

Social Effects of Fly-in-Fly-out and Drive-in-Drive-out Services for Remote Indigenous Communities

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The use of fly-in fly-out or drive-in drive-out (FIFO-DIDO) arrangements for health, human or social service provision in remote Indigenous communities has a wide range of social effects on those communities. These types of service provision are markedly different from those in urban and town environments in which service users go to the service providers and usually have more choices. In this paper we outline some of the forms FIFO-DIDO services, briefly compare the problems to urban regions, and then review the positive and negative social aspects of FIFO-DIDO services in remote regions of Australia. We provide a preliminary matrix of different contexts in which such services might arise and ways of improving them. We argue that despite problems, FIFO-DIDO services can be improved with changes in how the service providers approach the task, how the community make use of the service, and, perhaps most importantly, how the relationships are negotiated.

Nearly half a million Australians, or 2.6% of the total population, live in remote or very remote areas (Australian Bureau of Statistics [ABS], 2009). Their demographic, health and social characteristics are diverse and different to those of urban or regional-dwelling Australians. For example, remote Australians are geographically dispersed within remote regions, and have differing age and gender structures depending on ethnicity. Non-Indigenous rural and remote Australians are generally older and male while Indigenous people living in rural and remote areas are much younger. Rural and remote Australians also have higher unemployment rates, greater disease burden (e.g., diabetes mellitus, accidental drowning and submersion, transport accidents and intentional self-harm), and lower educational attainment (ABS, 2001).

Clearly, the provision of health and social services for Australia's rural and remote populations is more difficult than for those in urban and regional Australia, but the statistics above also show that there is also a greater need of services. The challenges of providing those services, particularly from the wider dispersion of the population and the remote

locations, have often resulted in less than acceptable service provision. While there is some literature relating to *in situ* health and social service provision to residents of rural and remote communities (e.g., Kelly, 2000; Haslam McKenzie, 2007; Loveday, 1982), in this paper we will focus on exploring the social dynamics related to providing health and social services in a 'fly-in/fly-out' or 'drive-in/drive-out' (FIFO-DIDO) fashion to remote Indigenous communities.

A Note on Evidence and Research

There is almost no research published on the effects of human or social service delivery through FIFO-DIDO. There are literatures relating to FIFO-DIDO-run health services, particularly regarding GP, specialist services or mental health services, but usually without systematic reference to the effects of FIFO-DIDO (e. g., Harris & Robinson, 2007; Haswell-Elkins et al., 2005; Santhanam, Hunter, Wilkinson, Whiteford & McEwan, 2006). For this reason, we have drawn evidence from many sources but do not wish to imply that our sources prove that an effect always occurs. Our aim is to note many effects of FIFO-DIDO that occur but they do not occur always nor do they

occur in every location. We are not trying to prove that all the effects we mention occur every time, but rather our aim is to exemplify the different effects with real examples so they can be anticipated and recognized if they do occur in particular contexts.

Much of what we draw on, therefore, are examples and anecdotes from our own fieldwork over a number of years. These are again meant to *illustrate* effects that have occurred in particular communities without implying generality. Our fieldwork has involved many remote, mostly Indigenous, communities in South Australia. We have not provided a *Methods* section for this since our observations are based on participatory work and informal interviews (yarning) that extend over several projects and communities that have not explicitly explored implications of FIFO-DIDO. While our examples come from primarily Indigenous communities we believe the same effects can occur for any remote communities whatever the ethnic or cultural identity of the residents. Remote communities comprise a mix of people within them and there are not generally communities in Australia with completely homogeneous populations. However, for brevity we have not considered communities or stations with primarily non-Indigenous residents, nor have we discussed the interactions within communities comprising of both Indigenous and non-Indigenous residents, since that would take us too far from our main aim (but see Guerin & Guerin, 2008 for more on these). *FIFO-DIDO Service Provision in the Mining Sector*

Our focus in this paper is on the social effects on residents of remote communities of FIFO-DIDO health, human or social service provision, and not on the issues of FIFO/DIDO in the mining or other resource industries. However, to understand where the concept came from and how it evolved involves the mining sector. The concept of FIFO-DIDO employment in Australia (also known as “long distance commuting”; see Houghton, 1993) originated to meet the needs of the mining industries, particularly in Western Australia. With work sites often located in very

remote areas with a lack of a local workforce, mining companies needed to find solutions. Originally, due to difficulties with transport, building towns close to the mining sites for a ‘transplanted’ workforce was the solution to providing the workforce for the mines. Typically, the mining company would provide many or all of the town’s facilities including health and other services.

