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Executive Summary

The Victorian Government's investment in CtHG supported a variety of health initiatives across the state. This Report has examined eight CtHG investments in seven case studies, with particular attention being given to successful outcomes and the mechanisms and contributory factors that have enabled those outcomes.

There have been a number of consistent factors repeatedly associated with success across the case studies. These include:

- providing the community with a culturally safe, place-based service model, where pathways to referred services can also be accessed
- providing a dedicated 'space' for the community to use
- maintaining strong partnerships between mainstream and ACCOs
- providing appropriate workforce training and leadership
- providing flexible delivery of programs that are filling a 'gap' in the landscape.

Some particular long-term outcomes resulting from these initiatives were also evident, particularly members of the community feeling empowered to both take control of their own health, and develop a stronger sense of identify and culture.

PLACE-BASED RESPONSES

A number of CtHG investments explored in this Report have involved a service model which enables members of the Aboriginal community to access a range of core services and referral pathways to other services in one location. This has occurred at the Hastings Gathering Place, Seymour Gathering Place and the Healesville Belonging Place. All three sites are filling a gap in the local service delivery landscape, and are providing a specific and accessible location for the local community.

In the case of Seymour, before the Gathering Place was established, people had to travel more than an hour to access health services in Melbourne or Shepparton, which was difficult for people who could not drive. Providing services nearby means accessing services is less overwhelming, and it provides a space for Aboriginal and non-Aboriginal workers with a 'real doorway to the community'. When services are physically easier to access and provide a range of service entry points, Aboriginal people are more likely to attend. This in turn appears to contribute to better engagement with those services and provides opportunity for information provision, cross-referral and promotion of positive health behaviours.

Centralising information about different services and programs makes it easier for people to access that information. At the Seymour Gathering Place, for example, Aboriginal people can go and gather health advice and information in a culturally safe environment.

I really like the place because all the information, brochures and pamphlets are here and I don't need to say anything, just pick one up and read it at home. So I feel comfortable doing this with some of the health issues I have and I don't feel like staff are looking at me strangely. I can't do this at the mainstream places.

Some initiatives provide information to Aboriginal clients in addition to the service's primary operation. At Njernda Gym, Aboriginal people access the service primarily to use the gym, but they are also able to seek health information and advice on site, such as healthy eating plans and smoking cessation plans. The delivery of multiple services and programs in the one location is consistent with a holistic view of health, and can help service users to understand the interrelationships between different aspects of health and wellbeing.

Providing strong, supported referral pathways from a core location, where people have developed trust and a level of comfort makes accessing those referred services easier. Facilitated pathways can be supported through a single person, such as the client journey worker, or through a site, such as at the
gathering places or the Belonging Place. At the Healesville Belonging Place, community members appreciated that “HICSA just work out where we need to go and they link us to the right services”. In one particular story of an Aboriginal client who had been in a car accident, the ability of the Belonging Place to address multiple problems made a significant difference, “if HICSA wasn’t in place I wouldn’t have known what to do when I came back to Healesville”. In this instance, HICSA was able to connect her to an agency for rehabilitation and to another agency for her and her son.

A ‘SPACE’ TO GO TO
Having a dedicated ‘space’ for Aboriginal people strengthens cultural identity. The gathering places, the Belonging Place and Njernda Gym are all examples of dedicated, physical spaces, which allow Aboriginal people to come together; and enable networks to be formed and strengthened. These networks extend beyond the physical place and its services. At the Seymour Gathering Place people can come together and “talk about culture more now...without this place as a common meeting place we wouldn't be coming together and having a true Aboriginal community and interaction at different levels”.

These spaces provide a place for people to meet new people, and reconnect with old friends and family. The Seymour Gathering Place provides a “good atmosphere for the community and their families…we have access to each other which we didn't before”. Networks that extend beyond the local area are also fostered, such as at Seymour, where the Gathering Place linked into other Aboriginal services and arranged for a group to attend the anniversary of the Long Walk in Melbourne, which was also attended by Aboriginal people from across the state. The role of the Gathering Place in facilitating this is evident “some of us met on the day and couldn't have achieved this if the Gathering Place wasn't in place – we would have all stayed home”. Similarly, at Njernda Gym, Aboriginal people have the opportunity to meet and network in a culturally safe environment.

As well as developing the community’s individual and group cultural identity, the dedicated space has provided greater visibility for Aboriginal people within the broader mainstream community. For example, in Seymour, the establishment of the Gathering Place has had an influence on how the Shire Council engages with the Aboriginal community, which now flies the Aboriginal flag in Seymour and in Broadford. This change ‘sends a signal that the Aboriginal community is present’.

A dedicated space enables Aboriginal people to access services in a culturally safe environment. At the Gathering Place in Seymour, the cultural comfort makes it a better place to access services than the mainstream alternatives:

_We come here, have a cuppa, have a yarn…it is much more comfortable and easy to get things done. No one is looking at you when you come to get a service or why you are there like in mainstream services._

In addition to making services more appealing to access than mainstream alternatives, having a Aboriginal-specific space encourages people to speak more openly about their needs. At the Healesville Belonging Place a client explained that, “I speak up more about other issues now…it couldn't have happened without HICSA”. The comfort extends from adults to children. Family care staff from the Seymour Gathering Place work with Aboriginal foster children on a regular basis “because the place offers a culturally appropriate and safe environment”. Further, it was perceived that Aboriginal people could participate in cultural activities ‘without judgement’.

STRONG PARTNERSHIPS BETWEEN MAINSTREAM AND ABORIGINAL COMMUNITY CONTROLLED ORGANISATIONS
Strong partnerships between ACCOs and mainstream services are linked to the success of many of the CtHG initiatives explored in this Report. These partnerships are often facilitated by governance structures which incorporate Aboriginal and non-Aboriginal people, and in some cases are underpinned by formal MoUs.

In some instances, the entire initiative is based on successful partnerships. Highly effective partnerships facilitate ‘vertically integrated’ relationships, at the governance, organisational and operational levels, which are conducive to effective change.

Internal leadership is a key feature of successful partnerships, providing momentum and drive but also establishing role models for commitment and participation in achieving partnership objectives. The
Delivering Deadly Services program in Portland is based on a formal MoU, and enjoys commitment from senior members of both organisations to improve the health experience of Aboriginal patients. As well as working towards the attainment of CtHG's goals, this rolemodelling has led to some systematic sustainable cultural shifts amongst staff.

Informal partnerships are also very valuable in enabling Aboriginal people to access health services, for example through facilitating supported referral pathways. Improved communication between health services has led to easier pathways for Aboriginal clients at the Gathering Places and in Portland, and through the IPHC projects.

WORKFORCE: TRAINING AND LEADERSHIP

Training the workforce in cultural awareness and employing people from the local community are two important factors in enabling Aboriginal people to feel comfortable in accessing services. For example, the Delivering Deadly Services initiative included a focus on cultural awareness training to staff and promoting effective identification of Indigenous clients. This lead to Aboriginal clients reporting that greater cultural awareness amongst the nurses was evident when they engaged with them, and that they were ‘generally more aware and supportive’.

In the IPHC initiative, there is a focus on engagement and relationship building regarding Aboriginal health internally within the hospital, and externally, within the community. As a result of this investment, there was an improvement in the profile of Aboriginal staff and their roles in health services, and in the awareness and understanding of Aboriginal health care issues across health stakeholder groups. These two outcomes impact on the attitudinal changes in the health care system, and contribute to broader improvements to relationships between the Aboriginal and mainstream communities.

Employing Aboriginal staff enables the Aboriginal service users to feel more comfortable accessing the services. This was evident in the success of the Client Journey Project, where the Aboriginal Client Journey worker was familiar with the community and their needs, and also understood the health system. The worker was able to bridge these two knowledge sets and assist Aboriginal people to access needed health care. At Njernda Gym, the qualified fitness instructors are all from the local community, and are familiar with the local people and their needs. It also means that they are known and trusted, which reduces the barriers to accessing the service.

Employing Aboriginal staff can also improve the way that mainstream staff understand Aboriginal patients. This was evident in the Delivering Deadly Services program, which funded traineeships for Aboriginal people. According to one of the mainstream nurses interviewed, having more community members involved with the mainstream workers and services helped to “build the bridges…we could see the barriers were broken down between black and white”. The Aboriginal Employment in Universal Health Services Aboriginal Employment in Universal Health Services project is another example of an initiative that is increasing the proportion of Aboriginal people employed in the health services, through cultural awareness training and continuous practice improvement.

FLEXIBLE AND TARGETED DELIVERY OF PROGRAMS AND SERVICES/FILLING A ‘GAP’ IN SERVICE DELIVERY

Delivering programs that are relevant to the local community in a flexible manner enables the Aboriginal community to engage in services, and ultimately, improve their health outcomes. The Njernda Gym is providing a service that is of interest to the community; an Aboriginal gym where people can exercise together in cultural comfort. Similarly, the types of services offered at the Belonging Place were planned with the community and directly engage a broad spectrum of community members.

Flexibility of service and program delivery is also important to engaging people.
1 Introduction

1.1 BACKGROUND AND POLICY CONTEXT

In 2009, the Victorian Department of Health (DH) committed a total of $57.97 million over four years (2009–2013) to implement the Victorian Closing the Gap in Health Outcomes Initiative (the Initiative, or CtHG).

The State-wide Implementation Plan reflects the five priority areas of the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (the NPA).

COAG has committed $1.57 billion to the Aboriginal Health National Partnership over four years to meet the goal of 'halving the gap' by 2030, by addressing five priority areas affecting Indigenous Australians. These five priority areas are:

1. **tackling smoking** to assist Aboriginal people to quit smoking and in turn reduce the burden of tobacco related disease in Aboriginal communities

2. **primary health care services** that can deliver to improve Aboriginal peoples' experience and access to quality primary health care services

3. **fixing the gaps and improving the patient journey** to improve Aboriginal peoples' satisfaction with care provided by hospitals and their transition between hospital and other health care providers

4. **healthy transition to adulthood** to improve the health of Aboriginal teenagers by promoting healthy lifestyle choices like nutrition and physical activity and reducing the take up of high risk behaviours such as smoking, alcohol abuse, substance misuse and unsafe sex

5. **making Indigenous health everyone's business** to increase the responsiveness of all health services to improve the health of Aboriginal people currently engaged in child protection, youth justice, drug and alcohol and mental health services.

As part of the Victorian strategy, each of the eight health regions has a Regional Closing the Health Gap Committee that include representation from local hospitals, Aboriginal Community Controlled Health Organisations (ACCHOs), General Practitioners (GPs), Community Health Services, Primary Care Partnerships, and DH.

Each committee is responsible for developing, implementing, benchmarking and evaluating a regional implementation plan that is in line with the Victorian State-wide Implementation Plan, but which allows for variations in approach across regions that are based on locally identified needs and initiatives.

The investment in regional activity reflects an important component of the approach taken to CtHG in Victoria, where 55 per cent of the State budget for the overall initiative has been allocated to the regions — including planning activities — on a population basis. The regional investments are based on a regional plan, governed at the regional level. The remaining 45 per cent has been invested in state-wide activity to augment or initiate activity in mainstream health settings, and is governed by the Aboriginal Health Branch, within DH.
1.2 THIS REPORT

Urbis was commissioned by DH to undertake the evaluation of CthG, over the three-year period 2010–2013. This report is one of the key outputs from the evaluation, and presents nine case studies of CthG-funded initiatives. The case studies have been selected based on their early signs of success and include:

1. The Belonging Place (Healesville)
2. Improving Pathways to Hospital Care, (North West Metro)
3. The Gathering Place (Seymour)\(^1\)
4. The Gathering Place (Hastings)
5. Delivering Active and Healthy Lifestyles: Gymnasium (Echuca)
6. Employing Aboriginal People in Universal Health Services (Gippsland)
7. Delivering Deadly Services (Portland)
8. Client Journey Project (Hume)

The approach used to present case studies is an explanatory one. Explanatory case studies focus on understanding the cause and effect relationship, and those selected for this document examine the ways in CthG funding has contributed to improving the health outcomes for Aboriginal people living in Victoria.

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\(^1\) Seymour and Hastings Gathering Places have been integrated into a single chapter (6) in this report.
2 Methodology

This chapter describes the methodology employed to develop the explanatory case studies in this report.

2.1 CLOSE THE HEALTH GAP EVALUATION FRAMEWORK

The evaluation focuses on four key questions:

- how effectively the Initiative has been implemented in Victoria
- the extent to which the targets have been achieved
- whether current projects represent the most appropriate, effective and efficient means for achieving these goals
- the extent to which a community-driven approach has been adopted effectively in the regional implementation of the Initiative.

A baseline report was produced in May 2011, which presented baseline population health data provided by the Aboriginal Health Branch, DH, and which discussed the implementation to date of the Initiative in each Victorian health region. The baseline report also included the evaluation framework that was produced to guide the evaluation. Progress reports were produced in October 2011 and May 2012, exploring ongoing progress against state-wide and regional targets; and an Interim Report was delivered in March 2013.

The evaluation methodology is described in detail in the baseline report, which includes the evaluation framework and a discussion of methodological challenges. The evaluation is conducted in line with the requirements of the Human Research Ethics Committee (HREC), which provided approval for the consultation and data analysis activities.

2.2 EXPLANATORY CASE STUDIES

The methodology has been refined as the evaluation has progressed. A key change has been the inclusion of a compendium of case studies — this report — to provide a greater depth of analysis to selected stories of implementation success.

There are a number of different approaches that can be used to develop case studies. An explanatory approach is preferred for this report, as it focuses on understanding why initiatives have been successful in their particular context. The explanatory narrative within each case study aims to draw out those contributory factors that have led to positive outcomes, including unintended outcomes.

The initiatives funded under CtHG vary significantly in their purpose, design and the context in which they are implemented. A key advantage of the case study approach is its flexibility: case study methodology allows for a collection and analysis of both quantitative and qualitative data to provide the best representation of reality in each case. While case studies are developed independently, thematic analysis of the stories that emerge allows patterns to be identified and, and where appropriate, generalisable observations to be made.

2.3 SELECTION OF CASE STUDIES

The focus of the case study selection was on identifying CtHG-funded projects and programs that were considered to be examples of successful initiatives. A short list of case studies was developed in consultation with DH, based on a preliminary review of available data and anecdotal reports of successful initiatives. The selection of these sites as exemplars of success was validated informally with local Aboriginal community networks prior to confirmation. A table summarising characteristics of the case studies is included at the end of this section.
2.4 DATA COLLECTION

The range of constraints on the availability and quality of data for the CTHG evaluation have been discussed in the baseline report, and many of these limitations apply to the initiatives selected for case study analysis within this report. The iterative approach and the flexible use of multiple sources of information employed by the case study methodology are designed to mitigate the impacts of limitations in the data.

Data collection for each case study generally involved in three steps. The first was the compilation of a preliminary narrative for each case study based on all available written reports and documentation. These include state-wide documentation and reports, and regional implementation progress reports. Publicly available online resources were also used, such as service providers’ websites. Gaps identified in the narrative were used to inform the qualitative consultation guides.

The second step involved a site visit and consultation with service providers, service users, and DH representatives. In keeping with the Human Ethics approval, all Aboriginal service providers and service clients were interviewed by our Aboriginal consultant. The qualitative interview questions were written to respond to the identified gaps in information provided by the quantitative data.

The final step included re-circulation of the draft case study to key informants, with the primary intention of testing findings and analysis, but also of seeking information to fill or explain significant data gaps.

