopting a more structured approach in relation to the provision of community based training and support for AMWs both in terms of making sure that training visits were conducted on a more regular basis and increasing the level of coordination between Council and AMRRIC staff to make sure that training activity was appropriately aligned with local needs and the Council’s animal treatment and management program.

The EARC Vet & Animal Control Manager noted that, while it was valuable for AMWs to be able to get additional experience working with AMRRIC veterinary staff on the ground, it was important from a community perspective that those staff defer to the central veterinary team when planning and undertaking veterinary work as part of the training program. They believed that was important in terms of making sure that the community understood who to contact when they needed veterinary support and to ensure that the approach that was taken to the provision of population management and treatment activity was consistent.

5.2. Community Awareness and Education

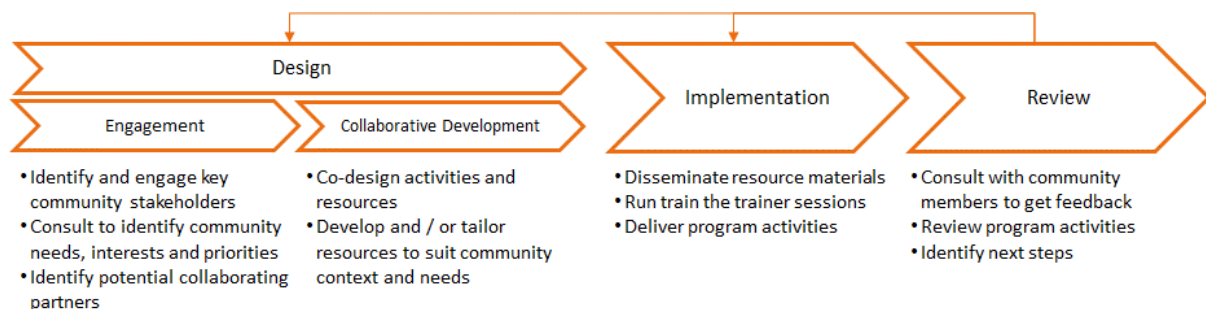
Key Good Practice Principles

Research indicates that community awareness building activities tend to be most successful where:

- A respectful, culturally appropriate approach is taken to program design and delivery
- Program design and delivery is community informed and directed
- Activities are structured to link into existing local organisations, groups and / or activities
- Individual activities are structured to promote effective learning
- Key messages are reinforced through other program activity
- Community members are encouraged and provided with opportunities to translate learning into practice and
- Effective use is made of both local and external resources to support program activity.⁶⁰

In order to apply the above principles effective community awareness building programs tend to be structured to include design, implementation and review activities.

Figure 32 – Key community awareness building program components



The most effective programs tend to invest time to build relationships with community members and involve them in the design of community awareness building activities. Program staff engage with local community members and work with them to identify community education needs and determine how best to address them. In many cases program staff work with community members to:

- Co-design resources and activities so that they are culturally and contextually relevant and

⁶⁰ WA Health Department 2000; Hardaker 2012., p.51; AMRRIC & International Fund for Animal Welfare 2007; Stoneham & Daube 2008., pp.5-8.

- Identify local organisations and groups that they can collaborate with in order to encourage community members to participate in program activities and link into available networks, relationships and resources.

Awareness building and education activities can be delivered in a number of ways. In some cases program staff disseminate resource materials to local organisations or groups so that they can run programs themselves. When that is done train the trainer sessions are also often run so that staff from those organisations can have a good understanding of the materials and are well placed to make effective use of them. In other cases program staff deliver activities directly to communities. Sometimes a mix of the above approaches is used.

The most effective community awareness building programs usually review their activity on a regular basis. Program staff consult with community members to get feedback on the program and assess whether community needs, interests and priorities are being addressed in an appropriate and effective way. Program staff then use that information to inform ongoing program design and delivery.

