Guidelines for the Planning, Design and Building of Primary Health Care Facilities in Indigenous Communities

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Design recommendations developed in association with Project Services Queensland Government

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Foreword

Queensland Health is committed to facilitating improved health outcomes for Indigenous Queenslanders. Within Capital Works Branch, we have a record of providing primary health care facilities that support the effective and efficient delivery of health services in Indigenous communities. These Guidelines will enable the continued delivery of high quality health facilities in these areas.

I am confident that these Guidelines will enhance the capacity of Capital Works Branch staff, consultants and contractors to respond to the particular health, cultural and environmental needs of Indigenous communities.

These Guidelines have been developed under the direction of a Reference Group that was comprised of representatives from Queensland Health's:

- Aboriginal and Torres Strait Islander Health Unit
- Capital Works Branch
- Northern Zone Management
- Central Zone Management
- Southern Zone Management
- Cape York Health Service District Management
- Torres Strait and Northern Peninsula Area Health Service District Management.

Valuable, and much appreciated assistance and contributions were also received from:

- Primary health care facilities throughout Queensland
- Aboriginal and Torres Strait Islander Commission
- Aboriginal and Torres Strait Islander Service
- Commonwealth Office of Aboriginal and Torres Strait Islander Health
- Queensland Department of Aboriginal and Torres Strait Islander Policy
- Northern Territory Government Department of Health and Community Services.

I trust that these Guidelines will be recognised as a positive contribution to addressing the health needs of Indigenous Queenslanders and hope that they will prove a valuable resource for those involved in the provision of primary health care facilities in Indigenous communities.

David Jay
Director
Capital Works Branch
Executive summary

Indigenous Queenslanders currently experience a level of health significantly below that of the general population. This poor health status contributes to limiting the social and economic well being of Aboriginal and Torres Strait Islander people. These Guidelines for the Planning, Design and Building of Primary Health Care Facilities in Indigenous Communities progress Queensland Health's number one priority of improving the health outcomes of Indigenous Queenslanders.

These Guidelines respond to a recognition that well designed, culturally appropriate facilities support the delivery of responsive and effective health care services.

There are a variety of challenges associated with delivering effective, primary health care facilities in Indigenous communities. This document recognises this and presents a range of strategies and guidelines intended to overcome these challenges. In particular, the Guidelines respond to:

• Cultural issues
• Environmental issues (including maintenance)
• Staff retention issues.

The guidelines and strategies presented in this document are intended to provide a framework for undertaking the planning, design and construction activities associated with providing built facilities in Indigenous communities. Particular emphasis is placed on:

• Communicating effectively and appropriately in Indigenous communities
• Facilitating community involvement in planning, design and construction processes
• Ensuring the cultural appropriateness of facilities
• Fostering community ownership of facilities
• Responding to the holistic health needs of Indigenous communities
• Ensuring the environmental suitability, and long term functionality of facilities.

Reflecting the guidelines for the planning, design and building of primary health care facilities in Indigenous communities, a set of design recommendations has been developed. These recommendations provide:

• Schedule of accommodation
• Functional relationships
• Room data sheets.

The Guidelines represent a key strategy in improving health outcomes in Indigenous communities. They serve to equip Queensland Health's staff, consultants and contractors with the knowledge and skills required to provide effective and appropriate health facilities to Indigenous communities. All those involved in managing and facilitating the provision of primary health care facilities in Indigenous communities are encouraged to refer to this document prior to commencing project activities. By doing so, facilities can be developed which support the provision of responsive and effective health care services. This in turn will enhance Queensland Health's ability to fulfil its number one priority of improving the health outcomes of Indigenous Queenslanders.
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1.0 Introduction

“Properly designed and equipped health facilities are second only to a well-trained health workforce in determining the type and quality of health care in Aboriginal and Torres Strait Islander communities.”

Improving the health outcomes of Aboriginal and Torres Strait Islander people has been identified as the number one priority of Queensland Health. Integral to achieving these outcomes, is the provision of health facilities that respond to the unique cultural and health needs of Indigenous people. Such facilities provide a location for the delivery of a high standard of care by competent health workers and professionals.

This document provides a framework and set of guidelines that will assist in developing health facilities which are appropriate for, and effective in, Indigenous communities throughout Queensland.

1.1 Need for guidelines

The Capital Works Branch of Queensland Health is responsible for facilitating and managing the delivery of primary health care infrastructure in Indigenous communities throughout Queensland. This is done in partnership with local district health service districts.

The processes and standards used to provide these built facilities have represented an adaptation of generic Capital Works Branch practices. The success of these practices in providing effective and appropriate facilities has been largely reliant on the skills, knowledge and sensitivity of individual staff members.

A need to document and refine current Capital Works Branch practices has been identified as a way of providing a reference point and level of quality assurance in facility provision.

Additionally, it has been recognised that Queensland Health contracts out much of the planning, design and construction work associated with the provision of primary health care facilities in Indigenous communities. It is important that all consultants, contractors and subcontractors associated with such projects are able to access the knowledge and skills required to complete tasks in an appropriate manner.

In response to these two areas of need, this document provides a set of guidelines which serves to:

inform the planning, design and building of primary health care facilities in Indigenous communities.

1.2 What the guidelines cover

This document is intended to serve as a preliminary reference point for those providing primary health care facilities in Indigenous communities. The information presented should provide those associated with such projects a fundamental level of knowledge and awareness relating to the provision of Indigenous health care facilities.

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3Throughout this document, ‘facility’ refers to physical structures from which health services are provided.
In using these guidelines, Queensland Health staff, project consultants and contractors will obtain:

• a working understanding of the key issues regarding Indigenous health and Indigenous access to and use of health services
• an appreciation of health care philosophies which inform health services in Indigenous communities
• a recognition of the logistical challenges of building in (remote) Indigenous communities
• the knowledge requisite to developing an enhanced relationship with Indigenous communities
• a knowledge of the design requirements of primary health care facilities in Indigenous communities.

In order to produce these outcomes, this document has been structured into the following sections.

• **Background to the guidelines**
  Discusses some of the key policy issues which have informed the development of these guidelines. Particular attention is given to:
  - Indigenous health as an issue
  - Indigenous concepts of health
  - Responding to Indigenous health
  - The challenge of providing primary health care facilities in Indigenous communities.

• **Communicating in Indigenous communities**
  Provides a framework for facilitating community participation in the process of developing health care facilities. This section identifies an approach through which the guidelines should be interpreted. Key information provided in this section includes:
  - Things to consider
  - What level of participation, when?
  - Cultural cues.

• **Guidelines**
  Identifies key principles regarding what can be expected of primary health care facilities and the processes associated with their provision. Based on these principles, specific guidelines are provided that should be considered when providing primary health care facilities in Indigenous communities. Information presented relates to:
  - The vision
  - How to use the guidelines
  - Planning
  - Design
  - Building.

• **Supplementary information**
  Provides further detail about issues discussed in previous sections. Information provided in this section will facilitate a more rounded and in-depth understanding of how to approach the provision of health facilities in Indigenous communities. Information provided includes:
  - A picture of health
  - Responding to the environment
  - Ensuring ongoing success
  - References and further reading.

• **Design recommendations**
  Provides more specific recommendations about the final form of primary health care facilities in Indigenous communities. Information provided includes:
  - Schedule of accommodation
  - Functional relationships
  - Room data sheets.
2.0 Background to the guidelines

2.1 Indigenous health as an issue

Current Situation
The current health status of Aboriginal and Torres Strait Islander people is widely acknowledged as unacceptable. Indigenous Queenslanders currently experience levels of health which are significantly below that of the population as a whole. This poor health status is demonstrated by a variety of health measures including life expectancy, child mortality, birth weight and general morbidity. (For further information see Section 5.1 A picture of health). The poor health of Aboriginal and Torres Strait Islander people is of concern both as an issue in itself, and also because of its role in limiting the ability of Indigenous Australians to fulfil their potential and enjoy a high quality of life.