In more recent times, with improvements in transportation, the building of towns explicitly for the purpose of the workforce of a mine is seen as costly, having too much of an environmental impact, and inappropriate, particularly if the mine life is projected to be short. Providing the workforce with an option of FIFO-DIDO is one way of achieving a number of benefits for the mining companies, particularly in terms of lower cost. Mining companies argue that there are a number of benefits of providing FIFO-DIDO options to their employees, and indeed, employees may find these options attractive. Employees benefit by being able to live where they want, with friends and family, and have access to city amenities when not at the mine site. The mining company benefits economically because it is overall cheaper to hire employees on FIFO-DIDO work. FIFO-DIDO arrangements cause less of an environmental footprint—accommodation is temporary rather than building a town—which is also cheaper. However, there are some concerns about the potential negative effects, socially and economically, of this employment arrangement, particularly for the local region in which the mine is located (Storey, 2001), but more research is needed in this area. For example, Storey (2001) discusses how the FIFO arrangement can mean that the social and economic benefits of a mine do not transpire as the employees are urban-based—taking the social elements and economic growth with them.

FIFO-DIDO Service Provision in Remote Indigenous Communities

The wider delivery of social, human or

health services in remote communities that are not part of the mining industry have a few similarities to FIFO-DIDO, in that individual service providers fly-in/fly-out or drive-in/drive-out of various communities to deliver or provide social services, rather than being based there either permanently or on a long-term basis (Haslam McKenzie, 2007). However, it must be kept in mind that this is different from the FIFO-DIDO used in the mining industry. For example, FIFO-DIDO employees in mining may be based at a particular mine for a longer period of time, for example, on a two week on/ one week off work rotation, whereas employees of health, social or human services who FIFO-DIDO in remote communities may not be 'based' in those communities, but rather, they may be based at a different location, remote from the remote community, and make occasional, even if sometimes regular, visits to the remote community. Overall, with a few exceptions, it is also difficult to determine what models, if any, drive various service delivery models to remote areas, except that they are likely delivered in a very ad-hoc fashion.

FIFO-DIDO employment is not a new method of service provision in remote regions of Australia and there has likely been an increase in DIDO services since four-wheel drive vehicles and improved roads have replaced planes (Lea, 2006; Redmond, 2006). From the perspective of residents or service users in remote communities, there have always been concerns that services are being delivered in a FIFO-DIDO manner that may not be entirely appropriate or effective, and this has led to slang terms over the years such as 'blow-ins' (Cowlshaw, 1988), 'Four-Wheel dreaming' (an expression heard during our fieldwork), or living in 'remote control' communities (Drewery, 2009). Originally, the concept may well have been 'camel-in-camel-out' before both planes and vehicles were able to negotiate the desert terrain. Another somewhat related concept that may well apply to service provision is that of the seagull

imperative, which has been described as: "a researcher or consultant who flies into a community; craps all over everything then leaves the community to tidy up the mess" (Drew, 2006, p. 40).

Varieties of FIFO-DIDO Services in Remote Australia

In this paper we are restricting our discussion to areas of remote Australia that are dependent on the remote human, social or health services flying or driving in, but there are still many varieties of this. Indeed, the Royal Flying Doctor Service is the epitome of FIFO and has been servicing rural and remote Australia since 1928 (Haslam McKenzie, 2007). Other human and social services, however, such as Centrelink and social work services, have taken on elements of FIFO-DIDO, although not necessarily identifying it as such.

FIFO-DIDO service provision comes in many forms. Individual service providers might travel (fly or drive) from a large city to the remote location and stay there for a short period—a day or a week; sometimes there is a government service town closer to the remote community than the major city and providers may stay there for short periods while travelling back and forth to the remote location; sometimes they stay in a government location and travel to many communities, maybe spending only a day, an afternoon or even just an hour in each community; and sometimes service providers may even fly directly from a major city and only spend an hour or two in one single community and then return back to the city.

Each of these variations has its own complications and advantages, but our point here is that the exact models are often not thought through but are determined by staff time demands, workloads, urgency, financing, short-term government accountability, political imperatives, and other considerations, rather than the needs, capacities and cultural appropriateness for the communities. Our view is not to blame the services, the individual service providers, or the community for

mismatches, but to spend some time thinking through the social pros and cons of different models from all sides and to consider that perhaps past failures have related more to a failure to consider the various social implications rather than failures of any particular model in and of itself. One senior Aboriginal leader pointed out his observations of the way in which services have been provided to remote Indigenous communities. He commented on how services and programmes that could be done with the least amount of money and in the shortest amount of time would be the ones to receive funding. However, after 40 to 50 years of failed programmes and ineffective services, the collateral costs have been greater than would have occurred if more time and money had been invested originally thinking through the community's needs and capacities and including these in what might overall be more costly and time intensive in the short term, but more effective and perhaps even cheaper in the long run.

A Comparison to Urban Service Provision

Two elements of service provision in urban areas are worth noting partly because there are substantial contrasts between service provision in remote areas and urban areas. It is also important to acknowledge here that by focussing on service provision in remote areas we are not suggesting that there are no problems with service provision in urban areas, but remote service provision often does not gain the attention required to make substantial improvement (or it gains ill-informed attention).

