

MAKING A DIFFERENCE: ORAL HISTORY AND COMMUNITY HEALTH

by Karen George and Alison McDougall

In 1972, not long before he became Prime Minister of Australia, Gough Whitlam made an historic policy speech at Blacktown in New South Wales in which he talked about a new way of looking at health care. The Whitlam campaign is remembered for the catch phrase which went with it - *It's time*. Sometimes timing is crucial.

This paper is drawn from an oral history project undertaken during 2005 which culminated in a series of interpretive panels permanently displayed in the foyer of the Clovelly Park Community Health Centre. The project was not only commissioned to celebrate the thirtieth anniversary of the Centre but also to encourage new listeners and greater support for its work, particularly from government. Our work revealed the way in which the development of one man's vision very fortunately coincided with a new federal government-sponsored trend in health: namely community health. We learned how a small number of individuals with shared ideas, listened to this man and saw new and exciting possibilities. Sharing a common goal they came together to form South Australia's first community health centre.

But we'd like to take you back a bit further than thirty years – about double that: sixty years. It's 1956 and a young doctor, Deane Southgate, who has recently finished his residency at the Royal Adelaide Hospital has just taken up a job as an assistant GP with a Dr Hugh Lloyd who has a surgery at Clovelly Park.

Deane's intention at the time is to work for a year and then pursue further study in psychiatry. Three years pass and Deane is still at the surgery. In fact he agrees to become a partner in the practice which takes on the name The Southern Clinic.

Clovelly Park in the 1950s was a changing suburb. There was a lot of building development going on, houses going up to accommodate ex-servicemen and their families.



Dr Deane Southgate.

Deane Southgate's wife, Josie, describes the environment. She lived with Deane directly opposite the surgery.

Down behind the surgery, yes. Really down there where there were a lot of almond groves and vines and market gardens all down there, and then some of those were sold up and divided up for housing and of course the roads weren't made, and so it was fairly muddy (laughs) in the winter, and he always used to make sure he had a pair of boots and a towrope in the car in case he got caught – which did happen from time to time.

As well as new houses Clovelly Park was home to many small factories some employing as few as two people, others up to ten. By 1960 the Southern Clinic, because of demand for its services, had moved to a larger site on the main road through the suburb, South Road. Dr Bob Coulthard, a friend and colleague of Deane's, started work at the Clinic that year and is in fact still there. He describes the practice as it was in those days.

We built a surgery with four consulting rooms and what we called an X-ray room and some cubicles for minor surgery, because at that time there was no Flinders Medical Centre and there was a lot of industry and specialised industrial medical clinics hadn't been established at that time, so we saw a lot of work injuries, enough to warrant employing two full-time registered nurses.

One of these nurses was Kate Brown. Kate was born at Borrika in the Murray mallee. She'd trained as a nurse in Adelaide and then travelled abroad working in hospitals in England and South Africa. She returned vowing never to work in hospitals again. Instead she took on a job as a nurse at the Southern Clinic.

I think I started there in 1972, something like that, and it was intriguing because it was a big practice and it was a busy practice, and at that time there were a lot of industries all around and we would get accidents walking in the door all the time. But of course the reception staff would just, (sounding distressed) 'There's somebody walked in the door with their arm half off,' or something! So we'd have to go and receive them.

Kate was impressed with Deane Southgate.

Oh, he was a great guy! He was a – his brain must have been, he must have been a brilliant man because his brain could cope with forty thousand

things at once, and he was involved in all sorts of different areas: occupational health and aged care and maternity and you name it, he was interested in it. And I think he was one of the first doctors in Adelaide who became interested in the new movement that was being mooted about community health, which was about prevention rather than cure.

Kate had been at the clinic for two years when one morning Deane revealed his interest in community medicine to her in an unexpected question early one morning while she was cleaning the steriliser. Kate jumped at the opportunity. She started working out of the Southern Clinic as a community health nurse.

This was the point where vision and reality met. The convergence of Deane's vision and the Federal government's community health initiative saw a new service, the Clovelly Park Community Health Centre open its doors in August 1974. Dr Coulthard explains:

Deane was one of the first to realise that we had a much greater need to utilise the skills of the allied health practitioners: social workers, psychologists and the whole range of allied health practitioners. Deane saw the opportunity and he suggested to us that we should encourage the state government to put their first one right next to our surgery.