This section overviews the factors contributing to the current health status of Indigenous people in Australia, both historical and contemporary. Consequences of the current health status are also identified.

Precipitating factors

Historical
Prior to colonisation, Indigenous peoples enjoyed relatively good health. This was related largely to lifestyle factors such as diet and exercise. However, in the period following colonisation, the health of Aboriginal and Torres Strait Islander people has deteriorated markedly. Several historical factors have contributed to this.

• Introduction of diseases
The introduction of Western diseases, such as the common cold, for which Indigenous people had little or no immunity, had a devastating effect on Aboriginal and Torres Strait Islander people.

• Deliberate attempts to eliminate Indigenous people
During the years immediately following colonisation, Indigenous Australians were seen as a ‘dying race’ - one which would eventually, due to its (assumed) weaknesses, disappear. As a reflection of this belief, some attempts were made to ‘smooth the dying pillow’. This phase of history saw massacres, the poisoning of food sources and the forced removal from traditional lands.

• Forced relocations
The forced relocation of Indigenous peoples has occurred at various times. Key elements of this which have contributed to current ill health include:
  - Co-location with other (opposing) tribes
  - Relocation to areas with limited opportunities and resources
  - Removal from traditional lands with which there were strong spiritual bonds.

• Attempts to eliminate Indigenous culture
Policies of assimilation have represented an attempt to extinguish Aboriginal and Torres Strait Islander culture. The ‘Stolen Generation’ can be seen as an attempt at assimilation. Assimilation practices have resulted in a lack of identity, loss of culture and feelings of loss and alienation.
Contemporary

Since colonisation, Indigenous people have been subjected to various experiences that have produced poor levels of health amongst Aboriginal and Torres Strait Islander people. A range of contemporary factors are also identified as maintaining the poor health status of Aboriginal and Torres Strait Islander people. Many of these can be seen as results of the historical experiences of Indigenous people in Queensland. Some of the key factors are identified in Figure 1 below.

In addition to the factors identified in Figure 1, inappropriate facility design is also recognised as a significant deterrent to Indigenous people accessing primary health care.

It is worth noting that many of the factors contributing to the current Indigenous health status can be considered as both cause and effect of poor health. This fact contributes to the cycle of poor health and increases the complexity of responding to this issue.

Figure 1 Factors affecting Aboriginal and Torres Strait Islander Health

Consequences of poor health

Figure 1 (above) highlights that many of the causes of poor health amongst Aboriginal and Torres Strait Islander people can also be recognised as consequences. Poor health reduces a person’s ability to pursue education or obtain employment, thereby contributing to decreased economic security. Likewise there are strong interdependencies between the contributing factors: those with fewer economic resources are less likely to have good nutrition.

Poor health is recognised as a significant hurdle to Aboriginal and Torres Strait Islander people being able to fulfil their potential and enjoy a good quality of life. There is therefore a responsibility to address the issue of poor health as a key strategy in improving the overall status of Indigenous people:

“The promotion and protection of the health of people is essential to sustained economic and social development”

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2International Conference on Primary Health Care Declaration of Alma-Ata Signed at International Conference on Primary Health Care USSR 6-12 September 1978 Clause III
2.2 Indigenous concepts of health

Indigenous peoples understand health as more than the absence of disease or an experience of physical wellbeing. Rather, it extends beyond the individual and encompasses:

“spiritual, cultural, emotional and social well-being (achieved through)... healthy, interdependent relationships between families, communities, land, sea and spirit”8.

An Indigenous conception of health recognises health as relating to strong spiritual and social connections. For Indigenous people, the experience of health is as much related to the well being of the community as to that of the individual.

This conception of health is being increasingly recognised amongst health service providers, and is reflected in an holistic approach to health care for Indigenous peoples.

It is equally important that this Indigenous conception of health is recognised in the provision of health facilities in Indigenous communities. Facilities will need to be able to accommodate a wider range of activities which reflect this focus on holistic community well being. Additionally, it is important to recognise that the process of planning, designing and building facilities in Indigenous communities can in itself be an important strategy in enhancing the wellbeing of the community as a whole. Processes can be used to impart skills and enhance community cohesion. It is important that this be borne in mind as a potential outcome aside from the provision of a physical facility.

2.3 Responding to Indigenous health

Aboriginal and Torres Strait Islander people have been identified as the number one priority of Queensland Health9. In response to this identification, a range of strategies has been implemented to address the issue.

Queensland Health’s approach

Queensland Health’s response to the issue of Aboriginal and Torres Strait Islander health has been directed by the National Aboriginal Health Strategy. Of particular relevance is the Strategy’s identification of health as relating to:

‘Not just...the physical well-being of the individual but...the social, emotional, spiritual and cultural well-being of the whole community. ... Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities’10.

This definition reflects an Indigenous conception of health (Section 2.2).

Queensland Health’s Aboriginal and Torres Strait Islander Health Policy identifies seven areas for action which have the potential to improve the health of Indigenous people in Queensland. These are:

- “Community control of primary health care services
- Participation
- Culturally appropriate service provision
- Needs based criteria for service provision and resource allocation
- Workforce planning and development
- Information, monitoring and evaluation
- Across government approach”11

8National Aboriginal and Torres Strait Islander Health Council National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context (Final Draft) Prepared for the Australian Health Ministers’ Conference November 2002 P. 3 [6]
9Queensland Health, Health Strategy and Funding Branch Aboriginal and Torres Strait Islander Health Policy 1994 Queensland Government 1994
Reflecting the identified areas for action is Queensland Health’s Statement of Intent for Reconciliation. This statement represents a commitment to changing organisational attitudes towards Indigenous Queenslanders and strengthening the relationship between Queensland Health and Aboriginal and Torres Strait Islander peoples. Key points of relevance include:

- “informing the Aboriginal and Torres Strait Islander people of their right to accessible and equitable health services
- actively working to ensure cultural safety for Aboriginal and Torres Strait Islander peoples in all health settings
- actively encouraging Aboriginal and Torres Strait Islander peoples’ participation in all planning processes, including consultation with key stakeholders, to achieve positive health outcomes.”

Queensland Health has identified as a priority the planning and provision of facilities that provide a culturally appropriate and user friendly setting from which health services can be provided. Embedded within this priority is a commitment to community participation in the planning and design of facilities. This serves to enhance community ownership of health solutions.

The guidelines presented in this document support Queensland Health’s identified areas for action. More specifically, they represent a strategy which will assist in progressing Queensland Health’s priorities with regards to the health of Aboriginal and Torres Strait Islanders in Queensland.

**Primary health care**

Primary health care facilities are the main source of health care for those living in Indigenous communities – particularly those in remote locations.

Primary health care represents an holistic approach to health service provision which is based on, and reflects a social view of health. Of particular relevance to Indigenous communities is a focus on enhancing the capacity of a community to create and maintain its own health. This moves beyond ensuring access to medical treatment when required, and incorporates such things as environmental health, access to opportunity, and social cohesion. It is necessary that primary health care facilities are able to accommodate the community development activities which facilitate the promotion of a social view of health.

The holistic nature of primary health care allows it to address some of the broader causes of Indigenous ill health. Because of this, primary health care is recognised as the best practice model for health service provision in Indigenous communities. The primary health care domain represents the main location for strategies aimed at improving health outcomes in Indigenous communities.