The first element of urban service provision relates to who moves. In an urban setting, people generally travel to the urban service rather than the service going to the service users, except in specialist cases of home care and home visits. When someone is unable to travel to services then they generally are taken to a hospital that has all the services or to a specialist home that likewise provides a wide range of specialist services on the spot. Second, in the major cities of Australia, travelling to services also means that there is at least some choice of service

providers available (Gething, 1997) and the person could travel elsewhere to get better or new services or to access different service providers (even if further away from their home). If a person is unhappy with an individual service provider, he or she can go elsewhere. So, in an urban setting, service users usually go to their service providers and service users usually have some choices about where to go or who to see.

While some aspects of these two points are positive, there are also negative aspects. The system places a large onus on people to organise their own services and travel there, which many are not in a position to do easily. For example, Williams (1995) in the USA studied the parents of 202 children with cancer, focusing mainly on their financial problems. She found that there were many hidden costs for these parents, such as regular transport to medical centres (up to 300 miles), meals while at hospital (3-5 hours waiting), parking fees, petrol, new tyres, special foods for their children, baby-sitters for other children, treats, and even videos for the other children to watch while the child with cancer was having treatment. This study is just one illustration of possible problems with needing to travel to access sedentary health services, but there are, of course, many more. For example, consider that there is a specialised literature in behavioural medicine that focuses on how to get people to remember to come for their appointments, placing the responsibility on to the service user (e.g., Cohen-Mansfield, Creedon, Malone, Kirkpatrick, Dutra & Perse Herman, 2005).

Another problem in urban services is that specialist services are often located in centralised areas, which does not necessarily make it easy for urban or regional-dwelling service users to access. Moreover, in recent times many services have devolved from the suburbs to the CBD regions making it difficult for many people to travel to services, especially the more specialised services. Disadvantaged or vulnerable populations may have trouble

accessing services even though the services are close in comparison to those in remote regions (Guerin, Abdi & Guerin, 2003).

Positive and Negative Social Effects of FIFO-DIDO Services

We now tentatively document a wide range of social effects that FIFO-DIDO service provision has on those residents of Indigenous communities that rely on this type of service provision, based both on fieldwork talking to members of remote communities, individual service providers, and key stakeholders, as well as reviewing the small relevant literature. In looking at the positive and negative social aspects of FIFO-DIDO service provision, we have identified seven categories of issues, and we will illustrate some of the positive and negative outcomes within each of these categories:

- ✦ convenience and cost of services
- ✦ social diversity of the service personnel
- ✦ quality of the service personnel
- ✦ quality of the service provision for the providers
- ✦ quality of service provision for the community
- ✦ communication
- ✦ the nature of social relationships

These are not meant to be exhaustive or even exclusive, but are merely a way of organising many hundreds of observations and ideas into a manageable form. Others can no doubt come up with further categories and subcategories. The seven categories are presented in Table 1 along with the specific positive and negative aspects, as well as some suggested solutions that have or could be tried. Our discussion will work through these and provide illustrations.

Convenience and Cost of the Services

When services are delivered to communities in FIFO-DIDO fashion, community members usually do not have to travel as far to access the services. In some ways this can make it easier for them than for those in urban centres accessing services.

The individual service providers, however, need to do the travelling for long distances and/or to visit multiple communities, so most of the

service provider's time is spent in travelling. This is both an inconvenience to the individual service providers and also a waste of expertise and resources, since paying for the time involved is very costly. We have heard in some communities this arrangement described as 'sit down and drive around money' in response to how some welfare recipients have been criticised as being paid 'sit down money.'

As an example, consider the geographic location and transportation requirements for going to the Anangu Pitjantjatjara Yankunytjatjara Lands (APY Lands) in remote South Australia. For an individual service provider who may be based with their agency or organisation in Adelaide, there are a number of travel options to the APY Lands. Driving from Adelaide to the APY Lands is approximately 1,400kms or about 20 hours' driving time. This option would usually involve driving a full day and stopping in Coober Pedy to spend the night and finishing the drive on the second day. So, the driving option takes at least four days round trip and two night's accommodation *just for the travel time*. If a traveller to the APY Lands were to fly, the options would be to fly to Coober Pedy and then hire a rental four wheel drive to drive approximately 10 hours into the Lands. Alternatively, a traveller could fly to Alice Springs from Adelaide and hire a rental four wheel drive to drive approximately six hours down into the APY Lands. Both of these flying options also usually require overnight accommodation during travel because of the scheduling of the plane flights. Another option is to fly to Alice Springs and get on the mail plane that goes two days per week into the Lands. A final, but very costly, option is to hire private jet services into the APY Lands. Despite the extremely high cost, this option is not unheard of for some Government agencies and services.