Community Awareness Building and Education Program Activities

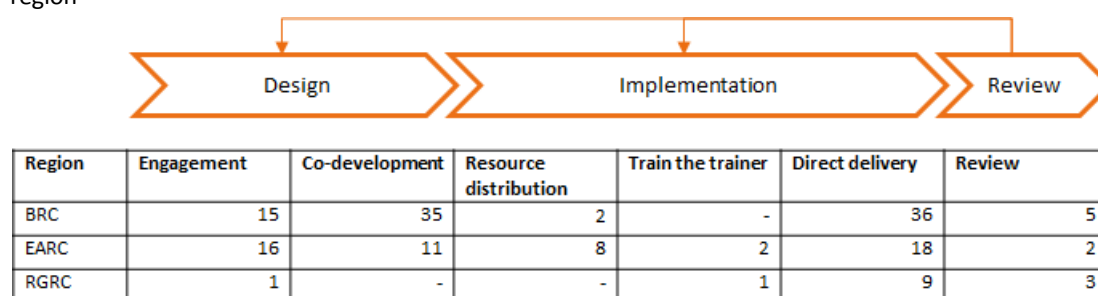
Community awareness building and education activities have been embedded in the day to day activity that has been undertaken by Council, AMW and AMRRIC staff.

A range of more formal community awareness building and education activities have also been undertaken either as part of, or in parallel with, the above AMW Program. Most of that activity has been undertaken or coordinated by specialist AMRRIC community education staff (Education officers) working with Council managers and / or AMWs.

In the eighteen months between January 2013 and June 2014 AMRRIC Education Officers coordinated and ran one hundred and twenty (120) community awareness building and education activities across the EARC, BRC and RGRC.⁶¹ Those activities were designed to help build community awareness and understanding of the link between animal, environmental and human health and things that can be done to improve animal, environmental and human health outcomes. The design and delivery of the activities generally appears to have aligned with good practice principles.

Most of those activities were run in BRC and EARC. Only a small number of activities have been run in RGRC.

Figure 33 – Focus and level of formal community awareness building and education activity run by AMRRIC by region⁶²

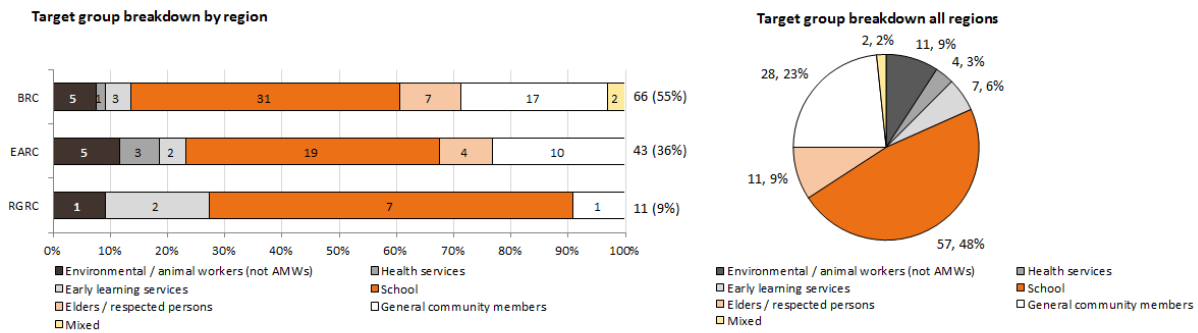


That activity has been targeted at a range of community groups including non-AMW Council and environmental health staff, health and education services, elders and general community members.

⁶¹ Formal data collection before that period was not reliable and so has not been referenced in this report.

⁶² AMRRIC community education program data.

Figure 34 – Target audience⁶³



Barkly Region Council

In the BRC most of the formal community awareness building activity that has been undertaken has focused on three (3) of the eight (8) major communities: Tennant Creek, Ali Curung and Utopia. Activity in other communities has been limited. Almost all of the formal community awareness building and education activity has been focused on schools.

AMRRIC has worked with local artists and linguists to tailor and design materials that are culturally and contextually relevant. AMRRIC is now using those materials to deliver school based activities across the region. In Tennant Creek resource materials have also been provided to a couple of health and community groups so that they could run activities.