Primary health care facilities within Queensland are not intended to provide specialised medical services. They are responsible for providing primary clinical care, public health services and health promotion. Primary health care centres also accommodate visiting and referral services such as general practitioners, medical specialists and mental health services. Some primary health care centres may also have holding bed capabilities.
The National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health

The National Cultural Respect Framework has been developed by the Australian Health Ministers’ Advisory Council Standing Committee for Aboriginal and Torres Strait Islander Health Working Party. The Framework represents a key strategy in addressing the issue of health for Aboriginal and Torres Strait Islander people. The Framework is intended to influence both policies and practices relating to the provision of health care to Indigenous Australians.

Cultural respect refers to the:

‘recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples’ 16

The Cultural Respect Framework recognises that by providing health services which embody this recognition, health care will become more accessible to Aboriginal and Torres Strait Islander people. Cultural respect will also involve the acceptance of an Indigenous conception of health (Section 2.2). This necessarily requires a departure from traditional, western philosophies on health care.

The Cultural Respect Framework has identified eight guiding principles which will serve as a basis for developing future action plans. Principles which have particular relevance to the Guidelines presented in this document include:

- A holistic approach
- Health sector responsibility
- Accountability for health outcomes
- Community control of primary health care services
- Working together
- Localised decision making
- Promoting good health
- Building the capacity of health services and communities.

These principles indicate that the Cultural Respect Framework has a focus on empowering Indigenous Australians. Health care services and facilities will need to reflect Indigenous values rather than simply accommodate them.

This document represents on example of implementing the Cultural Respect Framework. The guidelines identified in this document have an emphasis on community participation, cultural appropriateness and community ownership.
2.4 The challenge of providing primary health care facilities in Indigenous communities

Providing appropriate and effective primary health care facilities in Indigenous communities represents a significant challenge for Queensland Health. The provision of health facilities is an integral component of a comprehensive response to health issues in Indigenous communities. Aside from being required to accommodate the diverse range of services required by the community, several other challenges are involved with providing primary health care facilities in Aboriginal and Torres Strait Islander communities. Those of most significance are identified below.

• Cultural issues

A range of cultural issues needs to be addressed to ensure that health facilities in Indigenous communities are able to produce the outcomes intended. Some of these issues have been identified in the preceding portions of this section. These include an Indigenous conception of health, historical experiences and a dissonance between service providers and Indigenous expectations.

A facility that is not culturally appropriate will not be fully utilised by the community and will not produce the desired outcomes. Gender issues are one area of particular importance when ensuring cultural appropriateness.

• Environmental issues

Many Aboriginal and Torres Strait Islander communities are in remote locations and experience harsh environmental conditions. This produces a range of environmental issues that are not usually experienced by other health care facilities. Facilities need to be able to continue to function in extreme climatic conditions such as high temperatures, high rainfall levels or strong winds. Energy availability may also be limited in some locations.

It is also important to recognise that the ongoing demands placed on materials by environmental conditions will be much greater in many locations. Technologies and materials that are successfully used in urban areas may not be appropriate, particularly in terms of practicality, longevity, ability to withstand harsh conditions, energy consumption and ongoing maintenance requirements.

Particular consideration needs to be given to relevant environmental issues when assessing the appropriateness of materials and technology solutions. In responding to environmental issues, simple strategies will often prove the most effective in the long term.

• Staff retention issues

Well trained and competent staff remain the foundation for providing quality health care to Indigenous communities. However, attracting and retaining staff to remote Indigenous communities can be challenging. The remote location and lack of access to some amenities contribute to this. Facilities need to provide a comfortable and safe work environment which allows services to be provided efficiently. This can assist in attracting and retaining quality staff to Indigenous communities.

The guidelines presented in this document provide a framework through which the above issues can be addressed, whilst maintaining facility functionality.
3.0 Communicating in Indigenous communities

Community participation in the planning, design and construction of health care facilities is of great value, particularly in Indigenous communities. It is also important to maintain open communication throughout the building process to ensure continued community support.

This section is intended to provide some guidance as to how communication processes should be handled in order to ensure that a positive relationship is maintained and the intended outcomes are achieved.

Community involvement is considered to be an important component of Queensland Government activities. Principles for consultation have been identified. These principles can be equally applied to facilitating effective communication and participation.

• “Consultation is an essential component of the policy making process

• Effective consultation should occur early and throughout the decision making process

• Effective consultation needs to be designed to meet the unique demands of the situation and to identify and define clearly the issues considered, and allow for adequate time to conduct consultation processes

• Effective consultation requires openness about why people are being consulted and how much influence they will have over decisions made

• Those consulted need to be provided with comprehensive, balanced and accurate information

• All interested parties should have access to the consultation process

• All parties should be treated with dignity and respect”. 17

3.1 Things to consider

Before undertaking any communication or participation activities in Aboriginal or Torres Strait Islander communities, it is important to consider several questions. By responding to these questions, it is possible to identify what strategies will be most appropriate in the community. It is important to be flexible in approach to ensure the particularities of each community are catered for.

The following issues should be considered in the development of a communication or participation strategy in Indigenous communities.

- **What can the community be involved in?**
  - What issues have already been decided?
  - What are the ‘givens’ (eg. timeframe, budget)?

- **Who should be involved?**
  - Who represents the community?
  - Who will have the requisite skills and knowledge to participate?
  - Who will be affected by the project?
  - Are there Native Title claimants who need to be involved?

- **What issues need to be addressed by communication activities?**
  - Are there any Native Title issues that need to be addressed for the project to proceed?
  - Is there any ‘past history’ that may impact on the relationship between the community and those involved in the project, and needs to be addressed?
  - Does the ongoing management, maintenance and ownership of the facility need to be negotiated?
  - Have any other issues been identified as relevant during preliminary planning stages?

- **Who should facilitate the communication process?**
  - Do members of the project team have the requisite skills/rapport?
  - Are there certain people who won’t be accepted by the community?
  - Is there a community member able to assist?

- **Are adequate resources available to involve the community?**
  - Is time and funding available?
  - Is there access to required venues, communication networks etc?

- **Are there any protocols specific to the community which need to be respected?**
  - Are there conventions regarding gender relations?
  - Are there restrictions on who should be spoken with?
  - Are there any past conflicts which may impact on current activities?
  - Are there particular locations for communication which are more/less appropriate?

- **What outcomes can the communication process produce for the community?**
  - Is there opportunity for knowledge transfer?
  - Is there opportunity for skill transfer?
  - Is there opportunity for community development activities?
  - Is there opportunity for relationship improvement (community and government)?
### 3.2 What level of participation when?

When fostering community participation in the planning, design and building processes, it is important to ensure that the level of participation targeted is appropriate. Section 3.1 will assist in this, and appropriateness will be gauged largely in terms of fulfilling the intended outcomes. The Table of Participation (Figure 2, below) identifies the various levels of participation, when they are appropriate and what strategies may be relevant. This should be used as a guide for developing community participation strategies.