2.5 ANALYTICAL APPROACH

There are a number of approaches to ensuring that case studies are rigorous and that their findings are valid. The case studies within this report were developed using a number of key strategies to ensure credibility, reliability and transferability.

The credibility of case studies and their findings has been supported through the triangulation of data from multiple sources to look for commonality — or alternatively, points of conflict requiring explanation. Data sources vary within each case study, but generally include data contained in formal reports and published information, and consultation with people who hold different perspectives on the case study.

The approach employed for each case study included preparatory analysis of all available written documentation — including both qualitative and quantitative data — and the drafting of a narrative outline for the case study to be reviewed by the field consultant. This process enabled the field consultant to focus on validating or challenging any preliminary findings, as well as endeavouring to address information gaps in the case study narrative.

Once the field work had been conducted and the qualitative data used to complete the reports, each case study was analysed to generate discussion based on the main success factors and challenges. Using both qualitative and quantitative tools to collect data was an important step to ensuring that 'triangulation' was achieved to enhance the credibility of the case study findings.

Strategies to strengthen the reliability of the analysis have included a separate review of each case study by two analysts, in addition to the primary author(s) and field consultants. This process is designed to test rigor in analysis with a focus on whether different analysts agree on findings and conclusions given the same data.

A range of literature relating to best practice in Aboriginal health service delivery was also consulted to aid the analysis. In particular, review of evidence from other settings supported efforts to validate the causative associations where these were hypothesised or appeared evident from the data.

Finally, the extent to which case study findings will be transferable is illustrated through the provision of a reasonable level of detail about the context of the case study implementation and exploration of the extent to which contextual factors were influential in implementation process or outcomes.

The goal of these case studies is to analyse the data by building an explanation about the case, and to explain how, or why certain things have happened. The primary approach adopted for analysing case studies collectively and generating findings was through latent content analysis. This approach delves beyond the literal interpretation of qualitative data or information to examine meanings, themes and
patterns that are latent in a particular data source. These themes informed the overall analysis, and were validated wherever possible through reference to the literature about enablers for engaging Aboriginal people in health services and improving health outcomes.
<table>
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<tr>
<th>PROGRAM</th>
<th>PURPOSE</th>
<th>GOVERNANCE STRUCTURE</th>
<th>BENEFITS</th>
<th>SUCCESS FACTORS</th>
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</thead>
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| The Healesville Belonging Place | To develop a gathering place and a dedicated point of access to age and culturally appropriate health, educational activities for Aboriginal people. | HICSA Board (51% min. Aboriginal) | • Culturally safe environment to engage in activities  
• Increased sense of identity and connection to community  
• Access to services visiting or-are choosing more positive lifestyle choices | • A ‘one stop shop’ that provides services and referral pathways  
• Targets the type and delivery of programs so that they are relevant and engaging  
• Practices cultural safety throughout the design and delivery of the Belonging Place |
| Improving Pathways to Hospital Care | To improve Aboriginal pathways to hospital care through the development of a Continuous Quality Improvement framework for acute health services and a Quality Improvement Toolkit for staff. | Advisory group of representatives from the community and mainstream services | • Aided the promotion of evidence-based practice in the acute care system for Aboriginal clients  
• Improved community engagement  
• Improved profile of Aboriginal staff  
• Increased understanding of Aboriginal health care issues across health stakeholder groups | • Collaboration between health services  
• High quality and committed staff  
• User-friendly tools and processes, and the involvement of Aboriginal people in the decision-making process. |
| Gathering Places: Seymour and Hastings | To develop a central point of access for Aboriginal people it gather and access health and primary care services | Seymour Health and a Working Group  
Initial implementation group followed by Management Committee | • Experience a strong sense of belonging, enhancing identity and pride  
• Engage in cultural practices  
• Access services in culturally safe environment | • A local ’one stop shop’ with access to services and referrals  
• Buy-in from the local Aboriginal community  
• Culturally safe environment where people access health information and assistance  
• Buy-in and role modelling from senior community and staff |
| Deliver Activity and Healthy Lifestyle Program | To establish a gym for the local Aboriginal community the delivers quality, targeted programs by qualified members of the community for all members of the community | Njernda Aboriginal Corporation | • Engagement in health-promoting activity in culturally safe environment.  
• Training and employment opportunity for community members | • Community led and staffed  
• Targeted programming |
<table>
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<tr>
<th>PROGRAM</th>
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<th>GOVERNANCE STRUCTURE</th>
<th>BENEFITS</th>
<th>SUCCESS FACTORS</th>
</tr>
</thead>
</table>
| Aboriginal Employment in Universal Health Services | To increase the overall proportion of Aboriginal people employed in universal health services by developing cultural awareness training for employers and recruiters and establishing culturally appropriate human resources practices | Central Gippsland Health Service's | ▪ Improvement to: health and wellbeing, confidence, attitude and self-esteem, and positive changes in views on learning, career development and belonging to workplace teams.  
▪ Increased employment opportunities  
▪ Recognition from community | ▪ Effective partnerships between ACCOs and mainstream organisations  
▪ Support to trainees, e.g. weekly debriefing sessions  
▪ Highly tailored program |
| Delivering Deadly Services | To improve health outcomes and experience for Aboriginal people by employing an AHLO, conducting cultural awareness training in services and improving self-identification | Formal MoU between Portland District Health and DWECH | ▪ Health service staff are more culturally attuned  
▪ More community members working at the health services  
▪ Aboriginal patients find it easier to access health services | ▪ Cultural training  
▪ Change in staff attitudes  
▪ Support from senior staff  
▪ Effective partnership between mainstream organisation and ACCO |
| Client Journey Projects | To improve a patient’s experience of care in the health system and in recovery | The Client Journey Working Group | ▪ Aboriginal patients more comfortable using health services  
▪ Aboriginal patients improving their health outcomes  
▪ Aboriginal patients taking a greater interest in their health outcomes | ▪ Client Journey Worker is respected by the local community and has excellent knowledge of the health system  
▪ The community are empowered to independently navigate the health system |
3 The Healesville Belonging Place, Eastern Metropolitan Region

3.1 INTRODUCTION

The Healesville Belonging Place has been established with CtHG funding to support the Healesville Aboriginal community develop a gathering place, which would also serve as an outreach site for health services to engaged with the community.

The Belonging Place is designed to provide a dedicated point of access to age- and culturally appropriate health, education and recreational activities for Aboriginal people. It was intended to have a primary focus on young people but aimed to deliver a benefit to many different cohorts in the local and wider community. The Belonging Place is providing a place-based service, which has previously been absent in the community.2

The Belonging Place has been designed to address CtHG's Priority 4: 'healthy transition to adulthood'. In addition to this, it aims to improve cultural responsiveness in health service delivery, and to address risk factors that affect young people's health.

3.2 THE GAP

There is a significant Aboriginal population in the Eastern Metropolitan Region (EMR), and more specifically, the areas surrounding Healesville. The EMR is home to 2,814 Aboriginal people, which equates to 8.4 per cent per cent of the Victorian Aboriginal population.3 The age distribution of the community is characterised by higher populations of young people, relatively fewer people of middle age and very few in the older age groups.

The dissolution of the Healesville and District Aboriginal Cooperative in 1999 had left the community without a focal point for community-run services. However, community members have subsequently developed a new approach, based around the idea of a gathering place for the Aboriginal people of Healesville and district. Planning for a new facility commenced in 2004, and in 2007 took a significant step forward when the Healesville Indigenous Community Service Association (HICSA) Interim Reference Group (IRG) secured funding to commission a feasibility study.

The feasibility study was conducted in 2008 and explored a number of possible locations for a future site. The study's findings contributed to the IRG securing funding from the Department of Planning and Community Development (DPCD), to progress the project through the development of an operational and business plan for the proposed facility. When preliminary work identified the importance of developing a strong and transparent foundation of governance, the development project was refocused on this goal, leading ultimately to the incorporation of HICSA in December 2009, and the establishment of the IRG as the HICSA Board.

3.3 THE STORY

The EMR undertook a formal consultative process to identify priority projects for implementation in the 2009–10 financial year, consistent with DH guidelines for developing regional CtHG plans. As a result of the consultative process, in December 2009 funding was requested for five priority projects addressing two broad objectives, to:

- improve Aboriginal people’s experience of health and related service systems
- grow healthy young adults who belong and are valued.

2 Eastern Metropolitan Region, Closing the Health Gap Regional Implementation Plan 2009-13, p3
3 Ibid, p11
The Healesville Belonging Place was a major project associated with the second of these regional objectives, and funding was granted for the project.

3.3.1 ESTABLISHMENT AND OPERATION

The Healesville Belonging Place was opened in 2010 and initially employed a Service Development and Governance Manager. Subsequent recruitment included a Program Coordinator, a Business and Finance Officer, and Youth Cultural Strengthening Officer.

Reflecting CtHG Priority 4: ‘healthy transition to adulthood’, the Belonging Place was designed to provide a culturally safe place for community and to become a place to host events, health clinics and other community services. In addition to this, it aimed to improve cultural responsiveness in health service delivery, and to address risk factors that affect young people’s health.

3.3.2 GOVERNANCE

Strong, transparent and effective governance structures had earlier been identified as an essential foundation for the establishment of a viable and sustainable Belonging Place, and considerable effort was invested to put these into place. A governance and employment structural plan were prepared before the Belonging Place was established, and a strategic plan was also developed and implemented.

The HICSA Board is very active in the governance of the Belonging Place; and the governance model adopted by HICSA is based on the approaches used successfully within the Koori Heritage Trust and Wuchopperen Health Service. That is, as an Aboriginal-controlled organisation, 51 per cent of the HICSA Board Members must be of Aboriginal and/or Torres Strait Islander descent. HICSA also adopts a reconciliation model whereby Aboriginal and non-Aboriginal staff are appointed based on merit, work experience, personal attributes and cultural knowledge or experience.

During the establishment phase, the EMR CtHG Project Manager worked intensively with the HICSA Board and Manager to progress the Belonging Place. Through regular meetings support was provided to address tasks relating to service development, marketing promotion, stakeholder engagement and operations. This supportive approach has been recognised as an effective way of developing sustainable Aboriginal organisations by Aboriginal Affairs Victoria.4

3.3.3 FUNDING AND RESOURCING

HICSA was granted $197,400 in CtHG funding over three years to establish the Belonging Place, which was complemented by additional funding from the DPCD and the DH.

There have also been grants made for smaller projects, including $15,000 for an arts project in the Child and Family Reconciliation Precinct from the Shire of Yarra Ranges.

3.3.4 FUNDED ACTIVITY

The Healesville Belonging Place offers a range of educational, health promotion, clinical and cultural programs. The educational and health promotion programs on offer include Deadly Driving — driving classes for young people; Drumbeat — djembe classes for young people or adults; a children’s choir and hip-hop classes for children; and Women’s Business, which encompasses various programs such as art therapy. To complement the educational programs, the Healesville Belonging Place also grants education bursaries to support local Aboriginal children, with funding from the Towards a Just Society Fund.

The cultural programs that are offered include Sheltering Our Youth — cultural strengthening and connection classes for young people; Paving Our Way — a program that works with local Aboriginal people to create and lay clay pavers to finish the Oonah outdoor sitting area; Exploring and Discovering Local Aboriginal Stories — the development of a pamphlet about Aboriginal sites of interest in the Healesville area; and Sharing Our Journeys: Then and Now — a project that seeks to raise the profile and understanding of the Aboriginal community and its cultural heritage through multimedia. There is also

4 Eastern Metropolitan Region, June 2011, Progress Report,
a strong art program at the Healesville Belonging Place, which has engaged many local artists. Some of these artists are designing and painting large art installations that will be displayed in the Healesville Library in November 2013.

In addition to the range of structured programs, a monthly community lunch provides all members of the local community with an opportunity to meet and share a meal and extend their social networks. The barbecues enjoy a strong level of community participation, with an average attendance of between 40 and 70 people. To build community engagement and extend its local profile, the Healesville Belonging Place developed and implemented a communication strategy, which involves distributing regular newsletters that include profiles of staff members and other members of the local Aboriginal community, updates on the Belonging Place and information about upcoming events. The Belonging Place also has a comprehensive and well maintained website, where the newsletter and other information can also be accessed.

In addition to the direct provision of services and programs at or through the Belonging Place, the centre has established a range of local partnerships with service providers that enable people to be linked into other services that they require. These include support services such as financial and housing services, as well as a range of health services.

3.4 PARTNERSHIPS

As noted above, the Healesville Belonging Place has established a number of local partnerships with a range of service providers. These partnerships are both informal and formal, with Memoranda of Understanding (MoU) underpinning some relationships with local organisations. The Belonging Place currently has a MoU with Eastern Health and Inspiro.

At the broader level, HICSA is also a member of a number of associations, including the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Association of Neighbourhood Houses and Learning Centres (ANHLC). HICSA has also developed strong relationship with the Australian Government Department of Health and the Victorian Department of Health.

A key local partner is the Shire of Yarra Ranges, with whom HICSA work to organise a range of activities including school holiday programs, cultural strengthening programs and a children’s reconciliation precinct. The Shire of Yarra Ranges, HICSA and Eastern Regional Libraries (ERL) have also collaborated to develop the “Sharing our Stories Project”, which involves the production of a DVD and a Visual Art Installation exploring the story of Healesville’s Aboriginal community.5

3.5 BENEFITS

Qualitative evidence suggests the programs and activities offered at the Healesville Belonging Place have produced a range of benefits to local Aboriginal individuals and families.

PEOPLE HAVE ONE PLACE TO GO WHERE THEY FEEL CULTURALLY SAFE AND SUPPORTED

The Healesville Belonging Place provides local Aboriginal people with a culturally safe destination that they can go to for assistance, which did not previously exist in Healesville.

I came to HICSA because they do many things for the Aboriginal community. It is a place to come when you haven't got anything to do and they have lots on. I got involved in the art project early this year and have been coming regularly for four weeks now every day.

As well as providing activities, the Healesville Belonging Place is a specific location for Aboriginal people to go to for help. Clients found that they were responded to quickly and did not have to re-tell their stories, or find other services, “HICSA just work out where we need to go and they link us to the right services”. The strength of the partnership arrangements at HICSA is such that ‘we don’t have to bother with mainstream welfare anymore because they just tell us to go to HICSA anyway’. One respondent was in a serious car

accident and “if HICSA wasn't in place I wouldn't have known what to do when I came back to Healesville”. In this instance, HICSA was able to connect the community member to an agency for rehabilitation and to another agency for housing for her and her son. These stories were common amongst people who took part in the consultation, reflected in the following comments from community members:

I was about to hit rock bottom because I couldn’t get a job and couldn’t get affordable housing…. And HICSA had it all sorted for me in a week — pretty amazing really.

‘Without HICSA I would be stuffed without food or other things because they provide food vouchers and other assistance to get through the weekly and day-to-day basic living issues we all tend to face on a regular basis. Some weeks I couldn’t afford food because I spent all my money on...medications.

Community members also report that the benefits of accessing support in such a safe environment have a long-term impact. For example, “The one difference I noticed with being at HICSA is that we haven’t had to move away from Healesville and move our kids from school to school”. Through providing access to housing, financial assistance and health services, people in need of assistance have been able to limit the disruption to their lives, or to that of their family’s lives.

The Healesville Belonging Place also provides a destination for the community where they can feel culturally safe, “If HICSA wasn’t here then Healesville would be a different place with nothing cultural to do — it is one place everyone can come to and get on with things”. It also gives people the opportunity to conduct cultural activities such as art ‘without judgement’.  