BRC Council staff and AMWs have also undertaken a significant amount of informal education activity. In contrast to the EARC, AMWs in the BRC have not tended to have been involved in delivering formal community awareness building activities as those staff have been more interested in the practical animal treatment and management aspects of their roles. AMRRIC Education Officers have led the delivery of formal community awareness building activity in the region.

East Arnhem Region Council

In EARC most of the formal community awareness building and education activity has focused on four (4) of the nine (9) major communities: Groote Eylandt, Galiwinku, Gapuwiyak and Milingimbi. A small amount of activity has also taken place in Yirrkala.

The bulk of the activity has centred around Groote Eylandt, Galiwinku and Gapuwiyak. The focus of activity in those areas has been influenced by the fact that AMWs working in those areas have tended to have a particular interest in developing and delivering community education activity rather than direct animal treatment and management activities.

AMRRIC Education Officers have worked with those AMWs to design and deliver community awareness building and education activities based on the needs and priorities of the local community. Most of those activities have been run in schools. In a few cases AMWs have run those activities independently.

The AMRRIC Education Officers and local AMWs have also provided resource materials and / or training to specialist health and early childhood development organisations and schools so that those groups could run activities themselves.

While some activity has been undertaken in Milingimbi it has mostly been focused on building relationships with community members and designing community awareness building activities. It is expected that those programs will start to be rolled out in the near future.

In addition to the above activities Council and AMRRIC Vets and AMWs have also delivered a range of informal community awareness and education building activities as part of their broader animal treatment and management work.

⁶³ AMRRIC community education program data.

Roper Gulf Regional Council

AMRRIC has provided RGRC with community awareness building and education resources and delivered training and specific education programs when requested to do so. Most of those resources and activities have been focused on schools.

As with the other Councils, RGRC has undertaken a range of informal community awareness and education building activities as part of its broader animal treatment and management program, including community dog wash and dog health awareness days in each of its main communities.

Council staff have generally found the formal community awareness building and education activity that has been undertaken useful. They have also indicated that it has been valuable being able to tap into AMRRIC's existing suite of community education materials.

In terms of general feedback they indicated that they thought that like projects would benefit from:

- Increasing the focus on community education activity in parallel with core animal health and control activities and
- Providing access to pro forma community awareness building and education programs and materials that can be tailored to meet community needs.

5.3. Overall Animal, Environmental and Human Health Outcomes

Each of the different program models and staffing structures appear to have contributed to the delivery of improved animal health and management outcomes, particularly in terms of helping to:

- Engage community members on animal health and management related issues
- Improve community understanding of animal welfare and responsible dog ownership responsibilities
- Increase cross-cultural awareness in the design and delivery of Council based animal management services
- Encourage community take up of available population control and treatment services and
- Increase the adoption of improved dog management and human hygiene practices.

The nature and depth of the contribution made through the provision of AMW Program funding and AMRRIC support appears to have varied depending on the pre-existing status of animal health and management in the community, the program model applied and the depth and breadth of engagement that the Council has had with AMRRIC. The contribution that the AMW Program has made appears to have been more significant in BRC and EARC where AMW employment rates and the level of engagement between the Councils and AMRRIC were higher than in the RGRC.