<table>
<thead>
<tr>
<th>Participation Type</th>
<th>What does it involve?</th>
<th>When should it be used?</th>
<th>What techniques?</th>
</tr>
</thead>
</table>
| Information Exchange     | • May take the form of either Information Distribution or Information Collection.  
• Really is a limited form of participation and should be used in conjunction with other forms.                                                                                                           | • To raise awareness within the community about current and future activities.  
• To develop an increased understanding of community characteristics, values and needs.  
• To facilitate appropriate and responsive decision making.                                                                                         | • Information Distribution  
- Reports  
- Public notices  
- Local media.  
• Information Collection  
- Facilities audit  
- Community profile  
- Survey  
- Community forums                                                                                                                                  |
| Dialogue                 | • Builds on concept of information exchange.  
• Involves exchanging and responding to ideas and perspectives.  
• Participants need to acknowledge the views of others, try to understand why they hold these views and identify whether these views can be supported.  
• Ultimate decision-making remains with Queensland Health or representative.                                                                       | • To develop a sense of mutual understanding.  
• To identify possible options outside those initially considered.  
• To enhance decision-making capabilities.  
• To identify the underlying interests and needs of parties, allowing a basis for negotiations.                                                      | • Community meetings.  
• Visioning exercises.  
• Discussion forums.  
• Value management workshops.                                                                                                                                 |
| Negotiation              | • Process of moving differing positions of stakeholders to a compatible point.  
• Usually involves some form of give and take subsequent to an exploration of interests.  
• Should involve representatives of stakeholders with authority to bargain negotiate.                                                                  | • To reconcile differences between stakeholders.  
• To develop a basis for joint action.  
• Is appropriate if sign-off from particular parties is required prior to a project progressing.                                                             | • Working groups.  
• Individual discussions.  
• Submissions.                                                                                                                                                                           |
| Partnership              | • Involves working from an established common position.  
• Some negotiation may be required on minor points. However, an in-principle commitment/understanding has already been established.  
• A united front is presented outside the partnership/agreement.  
• Similar to negotiation, however fundamental issues have already been agreed to.                                                                     | • May be appropriate if funding is coming from several sources  
• Some negotiation may be required on minor points. However, an in-principle commitment/understanding has already been established.  
• A united front is presented outside the partnership/agreement.  
• Similar to negotiation, however fundamental issues have already been agreed to.                                                                     | • Working groups.  
• Individual discussions.  
• Submissions.                                                                                                                                 |

Figure 2 Table of participation

---

### 3.3 Cultural cues

Due to the differences between communities, it is not possible to identify a definitive protocol for communicating in Indigenous communities. The Department of Aboriginal and Torres Strait Islander Policy has developed a set of cultural cues which provides some guidance to those communicating in Aboriginal or Torres Strait Islander communities.

<table>
<thead>
<tr>
<th>Accept</th>
<th>Encourage</th>
<th>Acquire</th>
<th>Endeavour</th>
<th>Adopt</th>
<th>Expect</th>
<th>Allow</th>
<th>Familiarise</th>
</tr>
</thead>
<tbody>
<tr>
<td>that you are in another social and cultural world.</td>
<td>participation in discussions, meetings and forums.</td>
<td>a sound knowledge of Aboriginal or Torres Strait Islander culture.</td>
<td>to be open, honest and sincere.</td>
<td>a participatory role rather than a controlling role.</td>
<td>resistance to ideas and proposals that are incompatible with Indigenous values.</td>
<td>time for people to think about ideas and proposals and to discuss them informally amongst themselves in their own language.</td>
<td>yourself with the socio-political profile of the community you are working in.</td>
</tr>
<tr>
<td>Accept</td>
<td>Encourage</td>
<td>Acquire</td>
<td>Endeavour</td>
<td>Adopt</td>
<td>Expect</td>
<td>Allow</td>
<td>Familiarise</td>
</tr>
<tr>
<td>Analyse situations or problems carefully and in detail to provide an appropriate solution or outcome.</td>
<td>Identify key stakeholders in the community including chairpersons, council members, Elders – both men and women, and respected younger people possessing higher education.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>Listen to people's views and take them seriously, keep in mind that your perspectives and concepts may differ from others – give a little, listen a little, learn a little to find out what the other party needs.</td>
<td>time for people to think about ideas and proposals and to discuss them informally amongst themselves in their own language.</td>
<td>Familiarise yourself with the socio-political profile of the community you are working in.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipate</td>
<td>Listen</td>
<td>Analyse situations or problems carefully and in detail to provide an appropriate solution or outcome.</td>
<td>Identify key stakeholders in the community including chairpersons, council members, Elders – both men and women, and respected younger people possessing higher education.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>to people's views and take them seriously, keep in mind that your perspectives and concepts may differ from others – give a little, listen a little, learn a little to find out what the other party needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appraise each meeting or contact situationally – no two visits or meetings are alike.</td>
<td>Promise only what you can deliver or are capable of achieving.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>Analyse situations or problems carefully and in detail to provide an appropriate solution or outcome.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>Promise only what you can deliver or are capable of achieving.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build</td>
<td>Respect</td>
<td>Build enduring relationships with community groups.</td>
<td>Analyse situations or problems carefully and in detail to provide an appropriate solution or outcome.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>Promote goodwill and understanding between all parties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop</td>
<td>Talk</td>
<td>healthy working relationships with councils, communities, organisations and individuals; promote goodwill and understanding between all parties.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>in a style that is clear, understandable, free of jargon and acronyms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disseminate</td>
<td>Understand</td>
<td>information or ideas broadly across all stakeholders in a fair and equitable manner – ensure no one is disadvantaged.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>barriers in cross-cultural communication because of the opposing conceptual systems.</td>
<td>cultural and community dynamics – stereotyping should be avoided as each community is unique and each have their own needs.</td>
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*Adapted from Queensland Department of Aboriginal and Torres Strait Islander Policy Mina Mir Lo Allan: Proper Communication with Torres Strait Islander Peoples Queensland Government 1999.*
4.0 Guidelines

4.1 The vision

The guidelines outlined in this section are based on a vision for primary health care facilities which involves:

- Clinical facilities that enable comprehensive primary health care services to be provided in a culturally appropriate manner
- Administration facilities that support the provision of comprehensive primary health care services through sound financial and administrative management
- Facilities that provide a safe and pleasant environment for staff and clients
- Support services such as power, water and telecommunications which are essential to facility operations and the maintenance of a high standard of service provision
- Community ownership of facilities achieved through accommodation for community activities and community involvement in determining what services are provided and how they are provided.

4.2 How to use the guidelines

These guidelines provide a framework for achieving the above vision for primary health care facilities in Indigenous communities. They are intended to serve as a starting point in the development process and initiate consideration of various issues of relevance.

The guidelines have been developed from consultations with service providers, analysis of previous project documentation and reviews of relevant literature.

The information presented in the following pages is not intended to be restrictive, nor definitive. Rather, it should serve to direct the decision making processes by identifying points for consideration. When project decisions are made which are not supported by these guidelines, clear reasoning as to why these decisions have been made should be able to be identified.

The following guidelines are presented in three, distinct sections:

- Planning
- Design
- Building.

Within each of these sections, guiding principles have been identified. These can be considered objectives of the facility development process.

Specific guidelines have been developed which correspond to these principles. These guidelines represent strategies for achieving the objectives as articulated by the principles.

Reviewing other sections in this document will enhance the usefulness of the guidelines. Reference to specific sections has been made within the guidelines when relevant.

This vision is closely aligned with the standards recognised in: Northern Territory Government, Department of Health and Community Services Northern Territory Remote Health Infrastructure Project Northern Territory Government 2003
4.3 Planning

4.3.1 Planning should be based on clearly identified need.

- A needs assessment is to be carried out at the initiation of planning processes to identify:
  - Whether a new facility is required
  - What needs must be addressed by a new facility.

- Needs assessment may be based on:
  - Demographic profile
  - Epidemiological profile
  - Current facilities and their condition
  - Representations from the community
  - Social issues (e.g., alcohol consumption, domestic violence, suicide)
  - Current capital works programs
  - Current trends in health care provision
  - Recommendations from previous studies/investigations.

- Future community growth and need should be considered for the short, medium and long term.