ABORIGINAL PEOPLE FEEL HAPPIER AND MORE SELF-CONFIDENT

A culturally safe environment where Aboriginal people can access services contributes to them feeling more self-confident and happier. As well as accessing services, Aboriginal people have the opportunity to take positions of responsibility within the Healesville Belonging Place and learn leadership and other transferable skills.

If it wasn’t for HICSA and the small programs provided then we wouldn’t have the little wins – we are teaching the leadership and governance and they can now run a meeting, do an acknowledgment of country and follow up with people for the next time.

Helping to organise programs and events at the Healesville Belonging Place makes people feel a sense of accomplishment from, “being able to do things and say I had a part in that success”.

Through the Healesville Belonging Place, many Aboriginal clients have found employment, which has boosted their self-esteem. Some clients have been long-term unemployed and others have found it difficult to find work through the existing mainstream services, “I haven't been able to work for a few years and they helped me with some training and now I am the 'Safe and Deadly' driving instructor!”

Another respondent explained that she hadn't been working since having children but was able to gain new skills through a training course that HICSA organised. Someone else explained that HICSA organised for her to do the Korin Gamadi Leadership Course, which helped her get a job at Healesville Sanctuary. She added that “this opportunity would not have presented itself if HICSA wasn’t there”.

In addition to employment, other HICSA services have had very positive outcomes for families:

I had help from HICSA with school fees and uniforms for my kids — they are so active now and a lot happier because they can do the school fun activities but couldn’t before as we couldn’t afford it. I feel happier that I can do this for my children now.

Because of a strong sense of identity and community, learning new skills and having attractive employment options, people are becoming more self-confident, “I speak up more about other issues now and...access to things I didn’t have access to...it couldn’t have happened without HICSA”.

ABORIGINAL PEOPLE FEEL HAPPIER AND MORE SELF-CONFIDENT
ABORIGINAL PEOPLE DEVELOP SENSE OF IDENTITY AND COMMUNITY

The range of programs offered at the Healesville Belonging Place also appear to strengthen people's sense of identity, and for many, gives a 'purpose'. Through the cultural education programs, many people are gaining a stronger sense of self, 'connecting up with each and what country we belong to — that is really important for our cultural identity and cultural connection'.

The importance of HICSA to the community is a clear theme in consultations, and is evident in the extent of the commitment to the Healesville Belonging Place. As one community member said, the community "keep coming back and won't leave the group in the lurch so when programs look like they won't have continued funding, the community members volunteer their time to keep it going."

ABORIGINAL PEOPLE ARE CHOOSING HEALTHIER LIFESTYLES

The Healesville Belonging Place has provided a place for people to take part in new, positive lifestyle activities. In relation to the art program, it has been found that many artists do not drink alcohol on the days that they paint, making them good role models for the school children that come through after school to look at their work. The art program has been so successful that:

Some of us are so committed that we sit in the art shed for hours and paint for hours on end. We are supposed to finish at 3.00 pm but keep sitting there painting so that the kids an come and see what we are doing when they finish school.

Some programs targeted at young women, have been described as “great for them to meet other kids and talk about what is good in life and what isn’t”. The leaders of this group have a particular focus on "kids staying in high school and finishing Year 12 rather than saying life is too hard and I won't push myself — I will just become a teenage mum. We know that now this group will complete Year 12". This type of positive lifestyle support did not previously exist for Aboriginal people in Healesville. The program's success is also recognised outside the Aboriginal community — it is also being accessed by girls only recently engaging in their cultural identity.

Finally, the programs at the Healesville Belonging Place have promoted positive relationships between boys and girls, which have had a significant impact on their behaviour. The Healesville Belonging Place ran a boys and girls 'respectful together' program, which:

[It] Was needed at the time because they were all acting tough, but by the end they were so different. There was less mucking up at school, and when they come into the doors at HICSA they curb their behaviour. They have learned how to cook and will tell other kids to come to HICSA and make some cakes today.

3.6 CHALLENGES

Over the course of its development to date, key stakeholders in the Healesville Belonging Place have reported that it experienced three significant challenges, but that these have been successfully overcome. The first occurred during the early stages of development, and involved the employment of a key service leader who did not hold the right set of skills for the role. Despite intensive support and mentoring by the Board, the recruitment was ultimately unsuccessful, and the individual left the position. In response, the Board took action to minimise risks by refining the organisational structure and recruiting staff with more appropriate skills.

Secondly, also during the early stages, the organisation experienced difficulties promoting and developing effective MoUs with key partners. This was partly attributed to challenges associated with recruiting and retaining a skilled service manager.

Finally, there was reportedly a slow start to the provision of programs, due in part to the problems attached to building the right management team. In response, the Board implemented a strategy to manage and improve organisational performance over time. This has ultimately been successful and has led to the Healesville Belonging Place being positioned as an effective provider of a range of programs and services for its community.
3.7 REFLECTION AND ANALYSIS

The CtHG investment in the Healesville Belonging Place aimed to develop a gathering place for the local community that could also serve as a site for health service delivery. It was intended to have a primary focus on young people but benefit many different cohorts in the local Aboriginal community.

The success of the Healesville Belonging Place is evidenced by the stories told by people who use and are engaged with the service. It appears that Aboriginal people feel they have somewhere to go that is culturally safe, and where they feel supported. As a result, people feel happier and more self-confident, are developing a sense of community and identity, and are taking up more positive lifestyles.

There are three major factors that appear to have been largely responsible for these successes. These are:

- providing a central place for health and community services coupled with very strong referral pathways
- a broad range of programs as ‘entry points’ that bring diverse individuals into contact with the Healesville Belonging Place
- cultural safety of the site and its operations.

The Healesville Belonging Place functions well as a central place that provides, or facilitates access to various services. This investment provides the community with access to a range of health and information services and referral pathways in a culturally safe environment. This has enabled some of the most vulnerable members of the community to access much needed assistance and support. This is especially important for people in complex life circumstances who were ‘about to hit rock bottom’ and needed assistance to address a range of concerns in their life including housing, financial assistance, food and health services.

The staff have a very good understanding of the range of services available to the community and how they can be accessed; and they're able to give appropriate advice and support to the clients. The Healesville Belonging Place removes much of the stress associated with negotiating different services and systems, and this has reduced disruption to the lives of the individuals and families needing help.

The delivery of a broad range of quality programs at the Healesville Belonging Place enables many different people to access relevant programs and services. The diversity of programs provide many starting points for becoming involved with the Belonging Place, from young people through to elders, and across both genders. The diversity of both the programs and the people, who engage with them, provides the Belonging Place with an identity as a place for all the community.

The status of the Belonging Place as a culturally safe place is the third critical factor that has contributed to its beneficial outcomes. That cultural safety is derived from a sense that the Healesville Belonging Place belongs to, and is driven by the community, across all levels in the service. Aboriginal leadership at the governance level is evident in the make up of the Board, while local community members run classes and programs where possible. As well as presenting positive opportunities for the community to be trained and learn new skills, employing people from the community makes the Belonging Place and its programs more culturally safe for Aboriginal people to access. The development of programs that focus on cultural education and that celebrate Aboriginal culture also contribute to strengthening the centre as a place of cultural safety.

Building a reputation for delivering programs in a culturally safe way, and providing a culturally safe space is fundamental to creating a positive ‘ripple effect’ within the community. Aboriginal people attracted to trying services at the Healesville Belonging Place because they perceive it as being safe, can then be linked into a range of other programs and services that can help them and their family. They may ultimately become advocates for the Healesville Belonging Place in the community.

3.8 LEARNING AND CONCLUSION

The Healesville Belonging Place was designed to provide a culturally safe place for the Healesville Aboriginal community and to become a place to host events, health clinics and other community services.
It was designed to address the fourth CtHG priority 'Healthy Transition to Adulthood'. Additionally, it was seeking to improve the cultural responsiveness in health service delivery, and to address risk factors that affect young people’s health care.

Consultations with the local community suggest that it has been broadly successful in achieving these goals. Community members speak very positively about the Healesville Belonging Place and the impact that it has had on their lives.

A key feature of the HICSA model that has facilitated this success has been the provision of a central place for service access and participation by the community, addressing a significant gap in the community since the dissolution of the Healesville and District Community Cooperative in 1999. The Healesville Belonging Place has become a safe destination for people seeking help, or for people seeking to engage with their culture and community. It uses a model that welcomes individuals of all ages and genders and builds a strong and reciprocal sense of belonging.
4 Improving Pathways to Hospital Care, North West Metropolitan Region

4.1 INTRODUCTION
The Improving Pathways to Hospital Care (IPHC) project is designed to improve the client journey between hospital and primary care services. The project assists NH and Western WH in the North and West Metropolitan Region (NWMR) to implement an "evidence-based, culturally appropriate Aboriginal and Torres Strait Islander CQI framework for acute health services". The framework and the Aboriginal and Torres Strait Islander Quality Improvement Toolkit for Hospital Staff (AQITHS) supports health services to make improvements in Aboriginal health care, and endeavours to reinforce “the Aboriginal voice at all stages of the CQI process”.

This project has been successfully piloted at St Vincent's Hospital and will be established in two other hospitals in the region — the Austin and Royal Melbourne Hospitals. The project utilises a range of resources, tools and guidelines from an earlier 'Improving the Culture of Hospitals' project. The IPHC project contributes to a number of the priorities under the Closing the Gap initiative — Priority 2: primary health care services that can deliver; Priority 3: fixing the gaps and improving the patient journey; and Priority 5: making Aboriginal health everyone’s business.

4.2 THE GAP
The Aboriginal community has higher rates of hypertension, heart disease, respiratory ailments, stroke, diabetes, cancer and renal failure, which all require increased contact with the hospital system. Improving access to adequate, preventative and comprehensive primary health care is essential to reduce deaths and close the gaps in early childhood mortality and life expectancy.

There are a number of aspects of the hospital experience that create complex barriers for Aboriginal clients. These include separation from family; transport to hospitals; and accommodation — barriers that stem from language and cultural differences.

4.3 THE STORY
The IPHC project is implementing the findings of the 'Improving the Culture of Hospitals' project, initiated by the Cooperative Research Centre for Aboriginal Health (CRCAH), which is now known as the Lowitja Institute. The final report to the 'Improving the Culture of Hospitals' project provided support for the effectiveness of CQI approaches in Aboriginal health in acute hospital settings. It found that hospitals that had been successful in improving how they worked with Aboriginal and Torres Strait Islander patients shared some key characteristics, which are described in the AQITHS:

- strong partnerships with Aboriginal communities
- leadership by hospital Boards, CEOs and clinical staff
- strategic policies within the hospitals

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6 'Improving Pathways to Hospital Care (IPHC) in the North West Metropolitan Region', Six Month Project Update, 28 May 2012 p1
7 Ibid, p1
12 Australian Institute for Primary Care (AIPC) 2010, Improving the Culture of Hospitals Project—Final Report, AIPC: Melbourne
13 The Cooperative Research Centre for Aboriginal Health (now the Lowitja Institute), The Aboriginal Health Council of South Australia, La Trobe University and Onemda VicHealth Koori Health Unit, 2010, Aboriginal and Torres Strait Islander Patient Quality Improvement Toolkit for Hospital Staff, available at: http://www.svhm.org.au/aboutus/community/ICHPtoolkit/Pages/toolkit.aspx
- structural and resource supports
- a well-supported Aboriginal workforce
- enabling state and federal policy.

By implementing a quality improvement and evidence-based approach to Aboriginal health, the IPHC project broadly aims to improve the effectiveness and sustainability of services to the Aboriginal community.\(^{14}\) It also seeks to:

- improve relationships with the Aboriginal community
- build collaborative partnerships with ACCHOs
- improve health care for Aboriginal patients, families and communities.\(^ {15}\)

Following successful implementation of the pilot program, the IPHC initiative is being rolled out to other tertiary facilities in the region.

4.3.1 ESTABLISHMENT AND OPERATION

The project was established as a pilot program at St Vincent's Hospital, Melbourne and completed in October 2012.\(^ {16}\) The project team included two Aboriginal and two non-Aboriginal consultants working with NH and WH.

The team assists in the development of CQI projects and provided multiple site visits and consultation support to facilitate implementation. Quality training was provided to Aboriginal Hospital Liaison Officers (AHLOs) and their supervisors at the start of the project.\(^ {17}\)

4.3.2 GOVERNANCE

A project control group provided oversight at the regional level, while each hospital established internal working groups to facilitate implementation.

4.3.3 FUNDING AND RESOURCING

A proportion of the CtHG funding — $180,000 — was allocated to IPHC for the development of a project brief and for the establishment of a project control group. The project was then allocated $120,000, which included $30,000 for NH and $30,000 for WH, for the period January to June 2012 to trial the AQITHS.\(^ {18}\)

4.3.4 FUNDED ACTIVITY

The project led to the implementation of an evidence-based, culturally appropriate Aboriginal and Torres Strait Islander CQI framework, which has a specific focus on attitudinal and operational aspects of the hospital experience for Aboriginal clients.\(^ {19}\)

Training based on the AQITHS was delivered to the four staff employed under the IPHC and their supervisors, at the project's inception. This was later extended to other clinicians, managers and executives at the hospital.\(^ {20}\)

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\(^{14}\) North West Metropolitan Region, *January–June 2012 Progress Report*, p12

\(^{15}\) ‘Improving Pathways to Hospital Care (IPHC) in the North West Metropolitan Region’, *Six Month Project Update*, 28 May 2012, p1

\(^{16}\) Opcit, North West Metropolitan Region, p12

\(^{17}\) Opcit, ‘Improving Pathways to Hospital Care (IPHC) in the North West Metropolitan Region’, p1

\(^{18}\) Opcit, North West Metropolitan Region, p12


\(^{20}\) ‘Improving Pathways to Hospital Care (IPHC) in the North West Metropolitan Region’, *Six Month Project Update*, 28 May 2012 p4
The training sought to assist Aboriginal staff to apply the CQI framework to their work, and to provide the language for them to engage with the quality and safety staff. There were also local CQI projects implemented throughout 2012, involving AHLO programs and hospital staff at NH and WH.\textsuperscript{21}

For the WH IPHC project, a proposal was developed for Aboriginal health governance and support structures within the hospital. The proposal included an advisory committee made up of hospital executives and senior personnel, Aboriginal community members, as well as an Aboriginal CQI working group, which was time limited, and an AHLO Reference and Support Group, which is ongoing. All of these groups were to include a mix of internal and external hospital staff and Aboriginal community representatives. A priority for all was to build organisational accountability.

A local resource kit that focused on Aboriginal Health was developed by the AHLO at WH, working with one of the project team members; the kit was publicly launched.

At NH, one quality improvement initiative that emerged from the IPHC approach has focused on reducing barriers and stressors associated with hospital attendance. Aboriginal patients attending hospital for their treatment receive assistance with travel, accommodation, meals, car parking, and medication costs. A second strategy includes improving access to medication and equipment at the point of discharge, to improve continuity of care for patients who receive care from the emergency department.

Independent evaluators conducted a mid-project evaluation, with a quality assurance ethics application approved by the St Vincent's Ethics Committee. In April 2012 many of the key stakeholders from NH and WH, and most of the project team attended the first of two evaluation workshops to review and explore the midpoint IPHC project data.\textsuperscript{22} This evaluation identified the progress of IPHC at NH and WH, noted where the gains have been made and what areas require more work. These lessons will provide valuable guidance for the future rollout of the IPHC approach in the Austin and Royal Hospitals.