The point of these illustrations is that the FIFO-DIDO option can be costly, wasteful of the individual service providers' time, or both, and all this occurs before the service provider has even provided any service. Consider that,

Table 1
Issues for FIFO-DIDO Service Provision

Issues	Positive Effects	Negative Effects	Solutions
<i>Convenience and Cost of the Services</i>	<ul style="list-style-type: none"> Community members do not need to travel as far as they would if they had to go to an urban centre 	<ul style="list-style-type: none"> Difficult for both service providers and users to organise visits Sometimes extreme travel time for service providers which may be wasteful of service providers' time 	<ul style="list-style-type: none"> Service providers need to invest in planning Engagement with, e.g., a 'cultural broker' or community liaison to facilitate effective service provision
<i>Social Diversity of the Service Personnel</i>	<ul style="list-style-type: none"> More people for new ideas and social contacts If the service provider is not wanted or not of high quality then they can leave soon Service providers may be less parochial 	<ul style="list-style-type: none"> New personnel may result in disruption and depersonalised services Inconsistencies in service provisions Some issues such as medication need longer periods of treatment 	<ul style="list-style-type: none"> Ensure service providers have been adequately briefed on individual cases, on community and its history Services need to have better monitoring of the services provided
<i>Quality of the Service Personnel</i>	<ul style="list-style-type: none"> Service providers keep more contact and influence with policy analysts and managers Service providers get more support More contact with service providers' family than permanent residency May be better than having to stay for long periods 	<ul style="list-style-type: none"> Time away can put personnel off and those self-selecting into position might not be as qualified Those chosen might be less specialised and more generalists Those chosen might be less settled personnel 	<ul style="list-style-type: none"> Incorporate community input into staff selection and monitoring – this will contribute to community ownership of staff employed there or working there on a regular basis Ensure staff have adequate training- e. g., 'black cards'
<i>Quality of the Service Provision for Providers</i>	<ul style="list-style-type: none"> Less time away from own families and friends Access to professional support, management 	<ul style="list-style-type: none"> If meetings are missed then long time until next appointment If not planned and organised well much time can be wasted or unproductive Some treatments, training or support just take a long time and there is no opportunity for this No time for personal or community engagement, if this is important 	<ul style="list-style-type: none"> Agency or organisation needs to ensure adequate professional development, support for providers Consideration of flexible service delivery options that match the service being provided
<i>Quality of Service Provision for Community</i>	<ul style="list-style-type: none"> Less disruptive than building entire service towns More changing context so more flexibility at distance so rules can be bent 	<ul style="list-style-type: none"> More changing context can be disruptive Little choice for community over personnel Might be no one there for emergencies 	<ul style="list-style-type: none"> As above: include community members in recruitment of staff Recruit liaison staff within community to assist with transitions when staff turnover

Table 1 cont.
Issues for FIFO-DIDO Service Provision

<p>Communication</p>	<ul style="list-style-type: none"> • Having time away between visits may allow time for reflection, consultation with other professionals between visits may improve service provision 	<ul style="list-style-type: none"> • If communications go wrong it can have a bigger impact • Timing and notification of visits likely to be miscommunicated • Services might be duplicated across services without knowing 	<ul style="list-style-type: none"> • Improved coordination between various service providers • Explore creative ways of improving notification of visits • As above: ensure all staff have cultural / communication training
<p>The Nature of Social Relationships</p>	<ul style="list-style-type: none"> • the anonymity and confidentiality required may be easier with FIFO-DIDO • Longer stays do not necessarily mean stronger relationships are built 	<ul style="list-style-type: none"> • If cultural safety and community engagement are important for the service then these may be difficult • Too many strangers around can change or ruin community life • Little time to know people and learn about the community • May be difficult to develop trust and relationships 	<ul style="list-style-type: none"> • Invest the time to learn about the community, previous services, handover from previous staff or information sharing with other staff, other agencies • Accept limitations with development of trust- take a stance of cultural humility and don't try to be 'missionaries'

for example, a two hour 'consultation' in a community may involve five work days of a service provider's time. This in turn means that service providers are most often under tight constraints about when they spend time in communities, and how much time they can spend when working under FIFO-DIDO arrangements. They usually need to specify to community members specific times and places they will be travelling through, because otherwise, travel would waste even more of their time. As we will see below, this is not how most communities work.

Social Diversity

With FIFO-DIDO arrangements, it is usually the case that a wide variety and diversity of people travel and stay (perhaps briefly) in the communities (Guerin & Guerin, 2008). The reality is that there is high turnover in such positions so almost invariably many different people fill the same brief position over a period (Haslam McKenzie, 2007). There are also a wide variety of services that come and go in FIFO-DIDO arrangements. This can have both positive and negative social outcomes.