- In accordance with Queensland Health practices, a Business Case is to be developed advocating facility development. This is to be informed by the needs assessment process.

- Subsequent to initial needs assessment and Business Case development, scope of services and operating policies should be identified.
4.3.2 Site selection should be based on feasibility, community acceptability and opportunity for environmental and cultural referencing.

- When determining where to locate a new facility, the site should be:
  - Free of significant environmental limitations (eg. flooding, subsidence etc)
  - Able to accommodate all required services (eg. parking, external storage, staff accommodation etc.)
  - Easily accessed by community members (usual travel methods should be considered)
  - Accepted as appropriate by community members
  - Accepted as appropriate by staff
  - Able to facilitate observance of other guidelines (eg security, environmental appropriateness, cost minimisation).

- Existence of Native Title claims on a site should not impede its selection as a location for a new facility. Provision of government facilities for the public good is recognised as extinguishing Native Title for the period of the facility.21

In this case, appropriate communication and negotiation processes should still be implemented to ensure community acceptance.

Identification and resolution of Native Title issues is to occur at the earliest possible stage in order to avoid potential delays.

21Native Title Act – Section 24KA p 83
4.3.3 All opportunities for cooperation and coordination of activities with other government departments and relevant bodies should be capitalised on.

- Opportunities for a partnership approach to facility development should be identified and capitalised on.

- Other facility provision projects occurring in the community should be identified. All attempts should be made to coordinate these projects, particularly at the construction stage. This may assist in minimising impact on the community and achieving economies of scale.

- Other government departments and relevant bodies should be canvassed in order to access any relevant information pertaining to the community. This can be used to assist in needs assessment or project planning to ensure all pertinent issues are addressed.

- Opportunities for other services (eg Families) to provide services from within the new facility should be identified and assessed. Co-location of other services within the facility may produce cost saving or revenue raising opportunities.
4.3.4 The community must be given the opportunity to participate in the planning process as much as is feasible.

- At all stages of the planning process, an appropriate communication strategy is to be developed and applied to ensure a positive relationship is maintained with the community.

- The community is to be involved in the planning processes as much as possible. The community is to be involved in:
  - Need identification
  - Scope of services
  - Site selection
  - Morgue location (if required)
  - Determining ongoing facility ownership/management
  - Other issues identified as relevant.

- Strategies which enhance the capacity of Aboriginal and Torres Strait Islander communities to participate in the planning processes are to be developed and implemented.

  Strategies should focus on developing the skills and knowledge of community members.

- Reference is to be made to Section 3.0 Communicating in Indigenous communities.
4.3.5 Issues regarding the ongoing ownership, management and maintenance of the facility are to be identified and addressed at the planning stage.

- At the initial planning stage, discussions are to occur with the Local Authority to determine whether ownership of the facility will be an issue.

In the case of community ownership being advocated by the Local Authority, measures are to be taken to develop an appropriate agreement which addresses issues such as:

- Responsibility for maintenance
- Use of the facility for service provision
- Management of facility.

- Regardless of ongoing facility ownership, strategies for ongoing facility management and maintenance are to be developed at the planning stage. Such strategies should address both financial and operational responsibility.

4.3.6 All planning decisions should be compatible with existing statutory and other regulations.

- All regulatory mechanisms that have a bearing on the provision of the facility must be identified at the planning stage and adhered to throughout.

Relevant regulations may include:

- Integrated Planning Act
- Local Authority regulations
- Native Title considerations
- Building Code of Australia.
4.4 Design

4.4.1 The design should be appropriate to the local Aboriginal and Torres Strait Islander cultures.

• Prior to design, key cultural features of the local community should be identified and taken into consideration throughout the design process. Features of relevance to ensuring cultural appropriateness may include:
  - History
  - Relationship with health/other government service providers
  - Languages
  - Social structure
  - Family structure
  - Gender relations
  - Conception of death
  - Spirituality
  - Social issues (e.g., Domestic violence, suicide).

• The community should be given substantive opportunity to participate in design processes to ensure end facility is culturally appropriate and fully utilised.

• The design should provide a facility which is not intimidating or overly clinical, and create a comfortable and inviting environment.

• Key design features recommended for facilities include:
  - Sheltered external waiting areas
  - Discrete entry/exits available for services such as mental health, and drug and alcohol
  - Dedicated areas for men’s, women’s and youth health services
  - Extra space in waiting/consult areas to accommodate extended family
  - High ceilings (where feasible and appropriate)
  - Windows in waiting and consult areas to provide an external outlook and natural light (still need to ensure privacy)
  - Sufficient consultation rooms and/or partitions to provide privacy to all clients
  - Consultation rooms large enough to avoid unnecessary, culturally inappropriate, physical contact
  - Provision of outside areas suitable for conducting business whilst still maintaining privacy (landscaping appropriate for this)
  - Distinction between clinical/hospital like service areas and community health areas
  - An external grieving area and grieving/viewing room
  - Safe, children’s play area (allowing parents to access health services)
  - Separate male/female amenities for both clients and staff.
4.4.2 The incorporation of traditional design elements into the design should be explored as a way of facilitating community ownership.

- Prior to design, key cultural features of the community should be identified and taken into consideration throughout the design process. Cultural features of relevance to cultural referencing may include:
  - Traditional art forms
  - Relationship with the land/key geographical features
  - Importance of outside areas as location for conducting business
  - Significance of a sense of ‘place’
  - Traditional food sources
  - Traditional community symbols for health facilities/government services
  - Traditional housing styles.

- The community should be given substantive opportunity to participate in the design process to identify opportunities for cultural referencing and increase community ownership.

- Cultural referencing within the design should be specific to each community. Suggested design features to enhance community ownership and incorporate cultural referencing include:
  - Incorporating community artwork on facility exterior
  - Incorporating community artwork in facility interior
  - Reflecting traditional housing styles in external design
  - Providing space and storage requirements for community bush medicine or market gardens
  - Providing external play areas for children
  - Ensuring facility aspect and aesthetic are sympathetic to local environment and geographical features
  - Incorporating traditional community symbols for health facilities/government services in the design
  - Allowing community naming of the facility.

- The Queensland Government’s policy of Art Built In is to be adhered to. This policy represents an opportunity to incorporate local artwork into facility design.
4.4.3 The design should facilitate the provision of all health services required by the community through the provision of logical and workable space relationships, and all fit-out and equipment required.

- Space provided within the design should align with the needs of the community as identified at the planning stage. It is recommended that the design incorporate areas for:
  - Ambulatory care and consultation
  - Support services
  - Observation
  - Administration
  - Health promotion
  - Community usage.

  Refer to Section 6.1 Schedule of accommodation for more specific accommodation needs.

- The design is to provide adequate entrances, exits and circulation for all services. Particular consideration is to be given to the negotiation of entrances and exits with trolleys or wheelchairs.

- The design is to be appropriate to the relevant model of care.

- The design should provide functional relationships between areas to facilitate efficient service delivery. When identifying optimal functional relationships consideration should be given to:
  - Staff and client movement between areas
  - Facility expansion capacity/likelihood
  - Opportunities for space sharing
  - Space utilisation patterns/levels
  - Access to supply and equipment requirements.

- Relevant stakeholders should be identified and involved in the design process to ensure facility functionality (Eg. Staff, service providers)

- Adequate infrastructure is to be provided to facilitate provision of services. Infrastructure required may include:
  - Generator power (as main or emergency power source)
  - Sewerage
  - Storm water drainage
  - Water supply
  - Information technology and communication (with consideration to future advancements)
  - Waste management.
4.4.4 The design should be sensitive to the local environment. The design should provide comfortable surroundings for users by responding to relevant environmental conditions.