4.4 PARTNERSHIPS

In the context of the project aims to strengthen relationships between health services and community, effective partnerships are a vital element of the IPHC project. The IPHC approach is based on strong partnerships between NH, WH, St Vincent's Hospital, and ACCHOs in the region.\textsuperscript{23} There was also a focus on building regional multi-sector and cross-sector collaboration. Arrangements have also been made to extend the project to Austin and Royal Melbourne Hospitals in the future.

4.5 BENEFITS

There are a number of positive outcomes from the IPHC investment. The implementation of the IPHC approach aided the promotion of evidence-based practice in the acute care system for Aboriginal clients. In the WH IPHC project, there is a focus on engagement and relationship building about Aboriginal health internally — within the hospital, and externally — within the community; and improved community engagement. Regional multi-sector and cross-sector collaboration were also reported as substantial outcomes of the investment.\textsuperscript{24} These results directly align with two of the aims of the project: to improve relationships with the Aboriginal community, and build collaborative partnerships with ACCHOs.

Significant outcomes from this investment include an improved profile of Aboriginal staff and their roles within health services and an increased understanding of Aboriginal health care issues across health stakeholder groups. Importantly, these two outcomes impact on attitudinal changes in the health care system, and help achieve the overall aim of the investment — to improve the systematic care of the client in their journey between hospitals and primary care services.\textsuperscript{25}

\textsuperscript{21} North West Metropolitan Region, January–June 2012 Progress Report, p12
\textsuperscript{22} Op cit, ‘Improving Pathways to Hospital Care (IPHC) in the North West Metropolitan Region’, p4
\textsuperscript{23} Op cit, North West Metropolitan Region, p12
\textsuperscript{24} Improving Pathways to Hospital Care (IPHC) in the North West Metropolitan Region, Six Month Project Update, 28 May 2012 p4
\textsuperscript{25} North West Metropolitan Region, January–June 2012, Progress Report, p12
4.6 CHALLENGES

The systematic change to improve the overall care of Aboriginal patients is a challenge that will take time to overcome. While both NH and WH have executive commitment to Aboriginal health, the independent evaluation found that is not yet integrated into the hospital’s overall strategic planning and quality improvement structures.

There were some indications that expectations placed on the AHLO roles may not have been commensurate with their authority and capacity to implement organisation change, underscoring the importance of active organisational support. Engagement at senior and operational levels appears to have been successful, but some challenges were reported at the middle-management level. Securing ‘buy-in’ at these levels is important to developing a sustainable and vertically integrated organisation commitment.

4.7 REFLECTION AND ANALYSIS

The IPHC project appears to have both supported improvement in the profile of Aboriginal health at NH and WH, and improved staff engagement at multiple levels. A specific focus of the project has been on embedding the philosophy that ‘Aboriginal health is everyone’s responsibility’. To this end the individual IPHC projects have been able to engage a range of stakeholders outside AHLO program areas, including general hospital staff, Quality Departments and Senior Management.

4.8 LEARNING AND CONCLUSION

Collaboration between health services, high quality and committed staff, user-friendly tools and processes, and the involvement of Aboriginal people in the decision-making process are the main factors enabling the success of the IPHC.

These insights provide valuable lessons for the Austin and Royal Hospitals, which both plan to implement the IPHC in the future.

26 Ibid, p14
27 Op cit, Improving Pathways to Hospital Care (IPHC) in the North West Metropolitan Region, p1
5  Gathering Places: Seymour and Hastings

5.1 INTRODUCTION

The Gathering Places, Goranwarrabul House in the Hume Region (Hume), and Willum Warrain Aboriginal Gathering Place in the Southern Metropolitan Region (SMR), are both successful examples of CthG projects. Goranwarrabul House, located at Seymour opened in March 2011 and aimed to improve health outcomes for Aboriginal people though greater access to health promotion programs and primary care services. Similarly, Willum Warrain Aboriginal Gathering Place, in Hastings on the Mornington Peninsula, which opened in 2013, had the aim of creating a community-managed space for Aboriginal people to meet and hold community activities, as well as to provide an outlet for local health and community services to deliver sessional services.

Both gathering places have been designed and delivered to address all five CthG priority areas.

5.2 THE GAP

At the start of the CthG initiative, extensive consultation was undertaken with local community members and mainstream services in both the Southern Metropolitan and Hume Regions, to understand the priority needs in those communities.

In the SMR, growth in the Aboriginal population, coupled with concerns about low levels of service access pointed to the need for a strategy to increase service availability and access. Between 2006 and 2011, the local Aboriginal population grew 43 per cent, mainly due to families moving in to the Rosebud area. There was also significant concern that the local Aboriginal population were not accessing health care, with local estimates suggesting that less than 30 per cent of the local Aboriginal population were accessing medical services.

To understand what was needed in the region, a CthG-funded position at the Frankston City Council worked closely with the local Aboriginal community. Consultation included the four Local Indigenous Networks (LINs), community members, health service providers, and council representatives; and it confirmed there was a significant need to assist local Aboriginal people to access health care. The consultation also identified the absence of a friendly place for the local community to access programs and activities. A need was identified for a place that would not only be able to provide a culturally safe environment, but that would also be able to guide, support and educate mainstream services to be more culturally aware and competent.

In Hume, the consultation process extended over a year and explored gaps in services and supports. The consultation engaged with a range of Seymour community members, services and mainstream service providers, and the LIN. The consultation was part of a broader process to identify the health needs across the Lower Hume Primary Care Partnerships catchment. The main gaps in service delivery identified through the Seymour consultation included:

- mainstream services were culturally unsafe or unwelcoming environments
- Aboriginal identification data was neither consistently collected, nor regularly reviewed, or passed onto specialists on referral
- employment opportunities were lacking for Aboriginal people
- Aboriginal-specific services, programs and community groups
- very few mainstream services were offering Medicare or bulk-billing for treatment, medications or tests
- mental health resources were also identified as being very limited in Seymour and the region; and many Indigenous children were found to be without mental health support in schools.
Communication between mainstream services and the community was also identified as poor, with many Aboriginal people not being aware of the range of services available to them, or being reluctant to use mainstream services.

5.3 THE STORY

Both Gathering Places have been designed and developed to address all, or most of the CtHG priority areas. Goranwarrabul House has services, programs and activities responding to all five priorities, and Willum Warrain has focused on Priorities 2–5.

5.3.1 ESTABLISHMENT AND OPERATION

Goranwarrabul House opened at Seymour Health in March 2011, with significant input from the community. It is located on the grounds of Seymour Hospital. A project officer oversees the day-to-day operations.

The Willum Warrain Aboriginal Gathering Place opened March 2013. The site for Willum Warrain was chosen because it is close to public transport and is located within a peaceful bush setting. It is co-located with Bunjilwarra, an Aboriginal-specific drug and alcohol rehabilitation youth facility. The site is Council owned, and the buildings on site had previously been used as a scout hall and for other sports and recreation purposes. A 1.0 EFT project manager works across the three Gathering Places in the SMR region.

5.3.2 GOVERNANCE

Both Gathering Places have governance structures in place.

Seymour Health is the fund-holder for CtHG in Lower Hume. It has taken the lead role in supporting and sustaining strong relationships and partnerships with the local community, and the professional groups that have actively participated in the project to date. A working group that was established to oversee the function and utilisation of Goranwarrabul House meets on a monthly basis; and has a range of representatives including community members, a mix of service providers, the police, Centrelink, DEECD, DPCD, and DH. Additionally, the Lower Hume Aboriginal Community group has been formed for Aboriginal people to provide ongoing feedback and guidance to the Lower Hume Project, and to strengthen the community's voice, identity and representation.

The SMR Closing the Gap Committee established a Gathering Place Implementation Sub-Group. A Willum Warrain Management Committee was also established, and is comprised entirely of local Aboriginal people. The committee has now been incorporated, with members having undertaken training in governance and management. The Willum Warrain Aboriginal Gathering Place and its Management Committee are strongly supported by the Mornington Peninsula Shire, DH in the SMR, as well as the Department of Human Services’ Social and Community Strategy Unit and project manager.

The Willum Warrain Management Committee has developed its strategic plan and is working towards developing the policies and procedures for the organisation. Willum Warrain is also focusing on developing its membership base and currently has 70 members. Community members reported that (they) “get lots of support for governance and we will have the internet up and running and have a Facebook page soon”. Willum Warrain currently has one staff member — a coordinator funded by the Mornington Shire Council, with some top-up funding from DH.

5.3.3 FUNDING AND RESOURCING

Funding for Willum Warrain commenced in 2009–10 with $140,000 for establishment, incorporation, training of the management committee; preparation of the site; and development of a business plan that could also be shared with other gathering places.28

This funding was complemented by the contribution of land and the refurbishment of buildings by the Mornington Shire Council. A further $60,000 was provided under CtHG in 2011–2012,29 and significant

28 Southern Metropolitan Region, July–December 2011, Progress Report
other support — financial, human resources and donations — was provided by a range of other stakeholders including the Council, the Department of Justice, Bunnings Warehouse, Friends of Warrangine, and the Warrangine Rangers.

The initial scoping for Goranwarrabul House was conducted as part of a $120,000 CtHG grant provided in 2009—10. This analysis identified community health needs and developed service models for the Aboriginal community living in the Lower Hume PCP catchment. In 2011, $150,000 was provided to support the consolidation of Goranwarrabul House as a meeting place and service base.

5.3.4 FUNDED ACTIVITY

A range of clinical, health promotion and cultural programs are offered at both gathering places.

At Goranwarrabul House the clinical programs available have included weekly free basic health checks during three consecutive months in 2011, as well as a Pap smear test clinic. There are also health promotion programs including a women's health education session, which focuses on the changes in a woman's body and the importance of Pap smear tests; and the Sacred Sista's Project, with a focus on young women's sexual and reproductive health. External services also come to Goranwarrabul House to work with the community, including Centrelink, Berry Street, Family Care, and other community health service and employment services. Community members also have access to Aboriginal-specific training like the Mental Health First Aid course, which provides individuals with insight into mental health issues and concerns.

The Aboriginal health worker covers seven towns and three hospitals to ensure Aboriginal patients are linked to necessary services and are aware of their rights in relation to health service access. The health worker has made contact with most service providers in the region on CtHG issues and promotes Goranwarrabul, and Aboriginal health services and programs to Lower Hume, Alexander, King Lake and Kilmore. The health worker has also been able to negotiate with the local optometrist to display a large sign that reads "$10 for glasses for Aboriginal people", which has led to a significant uptake in Aboriginal people accessing the optometrist, through the Aboriginal Spectacle Subsidy Scheme.

There is a strong emphasis on cultural activities at Goranwarrabul House. Wannik Time, for example, is an opportunity for parents and students from the Seymour Prep-12 College to talk to the Wannik Liaison Support Teacher. There is also a grass-weaving program that teaches people new grass-weaving skills, allows community members to work with the traditional materials, and facilitates meeting new people. In addition to these programs a homework club is run weekly, which aims to support and provide supervision to school-aged children with their schoolwork. There are also programs for children through which they can learn about carving wooden animals, painting Aboriginal designs and learn about local native animals. Face recognition is incorporated into art classes so that people are able to identify their Elders, Aunts and Uncles in the street and can 'pay their respects'.

The services and programs offered at Willum Warrain reflect four of the CtHG priorities and are a combination of existing and new programs. Home and Community Care programs have been running from the site, which have included programs targeted at Elders in the area, such as women's and men's yarning groups, physical activity groups, cultural workshops, and nutrition groups. There are also programs aimed at local Aboriginal youth, including excursions and social events, and sexual health information sessions for young women and men.

5.4 PARTNERSHIPS

Partnerships have been central to the establishment of both Goranwarrabul House and Willum Warrain Aboriginal Gathering Place. Many of these partnerships were the result of a 'champion' individual whose role was to seek out and drive relationships with the local community. These part-time positions were funded through CtHG.

29 Ibid
30 Hume Region, January–June 2011, Progress Report
31 Ibid
Goranwarrabul House has reported receiving strong support from the Seymour Hospital, Mitchell Community Health Service, Mitchell Shire and agencies based within the Mitchell Shire.

Willum Warrain has reported strong community buy in, and has engaged with other local organisations to provide outreach service delivery. Willum Warrain has also secured donations from local organisations, for example, the Mornington Peninsula Shire donated staff time and $50,000 for the removal of old buildings, set-up, equipment and furniture purchases. The Department of Justice provided a $10,000 grant for fencing and security lighting; and Bunnings Warehouse donated kitchen equipment, tools, paint and staff time for a working bee. Although Willum Warrain has not officially opened, services have been delivering programs on site to community, through school groups, mental health services, Medicare Local, WAYS, Centrelink, Warrangeri Park and Mornington Peninsula Shire Council. The Willum Warrain Gathering Place also has a good relationship with the local police, who drive past to check the centre after-hours.

Community groups, including Friends of Warrangine and the Warrangine Rangers helped with clearing land, participating in the working bee, building outdoor equipment and supplying gravel. A local retired builder also volunteered his time to help with the construction of the new site. Other partnerships have a specific health focus, including HeadSpace — a youth mental health service, Peninsula Health, Frankston City Council, Monash Health, Frankston Mornington Peninsula Medicare Local, and the Dandong and District Aboriginal Collective. Willum Warrain has a formal MoU with the Mornington Peninsula Shire, whereas other partnerships are on a more informal basis.

5.5 BENEFITS
THE COMMUNITY STRENGTHENS CULTURAL IDENTITY
Goranwarrabul House has provided Aboriginal people with an environment where they can both strengthen and connect with their history and culture. The space provides an opportunity for people to talk together about culture, and to meet as Aboriginal people in an Aboriginal space. Community members report they feel like there is more of a ‘black community’ around them, and that without Goranwarrabul House as a common meeting place and a place of cultural connection, they would not be coming together in the same way.

The Willum Warrain Gathering Place provides a culturally safe space where community members can undertake cultural activities and access much needed services in the community. Although a number of Aboriginal people reside in the Mornington Peninsula and surrounding towns, there was no Aboriginal organisation where Aboriginal community members participate in activities and programs within a cultural context, or access culturally appropriate and relevant services. As a result, Aboriginal community members would access Aboriginal health services in Dandenong and Fitzroy, or not at all. Community members reported that the Gathering Place provides them with a sense of belonging:

Our community is stronger because of this place; we are one big family and it gives us a sense of belonging.

I had horrible feelings when I had to go to mainstream services, but when I come here I feel I belong and I am here with my people.

Specific activities taking place at Goranwarrabul House provide a way for local people to engage with and express their culture. The grass-weaving classes have imparted a range of traditional skills to young people that they may not have had the opportunity to learn. One young woman applied her learning of weaving and knowledge of the types of grasses needed by going into the bush and actively tasting the grasses to identify their correct origin. She then gathered the onion grass and brought it back to the Gathering Place to see if she was correct. A community member said that this experience had inspired other young women to engage in the same way.

The strengthening of cultural identity that is an outcome of some of these programs is particularly important for Aboriginal children who live in foster families. Community members reported that some children in these circumstances do not have this type of connection or knowledge about their identity until they attend programs at Goranwarrabul House. Many of the foster children have cultural support plans intended to strengthen cultural identity, but Goranwarrabul House has provided a locus for activities and engagement with culture that enable these plans to be effective.
Community members also feel that Goranwarrabul House is important in fostering a sense of pride and identity amongst younger members of the Aboriginal community. By providing activities through welcoming and non-threatening activities, the programs have been popular with teenagers. One parent happily noted that:

Our kids come here and do the artwork programs, weaving and painting. There is more of a sense of pride in our older kids, who are openly talking about the benefits to each other at school, and regularly attend the programs at the Gathering Place.