Figure 35 – Animal health and management baseline to current status comparison⁶⁴

Region	Barkly Regional Council		East Arnhem Regional Council		Roper Gulf Regional Council	
Animal health indicators	Baseline status	Current status	Baseline status	Current status	Baseline status	Current status
Animal health and management strategy in place	Management only	Yes	Yes	Yes	Yes	Yes
Estimated percentage of malnourished dogs (with adverse body scores)	15 - 20%	5 - 10%	30%	5%	NA	NA
Average body score	3	4	4 - 5	5	3	3
Estimated percentage of dogs with serious skin conditions (with adverse body scores)	30%	5%	10%	5%	15%	20%
Average skin score	2	1	1 - 2	0 - 1	NA	NA
Environmental health and safety indicators	Baseline status	Current status	Baseline status	Current status	Baseline status	Current status
Formal animal management by-laws in place	Tennant Creek only	Under development	No	Under development	Borrooloola & Mataranka only	Under development
Dog registration system in place	Informal system in Tennant Creek only	Under development	Under development	Under development	Borrooloola & Mataranka only	Borrooloola & Mataranka only
Estimated dog population	1,500	1,350	1,750	1000	1,300	1,600
Estimated average number of dogs per household	5	4	3 - 4	2 - 3	2.0	1.8
Estimated percentage (%) of dog population desexed	No desexing program	64%	75%	90%	NA	NA (228 dogs desexed in preceeding 12mths)
Estimated number of dangerous dog complaints in the preceding 12 mths	150 (Tennant Creek)	150 (Tennant Creek)	8	3	NA	11
Estimated number dog attacks / near misses in preceding 12 mths	~2 per community	~2 per community	50	30	NA	7
Community Engagement & Human health indicators	Baseline status	Current status	Baseline status	Current status	Baseline status	Current status
Community concern about dog health and management issues	High	High	Moderate	High	Low	Very high
Community involvement in dog health and management programs	Low	High	Very low	Moderate	Low	Very high
Community awareness of the link between animal and human health	High	High	Low	Moderate	Low	Low - moderate
Community adoption of healthy animal hygiene practices	Low	High	Low	Moderate	Low	Moderate
Instances of animal related diseases / inflections in the preceding 12 mths	Very high	High	High	Low - moderate	NA	NA

⁶⁴ Data provided by Council and AMRRIC staff.

Figure 36 – BRC and EARC animal census data based on AMW census count of dog numbers and the number of dogs surgically or chemically desexed by Council and AMRRIC vets⁶⁵

Community	# dogs	# dogs desexed	Percentage dogs desexed	no. houses	no. houses with dogs	no. houses with puppies	no. dogs per household
BRC ⁶⁶	793	511	64%	195	171	15	4.1
Ampilatwatja	261	212	81%	35	33	2	7.5
Alpurrurulam (Lake Nash)	179	129	72%	55	44	2	3.3
Ali Curung	210	117	56%	53	50	3	4
Elliot	143	53	37%	52	44	8	2.8
EARC ⁶⁷	525	369	64%	227	207	15	1.9
Groote Eylandt ⁶⁸	266	142	53%	140	129	15	1.9
Ramingining	88 ⁶⁹	88	NA	NA	NA	NA	NA
Milingimbi	88	71	81%	36	33	-	2.4
Galinwin'ku	83	68	82%	51	45	-	1.6

NA= not available

Field reports prepared by vets contracted by the RGRC indicate that there has been a decline in the average dog population over the program funding period with an average of approximately 1.8 dogs per household. The most recent report indicates that on average 18.3% of the female dog population that could breed had been surgically desexed and that chemical desexing was also being utilised. The number of puppies born per adult dog was identified as being lower than the Northern Territory average. Companion animal health is identified as being generally good. Parasite levels are identified as having declined over the past twelve months. Lice issues were identified as being low and flea and tick levels were identified as having declined. The proportion of dogs with mange and skin infections was identified as being lower than average in other Northern Territory communities.⁷⁰

⁶⁵ Census data collected by AMW and AMRRIC staff. AMRRIC staff have noted that some of the counts are likely to be incomplete and so are likely to constitute an under-estimate of the number of dogs in the communities in some cases. In the case of the EARC this has been confirmed by the Regional Council Vet & Animal Controller. Earlier Council estimates of dog and desexing numbers in the EARC from approximately twelve months ago reflect a higher number of dogs and desexing rate in a number of communities (e.g. Ramingining 120 dogs with approximately 95% of dogs desexed; Milingimbi 150 dogs, approximately 85% desexing rate; Galiwin'ku 250 dogs approximately 90% desexing rate). All surgical desexing procedures in EARC were conducted by Council vets.

⁶⁶ Census data not available for Uraputja, Canteen Creek, Wutunugurra (Epenarra), Alpara / Eutopia and Tennant Creek.

⁶⁷ Census data not available for Yirrkala and Gapuwiyak.

⁶⁸ Groote Eylandt data includes Angurugu, Milyakburra and Umbakumba communities.