- Prior to design, investigations are to be undertaken to identify key environmental issues which need to be addressed to provide comfortable surroundings for users. Appropriately responding to environmental issues will also contribute to the ongoing functionality of the facility. Key environmental issues may include:
  - Extreme temperatures
  - Humidity
  - Cyclonic winds (and associated flying debris)
  - Dust
  - Salt air
  - Pests (eg. White ants)
  - High rainfall
  - Flies/mosquitos
  - Water quality/bore water
  - Wild pigs.

Recommended design features are outlined in Section 5.2 Responding to the environment.

- The design should be sensitive to the local environment and aim to minimise environmental disturbance. The design should:
  - Limit the necessity of removing existing trees
  - Reduce water runoff to control topsoil erosion
  - Minimise the impact of waste on the water table
  - Maximise the re-use of excavated topsoil on-site.
4.4.5 **Materials and internal finishes used in the design should be selected based on environmental suitability, ease of maintenance, longevity and availability.**

- At the preliminary design stage, the Local Authority representative is to be contacted to ascertain:
  - Availability of local materials to incorporate in design
  - Appropriateness of materials in terms of transportation to site
  - Appropriateness of materials in terms of environmental considerations.
- All facilities should have a design life of 50 years\(^2\). A 30 year functional life is expected of new facilities with a major refurbishment at 10 years. Material selection should support this.
- Maintenance requirements of all materials and internal finishes used in design are to be identified and documented in a maintenance plan. This is to be communicated with staff and District to confirm feasibility (recurrent costs must be able to be met).
- Materials used for external walls are to provide:
  - High durability
  - High impact resistant
  - High heat insulation
  - High sound insulation
  - Low maintenance, ease of maintenance and ease of cleaning.
- Internal walls are to provide:
  - Appropriate infection control
  - Noise insulation to protect privacy
  - Future flexibility where feasible (eg. demountable wall panels).
- It is recommended that windows are:
  - Predominately fixed panelled
  - Openable in some cases to provide ventilation in case of air conditioning failure
  - Fitted with insect screens and security fixtures (openable windows)
  - Adequately shaded by roof overhangs, verandahs or awnings
  - Adequately protected from flying debris by screens
  - Resistant to vandalism (eg. laminated safety glass)
  - Tinted to minimise glare and heat.
- Internal finishes should provide for functionality, environmental suitability, ease of maintenance and longevity.
- In general areas flooring is to be:
  - Commercial quality
  - Impermeable
  - Slip resistant
  - Of medium colouring which does not highlight dirt
  - Easy to clean (not requiring buffing or polishing)
  - Tiled rather than sheet to facilitate maintenance.
  
  Carpets or similar are not appropriate for use in facilities. Maintenance requirements are too high.
- Specific material guidelines are detailed in Section 6.3 Room data sheets.

\(^2\)Design life relates to the structural elements of the facility.
4.4.6 The design should optimise capital costs and maximise recurrent cost efficiencies whilst still adhering to other design principles.

- The design should be simple in plan and elevation.
- The design should be based on a single storey structure.
- The design should be based on a repetitive structure to facilitate ease of construction and transportation, and create opportunity for prefabrication.
- The design should be based on a standard structure and incorporate standard features and fit-outs unless identified as inappropriate by other guidelines.
- Skylights are to be incorporated where possible to provide natural light and limit power costs.
- Through ventilation is to be maximised by the design to limit air conditioning requirements.
- The design should be responsive to the climatic conditions to reduce the need for heating and cooling. Refer to Section 5.2 Responding to the environment for design feature suggestions.
- The incorporation of architectural features that present ongoing maintenance or recurrent cost issues is to be avoided.
- Materials and internal finishes used in the design are to be selected based on environmental suitability, ease of maintenance, longevity and availability. This will assist in optimising capital costs and maximising recurrent cost efficiencies.
- The ongoing maintenance requirements of the facility are to be identified in a maintenance plan. This is to be considered in ensuring recurrent cost efficiencies.
4.4.7 Areas should be designed with the potential to fulfil an alternative role should the need arise. Internal areas should be adaptable and able to accommodate various usages.

- Staff are to have a strong involvement in the design process to assess the practicalities of incorporating multifunctional areas.
- All clinical and consulting rooms are to be well equipped to allow them to fulfil different purposes.
- Rooms are to be of an adequate size to accommodate a range of services in a culturally appropriate manner.
- Adequate storage is to be provided to facilitate flexibility.
- Large verandahs are to be provided as extra space for waiting, service provision, community and staff education, and community usage.
- The incorporation of demountable panels or concertina internal walls is to be considered to facilitate flexibility.

4.4.8 The design should provide continued functionality in event of disaster/emergency.

- Facilities are to be fitted with storm shutters.
- Underground cabling is to be installed from emergency generator to facilities.
- The emergency generator is to have sufficient capacity in terms of power load and time. The emergency generator is not intended to provide power sufficient for full facility operation. Staff are to be involved in a process of identifying what services will require an uninterrupted supply of power.
- Adequate fuel storage is to be provided to support the operation of the emergency generator.
4.4.9 The design should provide adequate safety and security for clients, staff, equipment and supplies.

- Facilities are to be fitted with security screens on doors and windows.
- Facilities are to be fitted with fire detectors and alarms, along with appropriate fire extinguishing equipment.
- Facilities are to be equipped with security systems/alarms that will identify location of intruder/disturbance. Security systems are to be developed in conjunction with staff to ensure appropriate response procedures can be implemented.
- External lighting is to be such that it deters inappropriate usage of the facility surrounds at night, facilitates easy security checks at night and provides secure access to the facility by staff at night. Vandal proof, external sensor lights are recommended.
- Lockable accommodation is to be provided for patient transfer/ambulance vehicles.
- Morgue is to be fitted with alarm system.
- Duress alarms are to be placed at reception, staff administration, emergency area and other key locations as determined in consultations with staff. Duress alarms should be capable of summoning assistance from appropriate people either within or outside the facility.
- Use of perspex rather that glass is recommended for the front door.
- Another exist/entry is to be available in the case of the front door being inaccessible in a security situation.
- The incorporation of non-intrusive security measures is to be investigated in conjunction with facility staff. Particular consideration should be given to risk minimisation through staff behaviour.
- The reception is to have a clear line of vision to the front door, and internal and external waiting areas.
- Accommodation for night security staff (eg. a tea room) should be available if this level of security is determined as necessary at the preliminary design stages.
- External pathways and floors are to be of a non-slip surface.
4.4.10 **The design should allow easy access to the facility by all members of the community.**

- The design of the facility is to comply with the provisions of the Disability Discrimination Act 1992.
- A ramp is to be provided at the main entrance of elevated structures to facilitate equitable access.
- Signage should be extensive (both internally and externally) and encourage use of the facility.
- Signage is to be able to be understood easily by community members. Use of large lettering and pictures (where appropriate) is recommended.
- Doors and corridors are to be wide enough to accommodate wheel chairs easily.
- The main entrance is to be clearly visible from the road and/or main access route.
- Any swinging doors used are to be able to be fixed in an open position.
- Curbing on driveways and street (where Queensland Health responsibility) is to be low enough for a wheelchair to mount easily.

4.4.11 **The community should be provided with the opportunity to participate in the design process as much as is feasible and appropriate, particularly in ensuring cultural appropriateness and relevance.**

- At all stages of the design process an appropriate communication strategy should be applied to ensure a positive relationship is maintained with community.
- The community is to be involved in the design processes as much as possible. The community is to be involved in:
  - Colour selection
  - Incorporation of local artwork
  - Incorporation of local materials
  - Identification of traditional building styles
  - Ensuring responsiveness to local social and cultural issues.
- Strategies that enhance the capacity of Aboriginal and Torres Strait Islander people to participate in the design process are to be developed and implemented.
  Strategies should focus on developing the skills and knowledge of community members.
- Reference is to be made to Section 3 Communicating in Indigenous communities.
4.4.12 Facility design should be compatible with existing statutory and other regulations.