Activities at Willum Warrain also provide a way for local people to take part in cultural activities and to strengthen their cultural identity. The Gathering Place provides art and craft activities, and men's and women's groups. Community members are also encouraged to participate in NAIDOC and Reconciliation Week activities.

The Willum Warrain Gathering Place invited young people from the new youth centre to meet the Aboriginal community and they not only helped do some work to develop the Gathering Place, but participated in activities as well. Students from the local high school will also be helping with the vegetable and herb garden on the property.

The Aboriginal community's profile and identity within the local Hume community has also been strengthened as a result of Goranwarrabul House. Community members related that so many people had attended the opening and the flag raising ceremonies that "the Councillors were shocked... (it) proved that there is an Aboriginal community in their Shire". The Council is now more active in asking the community about appropriate cultural protocols, including Welcome to Country and Acknowledgement of Country. Additionally, the establishment of the Gathering Place has had an influence on how the Shire Council engages with the Aboriginal community, because they now fly the Aboriginal flag in Seymour and in Broadford. Community members see that the activities surrounding the establishment and ongoing operation of Goranwarrabul House "sends a signal that the Aboriginal community is present".

The Willum Warrain Gathering Place provides a one-stop shop for other Aboriginal groups and networks, such as the Mornington Peninsula Action Group and the Local Indigenous Network, to have their meetings locally. Regular community gatherings are held at the site and this represents the beginning of many Aboriginal and non-Aboriginal services and agencies providing culturally appropriate services and programs, to Aboriginal people in a culturally appropriate environment. There are also plans to establish a wildlife park with trails, so the Aboriginal community will be able to run cultural tours and strengthen cultural experiences for young Aboriginal people and Aboriginal people needing to have a connection to country.

**ABORIGINAL PEOPLE STRENGTHEN LOCAL NETWORKS**

As a result of the gathering places, Aboriginal community members explain that they have been able to meet new people and reconnect with old friends. The Goranwarrabul House Gathering Place provides "a good atmosphere for the community and their families...we have access to each other, which we didn't have before." It has also connected Aboriginal people across Victoria, who may not have had the chance to meet otherwise. One community member related that:

We all attended the anniversary of the Long Walk and met each other here and car pooled to Melbourne and meet up with other Aboriginal people for historic event. Some of us we met on the day and wouldn't have achieved this if (Goranwarrabul House) wasn't in place — we would have all stayed home. We are now more informed about what events are on and meet up with other relatives we don't often get to see.

The strength of the networks is such that when Goranwarrabul House closes in the afternoon, people still connect via Facebook, call each other up and meet up in the street — this did not happen before the Gathering Place existed.

The Willum Warrain Gathering Place has provided Aboriginal people in the community with a meeting place and an opportunity for Aboriginal people in the community to get to know each other, “No one knew there was an Aboriginal community in these areas at first but now we are getting to know each other and everyone in the community”. Willum Warrain also enables the Aboriginal community to keep in touch with one another, “I come here so I can find out how everyone is and if they are well".
THE COMMUNITY HAS A SPECIFIC GATHERING POINT WHERE THEY FEEL COMFORTABLE

The stories related by community and staff provide a consistent narrative that both gathering places provide a place of cultural safety and comfort where services and supports are easier to engage with.

Both services provide culturally safe locations for people to meet and take part in activities. The sense of connection to the physical space is very important, reflected in comments by one community member that “we are very excited to have a space that we (can) call our own”.

Described by Aboriginal and non-Aboriginal workers as a ‘real doorway to the community’, Goranwarrabul House provides a central point for the community to access necessary services. The range of services available in the central location is valued by community members, “we can visit and meet with them and find all the information we need all in one place”.

But it is more than a source for trusted information:

(We) come in here; have a cuppa, a yarn in an open space rather than a sterile environment in a little pokey room with no windows. It is much more comfortable and easy to get things done. No one is looking at you differently when you come to get a service or know why you are there like in mainstream services.

A number of stories have been shared about Aboriginal people of all ages feeling more comfortable at the Goranwarrabul House place than they do at mainstream services. One reflected on the benefits that the Gathering Place had for community members, who perceived barriers to accessing other services, commenting that:

The breadth of reach into community at Goranwarrabul House is impressive: children in foster care access cultural connection programs provided by Family Care, and staff report increased depth in the conversations at the Gathering Place in contrast to their offices; a men’s program provides time and space to talk about choices around violence, anger and relationships; young people who otherwise won’t access services go to go to Goranwarrabul House….some of our kids won’t to go Fitzroy or other places in Melbourne because they don’t feel comfortable like they do here.

Community members report similar benefits from using Willum Warrain, and through the culturally safe environment feel comfortable visiting and seeking support, in contrast to previous experience:

I had horrible feelings when I had to go to mainstream services, but when I come here I feel I belong and I am here with my people.

Additionally, timely access to services that affect everyday health and wellbeing means preventable problems are less likely to arise, from financial security through to family and specific health needs.

ABORIGINAL PEOPLE ARE MAKING HEALTHIER LIFESTYLE CHOICES

There is a strong narrative coming out of consultations that people are making healthier choices as a result of the programs, activities and support offered at the gathering places.

For young people, access to sexual health education was previously available, but now the youth workers at Goranwarrabul House are familiar and the comfort levels mean new conversations are occurring. Recognising the sensitivities, the approach is discreet, with information and resources placed in the bathroom, rather than an open area. Community members working with the centre describe how “(w)e have seen a lot of the condoms and other material go quickly, particularly by young people so we know the message is getting out there”. A young person agreed, describing the approach this way:

I really like the place because all the information, brochures and pamphlets are here and I don’t need to say anything, just pick one up and read it at home. So I feel comfortable about doing this with some of the health issues I have and I don’t feel like staff are looking at me strangely. I can’t do this at the mainstream places.
Goranwarrabul House has also been instrumental in encouraging more Aboriginal community members to participate in local, accessible, Aboriginal health promotion programs. The presence of the Gathering Place means that people do not have to travel more than an hour either way to Melbourne or Rumbalara in Shepparton.

A similar experience is reported in Seymour, with community members reporting they are taking better care of their health. Some had related that the accessibility of services and information had helped them to change their health behaviours. The difference that this has made to individuals has, in some cases, led to them looking outwards to how they can influence others and be a role model in the community:

I am looking after my health more now and I am finally going to be getting teeth after 40 years of not having them. This is all because I feel more comfortable about talking about my health issues — because the relationship has changed between mainstream and Aboriginal people here. Once I get my teeth then I will give up smoking. Can’t give up before I get my teeth because I know it will be painful. I attend all the meetings at the Gathering Place and realise that I better look at this too and be on the Close the Health Gap Working Group. Need to be walking the talk and be a role model to others. So this is a good outcome for me, my family and the community.

Willum Warrain plans to establish exercise paths and exercise equipment alongside the path that connects the Gathering Place with the facilities next door, to encourage community members to be physically active.

The engagement of community members as role models through Goranwarrabul House and other CtHG activities also extends to those involved in governance, and the staff delivering services and programs. Two workers agreed to stop smoking because they were on the Close the Gap Working Group, and they have not taken it up again. One said that “we are improving our own health by being involved… Only one person on the committee smokes now”.

5.6 CHALLENGES

With a dispersed community and no ACCO in Mitchell Shire, the Seymour community experienced a high level of invisibility prior to the establishment Goranwarrabul House. As the concept was being developed, there were reports of scepticism from the non-Aboriginal community, for example, doubts that there was a need; that Aboriginal people would utilise such a facility; and that it wouldn’t be sustained over time. An observation from a community member reflects this perception:

When we had the opening and then the flag raising at the Shire, so many people from the community were present that the Councillors were shocked because it was standing room only in the Council Chambers and this proved that there is an Aboriginal community in their Shire. The Council is now asking us what protocols should be in place like Welcome to Country and Acknowledging Country and other things.

Responding to the mental health needs of their community is an ongoing challenge identified in Seymour. The importance of having male and female workers was emphasised, and is only possible with further funding. Moving to a sustainable footing, where more staff can be appointed would enable further reach into the community, with the provision of supports and programs for men in particular. Health checks were reported to have a low uptake among men, and there was potential to address this if further resources could be secured.

Another challenge is taking the benefits of the programs beyond Seymour. Wallan was identified as an area which would benefit from programs, if workers could outreach and engage with families there. Over time, the space available at Goranwarrabul House will reach capacity, with an outdoor area being identified as an important addition to overtime.

Willum Warrain is in a different position in regard to potential to expand, with adequate land, but the challenge of sourcing funding to create the environment with the services the community would like to see. The establishment phase is likely to continue for some time. With one part time staff member, and the Board establishing itself and the governance processes, ongoing support and sponsorship from partner organisations and others in the local network will continue to be important to its success.
5.7 REFLECTION AND ANALYSIS

The establishment of the gathering places enabled by CTHG investment has led to positive change for the local Aboriginal communities in Seymour and Hastings. The creation of a meeting place where celebration and affirmation of Aboriginal culture is evident in both the physical environment and the formal and informal activities that take place within it is enabling of cultural strengthening.

The stories related by community members involved with Goranwarrabul House illustrate the ways in which the Gathering Place enables positive outcomes in Seymour. Bringing a range of services, programs and activities to a local, accessible place where people feel culturally safe, listened to and respected appears to be increasing utilisation of those services by a range of community members, particularly young people. Both community service users and community service providers see Goranwarrabul House as a gateway for community members to access either.

The impacts of the Gathering Places also appear to extend beyond the direct benefits it offers to people who use its services and facilities. For example, while the space itself provides a place for people to meet and catch up, the shared activities and projects it enables have catalysed broader community networking outside of Goranwarrabul House. In addition to this, the physical presence of Goranwarrabul House and related events and activities, have also increased the profile of the Aboriginal community with their non-Aboriginal counterparts.

The way in which pride in culture and pride in community is reflected in the programs and services being offered, may also be instilling a sense of broader responsibility to give back to the community, as a role model, or through community involvement, amongst those who work at, or receive services at the centre. This effect is less likely to have occurred in other mainstream service contexts, as even where culturally safe, other services are unlikely to be as culturally affirming.

The cumulative impact of these outcomes is cultural strengthening. Increasing cultural pride and sense of place in community appears to support health-enhancing behaviours, as well as a desire to role model positive actions and a sense of collective ownership of the community's health.

The establishment of the Willum Warrain Aboriginal Gathering Place has brought the Aboriginal community together. Willum Warrain encourages as many people as possible to participate in the journey of establishing the Gathering Place, its programs and activities. This process includes non-Aboriginal community members. Some community members have volunteered many hours to developing the Gathering Place and coordinating and delivering some of the activities and programs. The establishment of the Gathering Place has created a sense of ownership and belonging within the local Aboriginal community, as well as developing relationships between the Aboriginal community and mainstream service providers in the area.

5.8 LEARNING AND CONCLUSION

Goranwarrabul House provides a culturally safe and local environment for people to meet and develop networks, strengthen their cultural identity and make healthier lifestyle choices. The outcomes being achieved by the Gathering Place point to the interconnectedness of physical and cultural health.

The interrelationship between cultural strengthening activities and healthy behaviours appears to act at two levels. Firstly, by creating a positive space that celebrates culture, and through which access to programs and services are leveraged, the Gathering Places are directly increasing uptake of health-enhancing services and health literacy.

Secondly, through fostering cultural pride, a desire to 'give back' through positive role modelling, motivates individuals to maintain health-enhancing behaviour.

Prior to the establishment of the Willum Warrain Gathering Place there was nowhere for Aboriginal people in Hastings, Rosebud, Rye, Mornington Peninsula and other surrounding towns to come together and participate in activities and programs within a cultural context, nor anywhere to access culturally appropriate and relevant services. Willum Warrain Gathering Place is providing a culturally safe space where community members can undertake cultural activities and access much needed services.
6 Deliver Active and Healthy Lifestyle Program - Njernda Gym, Loddon Mallee Region

6.1 INTRODUCTION

The Deliver Active and Healthy Lifestyle program was conceptualised, and is being delivered by, the Njernda Aboriginal Corporation (Njernda), based in Echuca, in the Loddon Mallee health region of Victoria. The program aims to promote an active lifestyle through improved cardio vascular function, and thereby reduce the rate of obesity and preventable hospitalisations among the local Aboriginal community. To achieve this, a community gym was established to offer targeted quality programs delivered by qualified members of the community, and accessible by all members of the community. The programs were designed to be individually tailored and include physical exercise, health promotion and dietary advice.

The program is aligned to CtHG Priority 2: primary health care services that can deliver, although there are aspects of the program that address other priorities.

6.2 THE GAP

The establishment of a gym and related programs is intended to support efforts to address a number of modifiable risk-factors for chronic disease that are more prevalent in Aboriginal people. These include lack of exercise, smoking, poor nutrition and obesity.

6.3 THE STORY

The need for an Aboriginal gym was identified by community members, who felt concerned that the community was not accessing the gym in town because they did not feel comfortable, and because they could not afford it. A decision was made to establish an Aboriginal gym with no membership fees to encourage Aboriginal people in the Echuca area to exercise and improve their health outcomes.

The building was funded by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), and the equipment and training was resourced through CTHG funding. The existing building had been under-utilised for some years, and community members felt that having funded, structured programs and activities in the community would help to generate a sense of ownership of the building.

6.3.1 ESTABLISHMENT AND OPERATION

The gym was officially opened in 2012 and is situated at Baroona, a property owned by Njernda, which also hosts the Baroona Youth Healing Centre, an alcohol and substance abuse rehabilitation centre for young Aboriginal people. Baroona is situated on the outskirts of Echuca.

In preparation for the gym to open, six local community members completed a Certificate III (Gym Instruction) in 2011, and went on to complete their Certificate IV to become personal trainers. In 2012, a further three community members undertook the Certificate III (Gym Instruction) and three more started a Certificate IV (Personal Training). With three full-time staff the gym is open every weekday.

The investment in the trainers and in the staff who are running the gym has potentially opened future employment pathways, and is likely to provide additional economic benefit to the individual and their family, beyond the health-orientated objectives of the gym.

There are over 100 members, and in excess of 150 people using the gym regularly, ranging in ages from 15–16 years, to Elders. Early-joiners have promoted the gym and encouraged others, including Elders, to become involved.
6.3.2 GOVERNANCE

Njernda has overseen the development and continuing operation of the gym. Within the Corporation, the Deputy CEO and Finance Manager are responsible for the project, while day to day running of the gym is led by locally employed staff, who have completed instructor or personal training courses. The Njernda’s health promotions officer also plays an important role in developing programs and events delivered through the gym.

6.3.3 FUNDING AND RESOURCING

In total, the Deliver Active and Healthy Lifestyle program received $200,000 in CtHG funding over two years. An additional $148,000 in infrastructure funding was secured from sources outside the CtHG funding streams.

Njernda has been exploring future opportunities, some in partnership with the Rumbalara Football and Netball Club in Shepparton, with the idea of a ‘Koori Sport Precinct’. Other ambitions for the site include expanding the gym to run more gym-based exercise classes like yoga, karate and boxing classes, dance and hip-hop classes; establishing a basketball stadium to have round robin competitions in the region; and installing a collapsible boxing ring. A football ground is also viewed as an important potential asset for the community.