⁶⁹ Likely to be an underestimate.

⁷⁰ Aboriginal Community Veterinary Services Field Reports 2012 – 2014 prepared for RGRC.

Council, AMW and AMRRIC staff feedback confirms that animal management staff are seeing changes in dog and human health in their community.

“The health of dogs is definitely improving. Over a period of six months I’ve noticed that places where the animal health program has been there’s hardly any dogs with mange anymore. Also, in Utopia and Lake Nash skin infections for dogs and humans are down. Cheeky dogs can sometimes be a problem but workers are receiving training in dog handling and AMRRIC sends out education officers to schools and communities to teach proper dog care and handling.”⁷¹

All of the Councils have indicated that they believe that the communities that they have been working in have become more open to engaging on animal health and management issues. They have all noted that in a number of cases community members now proactively approach animal management staff to access available treatment services including desexing and parasite treatment. They note that this was not previously the case.

AMW feedback confirms that community members are starting to engage with staff on a more positive and proactive basis.

“Aboriginal people have always looked after their dogs, but they’re seeing there’s more control of numbers if less puppies are being born. There’s more food to go around as well and less problems with aggressive dogs. Kids are learning and washing their hands. ... In different communities, people are coming up to us and bringing puppies to the vets for desexing and getting their dogs treated for scabies and mange.”

“Out bush in the communities the people come up to us. Everyone knows us and respects us and sees we’re there to help.”

“We get a good response from the communities. In the communities, the people refer to us as the dog mob and see we are there to help them and their dogs.”⁷²

All of the Councils have acknowledged the positive role that having Aboriginal AMWs has played in helping to engage with the community and build understanding of animal treatment and management considerations and take up of population control and treatment services. EARC and BRC were particularly strong in noting the importance of this to the success of their programs.

EARC staff who had previously worked with Aboriginal workers on a casual basis prior to the commencement of the AMW Program noted the difference that it had made moving to a permanent employment structure both for the Aboriginal AMWs themselves and in terms of the perception that community members had of them and the animal management program itself.

EARC has committed to continuing to fund AMWs through core funding as part of its ongoing animal management and treatment program. BRC is also keen to do so subject to being able to fund those positions. RGRC has indicated that it will continue to fund its animal management and treatment program as part of its core municipal services activities. Existing AMWs will continue to be employed as part of the Council’s town based Municipal Services team. While no specific focus will be placed on recruiting specialist Aboriginal AMWs to those teams focus will continue to be placed on animal management activity.

All of the Councils have also noted the importance of adopting a culturally sensitive approach when undertaking animal management and treatment activity in order for such programs to be effective.

Barkly Regional Council

BRC has fundamentally changed its animal management strategy. It has implemented a surgical desexing program and has increased parasite management and treatment services. The Council has indicated that provision of AMRRIC advice and funding has played a very important role in assisting the Council to strengthen and implement its animal management strategy.

⁷¹ AMW feedback.

⁷² AMW feedback.

Council staff have noted that animal health and welfare has improved dramatically over the program period. While the overall dog population has not declined substantially, the condition of dogs has improved considerably which is reflected in improvements in average animal skin and body scores.

Council staff have also noted that community health has also improved. Anecdotal feedback obtained by the Council from local health services in Utopia indicated that there had been a seventy-six percent (76%) reduction in adverse skin conditions.⁷³

The employment of AMWs is seen as playing a critical role in helping to build community engagement and encourage take up of the above services. Council staff have noted that the provision of AMW training and coaching has been a critical component of the AMW Program.

The Council has indicated that the community awareness building and education programs being run by AMRRIC staff have also been useful in helping to improve community awareness of the importance of good animal management and hygiene practices.

The improvements in animal health and management in the region have been recognised with the allocation of the Local Government Dog Heath Award to the Council in 2012.

The Council has indicated that it is keen to continue the AMW Program if it is able to secure funding for those positions and for motor vehicles to allow those workers to move around the region. It has noted that the ongoing success of the program would require ongoing support from specialist staff to continue to provide technical training and coaching for AMW staff. The Council would also continue to rely on AMRRIC to lead the delivery of its formal community awareness building and education program.