The variety of people going to communities to provide services might potentially be socially beneficial by providing people living in remote communities more diversity in their social contacts (but see below). Meeting new people can be refreshing and can help to foster new insights and new ways of approaching issues and finding solutions. It can also reduce the pressure on the individual service provider to 'become local' and parochial (as opposed to becoming local in a positive way by gaining trust), which can happen if someone stays for several years or more in the one position in one community. Also, always having the same person on a permanent basis may not be positive if, for example, that person is not well-liked or, indeed, if he or she is not good at the job. Without FIFO-DIDO arrangements a community might be 'stuck' with that person for a considerable time!

Diversity of providers employed in FIFO-DIDO fashion can, however, also be negative. If the service providers coming to a community are always different, this can result in de-personalised services if community members constantly have to deal with a new person who does not understand their situation, does not have their trust, and does not know the histories—both of the community and of service provision for particular individuals. We have many times heard community members greet news of a new person with, "Oh no, we have to train up someone else now!" It can also lead to inconsistencies in service provision—which can be positive if it is an improvement, but negative if service provision gets worse. There are also some services for which longer-term care or monitoring are necessary, and having diverse and ever-changing staff can be a problem. Maintenance of medication, for example, requires long-term monitoring and knowledge of the history and issues of particular people over a long period. This can be problematic with constantly changing staff and new staff.

Quality of the Service Personnel

The nature of FIFO-DIDO arrangements heavily determines the type of staff who comprise the service providers. A commonly-repeated phrase, albeit unjust in many cases, is that the personnel who will work in remote areas are the '3Ms'—maniacs, missionaries and misfits, or mercenaries, missionaries and misfits. Our point is not that such personnel are always so bad, but rather, that more attention needs to be paid to how personnel who work in rural and remote areas self-select into employment interviews and are then selected for those positions (we will argue below that communities should have more say in these processes). Improved recruitment and selection methods are necessary to ensure that appropriately qualified and skilled personnel are employed in these positions.

Working under FIFO-DIDO arrangements may not be attractive to many, with excess travel time, difficult conditions not of your

making, often poor housing and accommodation arrangements, and time away from your own family if that is relevant. These conditions might lead to getting younger (and therefore less experienced) personnel, who also might be less likely to continue and therefore lead to high turnover. Finally, if such positions are unattractive it can lead to service providers who do not really want to be in remote communities but who have taken the position as a 'foot in' for other positions, and this can lead to very poor service. Monitoring of individual service providers and service quality, under any of the models, can be difficult for agencies and organisations, which further compromises the rigour of quality service provision.

Another point we have heard is that agencies may aim to employ someone who is more of a generalist since there are usually multiple issues to be faced, which in turn might lead to fewer specialists travelling to the remote regions. The service or agency may employ a 'jack of all trades' and this can result in poorer quality of specialist services, particularly if the individual service provider does not have easy access to other workers to provide supervision or guidance on how to address new and different issues. Gething (1997) wrote that "low staff numbers and inadequate representation of the professions meant that unrealistic expectations were placed on those service providers who were available" (p. 217). This is an interesting contrast to services provided in urban areas where a person may provide specialist services and if confronted with a situation that they are not familiar with, they can refer the case on to someone else who may have more experience with that particular issue and ask the client to travel to a new location (although earlier in this paper we noted some issues for disadvantaged people living in urban areas).

One solution to some of these issues is the 'village Gondnok or caretaker' in remote communities in Hungary (Halloran & Vera, 2005) which was developed as a way to fill

service gaps in remote Hungarian communities. In this model, village caretakers from the communities are provided generalist training, and they live in the village they work in and are elected by the village assembly (cf. the point below about communities in remote Australia having no voice in personnel selection). While they only provide basic social and community services, and not specialist services, the service fills a gap and acknowledges the value of social services which are often provided in communities with little or no recognition.

There are also some positive features about personnel in FIFO-DIDO arrangements, especially if new solutions are pursued and selection is improved. In particular, having people who travel from urban regions on a regular but short period means that service providers are likely to be more in touch with current practices and procedures, since the majority of their time is spent in specialist facilities in hospitals or elsewhere, and have more regular contact with their managers and co-workers. The greater contact with managers can mean that service providers will be able to better argue with managers for changes than someone who has been in one remote community for several years and travels back to headquarters only once or twice a year. Also, greater contact with managers and peers can improve the identification of individual service providers who are providing less than quality services.

Most importantly, though, there are probably better ways and schemes to attract highly qualified and experienced personnel to remote regions with FIFO-DIDO arrangements. Similar to the mining FIFO-DIDO arrangements, health, human and social service personnel who are employed permanently in an urban centre (e.g., hospital or main office), might find it attractive to have occasional forays into remote regions rather than moving to a resident position in a remote area, especially if it is financially attractive. While occasionally distant from their own family and life, FIFO-DIDO arrangements have more attraction than

moving house and life for one or two years into a remote position. This could be seen as providing some change and new life into their regular and structured work-life. We are arguing that if highly skilled service personnel find the prospect of moving for a longer-term basis in a remote region not attractive, then having regular but short visits might. In this way FIFO-DIDO arrangements could be an advantage in attracting the best people if they were packaged in more attractive ways.