6.3.4 FUNDED ACTIVITY

A range of activities and programs are contributing to the overall outcomes of the Deliver Active and Healthy Lifestyle program. The qualified instructors work with local community members of all ages to improve levels of physical fitness.

The gym’s timetable and range of programs was developed in consultation with the community; and was also designed to ensure access for different groups. The breadth of programs aims to engage everyone from young children with high body mass indexes, to elderly people with chronic illnesses, such as diabetes.

The gym also has a range of targeted programs and activities, developed by the health promotion officer at Njernda, that complement the regular programs. For example, a ten-week weight loss challenge was run at the gym in 2012 and attracted 42 participants. A nutrition advice program was also piloted, which was attended by some 30 people. These types of programs are designed to appeal to a range of community members, who have a variety of interests and health risk factors.

The gym is also capitalising on its popularity by incorporating other healthy lifestyle-related programs and messaging into their activities. This includes, in addition to the nutritional advice program, the inclusion of anti-smoking and other health promotion messaging.

The gym does not ask its clients to pay a membership fee and work with individuals is based on personalised health and fitness regimes.

6.4 PARTNERSHIPS

Although the development and implementation of the program has not resulted from a partnership between Njernda and another service, partnership and collaboration within the community is a key feature of the project.

The development of relationships with particular community members has occurred through the provision of support to undertake qualifications in gym instruction and personal training. This engagement has expanded to include the broader community, who utilise the gym-based programs.

32 Njernda Aboriginal Corporation Business Plan, Draft 1 2011–12
33 Loddon Mallee Region, January–June 2011, Progress Report
34 Ibid
6.5 BENEFITS

The establishment of the gym and its associated programs has led to members of the local community becoming engaged in health-promoting activity. While specific health outcomes associated with participation have not been evaluated, the gym appears to have engaged community members in fitness and related programs, which may reasonably be thought to contribute to reducing risk factors in individuals, if the activities are sustained.

Ancillary benefits include the training and employment opportunity provided to community members who have completed training associated with instructing and training at the gym. This may ultimately increase the future employability of these individuals, and may also open alternative career pathways in the fitness industry.

The co-location of the gym on the grounds of the Baroona Healing Program also means the gym offers value to young people involved in the residential program, which may potentially contribute to the Healing Program's outcomes.

Community members reported many benefits from the establishment of the gym, including the sense of ownership that people felt from having their own gym, “it creates a sense of ownership — community members sit on the floor”. The gym is used to assist young men with their football training and help them to prepare for draft selection.

Many members of the community had never done organised exercise before the establishment of the gym. Since joining people have reported that they are developing muscle strength and are able to lift more weights:

- I am getting muscle strength and I do a lot of the squats as part of my program.
- My balance and strength is improving every week and I am lifting 80 kilos a week now.

Other community members reported that attending the gym had helped them to lose weight and to overcome injuries.

There are specific session times for the Elders in the community, which has helped to encourage more Elders to attend the gym. The gym has not only been helping Elders improve their fitness but has also been helping them manage their chronic diseases such as emphysema better:

- As an Elder, the gym has helped me get stronger and I am breathing much better because of my emphysema. I feel really good when I leave here.

Community members reported that the gym provided positive benefits to the young men in the community by helping to build their self-esteem and confidence. Attendance by young men was consistent and they appeared to enjoy the opportunity to work out with their friends:

- It makes me feel good about coming here and working out with my mates.

Attending the gym encouraged people to make lifestyle changes and this was having a positive flow on effect to their families:

- I am proud of my mum and the way she is now — so much has changed for our family and we are doing well.

Attending the gym also provided community members with an opportunity to unwind and de-stress:

- We do stretches and go for walks — this place is very healing and relaxing.
- Attending the gym is a good way to deal with things — it is like a church to go to when you are feeling shitty!
- I feel like I can work out my problems once I have a workout because we are away from everything — secluded, which is great'
6.6 CHALLENGES
The establishment of the gym was an ambitious undertaking and each phase has been delivered with forethought and good planning. The need for a community-based workforce was addressed by offering training opportunities; the need for work experience is being addressed through local networking; the need to engage community members to use the facility is being addressed through clever programming and promotion.

Role models have played an important role, and the whole family approach is proving effective, for example, Elders attending with their adult children; Elders attending tailored programs together; and the potential use of incentives in making the program more attractive, for example, the provision of fitness wear.

Providing a facility that meets the needs of the whole community may prove to be a challenge as the young men in particular, seek sophisticated training facilities to further their elite sport ambitions. This will need an extension to the current facilities, evolving to a sports precinct with running track and other components, that will support local young people to achieve the next stage of their ambitions.

6.7 REFLECTION AND ANALYSIS
Limited research suggests that Aboriginal people may prefer team-based exercise. The individual nature of gym-based exercise may not always be attractive to Aboriginal people,35 potentially because exercising for personal benefit comes at the cost of spending time with family and community.36

The establishment of the gym and its associated programs has led to members of the local community becoming engaged in the activities running out of that space. While specific health outcomes associated with participation have not been evaluated, the gym appears to have engaged community members in fitness and related programs, which may reasonably be thought to contribute to reducing risk factors in individuals.

The community felt the establishment of the gym had provided a culturally appropriate space where members of the community felt comfortable, as well as a sense of belonging. Membership at the gym was growing and people across a broad spectrum of ages were using the gym regularly. Attending the gym was not only improving people's health outcomes, but it was also increasing their self-esteem and confidence. Community members reported it was helping them to manage their chronic diseases better and overcome injuries, as well as increasing their overall fitness levels.

6.8 LEARNING AND CONCLUSION
The Njernda Gym has provided a culturally safe place to engage in physical activity by members of the local Aboriginal population. Its success is at least partly attributable to the provision of a range of programs that have been developed in consultation with community members, and tailored to a range of different cohorts. The programs have also been supplemented by other initiatives, such as smoking cessation messaging and nutrition advice, which potentially assist the community to address related health issues.

Aboriginal employment in universal health services, Gippsland Region

7.1 INTRODUCTION

The Aboriginal Employment in Universal Health Services initiative in Gippsland is part of a strategy to increase the participation of Aboriginal people in the health workforce. The initiative has been selected as a case study because there has been a positive level of uptake of the training grants offered under the Aboriginal Workforce Plan in Gippsland. This has been attributed to the presence of a specific Indigenous Human Resources Consultant, who acts as a champion and facilitates mainstream organisations to recruit Aboriginal workers. It appears that the initiative is drawing on other resources funded under Closing the Gap, as hospital workers have connected Aboriginal employees to training programs — including a pre-employment training program — as well as management training for existing workers.37 The strategy targets four health services: Latrobe Regional Hospital (LRH), West Gippsland Healthcare Group (WGHG), Central Gippsland Health Service (CGHS) and the Bairnsdale Regional Health Service (BRHS).

Increasing the number of Aboriginal staff contributes to all priority areas under the CtHG initiative, especially Priority 2: primary health care services that can deliver, Priority 3: fixing the gaps and improving the patient journey, and Priority 5: making Indigenous health everyone's business.

7.2 THE GAP

Low Aboriginal employment rates are generally seen as an underlying factor of Indigenous poverty, poor health and emotional wellbeing, inadequate housing, and low participation and attainment in education.38 The complexity of the underlying factors affecting Aboriginal employment was explored in a detailed literature review commissioned by the Victorian State Services Authority in the preparation of the state-wide Aboriginal employment plan in 2006.39 At the same time increasing employment opportunities for Aboriginal people in health services is a recognised strategy to support services to become more culturally appropriate and accessible to Aboriginal clients over time.

Where local people can access entry-level vocational qualifications in their own community, it has been demonstrated that retention rates are high and a small, but significant percentage of the graduates take advantage of the pathways available to them, to progress to professional tertiary qualifications.40 The traineeship model offers local individuals the opportunity to undertake vocational education and training in their location of choice.

The allied health workforce is experiencing a labour shortage and the emerging roles and capabilities of Allied Health Assistants (AHA) will feature more prominently to meet demand for services and allow for more efficient use of declining professional resources in rural health settings.41

7.3 THE STORY

The CtHG funding built on existing commitments from the state and local government, and local hospitals to increase Aboriginal employment in universal health services. The Gippsland Strategic Action Plan (the 2010 Action Plan) affirmed the Victorian Government's commitment to ensure the full participation of Aboriginal peoples and their representative bodies in all aspects of addressing their health.42 Hospitals

37 Urbis, Closing the Gap in Health Outcomes Initiative, Evaluation Progress Report, June 2012, p26
39 Op cit Purdie et al
40 Hoodless, M 2010, Sustaining and Retaining a Rural Health Workforce, Department of Health Rural Health Conference, Ballarat
41 Central Gippsland Health Service 2012, Aboriginal Allied Health Assistant Traineeship Case Study, p5
42 Closing the Indigenous Health Gap, Gippsland Strategic Action Plan, 10 February 2010 p1
and health centres in the Gippsland region committed to recruiting and retaining Aboriginal employees as part of meeting this objective.43

The 2010 Action Plan also targeted Latrobe Community Health Service (LCHS), Gippsland Lakes Community Health (GLCH) and Orbost Regional Health (ORH)44 however these services have already met or exceeded the target employment levels. The 2010 Action Plan also stated that health services would be assisted to meet their target employment by a regional Indigenous health job network, through the Latrobe City Council Indigenous employment program; and that funding would be made available to assist health services work with job network agencies to improve recruitment and retention.45

The Aboriginal Traineeships at the CGHS were integral to the 2010 vision and strategic objectives of the organisation to develop a local workforce. The aim was to increase Vocational Education Trained (VET) staff, develop learning to employment pathways for local people and increase the number of Aboriginal people on staff. The 2011 program built on the success of a 2010 program, which was not Aboriginal-specific but resulted in four trainees going on to employment at CGHS.

The CtHG Gippsland strategy is aligned to the Victorian Aboriginal Health Workforce Plan and the Victorian Aboriginal Recruitment and Retention Strategy 2010-2013 for the Department of Human Services and Department of Health. The intention is for recruitment of Aboriginal people to be made to general positions, as well as Koorie specific positions.46

The specific aim of the CtHG Gippsland strategy is to reach 1 per cent Aboriginal employment, consistent with the Victorian Government’s Aboriginal Employment Strategy (Karreeta Yirramboi),47 which has a target of 1 per cent Aboriginal employment in the Victorian public sector by 2015.

7.3.1 ESTABLISHMENT AND OPERATION

As reported in 2012, all health services have established mechanisms to capture Indigenous status on personnel files to enable data collection for the annual surveys. It is important to note that it is not mandatory for services to ask for an applicant’s Aboriginality in the recruitment and selection of staff.48

7.3.2 FUNDING AND RESOURCING

Financial investment in the strategy is $120,000 per annum for three years, which provides funding for an Indigenous Human Resources Consultant over the period 2009-10 to 2012-13. As set out above, a number of additional staff have been employed under the strategy.

To date, funding allocated under the strategy has primarily been used to conduct a cross-sectional survey and to employ a part-time Indigenous Human Resources Consultant to champion the employment of Aboriginal people in health services. The consultant/project officer is based with BRHS.49 In May 2012, the consultant submitted a work plan to DH. Feedback was provided that further work was required prior to approval.50 The progress reports indicate that the consultant has established a relationship with each of the human resources managers at the four targeted health services, and with the associated employment services and training providers.51

7.3.3 FUNDED ACTIVITY

CGHS applied for funding for the Aboriginal Allied Health Assistant Training (AAHAT) through the CtHG program and received $75,000 to employ five trainees in allied health. CGHS also received employee

43 Ibid, p47
44 Ibid, p47
45 Ibid, p47
46 Ibid, p47
48 Op cit, Gippsland Strategic Action Plan, p19
50 Gippsland Progress Report February 2012, p1
incentive funding from Commonwealth and State Government programs designed to build the Aboriginal workforce.

The first intake of AAHAs commenced in July 2011. The traineeships are delivered over an 18-month period with the trainees rotating through a number of allied health disciplines during this period. Each rotation comprises seven weeks and covers occupational therapy, physiotherapy, social health, dietetics and speech pathology. Each trainee also spends a few days in podiatry. The rotations are repeated after the six-month mark. At the commencement of each new rotation the AAHAT are provided with an orientation specific to the clinical area. The trainees work under the supervision of the relevant manager in the clinical rotation setting. At the end of each clinical rotation, there is a formal catch-up session between the trainee, allied health practitioner and clinical educator or General Manager Workplace Capability and Learning (GMWCL).

The trainees complete eight hours of formal online study each week provided through the Australian Institute of Flexible Learning (AIFL). The online work consists of two structured training sessions of four hours twice a week. These sessions are attended by the GMWCL and the clinical educator. The trainees are also able to access the AIFL website in their own time at home. The remainder of the training was completed on the job and supervisors signed off on completed tasks via a workbook. Telephone meetings are also regularly set up between teachers and trainees.

Once the study is completed the trainees will receive a Certificate IV in Allied Health Assistance. The first round of trainees completed their course in January 2013 and the second in April 2013. Two of the trainees secured permanent work at CGHS following completion of the training.

The trainee positions were advertised in the local paper and tailored information sessions were held at Ramahyuck District Aboriginal Cooperative. However, it was found that word-of-mouth communication through the Aboriginal Community was more effective and enabled the CGHS to gain a number of applicants who were then able to attend an interview.

Intake rounds have been modified based on the experiences of the previous rotation. The GMWCL says ‘no-one has done this before in our service so we were learning as we were doing’. For example, the recruitment now includes a period to test the AAHAT interest in a career in Allied Health through a work experience program.

The first cohort of trainees had a three-week orientation program with traditional content, although, this was later changed to an eight-week preliminary training block, which included the completion of five 'foundation' theoretical online units, and a more blended introduction of theory and clinical exposure. These changes were made to ensure the trainees were better prepared for the clinical areas and were able to practice under supervision more easily. The new program includes a focus on numeracy and literacy, work/life balance and general workforce issues. The orientation was also modified to take advantage of clinical and other learning opportunities. A comprehensive daily debrief was conducted so the AAHATs could ask questions and share information about their daily observations and work in the clinical areas.

At the beginning of the course, a work mentor was allocated to each trainee but this approach was ultimately replaced by a weekly debrief between key staff and trainees because mentor workloads significantly impacted on the time that mentors were able to spend with their mentee. Topics covered included work related problem-solving and relationship management issues, guidance on health and wellbeing processes and other life-skill development topics. This forum helped to establish trust and provided an important opportunity for trainees to raise issues that were affecting them. In particular, the presence of the GMWCL at the debriefs meant that issues were able to be quickly resolved.

The age of the trainees varied from 16 to 32 with some having come straight from school and others having had some previous work experience. All of the trainees had missed large segments of school and some were early school leavers. As a result, each of the AAHAT required numeracy and literacy support, which was provided by staff within CGHS in both a structured and unstructured way. The trainees have also had support from the Workplace English Language and Literacy (WELL) Program at Gipps TAFE Koorie Unit (CGHS 2012, 19). Notwithstanding, most of the trainees had excellent communication skills.

52 Central Gippsland Health Service 2012, Aboriginal Allied Health Assistant Traineeship Case Study, p14
and in general, while it may have taken slightly longer for the Indigenous trainees to settle in at the beginning, their progress is described as excellent.

The project established a policy and governance framework for AHA roles within CGHS, along with a number of other benefits such as the development of a pathway from VET to tertiary qualification and career advancement. This is working toward the goal of having a self-sufficient allied health workforce supply within seven years.