East Arnhem Regional Council

EARC had an established animal treatment and management program in place prior to the commencement of the AMW Program. The AMW Program has allowed the Council to employ local Aboriginal AMWs on an ongoing basis to support the delivery of its program activity.

Council staff have noted that the employment of those workers has played a critical role in helping to build community engagement and encourage take up of the above services. Council staff have noted that the provision of AMW training and coaching has been a critical component of the AMW Program.

“Involving local Aboriginal community members to deliver animal health services is fundamental to achieving improvements in companion animal health and welfare in remote Aboriginal communities.”⁷⁴

The Council has also indicated that the community awareness building and education programs being run by AMRRIC staff and local AMWs have also been useful in helping to improve community awareness of the importance of good animal management and hygiene practices. The Council has noted that more work still needs to be done in this area.

Council staff have noted that, while the overall dog population has not declined substantially, the condition of dogs has improved over the course of the program, which is reflected in improvements in average animal skin and body scores, and community members have assumed greater responsibility for their animals. They have also noted that there appears to have been some reduction in the incidence of dog related public nuisance and public safety issues linked to that.

Council staff have also indicated that community health has also improved. A study in Yirrikala has suggested that there has been a significant reduction in the number of human crusted scabies since the introduction of the regular parasite control program there. Dog owners have also commented on a reduction in flea and tick infestations in their houses.⁷⁵

The Council is committed to continuing the AMW Program and are looking to expand the Program.

⁷³ Council interviews (Brian Radovic)

⁷⁴ Council interviews (Emma Kennedy)

⁷⁵ Council interviews (Emma Kennedy)

Roper Gulf Regional Council

RGRC had committed Council resources and funding to animal management as part of its core municipal services function prior to the commencement of the AMW Program. The Council has been able to make use of AMW Program funding to complement its existing animal treatment and management program. The AMW Program itself has not influenced the strategy that the Council has applied, although the employment of local AMWs has assisted in the delivery of animal treatment and management services, specifically by helping to encourage community engagement and take up of the available services and helping to improve community understanding of animal welfare and responsible dog ownership responsibilities.

While the overall dog population has not declined substantially, Council staff have noted that the condition of dogs has continued to improve. They have also noted that there have been increases in the number of community members making sure that their animals are restrained and do not roam. Staff have also noted that there has been a major reduction in formal dog bite complaints and issues with problem dogs.

The Council is committed to continuing to provide animal treatment and management services as part of its core municipal services program. While the Council does not propose to continue the AMW Program per se existing AMW staff will continue to be employed as part of their local municipal services team.

6. Key Findings and Observations

This review indicates that the AMW Program has been successful in contributing to the improvement of animal health and management in the Northern Territory through the employment and training of AMWs in line with the objectives set out in the ABA Funding Agreement.

Each of the different program coordination and delivery models that have been trialled through the Program appear to have contributed to the delivery of improved animal health and management outcomes. The nature and depth of the contribution made through the provision of AMW Program funding and AMRRIC support appears to have varied depending on the pre-existing status of animal health and control measures in the community, the program model applied and the depth and breadth of engagement that the Council has had with AMRRIC.

The contribution that the AMW Program has made appears to have been more significant in BRC and EARC where AMW employment rates and the level of engagement between the Councils and AMRRIC were higher than in RGRC.

The participating Councils have all noted the importance of having effective animal treatment and management programs in place to maintain animal, environmental and human health and the critical role that local government needs to play in the animal health and management area.

“Animal control needs more recognition as a core service of local government and there needs to be a responsibility (on the part of) local government to be committed to providing such services.”⁷⁶

The Councils have also all confirmed the value of employing local Aboriginal AMWs to assist in the delivery of those programs, particularly in helping to:

- Engage community members on animal health and management related issues
- Improve community understanding of animal welfare and responsible dog ownership responsibilities
- Increase cross-cultural awareness in the design and delivery of Council based animal management services
- Encourage community take up of available population control and treatment services and
- Increase the adoption of improved dog management and human hygiene practices.