Another problem of personnel selection, though, is that community members almost never have any say as to who is employed in these positions. In our knowledge, rarely are community members involved in the selection of employees who will work in their communities. Those decisions often, if not always, rest with staff of the agencies or organisations based in urban centres and who may have never even visited the communities. As mentioned above, there is also the potential problematic issue of self-selection of applicants who may not be appropriate. At least in Queensland, some Indigenous leaders have suggested that anyone going to work in Aboriginal communities should have to pass a test on cultural awareness and that this could be proven by having a 'black card' (ABC News, July 29, 2009).

Quality of the Service Provision for the Providers

We have already stated that we should not entirely blame the individual service providers on the ground for these issues, since the FIFO-DIDO arrangements are not of their making and are very complex. There are issues that arise that interfere with good practice that reduces the quality of service provision for the service provider as much as the community members.

We have already mentioned that travel constraints usually place further constraints on the timing of services, which is as much a disruption for providers as recipients. The irregular nature of visits can make service provision difficult, and many service providers

have told us of their frustration with this. Also, if service providers do not time their visits well, then the visit may be unproductive. For example, on one occasion when an organisation arranged for a team of specialists to go to a remote community, via a very expensive chartered flight, they arrived in the community to find that the majority of community members who needed to be seen had gone away for the school holidays. This was a very expensive lesson in better planning and communication, and those in charge of the organizing should be held accountable. For the providers personally, we know this can be frustrating and most everyone in remote services has their own version of this horror story. Moreover, when a service user 'misses' an opportunity to meet with a service provider, it can mean a long time before the next opportunity arises and it can be dangerous in some cases to delay accessing services.

It can be suggested that service providers going to remote communities need to coordinate with each other better and share information. However, this sort of coordination is not easy, particularly with so many people working on different schedules, different availabilities, and differing demands on the services. Duplication of services, even in the same week, is not uncommon. It can be a case of 'the right hand doesn't know what the left hand is doing.' Communities and community leaders also have to be involved in the coordination, as we will see below.

Another frustration we have heard from service providers is that there is little time usually to take the clients through any sort of longer training, therapy or support. Some service provision seems like just 'hit and miss' as to whether it works during a one-hour window of opportunity and then the 4-week or more gap before the service provider visits again. Another service provider pointed out to us that many types of service provision needs flexibility, alternative styles of meeting, contact with extended family, and community engagement for the service or treatment to

work, but that these cannot be done on the usual FIFO-DIDO arrangements. With infrequent visits and high turnover there is usually no sense of long-term understanding of personal and community issues by either individual service providers or with the agencies themselves.

Quality of Service Provision for the Community

Many of the frustrations and issues for service providers mentioned immediately above are also true for the community. From the community perspective, services may be disrupted, inconsistent, and unpredictable. Service providers come and go and the services get ‘chopped and changed’ on a regular basis. Since services can be so transient, service users find it difficult to keep up with changes. So while the chopping and changing of services that invariably go with FIFO-DIDO arrangements can provide some flexibility for one party in the equation, for the other party it may become a source of disruption.

Community members also may be concerned about the lack of services between visits, and especially as to what happens if an emergency case occurs between visits. Typically, in a variety of health or mental health emergencies, the police are called in to deal with the situation even if they have little training in such matters (they are a convenient ‘jack of all trades’). It has also already been mentioned that communities rarely have a voice in who is selected to come and work in their community, even if on a temporary FIFO-DIDO arrangement, and they have very little choice in the type or quality of services that are provided to them—they have to accept what is offered.

A recent typical example illustrating many of these points is that of a remote community which had a visit from a GP (generalist rather than specialist) once a fortnight. Two women told us that they did not like the way this GP (whom they had not chosen to be their GP) treated them, in that he seemed condescending and they felt he did not listen to them. They really wanted another choice so they had been making a 10-hour round trip (plus overnight accommodation) to a regional centre in order to

access a female GP they liked much better—every time they needed a service. They did have some choice but it was costing them dearly.

Communication

We have already seen some examples of how FIFO-DIDO arrangements exacerbate communication problems. For example, we have talked to individual service providers on FIFO-DIDO arrangements who claim that they turn up and the people they had arranged to meet are not there, possibly away on *sorry business* (funeral). We have also talked with community members who tell us that they only find out at the last minute that a service provider is arriving, since the visits are never on the same date and time, and that when they have managed to get to town to meet the service provider, he or she has already left.