Once the doors of the Centre opened the next step in the journey was drawing together like-minded people to bring this almost revolutionary model of health care into practice.

That same year Dr Rosemary Crowley bumped into Dr Southgate at the local kindergarten their children attended. She had trained in Melbourne and then gone abroad. Having taken time away from her career to have children, she was looking to get back into medicine. Deane told her about some funding he knew was available for retraining.

So I got retrained and that gave us 50 hours of practice in paid-for general practice. So I was in the Southern Clinic working there, when the Community Health Centre got initiated and I moved in there as a – well, I used to call myself a 'parentcraft' person, but available to talk with and follow up mothers in particular who'd had babes and who did not continue contact with the Mothers' and Babies' Health Centres or sisters.

While working at the Centre, Rosemary met people in extreme circumstances. She feels that through the job she gained valuable insights into the social causes of ill health.

I think it's also about knowing through the Community Health Centre that lots of people who would come and report ill health because they

were unemployed or because they lived in a new housing development down south and there was only a bus service till five on Friday or something and nothing till Monday, and they were under considerable stress in their new houses with sheets over the windows and trying to get enough money to get the whole place going but unable to get out of this new [housing estate] – walk for miles to get out of it. If you didn't have a car then you were in big trouble, and so there was a lot of stress and tension. So things became clear in the Health Centre that people were ill and had ill health from conditions that were not up to themselves. Didn't matter how far you walked or how many apples you ate, you were not going to solve the problem of social difficulty, a lack of a bus service; you couldn't clean up the air or the noise in your workplace and so on; so there was a need for political solutions to a lot of ill health, and I guess politics and health have been very close together.

Not long after leaving the Centre, Rosemary Crowley moved into politics and is well known now for her work as a Senator. In that position she arranged for the then Prime Minister, Bob Hawke to visit the Centre.



L-R Dr Deane Southgate, Senator Rosemary Crowley and Prime Minister Bob Hawke at Clovelly Park.

Having listened to so many stories of struggle, she committed her professional life to making those voices heard.

But we need to pause for a second – we have missed perhaps the most important players in this drama. A community health centre is nothing without the community surrounding it. From the creation of the first Board of Management, community representation was recognised as crucial. The Centre needed to listen to its users if it was to address their needs, make a difference and survive.

Ethel Sparre, a local resident, already knew about many of the social problems Rosemary Crowley

came across. Ethel had been fighting on her own for years, writing letters to local councillors and politicians to highlight the problems faced by the community.

I think I did it mostly on my own until we did get the community health centre, and then I sort of learnt that you need to have people to help you do big things ... And it did teach me to be able to be assertive.

Ethel attended self-development groups and other training sessions at the Centre and became so involved that she was invited to be a community representative, a role she saw as vital.

Well, because you had – your different people that were on the board – community, professionals, health professionals and all those type of people on that board, that it was a mixture that was good, that had input and could work together to put things out and pass on down to the community and let them know what was going on.

Since the completion of the oral history project, Ethel has once again been on the warpath in the cause of local people and the Centre. Her efforts convinced two highly placed State government ministers to visit the premises and commit to providing a new site for the service, although no time line was attached to this promise.

Joy Parker, like Ethel Sparre became a community representative. She feels that the involvement of ordinary people in the management of the Centre was very valuable.

I think we brought them down to our level, and they knew that if we had something to say we would say it, but we also wouldn't just be trivial, wouldn't be – we were seriously-minded about things...I thought what we did was let them feel that they were touching people's lives. And we'd give good feedback.

The Centre did touch people's lives, even in its very early days. When she was widowed, Pauline Delvendiep turned to the Centre in her time of need.

I lost a bit of confidence in myself at that stage. Two of the other ladies from our church, Win Gibbons and Joy Parker, were actively involved in the Health Centre through our Community Care program in the church, and I heard through them that there was a Mr Reg Brand who was going to run a course for 'help for helpers', and I don't remember now whether I said I wanted to go or whether I was talked into going, but I enrolled for this course. And it was a great course because it helped me to gain back my confidence that I had had earlier, and just gave me the confidence to go on with living and to help people.