⁷⁶ Council interviews (Emma Kennedy).

Policy and Program Implications

While the participating Councils have noted that animal health and control functions should ideally be funded through core local government revenue, they have observed that there is value in Councils being able to access additional funding and support to assist in the establishment of effective animal treatment and management strategies, particularly when the baseline position is poor.

Council staff have also noted that there is value in local governments being able to access best practice policies, resources and tools, such as those provided by AMRRIC, to help develop and implement such programs.

General feedback on the AMW Program suggests that like programs would benefit from:

- Building in a structured collaborative planning stage at the start of the program to agree how best to tailor and coordinate program activity to meet local needs
- Conducting regular planning and coordination meetings between Council and support (e.g. AMRRIC) staff to make sure that activities are well coordinated and as cost efficient and effective as possible
- Structuring recruitment criteria to accommodate prospective Aboriginal employees that have an interest in working in the area but do not have a formal animal management or environmental health qualification
- Maintaining a flexible role structure so that AMW positions can be tailored to suit the capabilities and interests of prospective employees
- Maintaining strong induction and trial employment processes to support recruitment and early stage retention of AMWs
- Providing AMW staff with personal support to help them to manage cross-cultural challenges that come with having to balance employment and community and family responsibilities and peer pressure
- Providing regular on the ground training and coaching for AMW staff, including access to remote Skype and / telephone based coaching between training visits
- Documenting AMW training curriculum to allow it to be shared across different training providers and staff to help improve the consistency of both formal and informal training program delivery
- Reviewing formal certificate level training options and learner support frameworks to best assist AMWs to complete accredited training, including stronger literacy and numeracy support
- Distinguishing clearly between the provision of veterinary services and training support to avoid confusion about the allocation of responsibilities and help make sure that where veterinary services are provided by a partner organisation they are delivered in a way that aligns with the broader Council program
- Providing funding for vehicles and related expenses to support the delivery of AMW functions as well as salaries
- Increasing the focus on community education activity in parallel with core animal health and control activities and
- Providing access to pro forma community awareness building and education programs and materials that can be tailored to meet community needs.

From a policy perspective the outcomes of the AMW Program suggest that there is potential value in the Northern Territory Government implementing a similar program to support remote Aboriginal communities that do not have an effective animal health and control program in place to establish one. It could do that by adopting a flexible program coordination and delivery model such as that applied by AMRRIC in this case, or by augmenting its current environmental health service delivery model to incorporate animal management as part of broader environmental health services. By doing that the Government could help to improve animal health and the general health and welfare of those communities.

Any such programs should be modelled on the good practice principles outlined in this paper and should be designed in a flexible way so that program coordination and delivery approaches can be tailored to meet the specific needs of individual Councils, as was the case with the AMRRIC Program.

Interview and Consultation List

Name	Organisation and role
Xavier Schobben	Director, Environmental Health Branch, Territory Wide Services, Northern Territory Department of Health
Nicola Slavin	Senior Program Development Officer, Environmental Health Branch, Territory Wide Services, Northern Territory Department of Health
Andrew D'Addona	Acting Manager, Environmental Health, Tropical Public Health Service (Cairns) Queensland
Clayton Abreu	Indigenous Environmental Health Project Officer, Environmental Health, Tropical Public Health Service (Cairns) Queensland
Robert Mullane	Senior Program Officer, Western Australian Aboriginal Environmental Health Program, Science & Policy Unit, Environmental Health Directorate, Public Health & Clinical Services Division, Western Australian Department of Health
Brian Radovic	Regional Animal & Environmental Health Manger, Barkly Regional Council
Emma Kennedy	Vet & Animal Control Manager, East Arnhem Regional Council
Sharon Hillen	Director of Infrastructure & Technical Services, Roper Gulf Regional Council
Liz Norman	Animal Management Officer, Roper Gulf Regional Council
Ktima Heathcote	Local evaluation partner, Barkly Region

The above consultation list does not include AMRRIC staff who were interviewed or participated in workshops informing this report.

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