In our experience, then, both groups get very frustrated with this lack of communication, and for Indigenous communities it is usually seen as another example of lack of respect for protocol and appropriateness. However, the unpredictable, intermittent, and irregular bases of appointments, which, as we have seen, are inherent in FIFO-DIDO arrangements, make communication very difficult. Most communities receive notifications by mail or fax of impending visits, but the individual service providers do not necessarily know that recipients have gotten that information rather than just the community office. In one community, we have seen out-dated, small, torn notices pinned (amongst many other notices) on a community board announcing a visit by the “X” department on such-a-such date. This is also not to blame the community offices. They are usually overworked and also do not know when community members might be coming into town, and in a lot of cases cannot contact people due to lack of phones.

The situation is also not helped by individual service providers (especially coming from large central agencies) assuming that community members know exactly who they are and why they are there, and even more especially when agencies change their own

name, acronyms, and personnel. Finally, we have also referred elsewhere in this paper to the problems of communication between service providers and government and non-government agencies, which can mean records or documentation of service users are duplicated across services and that there is possibly unnecessary replication of service provision by different agencies.

However, all of these problems and issues have solutions. For example, one social service provider we talked to has developed ways to maintain case management records and actions across many departments all with personnel under FIFO-DIDO arrangements in a remote community, despite the massive issues. This requires careful thought and planning and, most importantly, requires a strong commitment to engaging the community with the process.

The Nature of Social Relationships

Another issue with FIFO-DIDO arrangements is the nature of the social relationships that develop between community members and service providers on FIFO-DIDO arrangements (Guerin & Guerin, 2008). First, the common self-selection of personnel discussed above has been known to throw '3M' personnel into communities who may not want them. Again, most communities can tell you horror stories of relationships going sour even if the majority of service providers are competent or at least well-intentioned. Second, we have also seen above that many forms of service provision, for example, mental health, probably require relationships to be built, and this is difficult with FIFO-DIDO arrangements (but see Taylor, Edwards, Kelly, & Fielke, 2009). When cultural engagement and cultural safety are important then short visits are not optimal, and for Indigenous communities this is almost always.

Third, the majority of personnel employed under FIFO-DIDO arrangements will be strangers to the communities, meaning that they will know little about the history, culture or politics of the region and people. We have been surprised at how many service providers visiting remote regions have not spent any time finding

out even a little bit of background, much of which is now available through the internet. Some have suggested that improving the knowledge base of all people going to work in remote Indigenous communities should be a mandatory requirement.

In general, then, most service providers on FIFO-DIDO arrangements are strangers to the communities and this makes it difficult to develop any social relationship or trust to help facilitate the service provision. Having said this, though, we have met many dedicated service providers who have been visiting the same remote regions under FIFO-DIDO arrangements for many years, and who know the families, individuals, and context as well as any community member. On the other hand, we have also met individual service providers who have been based in a community for many years, but who do not really know anyone in the community beyond a very superficial level. We have also met a regular FIFO-DIDO service visitor, however, who expressed that there was no *need* to develop any sort of relationship with the clients, although in that particular case the type of service provision did not really require a relationship since it was built on clearly defined auditing. But, in general, it is very difficult to develop trust or a relationship with a service provider who is constantly coming and going. At the very minimum, it takes longer to develop trust and relationships in these sorts of contexts.

Once again, however, we must point out that there are areas of service provision in which stranger relationships might actually be thought to be beneficial, at least according to the letter of the law. Some western aspects of the legal system and child protection need to be seen to be done without great community engagement and personal relationship building. We are not referring to counselling and caring aspects of the legal system and child protection, but areas in which strict anonymity and confidentiality are necessary. For example, in urban centres a judge would not sit in trial over a relative. There is a trade-off, here, however. For instance, a judge living permanently in a

small remote community would learn much more about the contexts for whatever misdemeanours occur, but at the same time could not guarantee to a court their impartiality or anonymity as easily, as is often required in that role. In terms of child protection, it may be more difficult for a social worker who has developed a close, long term relationship with a family, to then have to report them for neglect or abuse.

This is a vexing issue and we have heard justice service providers almost boast of how they keep at a distance from any personal relationships so that it does not interfere with their work and their judgements. We have also seen, however, as have most in this area, that *not* developing relationships means that you never fully understand what is happening and so your judgment is impaired in very different ways leading to potentially disastrous outcomes.

After considering the negative aspects of building relationships and trust under FIFO-DIDO service provision, some readers may be thinking that the answer is to have all services based permanently in communities with service providers living in the communities that they are working in. Many services are provided in this way. For example, many remote communities have a primary school, tertiary education facilities (e.g., TAFE), and a health centre, with service providers who work and live in the community.