Reg Brand, whom Pauline remembers with great appreciation, was a key player in the early years of the Centre. He started in 1977 as a group work counsellor. He ran relaxation groups, assertiveness groups and trained volunteers in basic listening and responding skills. He feels that staff members were not only extremely committed to what the Centre was trying to achieve, they also enjoyed the opportunity to work as a multidisciplinary team.

It was very much a family-oriented thing, as far as the Community Health Centre itself was. Like we were more like a family than anything, because there was this understanding that, if something was needed, well, we'd all work together to do it... because 'Hey, we're on a great mission here', and it was really exciting stuff.

As the Centre grew and moved through into the eighties and nineties the staff continued listening to and engaging with the community through many varied programmes including school health visits, occupational health and safety education, a toy library, a community garden and food coop, just to name a few. The Centre's separate domestic violence groups for survivors and for perpetrators were groundbreaking for their time.



The entrance to the health centre on South Road.

However not everyone felt comfortable with or welcomed by the health centre. Gayle Rankine, an Aboriginal resident of the area was definite in her early opinion of the place.

No. I mean, I'd go past on the bus every day and just look at it, it wasn't relevant to me. We didn't get involved with Inner Southern [the Centre's 90s name] until probably the 80s because they had the Aboriginal Health Service in Adelaide there in Wakefield Street, but you had to get in there and out again and it was really hard.

Julia Lamont, one of the directors of the Centre after Deane Southgate, became aware that Aboriginal people were not using the Centre. She worked with an Indigenous staff member to try and change this, by listening to what people needed and wanted.

We had a really good diabetes service on one side of the road and on the other side we had Aboriginal people meeting, who one of their main health issues is diabetes. They weren't actually accessing the service and it wasn't - - -

Why was that?

Well, it just wasn't offered to them. So I made a decision to get a community health nurse, a dietician and a podiatrist to work together as a team with Margaret Nelson to provide a diabetes service to the Aboriginal community.

The changes made a difference and now many Indigenous people access the Centre. Gayle relates, *And that's what's good here with Inner Southern at the moment, is we're working together to have this two-way thing happening: we're teaching them, they're teaching us, and we're actually making things work.*

These strong links between the community and the Centre were evident at the anniversary event at which the panels were launched. Former staff and clients came together in a spirit of celebration of all that was achieved with limited funding and facilities. The project and the event allowed people, from across the distance of time, to reflect on their struggles and successes. This was of great value, not only for themselves but also because it allowed the public and the government to gain an understanding and appreciation of what had been done.

The history of the Clovelly Park Community Health Centre is a mosaic of many stories of people and programmes, successes and failures, endless fights for more funding and facilities and much creative thinking to make things work on a shoe-string.

One of the primary purposes of the thirty-year celebrations and the commissioning of a series of panels to tell the history of the Centre was to find an innovative way to be heard by a new generation of politicians. Management and staff hoped that by showcasing the Centre's history of struggle and success they might encourage the government to recognise the essential nature of community health

work and perhaps again view it with the same vision and hope as Gough Whitlam did in 1972. Recent discussions with the Centre indicate that this may be happening, but it will again depend on government priorities.

Fran Baum, Director of the South Australian Community Health Research Unit, who has worked closely with the Centre for many years, sums up the essence of community health beautifully.

I write a lot about community health and primary health care and do consultancy work for the World Health Organisation, and my current role as Commissioner on the WHO Commission on the Social Determinants of Health is always going to be very strongly informed by my working links with community health, because it actually provides me and reminds me that there is a real model of comprehensive primary health care that doesn't just try and treat people or just try and pick up the pieces after they've got sick, it reminds me that a health service can actually be preventive, can positively promote health. And if you think what services like Inner Southern do on an absolute shoestring, now imagine if we invested properly in



A community event raising awareness of domestic violence issues

them, you know, if we really did just reorientate three per cent of our health service budget to community health, it could do amazing things. And so it's the vision of what happens on the tiny little slivers and almost the scraps off the table that centres like Inner Southern achieve at the moment that really give me a vision for what the health system could be like.

All photographs courtesy of Clovelly Park Community Health Service