



# STRATEGIC PLAN 2017 - 2021

## Strategic Economic Priorities

1. TRANSPORT

2. WATER & ENERGY

3. ENVIRONMENT

4. SOCIAL INFRASTRUCTURE

5. COMMUNICATION

## 4 | Develop equitable social infrastructure

### Preamble:

There is universal agreement that strong, resilient and healthy individuals, families and community play a vital role in building the ongoing prosperity, wellbeing and economic development of a region. It has been demonstrated that long term economic growth in the regions occurs through investment in human capital development.

The population of FNQ is currently 273,000 persons which represents approximately 5.6% per cent of the state population<sup>3</sup>. The population is expected to grow to over 363,000 by the year 2036<sup>4</sup>.

The region covers a large area of 319,063 square kilometres, encompassing over 17% of the state. Approximately half of the population lives in urban areas, while the rest are distributed over rural and remote locations. Most of FNQ is in fact rural and remote with only few centres with populations over 25,000 people.

The connection between disadvantage, demography and geography are well established. The Socio-economic Indicators for Areas (SEIFA) – an overall measure of disadvantage – shows that FNQ has a larger proportion of its population in the most disadvantaged quintile. The majority of locations in FNQ are below the Australian average of 1000 points. Some examples include Cairns 975,

Carpentaria 865, Hope Vale 678, Tablelands 932, and Yarrabah 554. The Indigenous local government areas in FNQ have the lowest SEIFA indexes in Australia.

There is long list of social issues that have been identified in FNQ including lower levels of income, high unemployment, lower levels of school completion, higher levels of domestic and family violence, mental health issues, just to name a few. The *Counting the Homeless Queensland*<sup>5</sup>, shows that FNQ has a higher proportion of homeless people per 10,000 population than Queensland as a whole, with 11.6% of Queensland's homeless people where the state average is 6.3%.

There is also ample evidence to show that health and human service investment is not equitable in FNQ. The Australian Institute of Health and Welfare has identified that health expenditures in Queensland generally and even more so in FNQ were below the national average. Additionally, the non-government funding was one of the lowest nationally at \$815 per person in 2011-12<sup>6</sup>, demonstrating the significance of public funding in health and welfare.



<sup>3</sup>Queensland Government Statistician's Office, Queensland Treasury, Queensland Regional Profiles: Resident Profile for FNQROC Region

<sup>4</sup>JACOBS - Regional Transport Plan: Far North Region Part A, Far North Region – Technical Working Group (TWG) Regional Transport Plan, Working Paper draft.

<sup>5</sup>Chamberlain C, MacKenzie D2009. Counting the homeless 2006: Queensland. Cat. No. HOU 205. Canberra: AIHW

<sup>6</sup><http://www.aihw.gov.au/expenditure-data/>



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## 4. Cont...

A number of factors influence welfare spending including population growth, the cost of providing services and rates of service use, and the capacity to pay, which in FNQ is limited (CSSA 2014) reflected by the relatively small private sector in human service delivery. It is well established that investments in people yield multiple returns to society in both social and economic terms. As noted by the Minerals Council of Australia, in its submission to a Parliamentary Inquiry into Northern Australia<sup>7</sup> “research suggests that communities that do not have sufficient infrastructure, social amenity and economic diversity will not attract new residents and this will in turn constrain the industry's recruitment capacity”.

FNQROC will work towards developing strong communities and social infrastructure to deliver equitable outcomes. Key focus areas are:

- Building an Evidence Base: Supporting the development of disaggregated data and developing social profiles of FNQROC areas and undertaking research into social inequity and disadvantage;
- Integrated service planning: Working cooperatively to develop regional approaches to common social issues and seeking to coordinate health and human services planning efforts;
- Service Development: coordinated regional efforts for building social infrastructure and service delivery. Addressing issues of underfunding, service gaps, physical infrastructure and sector fragmentation. Forging partnerships for new models of service delivery for rural and remote communities.
- Support Workforce Development: Support a cohesive regional effort to attract and retain health and human service professionals; support training and education efforts of the health and human services workforce and provide support for professional development
- Advocacy: Advocating to State and Federal government Departments and Ministers and other relevant agencies to address priority issues, policy development or projects.

<sup>7</sup>Submission No. 122

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Former\\_Committees/Northern\\_Australia/Inquiry\\_into\\_the\\_Development\\_of\\_Northern\\_Australia/Submissions](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Former_Committees/Northern_Australia/Inquiry_into_the_Development_of_Northern_Australia/Submissions)