

Questionnaire based on discussion points

Discussion – Scope of permitted work

Question 1:

Would you support a realignment of the scope of work permitted under the remote Aboriginal communities plumbing scheme as proposed? If not, what concerns do you have with the revised definition and what changes to the proposed scope would you like to see?

Response:

The Department of Health (DOH) is a key stakeholder in the remote Aboriginal communities plumbing scheme as it funds the Aboriginal Environmental Health Program (AEHP) and the training of the workforce in Certificates II and III in Indigenous Environmental Health.

Over the past 5 years over 35 staff employed by the contracted Service Providers under the AEHP have attended and qualified in Certificate II. This training is the foundational entry level required for a person to work effectively in the AEHP. A certificate II also enables a person employed by a contracted Service Provider to undertake the basic plumbing repairs as permitted under the remote plumbing scheme. The “scheme” took many years to come into being and the evidence, although small, indicates that the scheme has made a positive impact especially in the Kimberley and Pilbara communities.

The Department’s view is that the permitted scope of repairs, outlined in the Discussion Paper, is a realistic extension to the list of basic repairs by many in the AEHP. For example, replacing a flexible connector hose is a rather simple task to replace. The Department understands that students get taught, and constantly reminded, what repairs are permitted but also to escalate a repair to a licensed plumber if the situation warrants that higher skill level.

DOH also endorses the less prescriptive approach to what is permitted works by broadening the scope. For example, deleting the wording:

“a) replacing leaking tap washers, spindles, handles and shower roses (except where additional plumbing work is required)”

with

*“a) repairing or replacing a shower head,
b) repairing or replacing a tap or mixer valve”.*

The reality is that the water quality supplied in many of the remote communities does affect the life of taps and shower roses and often it is more economical to replace the tap or shower rose rather than undertake a repair of the tap or shower rose.

The Department has confidence that the contracted Service Providers ensure trained staff have the required skillset to attend to the basic repairs within scope and have knowledge of when to refer more complex repairs to a licensed plumber.

As the AEHP matures by focusing on primordial prevention of illnesses in the home environment, the ability to improve health hardware (including repairing basic plumbing faults) and align this with health software (healthy living practices) on-site in a timely manner will become paramount in achieving objectives under the agreed “Closing the Gap” strategies.

Discussion – Authorised workers and training requirements

Question 2:

Do you support the proposal to expand the list of qualifications in regulation 37(b) to include higher level qualifications relevant to environmental health, health science, public health and population health? If no, please provide reasons for your view. Are there any other qualifications you consider should be added to the list of qualifications that an individual may hold in order to be considered an ‘authorised worker’?

Response:

The Department has no direct control over the employment of staff in the AEHP as each contracted Service Provider arranges its own operations and resources, including staff numbers. Obviously, the Department expects that each contracted Service Provider will employ people with the appropriate skills to undertake the various tasks expected under the contracts.

Consequently, in many of the contracted Service Providers workforces, supervision of AEHP teams is provided by professional environmental health staff who have completed a tertiary level scientific qualification. It is unlikely, a person with a tertiary qualification will submit to a two-week Certificate II course to be compliant with the remote plumbing scheme. The cost to send a person to a two - week course (often in a regional centre involving significant travel and accommodation expenses) is unlikely to have an economic return.

Therefore, the Department supports the alternative that allows a person with a higher-level qualification to complete only the plumbing Units in the Certificate II course to perform the basic plumbing repairs, as a practical and reasonable solution. Further, delivery of this component of training should not have to be through an accredited training process but allow for adequate assessment to be determined at a comparable level of competency.

Question 3:

Do you consider that the proposed plumbing training units provide sufficient knowledge and skills to perform the basic plumbing work detailed in Question 1?

Response:

As indicated earlier DOH has a significant role in improving the health of Aboriginal people and the investment in training a culturally responsive AEHP workforce is a key component in equipping Aboriginal people to lead the changes in environmental health.

The current Certificate II is the foundational education level required in order to work in the AEHP and because many Aboriginal environmental health practitioners have low levels of literacy and numeracy skills adequately equips them with the knowledge and ability to undertake their tasks to a

Response:

satisfactory standard.