This arrangement, however, does not necessarily result in improved trust or relationships with the service providers. Many service providers live and work in remote communities but after work go to their home and do not interact with or socialise with other community members. They also may go out of town on weekends and holidays and only live in the community during the working week. Some service providers may only socialise with other service providers and not the local residents. In one remote community, all the service providers live in accommodation in one section of the community, while the long-term residents live in another section of the community, effectively

segregating the living arrangements of 'service users' and 'service providers'. We have also known one service provider and family who lived for two years in a house surrounded on all sides by local community members' houses, but who did not ever interact or socialise with them. The point, then, is that mere proximity does not guarantee more trust and relationship building than under FIFO-DIDO arrangements.

Finally, a concern of community members is that having many service providers coming in and out of the community changes the nature of the community. Whereas once community members might have felt like they 'owned' their town centre, with many service providers driving in and out all the time, the town centre feels more like a place for 'outsiders' to come and congregate. This can decrease the comfort and safety of community members. It would be like letting the front yard of someone's suburban house become a walk-through clinic for strangers on the street. Your own front yard becomes full of strangers you do not know yet who act as if they own it.

With so many service providers coming and going, community members also may not know what most of the people are doing there, or where they come from. An extreme recent case is that of a remote Aboriginal community that recorded one of the first 'swine flu' cases in Australia. If 'visitors' bring with them illnesses and diseases, or even 'bad' behaviour, there is risk to the resident community.

Conclusions

While there are many inherent problems in FIFO-DIDO arrangements that we have tried to outline here, we believe that providing services in FIFO-DIDO fashion, with expert service providers based in urban or large regional settings but *travelling to remote settings on a regular but short-term basis*, can be done well. For every dozen problems we have seen or heard about, there is at least one good case that is working. We have also had community members telling us about the different government periods (from 1950s through to the present time), and which worked

best for them. Makinti Minutjukur, a senior woman from South Australia, has written about how things were so much better 30 years ago: "I believe *the* reason why all our lives out here have become so difficult and painful over the last 30 years is that governments, who have the power over us because they have the money we need to make the changes from old ways to new ways, have stopped listening to us. Listening properly. Taking the time. Working with us. Trusting us to be responsible for our own lives - since we know them best." (Minutjukur, 2008).

Through the paper, we have suggested a number of ways that agencies or organisations can improve their structures that consider the social influences of FIFO-DIDO services. These are summarised in Table 1. Unfortunately, the main way we have seen service providers performing well under FIFO-DIDO service provision out in the field, is from the result of individual effort or personality. While this is good, and needs to be applauded, it does not bode well with such high personnel turnover. A community might have one good and dedicated person but if they leave after a short period, never to return, then the community suffers. We have heard community members talk about a sincere person who puts in a lot of effort for the community, and then remark sadly that they are likely to disappear quickly.

In terms of viable solutions, there are a few key ways forward. First, finding ways of attracting staff with expertise for short periods would help in several ways we gave earlier. Second, spending more time on recruitment and selection into such positions, would be beneficial, however, this almost certainly needs some community input and needs a more careful consideration of the social impacts we have outlined in this paper. Third, engagement of the community would be of great benefit to all areas of staff selection, support of staff, assistance with transition of new staff, and assistance with communication, and would result in a number of improvements as well as potentially contributing to capacity building in communities.

A fourth general way forward we have

discussed is the importance of focussing on and considering the social and relationship implications of FIFO-DIDO service provision, rather than making assumptions about these aspects of service provision. We have emphasised both positive and negative aspects of most of the issues in this paper precisely because both sides are not usually considered by service providers, their senior management, or often the community as well. We believe that even in areas for which impartiality is emphasized, building relationships is the only way to really understand what is going on so a decent judgment can be made.

Finally, we hope we have made clear to all parties that the serious communication problems in setting up and fulfilling appointments and meetings built around FIFO-DIDO service provision is inherent and not the fault of either party. This is perhaps one area where many solutions can be tried, but the solutions will need the involvement of everyone and will also need specific solutions for specific communities and services. It is unlikely that any generic solution ('one size fits all') will work. This goes against the grain for social policymakers and senior management, however, who want a single describable solution, but we cannot emphasise enough that all communities are very different.

While it is well-known that there are many 'problems' with service provision in remote communities, there is not as much known about 'solutions' or the social implications of various options of service provision. More research is needed to get an understanding of what has worked and what has not worked well in terms of service provision in rural and remote communities. Also, that research needs to incorporate an analysis of the social contexts under which various models work or not. Policy formulations or service provision that takes a 'one size fits all' approach will only maintain the 'not quite right' dilemmas that currently exist.

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2. There are definitional arguments about what is urban, remote or rural (or other terms). We will not go into this as it differs between countries as well, with some countries counting 'remote' as much closer than would be done in Australia. We think that the approach of Hugo (2005) is the most sensible option: defining in terms of

accessibility rather than physical distance, but we will not pursue that here.

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