- At the preliminary design stage, investigations are to be undertaken to identify any Local Authority regulations which may impact on the design. Local Authority regulations may include:
  - Limitations on the use of air conditioning.

- All existing statutory and other regulations are to be adhered to. Relevant regulations include, but are not limited to:
  - Local Authority regulations
  - Disability Act 1992
  - AS1428 – Design for Access and Mobility
  - AS 4082 – Emergency Procedures for Health Care Facilities
  - Building Code of Australia
  - Queensland Health Capital Works Guidelines (as appropriate).
4.5 Building

4.5.1 Work place health and safety standards are to be adhered to, to ensure the well being of contractors, community and staff.

- Compliance with Workplace Health and Safety Act 1995 and Regulations, as amended to date is to be maintained at all times.
- The construction site is to be adequately fenced and signed to ensure security and safety.
- Appropriate excavation techniques are to be used to minimise the effects of trench excavation.

4.5.2 All construction and other works are to be of a standard suitable for the environment and intended use of the facility.

- Only those materials identified as able to withstand the environmental and functional conditions to which they will be subjected are to be used in construction (these are to have been identified at the design stage).
- Standard Quality control procedures as identified for Project Coordination Unit (Capital Works Branch) are to be implemented and adhered to.
- Building inspections are to be conducted by a representative of Queensland Health (contracted Superintendent or Superintendents representative) at various key stages of the construction process to ensure adequate quality levels are maintained.
- Payment is to be linked with satisfactory progress achievement/completion progress.
- Upon completion of construction, an appropriate maintenance guide is to be developed and handed over to those responsible for facility management.
4.5.3 The environmental impacts of the construction process are to be minimised and any damage rectified.

- The site is to be kept clean and tidy throughout the construction process. Rubbish and surplus materials are to be regularly removed.
- The emission of dust during construction is to be minimised. Refuse and rubbish is to be handled in such a way as to prevent dust emission.
- No trees or shrubs, except for those identified at the design/documentation phase, are to be removed. All remaining trees and shrubs are to be adequately protected from damage.
- The community should be given the opportunity to conduct ‘tree-cutting’ ceremonies if desired.
- No fires are to be lit on site.
- All materials and equipment are to be stored appropriately to prevent environmental damage and limit hazards to persons, materials and equipment.
- Noise during construction is to be minimised. All equipment is to be fitted with noise suppressers.
- Soil erosion from any lands used or occupied during construction is to be prevented.
- Pollution of water table by building waste is to be avoided.
- The creation of new tracks or alteration of existing tracks is to be avoided.

4.5.4 Where relevant, disruptions to existing services are to be minimised.

- Prior to construction, any existing services which are to continue through the construction process are to be identified.
- Prior to construction, a strategy is to be developed by the contractor, in conjunction with staff, to facilitate the continued provision of services. Such a strategy may include:
  - Identification of alternative location for service
  - Decanting strategies
  - Staff/client communication strategies.
4.5.5 The community, through its representatives, should be kept informed of the construction program and any anticipated disruptions. Permission should be obtained prior to any potentially sensitive activities.

- Prior to construction, the contractor is to contact Community Council and establish a communicative relationship.

- The contractor should inform the Local Authority/Community Council of all key activities. These communications should include:
  - Informing the Local Authority/Community Council prior to entering the community, bringing in labour or bringing in equipment
  - Providing the Local Authority/Community Council with a building program
  - Informing and obtaining approval from the Local Authority/Community Council prior to creating new tracks or cutting fences, water, power or sewerage lines.
4.5.6 Sensitivity to the local community, its values and protocols should be maintained throughout the building process.

- Approval is to be obtained from the Community Council prior to entering the community, bringing in labour or bringing in equipment.

- Prior to the contractor entering the community and commencing construction, the Council Clerk is to be contacted to identify all rules, regulations and conventions as laid down by the Community Council. These regulations may include:
  - Access restriction to designated areas
  - Hours of work
  - Work on Sundays
  - Restricted consumption of alcohol
  - Other cultural and social protocols.

All relevant regulations are to be specified in a Code of Conduct and included in contract documentation.

- All regulations as stipulated by the Community Council are to be adhered to by all those involved in the construction of facilities in Aboriginal or Torres Strait Islander communities.

- Prior to the contractor entering the community, agreements are to be established with the Community Council regarding:
  - Suitable accommodation
  - Campsites
  - Sanitation facilities
  - Electricity usage
  - Payment for the above facilities
  - Other issues identified as relevant by Council or contractor.

All relevant agreements are to be made in writing and signed off by relevant parties.

- Respect for the environment, and people’s relationship with the environment is to be maintained at all times.

- Section 3.3 Cultural cues should be referred to by all those undertaking activities in Aboriginal and Torres Strait Islander communities.

- Community is to be kept informed of construction program. Community is to be allowed to undertake ceremonial activities throughout, and upon completion of the construction processes. Such activities may include:
  - Tree cutting ceremonies
  - Smoking ceremonies
  - Water cleansing ceremonies.

Such ceremonies can serve a number of purposes including:
- Assisting the sense of community ownership and participation
- Getting rid of bad spirits and/or negative history
- Providing rebirth/renewal.
4.5.7 Local materials, skills and labour should be used wherever possible

- The inclusion of local content is to be assessed as a non-price criteria in all tender applications.
- Compliance with the Indigenous Employment Policy for Queensland Government and construction contracts is to be included as a specific clause in all contractual arrangements.
- Prior to starting construction, Contractors are to familiarise themselves with the Indigenous Employment Policy for Queensland Government and construction contracts.
- Contractors are required to comply with the ‘Indigenous Employment Policy’ throughout the construction process. Key elements of this policy include requirements that:
  - A minimum of 20% of on-site construction labour are employed from the local community
  - Formal training (apprenticeship or traineeship) to be provided to 50% of the above group
  - Compliance reports be completed and submitted at various stages of construction.
- Availability of local materials is to be investigated and taken advantage of wherever possible. Locally available materials may include:
  - Community made bricks
  - Sand
  - Fill.

4.5.8 Adherence to relevant statutory and other regulations.

- At all stages of the construction process, relevant statutory and other regulations are to be adhered to. Relevant regulations include:
  - Indigenous Employment Policy for Queensland Government and construction contracts
  - Building Act of Queensland 1975, as amended to date
  - Building Code of Australia 1990, as amended to date
  - Sewage and Water Supply Act 1988 and Regulations, as amended to date
  - Workplace Health and Safety Act 1995 and Regulations, as amended to date
  - Fire Services Act 1991 and Regulations, as amended to date.
5.0 Supplementary information

5.1 A picture of health

Aboriginal and Torres Strait Islander people experience a substantially lower health status than the Queensland population as a whole. This is demonstrated by a variety of measures:

- Indigenous Queenslanders tend to die approximately 18 years earlier than members of the general population
- Hospital admission rates indicate that Aboriginal and Torres Strait Islander people experience greater levels of illnesses than non-Indigenous Queenslanders. Admission rates for some conditions are up to 6 times that expected in the general population
- Hospital admission rates are not as high as would be expected given the mortality rates (indicative of an under-accessing of health facilities)
- Perinatal and infant mortality rate is approximately twice that of the general population.