In recent meetings between various key stakeholders in Certificate II Indigenous Environmental Health there was agreement that the skill set for plumbing include:

HLTPOP001 Provide basic repairs and maintenance to health hardware and fixture

HLTPOP002 Monitor and maintain sewerage systems

HLTPOP003 Monitor and maintain water supply

Therefore, DOH is satisfied that the above Plumbing Units in Certificate II fairly provide a suitable level of knowledge and the skills to perform the basic plumbing tasks.

Discussion – Eligible remote community

Question 4:

Are you aware of any reasons preventing eligible communities from using the remote Aboriginal communities plumbing scheme? If so, what are they and what changes do you think would make the scheme more accessible for these communities?

Response:

The only reason would be the lack of qualified staff, which can occur from time to time with staff turnover in remote areas.

Consideration could be given for other organisations employing Aboriginal people to be able to attend to basic plumbing repairs. The scope may need to vary as well as access to training. Ideally, each large remote community should have access to a team of 'handy' persons capable of being a first response team for housing issues .

Question 5:

What is your view on the inclusion of town-based reserves on a case-by-case basis? What criteria should town-based reserves be required to meet in order to qualify as an 'eligible remote community'?

Response:

DOH is aware that there are inconsistencies in the current list of eligible communities and understands the difficulties and challenges in defining what is "remote".

For example, Wiluna is a case in point with the closest known plumber located in Meekatharra 200 kilometres to the west. Bondini, a town based reserve located 4 kilometres east of Wiluna, is not classified as eligible under the remote plumbing scheme. Yet the outstation Kutkabubba located approximately 40 kilometres north of Wiluna is an eligible.

Compare the above anomaly to the eligible community of Yulga Jinna located closer at only 120

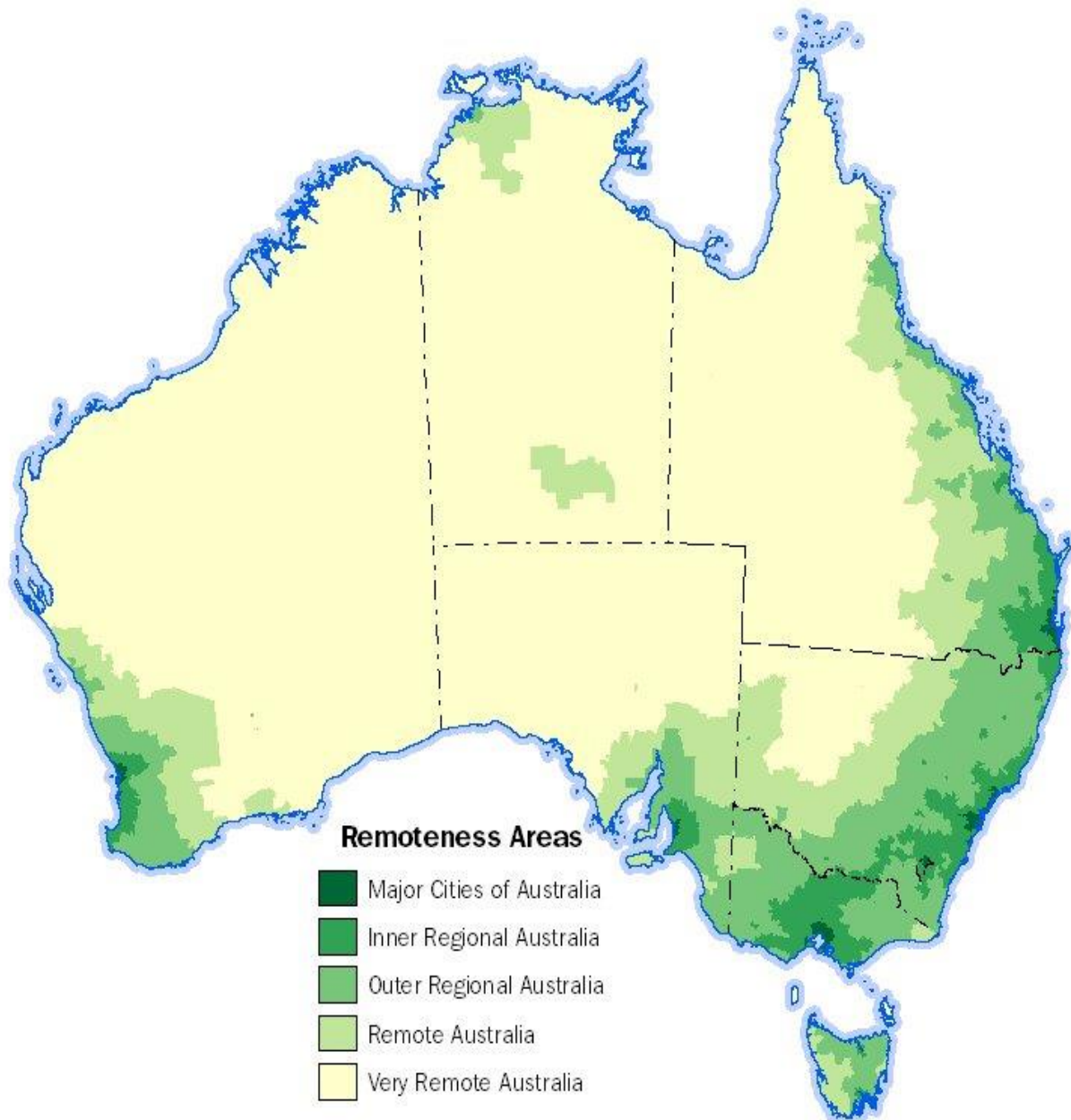
Response:

kilometres north of Meekatharra.

Another case involved the community of Irrungadji near Nullagine. DOH understands that until recently there was a Plumber located in Nullagine but has since departed permanently. The majority of basic plumbing repairs has occurred primarily in the Kimberley and Pilbara regions.

The Australian Statistical Geography Standard (Asgs) Remoteness Structure divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services.

<https://www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure>



Response:

DOH recommends that because of the discrepancies that arise in trying to classify eligible communities that the Plumbing Licensing and Plumbers Standards Regulations 2000 be amended to permit basic remote plumbing repairs to be undertaken by qualified Aboriginal Environmental Health practitioners in state funded housing across the State in remote and very remote regions according to the ABS determination.

Discussion – Service providers

Question 6:

Are you aware of any reasons preventing service providers from using the remote Aboriginal communities plumbing scheme where there may be benefit to do so? If so, what are they and what changes would make the scheme more accessible to these service providers?

Response:

Not aware of any reasons

Question 7:

Do you agree with the proposal to require service providers to keep a register of each ‘authorised worker’ they employ or engage to perform work under the scheme? If not, please provide your reasons.

Response:

DOH supports the need to keep a record of “authorised workers” employed to perform work under the scheme.

Discussion – Impact of the Scheme

Question 8:

Can you provide any examples of where there has been a decrease in the incidence of health issues that can be attributed to the introduction of the remote Aboriginal communities plumbing scheme?

Response:

Based on the low number of repairs undertaken to date it is too early to prove that the scheme has had an influence on reducing the health issues in remote communities.

DOH is promoting a referral system across all regions as a health preventative measure. There is growing acceptance and collaboration between hospitals/clinics and clinicians and the local AEH teams that allows the relevant AEH Team to undertake a *Safe Bathroom Assessment*. The Safe Bathroom Assessment identifies if there are any plumbing and housing maintenance issues that could be contributing to the incidence of disease and ill health in a home.

Anecdotally DOH is aware of individual cases where a referral from the local clinic has identified plumbing problems – septic and sewerage blockages, lack of hot and cold water, broken taps, etc. In addition to undertaking the physical Safe Bathroom Assessment the AEH team can show the occupants why they need to change their habits to prevent people becoming sick.

Question 9:

Can you provide any examples or calculations showing water saved in remote Aboriginal communities as a result of the remote Aboriginal communities plumbing scheme, as well as the impact of that water saving on the community?

Response:

Please refer to the attached copy of the report "*Water Management Report Irrungadji Aboriginal Community Nullagine*". This report details the significant savings of lost water and financial cost in a remote community. This project was an initiative which included a licensed plumber assisted with trainees.

Nirrumbuk did an intensive operation in Djarindjin community some years ago again with plumbers and Aboriginal EH practitioners. This averted the overflow of the sewerage ponds which to that point in time had been regular.

Question 10:

If you are a licensed plumbing contractor in an area where the remote Aboriginal communities plumbing scheme is in operation, what has been your experience of the scheme so far? Has the scheme had any impact (positive or negative) on your business? If yes, please tell us what and how.

Response:

No comment