The CGHS has undertaken an internal evaluation of the AAHT program with the trainees and allied health professionals. The evaluation process included an invitation to participate in a structured survey placed on the CGHS Learning Management System and semi-structured interviews. There was a 100 per cent response rate from the AAHTs and some feedback from the broader allied health team and leaders.

Overall the AAHAT program has had nine trainees and three are expected to be qualified, two in December 2012 and one in early 2013. The reasons for students discontinuing related to being the primary care giver in the household, work/life balance issues, illness and moving out of the area. The overall retention rate reported for the program is 33 per cent.

The strength of the case study is the alignment between the recruitment of Aboriginal trainees, the VET traineeship model, the CGHS 2009 Strategic Plan, and the commitment to continually improving organisational capability to support trainees as part of their commitment to a self-sufficient workforce.

The AAHAT program has been recognised with CHGS being awarded the 2012 Gippsland and Cardinia Regional Diversity – Excellence in Service Delivery Award.

7.4 PARTNERSHIPS

The agencies involved in the strategy are LRH, WGHG, CGH and BRHS. The establishment of the Developing Pathways into Health for Aboriginal People project included negotiating with Local Learning and Employment Networks (LLENs) and the engagement of project worker. The project has been described as a significant achievement towards the Closing the Health Gaps outcomes at a regional level.

A number of partnerships and agreements are in place, or are being established, to support the traineeship program. The Gippsland Closing the Health Gap Advisory Committee is responsible for developing and monitoring the performance of the Gippsland Indigenous Employment in Health Network or for appointing an auspice agency for the Network, which is intended to link with the traineeship program.

There is potential for linkages with the Developing Pathways into Health initiative, which is a $92,400 over 2011–13 to support pathways for Aboriginal people to develop careers in the health services.

7.5 BENEFITS

A cross-sectional survey of Indigenous employment levels in universal services was conducted in 2011 and 2012 and the results have been reported to the Closing the Health Gap Committee. The results indicate unevenness in the success of the program both across the State and over time.

The 2012 results estimate that to reach the 1 per cent employment target, an additional 14.4 FTE will be required. This represents an improvement on 2011, where the shortfall was 18.3 Aboriginal FTE and in 2010, 16.3 Aboriginal FTE were required.
The decreased in the FTE shortfall appears to be attributable to the development of the traineeship programs. The regional report also states that the training needs analysis has been largely completed and interviews have been held with over 50 Aboriginal employees in the Gippsland Health system.59

Other outcomes reported in the July 2012 Progress Report include:

- LRH has employed four Aboriginal trainees (three allied health trainees and one administration trainee)
- BRHS has identified three to four Aboriginal traineeships although these have not yet commenced
- WGHG has employed one allied health assistant and one Indigenous traineeship with the discipline to be determined
- BRHS has conducted a workplace orientation tour for nine senior Aboriginal students. Since then, two of these participants have commenced work experience two days per week in Aged Care.

The trainees had different motivations for beginning the program, including being dissatisfied with school, wanting a career change and proving to themselves or their families that they could do it. One trainee at CGHS stated she “really wanted to make a change of direction in life” and another said “I wanted to show my kids that I could do it and make them proud”.

While some trainees reported getting off to a slow start and being out of practice with studying, the practical work, online learning and being able to draw on the assistance of people in the health service were found to be particularly useful and enjoyable. One trainee reported, “it was hard to get into at first but once the practical work started it helped with the studies”. Other challenges for the trainees included getting used to the more formal language and not being able to tell family members about other family and friends that were in the hospital.

It was reported that the traineeship had helped to build a sense of pride and helped to make trainees feel valued by other staff. For example, one trainee said “I feel proud when my daughter asks me what I have done at work...I want to be a role model for my children”. While another trainee said “I have learnt that I am stronger than I thought, emotionally stronger. Being in work has helped.” Another benefit was that trainees were beginning to change their attitude towards their own health including increased nutrition and exercise, as well as improved sleep habits. Statements from trainees included “I have started to eat breakfast every morning and trying to do exercise at least once a week”.

Of those that were interviewed, only one said they would like to continue working in health care but the others said it gave them more options and helped them to learn that they were capable of going to university. They also valued that there was a pathway after the completion of the traineeship.

The trainees indicated that there was a good working relationship between the staff and the trainees. There was an open door policy to accessing the clinical educator and the GMWCL, and the ALO was involved in all processes. Specifically, the weekly debriefing sessions had been particularly important for creating an environment where they felt they could raise issues and talk about things openly. Trainees also said that they felt culturally safe because of the diversity within the hospital. A trainee said “people ask questions because they are interested just like they would ask anyone about their culture”.

The AAHAT viewed their employment at CGHS as a positive step for their community, especially the benefits of having Aboriginal patients being able to see them around the ward.

7.6 CHALLENGES

A number of challenges were identified within the CGHS program. The outcomes of the program were impacted by a high rate of unplanned leave from the trainees, and this cut into the student’s clinical experience and formal training. Absences from the workplace impacted heavily on the trainees’ ability to develop both theoretical and practical knowledge consistently through the repetition of tasks. This was

59 Op cit, Gippsland Progress Report
also reported to have caused some members of the allied health workforce to become frustrated and less engaged with the trainees.\textsuperscript{60}

The high rates of unplanned leave are thought to reflect, in part, the complex life circumstances of the trainees, as well as the challenges they faced working in a mainstream service. Trainees at the CGHS related the difficulties faced in managing the intersection of their family and community commitments and those of their employment. These included balancing responsibilities as primary carers for some, but also social pressures where many of their friendship circles were still in school, or not working, and who did not fully understand the commitments required of the trainees.\textsuperscript{61} Individual trainees also experienced stressors associated with transitioning to a challenging and new learning environment, particularly where prior exposure to the education system had left a negative legacy.\textsuperscript{62}

7.7 REFLECTION AND ANALYSIS

A small evaluation of the CGHS traineeship program found that there were clear benefits to program participants. These benefits include improvement to health and wellbeing, improved confidence, attitude and self-esteem, and positive changes in views on learning, career development and belonging to workplace teams. Trainees also considered that their involvement at CGHS was important to, and recognised by, their community.\textsuperscript{63}

The CGHS put in place supportive strategies that were based on a review of the literature on effective supports used elsewhere, and that acknowledged the complexity of each person’s circumstances and sought to be more responsive to the needs of the individuals. This included educating the CGHS workforce on the need for flexibility given the life transition experience of the trainees, but also focused on using training to develop the resilience of the trainees and to empower their own decision-making ability.\textsuperscript{64}

The CGHS also explored the possibility of placing trainees for a period at Ramahyuck District Aboriginal Cooperative, which would offer exposure to the ACCHO workplace and to experienced Aboriginal health workers, who may have faced similar challenges earlier in their career.

A key factor in the success of the program at CGHS has been the ongoing support for, and leadership of, the program provided by the GMWCL. This role has championed the program across the service and has helped to ensure that the trainees’ issues are heard and resolved, by working closely with other staff to ensure they understand the complexities. Importantly, this championing role has helped to overcome some of the challenges of the program and ensure that it has every chance of success going forward.

7.8 LEARNING AND CONCLUSION

The experiences of the CGHS in implementing the traineeship program, point to the importance of explicitly recognising the range of stressors that influence engagement by trainees. These include those that stem from external life circumstance, those associated with transition to a training and employment environment, and those arising from the workplace environment itself.

The difficulties faced by trainees in negotiating and managing external social and family pressures and commitments may not be articulated by trainees or visible to their colleagues in the workplace. These factors can be exacerbated by the life transition involved in joining the workforce, and require specific attention to support trainees to develop life skills, beyond the core workplace competencies, to facilitate successful program completion and personal growth.

\textsuperscript{60} Central Gippsland Health Service 2012, Aboriginal Allied Health Assistant Traineeship Case Study, p18
\textsuperscript{61} Ibid, p21
\textsuperscript{62} Ibid, p21
\textsuperscript{63} Ibid, pp 20–22
\textsuperscript{64} Ibid, p17
8 Delivering Deadly Services, Barwon South West

8.1 INTRODUCTION

The Dhauwurd-Wurrung Elderly and Community Health Service (DWECH) and Portland District Health (PDH) have, through a formal partnership sought to deliver the Dhauwurd-Wurrung's 'Delivering Deadly Services' program (the program) in the Barwon South West Region.

DWECH provides a range of health and social programs to the community. It also has an Aboriginal medical clinic that is supported by the DWECH general practitioner, practice nurse and manager, Aboriginal health workers, mainstream staff and partnerships with other services. PDH provides primary, acute and aged care services in the south-west corner of Victoria, catering to population of some 16,000 people.

The aim of the DWECH–PDH partnership is to improve the health outcomes and experience for Aboriginal people in a manner that "respects the reasonable wishes of the local Aboriginal community and acknowledges the history of inequality in health and inequity in health service access of the Aboriginal community".

Four outcomes informed the design of the program:

- establishment of the AHLO position between DWECH and PDH
- improvement in Aboriginal self-identification at health services
- increased cultural safety and awareness in all public hospital services across the municipalities of Glenelg and Southern Grampians
- capacity-building of DWECH and the Aboriginal community to work in partnership with PDH and ultimately improve the pathways and service coordination for Aboriginal patients.

Delivering Deadly Services is aligned with the CtHG Priority 3: fixing the gaps and improving the patient journey.

8.2 THE GAP

In 2009, Ochre Health was commissioned by OATSIH to undertake a review of clinical services at DWECH in Portland. Feedback from community members interviewed by Ochre Health found that very few Aboriginal people access PDH due to poor impressions of the service, including that Aboriginal people may not receive the level of care they should. Local communities and Aboriginal health workers were also engaged and surveyed to understand access issues, aspirations and core principles of culturally relevant service delivery.

The research identified issues of service access between the Aboriginal community and the universal health services that were due to the absence of an AHLO or ICAP officer at PDH. While there had been an AHLO previously at PDH, the role had not been filled for several years. The community survey indicated that the absence of this position was a significant concern for many, with over 90 per cent stating it should be the first priority for CtHG.

The partnership between PDH and DWECH was formed because both organisations recognised that addressing the challenges requires a positive and collaborative working relationship to achieve the best care and health outcomes for Aboriginal people.

According to the Aboriginal people who took part in the consultation, there was a perception that the Portland Hospital and other health services didn't have an understanding of the history and experiences

65 Final Memorandum of Understanding between PDH and DWECH, September 2011
of Aboriginal people in Portland. There was also significant concern amongst DWECH staff and Aboriginal people that there were no Aboriginal workers in some of the services.

8.2.1 ESTABLISHMENT AND OPERATION

ABORIGINAL HOSPITAL LIAISON OFFICER

In the initial stages of establishing the AHLO position, a model for the role was discussed among key decision makers within the health service and the Department of Health. This model, which was agreed to by the PDH and DWECH, included an outline of the AHLO's role and responsibilities, fee for service contract, and an AHLO communication strategy, which encompassed a community brochure and community forum. The AHLO supervision and accountability pathways within PDH and DWECH were then drafted, followed by organisational policies for endorsement by the PDH-DWECH Closing the Gap Cultural Safety Steering Group. This approach encouraged engagement in the design and the potential success of the role.

Several Aboriginal health workers at DWECH contributed to the AHLO tasks until an ongoing appointment was made in February 2013. Investment made by DWECH, a network of services, and the community contributed to the success of the position. For example, DWECH staff underwent AHLO training that used the tailored DWECH AHLO training manual. DWECH also conducted an orientation and training session with DWECH health staff on the role and responsibilities prior to the AHLO commencing. Further to this, the engagement with GPs and health services was agreed to, and press releases, letters and newsletter articles were distributed in January 2013.

CULTURAL AWARENESS TRAINING

The cultural awareness training was developed into a formal training package, consisting of three training modules. Module 1, 'Cultural Safety Awareness', underwent rigorous evaluation with the community and Elders before it was delivered in mainstream settings. The second module, 'Best Practice Self-Identification' was developed for Aboriginal health workers and AHLOs. The third module, 'Cultural Safety', targeted cultural safety in practice. The modules were designed to be delivered in the mainstream agencies across Glenelg and the Southern Grampians, including PDH; Western District Health, Heywood Rural Health and Casterton Memorial Hospital, across acute and community health settings. Training was also provided to staff of the Southern Grampians Glenelg PCP.

A targeted cultural awareness package was developed for primary health care agencies in the Glenelg and Southern Grampians Shires in 2010-2013. This first package focused primarily on PDH, with a priority of engaging and training senior management and acute services. The aim of this package was to increase cultural awareness and safety of the primary health services in Glenelg and Southern Grampians regions, and to create an economic business model for the agency, where a fee for the cultural training service could be charged for various audiences.

8.2.2 GOVERNANCE

A MoU was signed between PDH and DWECH in September 2011. The aim of the MoU was to improve access, quality and safety of services to Aboriginal people by increasing care coordination between DWECH and PDH. In the MoU, both parties agreed to the aims and objectives of the partnership, which include 'develop, implement and monitor a new model for the Aboriginal Health Service Liaison Officer between DWECH and PDH, to construct a seamless transition for Aboriginal people, and to establish a DWECH–PDH Closing the Gap Steering Committee.

The MoU outlines the aims of the DWECH–PDH Closing the Gap Cultural Safety Committee. The Committee, which meets bimonthly, was developed to provide guidance to:

- achieve the aims and objectives of the MoU
- monitor DWECH and PDH performance and accountability in relation to achieving the aims and objectives of the MoU

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66 Barwon South West Region, Progress Report, December 2012
67 Barwon South West Region, Progress Report, June 2012
68 Final Memorandum of Understanding between PDH and DWECH, September 2011
address issues that impact upon the participation and experience of Aboriginal people in PDH healthcare

identify, advise and help resolve risks and challenges as they arise.69

The minutes of the DWECH–PDH Aboriginal Closing are tabled at the PDH Board of Management and the DWECH Board of Management meetings. A statement of the achievements of the Closing the Gap Cultural Safety Steering Committee is written by the chair, for inclusion in the PDH and DWECH Annual Reports. In November 2013, the PDH Quality of Care report noted the significant work done through the Steering Committee, with key achievements including embedding self-identification practices; development of the AHLO orientation manual; development of an email banner acknowledging traditional owners and organisational welcome statements.70

8.2.3 FUNDING AND RESOURCING

According to the June 2011 BSW Progress Report, the total investment for this program was $462,559. The June 2012 BSW Progress Report stated that the program was funded $428,142 until June 2013.

8.2.4 PARTNERSHIPS

The partnership between DWECH and PDH underpins the success of the Delivering Deadly Services program. As noted above, this partnership is founded on a formal MoU that was signed in September 2011.

The BSW Progress Reports also indicate there are a number of other partnerships being formed. The December 2012 BWS Progress Report indicated that a partnership with the Great South Coast Medicare Local service and DWECH was being developed. This partnership is intended to extend the delivery of the self-identification and cultural safety education training to meet the needs of GPs.

There has also been other local government interest in the cultural safety education training materials, and DWECH has indicated the intention to consider options to extend this work and increase access to training.

Additionally, other regional health services have indicated interest, such as Barwon Health and CTG Staff. These organisations have expressed interest in cultural safety education training recommendations for ‘train the trainer’, and in the purchasing of materials or DWECH training for their organisation.

8.2.5 FUNDED ACTIVITY

In the June 2012 BSW Progress Report, it was reported that an AHLO model had been developed and implementation was to commence in 2012.