The major causes of excess deaths amongst Indigenous Queenslanders are:

- Heart disease (death rate 5 times that of general population)
- Diabetes (17 times)
- Chronic respiratory disease (5 times)
- Pneumonia (10 times)
- Accidents (3 times).

Key health risk factors which are experienced by Aboriginal and Torres Strait Islanders in Queensland include:

- Smoking (rate twice that of general population)
- Obesity (1.5 times)
- Alcohol consumption (lower rate of consumption, but those who do, consume greater quantities).

Social and economic conditions which Aboriginal and Torres Strait Islanders experience include:

- Higher levels of unemployment (33% versus 10%)
- High levels of homelessness (7%)
- Higher levels of residence in rental accommodation (72% versus 28%)
- Lower education retention rates to Year 12 (28% versus 48%)
- Concerns about going without food (23%)
- Family violence as a common problem (50%)
- Higher rates of physical, emotional and sexual abuse (2-3 times)
- Higher rates of neglect (6 times)
- High levels of residence in remote communities (20%).

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### 5.2 Responding to the environment

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<tr>
<th>Issue</th>
<th>Response strategy</th>
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| **Cyclones** - strong winds - flying debris. | • High impact resistant external walls.  
• Screening devices on windows.  
• Landscaping to provide windbreaks.  
• Roofing to be resistant to positive and negative pressures (uplift pressures and wind-driven debris impact).  
• Roofing to be tied through to foundations according to the area cyclone code. |
| **Dust** | • Trees and landscaping to be put in place to provide a wind break.  
• Landscaping is to be used to stabilise soil immediately surrounding facility.  
• Driveway and car parking areas are to be bitumened to minimise dust. |
| **Heat** | • Orientation of building should minimise heat gains.  
• Insulation and heat reflective surfaces are to be used.  
• Internal air flow-through is to be maximised, eg. Louvres on internal windows.  
• External verandahs and awnings should be used to provide shade. |
| **Location and associated maintenance demands** | • Facility design and material selection are to limit maintenance requirements.  
• A maintenance plan is to be developed that facilitates the management of environmental stresses on the facility.  
• Strategies are to be developed that will facilitate the completion of maintenance activities which require the import of skills, labour, equipment and materials. |
| **Mosquitos and flies** | • Mosquito wiring to be provided to all external windows and doors. |
| **Pigs/horses** | • Appropriate fencing to be provided.  
• Use of cattle grids to be considered at vehicular entry points. |
| **Rainfall** | • Guttering and downpipes are to be appropriate for local conditions (1 in 50 year rainfall recommended benchmark).  
• Gutters are to be fitted with leaf guards and be cleaned out at reasonable intervals.  
• Downpipes are to be connected to storm water drains or rainwater tanks as appropriate.  
• Guttering is not recommended in localities which experience torrential rain on a regular basis. In such areas strategies to mitigate the effects of rainfall include:  
  - Large overhangs  
  - Covered walkways over entry and between key facility areas.  
  Where tank water is required, guttering may be fitted to one side of the facility.  
• Landscaping is to be used to prevent run off and pooling of water.  
• Driveway and parking areas are to be bitumened to prevent creation of mud. Adequate guttering/drainage is to be provided on driveway and parking areas. |
| **Salt air** | • Metal structure and fixtures to receive additional attention to ensure resilience. |
| **Termite/white ants** | • Ant caps to be fitted.  
• An effective termite protection system is to be identified and incorporated into the design.  
• Vegetation in close proximity to the main structure is to be limited. |
| **Water** - quality/shortage - bore. | • Additional rain water tanks to be provided to relieve shortage over dry season.  
• Tanks to be connected to medical equipment to prevent damage. |
5.3 Ensuring ongoing success

The ongoing success of facilities in responding to the cultural, environmental and functional requirements of health service provision in Indigenous communities extends beyond the finalisation of construction. The way in which facilities are managed on an ongoing basis is a key factor in ensuring facilities continue to support the delivery of effective and appropriate health services.

This section is intended to supplement the guidelines for the planning, design and building of the primary health facilities in Indigenous communities by providing guidance for ongoing facility management.

Maintenance

The maintenance demands of health facilities in Indigenous communities is expected to be greater than those in urban centres. This is because of the extreme environmental conditions and remoteness of location.

Within Section 4 Guidelines, planning, design and building strategies are recommended that will minimise the ongoing maintenance requirements of facilities. However, it is important that any maintenance requirements are addressed on a regular basis and in an appropriate manner. This will assist in ensuring that facilities remain able to fulfil their functional requirements.

It is recommended that a maintenance plan is developed during planning and adopted upon commissioning of the facility. This plan should be adhered to throughout the functional life of the facility.

Such a plan should address both the regular, preventative maintenance requirements of the facility, in addition to any emergent or corrective needs.

It is recommended that a full maintenance plan is held by those responsible for maintenance at a district level. A more concise ‘user guide’ should also be held by the facility itself.

A comprehensive maintenance plan should identify:

- What partnership arrangements are in place with the Community Council with regards to maintenance activities
- How often maintenance activities need to be undertaken
- Who is responsible for maintenance tasks (Health Service District, Community Council, facility staff)
- What major maintenance activities can be expected (eg. Repainting, replacement of fittings)
- What equipment, supplies and replacements need to be stored on site to facilitate maintenance activities
- What strategies will be adopted to address emergent maintenance issues (particularly those requiring supplies, equipment or labour to be transported)
- What response time can be expected when dealing with emergent issues.

Examples of maintenance activities to be included in a facility maintenance plan include:

- Cleaning/replacement of air conditioning filters
- Emptying and cleaning rainwater tanks at an appropriate time (ie. Before wet season)
- Testing of dental health suction compressor
- Cleaning of ceiling fans
- Cleaning of external facility walls with a low-pressure hose to avoid salt accumulation.
Ownership/management

A sense of community ownership of health care facilities in Indigenous communities is recognised as a significant factor in encouraging community members to access the facilities. Community involvement in the planning, design and construction of primary health care facilities is an effective strategy in fostering community ownership. A continuing sense of community ownership can also be fostered through community involvement in ongoing facility management.

Prior to commissioning the facility, the development of a partnership agreement between the Community Council and relevant Health Service District is encouraged. Such an agreement would provide the opportunity to use Community Council services to complete maintenance activities. The involvement of community members in the ongoing maintenance of the facility would foster continued ownership.

Community use of the facility should be encouraged. Section 4 Guidelines emphasises the importance of providing areas for community meetings and other activities. Throughout the functional life of the facility, it is important that this community usage continues to be encouraged. Any partnership agreement with the Community Council represents an effective channel for doing this. Staff attitudes and behaviours can also contribute the encouragement of community usage.

Facility operation

The guidelines presented in this document are intended to facilitate the provision of primary health care facilities that respond to the unique cultural and health needs of Indigenous communities. Regardless of how effective the facility itself is in responding to these needs, it is the staff and the way they provide services from the facility that will ultimately determine to what extent positive health outcomes are achieved.

The principles that direct the way facilities are planned, designed and built should also be reflected in the way the facilities are operated and services provided. In particular, it is important that staff:

- Are flexible in the way they provide services
- Recognise there are always opportunities for improvement
- Understand and embrace the relevant health care model (ie hospital vs primary health care facility)
- Recognise the strengths of the facility and work to optimise these
- Understand the principles of community participation and encourage usage of the facility for community activities
- Are sensitive to the needs of community, particularly in terms of the way health care services are provided (gender and privacy issues are significant)
- Encourage a sense of community ownership of the facility through their attitudes and behaviours
- Fully utilise facilities in providing health services (in particular, take advantage of outside areas for providing services).
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