INCREASED IN ABORIGINAL STAFF PRESENCE AT HEALTH SERVICES

As a result of the CtHG investment, DWECH have six staff trained to provide the AHLO role, and further funding has been used to support 17 new Aboriginal students into clinical placements in PDH. This is the only program of its type in Victoria, and it has a target of reaching 450 clinical days for the students. To ensure that students feel culturally safe while on placement, DWECH is taking the lead and have established a specific training room and classroom for the students.

CULTURAL AWARENESS TRAINING

The Cultural Awareness program has been rolled out; Module 1, which included a focus on self-identification training, was developed and delivered once a month for new staff at PDH. In total it was delivered on eight occasions to 56 participants. One of the reported challenges in the delivery of the training was the timing. While it was planned to take 30 minutes, the project team were asked to deliver material in 15 minutes, which was considered to be unsatisfactory.

69 Final Memorandum of Understanding between PDH and DWECH, September 2011
70 Portland District Health Quality Report, 2012–13
Module 2, the Best Practice Self Identification Training was completed at PDH, DWECH and Winda-Mara, with 28 completed in total. AIHW reviewed the training material. The self-identification training at Portland resulted in the mapping of service access pathways to identify opportunities for patients/clients to self-identify, and to ensure that a consistent approach to self-identification is implemented.

The December 2012 BWS Progress Report indicated that Module 3 'Cultural Safety Education' was planned to be delivered to Heywood Rural Health, Western District Health, PDH and Casterton by April 2013. The BWS Project Team approached DWECH health staff to co-deliver training modules, which resulted in two staff co-delivering training. Cultural safety training accreditation was completed; however the materials are being amended for a GP audience, which includes seeking accreditation with the Royal Australian College of General Practitioners (RACGP). By January 2013, the application to gain RACGP accreditation had been 90 per cent completed. Further, the Australian Nurses Federation is interested in endorsing the training.71

A fourth module, 'On Country Tour', is being developed. It required extensive development in consultation with traditional owners and Budj Bim tour operators.

DEVELOPING CULTURALLY APPROPRIATE PRACTICES

As part of the work towards establishing strong pathways of access to health services for Aboriginal people, addressing acute service issues at PDH was a priority. That work was also applicable to Western District Health Services, Heywood Rural Health and Casterton Memorial Hospital.

In the initial stages, staff from both DWECH and Winda-Mara completed admission documentation and liaised with hospital staff during the inpatient journey to demonstrate a user-friendly framework. Case-management was also being coordinated on discharge by the staff of either DWECH or Winda-Mara Aboriginal health service. This work aimed to create a sustainable partnership for an innovative model of care, using current and future funding allocated to all agencies for services provided to the local Aboriginal communities.

8.3 BENEFITS

The Delivering Deadly Services program has brought about a number of significant benefits for the Portland and surrounding community.

HEALTH SERVICE STAFF ARE CULTURALLY ATTUNED

At the PDH, training has addressed how to ask the identification question well. Once asked, Aboriginal patients are then advised of the supports and services available to them. They can be linked to the AHLO, and to ACCOs in surrounding towns. Importantly, there is a choice of supports offered.

Aboriginal clients in Portland reflected positively on the benefits of the training, which in their view had contributed to improved services at the hospital.

One of the younger mothers that took part in the consultation commented that:

Things are definitely different now. I feel so much more confident and comfortable about being Aboriginal and being able to say I am when I had my baby and needed to make contact with mainstream maternal services.

According to an Aboriginal client, because of the training, you can “really see a difference in how the nurses treat us”. From the client perspective, more time was being taken by nurses to explain treatments. In addition to the training, meetings between CTHG staff and key individuals in the hospital were also having a positive impact. Discharge planning and medication explanations were reported by community members to have improved.

Community pharmacists in Portland have also attended training as part of the DWECH Clinical Placement Partnership Project. Community members reflected that their experience of having scripts filled had also

71 Portland consultation with staff of DEWCH
improved, with one person describing the change as being “treated with respect, like a customer”. Another person, they described the experience in this way:

*(I can) go and get prescriptions filled without being questioned or looked at differently.*

Investment is also occurring at the local health service level, with hospitals in the BSW region committing to flying the Aboriginal and Torres Strait Islander flags and to displaying Aboriginal artwork. The hospitals are also committed to displaying notices that recognise the Traditional Owners in building foyers and various waiting areas. Further, the Director of Nursing at PDH has organised for pamphlets in patients' drawers near the beds that provide information to patients about the Traditional Owners of the land.

**THERE ARE MORE COMMUNITY MEMBERS WORKING AT THE HEALTH SERVICES**

The CihG investment funded the AHLO position, which has led to an increase in the presence of Aboriginal staff within the health organisations. From the perspective of the staff at DWECH, having more community members involved with mainstream workers and services is helping to “build the bridges...we could see the barriers were broken between black and white”.

**ABORIGINAL PATIENTS FIND IT EASIER TO ACCESS TO HEALTH SERVICES**

There have been a number of changes to health services in the CihG funding timeframe, which have made it easier for Aboriginal people to access the services. One respondent explained that she can leave her medical wallet with the local chemist who would send her a text message when she was due to come and collect the new prescriptions. This was very helpful because previously she often forgot and lost her prescriptions, but now didn't miss out on her medication.

Increasing access to dental services is also a priority. DWECH has negotiated with a local private dentist to work from DWECH when a dental chair has been secured.

Communication between the health services has also led to easier pathways for Aboriginal clients. For example, one respondent noted that staff will ring ahead to other health practices to notify them that a client is coming, which meant when the client arrived everything was already set up for them and they did not need to repeat their story. The improved relationship between health staff and Aboriginal clients also facilitated easier access to services. One respondent was ‘wrapped’ that a Maternal Child Health (MCH) nurse came and did home visits in the first two weeks, recorded everything and when the baby was immunised at two months, the nurse remembered the names of the mother and baby, and the details of their situation. The MCH nurses have also been coming to DWECH once a month to attend playgroup, which has made many parents feel supported. It has also been attributed with increasing the number of mums attending the playgroup.

**BROADER BENEFITS FELT ACROSS THE COMMUNITY**

There is a perception amongst the Aboriginal clients interviewed that they have better access to mainstream organisations and health services in Portland and Heywood, with a better level of knowledge about service options held by mainstream service staff. Indeed, there is a view that mainstream services have “more of an understanding now”. As commented by one community member, the broader community now “know where you are coming from, so you can walk to the cooperative and down the street feeling better about our situation”.

Finally, the change in the way Aboriginal people feel they are treated and their increased access to services has had a flow on beneficial effect for their family and friends:

*It is really good now and we tell our families about it all the time and get them to use the services now as well.*

**8.4 CHALLENGES**

Maintaining effective partnerships that ensure sustained improvement in service delivery takes ongoing leadership, and resources to maintain the coordination effort. If the leadership maintains overt commitment to the partnership, the improved referral and care pathways are more likely to be sustained, and to become embedded overtime. Without leadership, there is a risk (in all large mainstream health services) of coordination defaulting back to the role of the AHLO or similar position. The commitment made by the senior management of each organisation in this partnership will guard against this risk.
Another challenge facing all health services, including PDH, is ensuring training reaches all staff, and is delivered regularly to address turnover in staff.

Referral pathways require maintenance, with attention to the transfer of the right information at the right time. The quality of data collection is critical to the individual person, but also to ensuring there is evidence available when it comes time to review and evaluate the impact of the new arrangements.

8.5 REFLECTION/ ANALYSIS

Since the CthG investment in BSW, service providers and the community have reported improvement in access and service experience by Aboriginal community members.

Some of the tangible outcomes are directly linked to the CthG investment. The investment, through Delivering Deadly Services in Portland, has funded the comprehensive cultural training program and AHLO positions. Both of these initiatives were successfully carried out.

The DWECH cultural awareness and self-identification training, which was considered to be very successful, is linked directly to some changes. The training has been completed across all of the services, including the self-identification training module, which has been provided six times for 30 staff members so far. Some direct changes to practice were observed as a result of the cultural training, such as administrative staff asking all health clients whether they identify as Aboriginal or Torres Strait Islanders, and consequently offering Aboriginal clients information about available in-house Koorie programs. The AHLO positions have led to an increase in Aboriginal staff presence within health services; for example, at DEWCH six health workers are Aboriginal and a further 17 Aboriginal students have begun clinical placements. Some of the outcomes that have resulted from the AHLO positions include improved clinical health notes about Aboriginal patients, as well as stronger working relationships between Aboriginal and non-Aboriginal health workers.

The majority of the outcomes identified through consultation were less direct. For example, Aboriginal clients reported feeling more respected by staff at the services. This cannot be absolutely linked to the cultural awareness training, based on the logic that a person can attend cultural training but not change their attitude. However, given that the changes occurred in a similar timeframe to the distribution of the cultural training, the changes in attitude amongst health service staff and a perceived increase in respect amongst Aboriginal clients, are very likely to be connected. Some examples of the changes in service delivery that Aboriginal clients reported made them feel more respected include nurses and pharmacists taking more time now to explain their medication in both written and verbal form.

Other changes have also occurred that are not the direct result of the CthG investment, but have occurred within the investment timeframe, and which have improved the Aboriginal client experience of health services. Initiatives such as displaying the Aboriginal and Torres Strait Islander flag, and having information pamphlets in patients drawers near beds about the site’s Traditional Owners are not part of the cultural awareness training, but were certainly seen as a positive step for the Aboriginal patients consulted.

The strength of the MoU between DWECH and PDH must also be attributed to the success that has occurred with the CthG funding. The formal agreement has meant that senior members of both organisations committed to improving the health experience and outcomes of Aboriginal patients. For significant and lasting change to occur within organisations, such as changing cultural attitudes, it is important that senior leadership participate and promote the change.

As a result of all of these changes, the broader Aboriginal community are increasing their access to health services. More so than most sources, word of mouth is a highly valued source of information in Aboriginal communities. As such, when one person has an especially good or bad experience, friends and family are aware of this and it influences their own service-seeking behaviour. The changes experienced in Portland as a result of CthG funding, have been well received by the community. This indicates that the investment has made significant progress towards improving the overall experience and proportion of Aboriginal people accessing health services.
8.6 LEARNING / CONCLUSION

The CtHG investment in Delivering Deadly Services was underpinned by a MoU between DWECH and PDH, which set out the partnership’s terms of agreement. Consistent with the outlined commitments, a comprehensive cultural training program that included three modules, was designed and delivered to staff in a range of health services. Additionally, the responsibilities of the AHLO position were agreed to and officially commenced in February 2013.

There was a range of benefits that came from the two major investments. Some are directly linked to the investment outputs, such as 180 members of PDH staff receiving self-identification training. Aboriginal clients reported feeling more respected in the services, and reported finding it easier to access these services. The staff at health services also noted the importance of having more Aboriginal staff working with them, as it broke down some pre-existing barriers between Aboriginal and non-Aboriginal people.

The success experienced in Portland is due to cultural shifts in the staff, which, among many outcomes, resulted in Aboriginal patients reporting that they feel more respected and that they are able to access the services more easily. This cultural shift in the health services is a result of the comprehensive cultural training, the presence of the AHLO, as well as the strength of the MoU and subsequent commitment from senior management to the CtHG cause.

These lessons are not specific to the context of Portland, and can be applied to other contexts. It would be beneficial for other organisations to replicate the training modules.
9 Client Journey Projects, Hume Region

9.1 INTRODUCTION

The Client Journey Project was developed to improve the interface between hospital and primary care services. The rationale, as described in the *Hume Closing the Health Gap Regional Implementation Plan*, was to address the poorer health outcomes of Aboriginal people living in the Hume Region. A contributor to poorer health outcomes was often identified as the negative experience of the journey between hospital and primary services, resulting in clients leaving hospital without treatment and without further follow-up. Additionally, patients requiring ongoing community care were often required to navigate their own path through the service system, without assistance from a care coordinator.

To improve the patient experience the Client Journey Project established pilot sites in the Lower Hume, Central Hume, Goulburn Valley and Upper Hume areas of the region. The pilot projects seek to improve service issues relating to CthG Priority 2: Primary health care services that can deliver; Priority 3: Fixing the gaps and improving the patient journey; and Priority 5: Making Indigenous health everyone’s business.

The project contributes to the *Hume Region Cultural Competence Framework*, which is the region’s ‘umbrella’ project. The Framework’s philosophy is that if mainstream health services across the region act to improve the cultural competence of their services, and thereby increase accessibility for Aboriginal people, then each of the region’s other priority projects will be enhanced. 72

This case study explores region-wide implementation with a particular focus on the implementation of the Client Journey Project in Albury-Wodonga through Albury Wodonga Health.

9.2 THE GAP

The *Closing the Gap in Indigenous Health: Baseline Report* (October 2009) indicates that the percentage of Aboriginal people leaving the emergency department of hospitals in the Hume Region without treatment is not only higher than for non-Aboriginal people, but is higher than the state-wide averages for Aboriginal people. 73 Analysis of Goulburn Valley Hospital outpatient clinic data indicated that Aboriginal patients make up four per cent of the appointments and have a fail-to-attend clinic rate of 34 per cent, compared to an overall rate of 12 per cent. 74

The *Hume Closing the Health Gap Regional Implementation Plan* reported that many Aboriginal people report feeling uncomfortable approaching mainstream services and will delay treatment until crisis point. In addition, the lack of health infrastructure and organisational capacity in ACCHOs is noted to limit the ability to provide services to Aboriginal people; access to primary care and specialist mental health services is described as ‘patchy’; and that there is a need to improve GP identification of Aboriginal status, and immunisation rates. 75

The Closing the Health Gap NPA with Victoria and other states and territories provides the broad policy context for the Client Journey Project, outlining as it does, the objectives, outcomes and outputs associated with Priority 3: Fixing the gaps and improving the patient journey. More specifically, the NPA aims to deliver better clinical outcomes through quality, culturally secure hospital and hospital-related services that include rehabilitation, allied health care and transition care case management. Better clinical outcomes are to include:

- reduced average length of stay in the long term
- an improved level of engagement between Aboriginal and Torres Strait Islander patients, referred care providers and primary level providers (private or public) to deliver better follow up and referral processes

72 Closing the Gap Progress Report, December 2011–12
75 Department of Health 2009, *Hume Closing the Gap Plan 2009–13*
- improved long term stability in primary provider choice
- improved patient satisfaction with the care and patient journey (based on domains of concern to patients)
- reduced admissions and incomplete treatments for Aboriginal and Torres Strait Islander patients.

Strategies to achieve better clinical outcomes are articulated in the NPA and include workforce strategies to improve the continuity of care and coordination with health services; improving the cultural safety within public hospitals; and improved access to acute and sub-acute care. The Client Journey Project broadly reflects these aspects of the NPA.

9.3 THE STORY

Consultation undertaken during the development of the Hume Closing the Health Gap Regional Implementation Plan highlighted a range of specific actions to generate improvement in the region. These included further enhancing hospitals’ procedures and practices to consistently identify and record a patient’s Aboriginality and making improved use of Aboriginal Health Transition Officers (AHTOs) to support the discharge and follow up processes to reduce the high rate of Aboriginal people leaving hospital without treatment. The discharge planning and referral process that had been trialled at Albury Wodonga Health was identified during consultation as a promising model.

To achieve these goals, the Hume Region Implementation Plan noted the need to develop a ‘Hume Region model’ of referral pathways, underpinned by an agreed approach for managing the care of Aboriginal people from entry to hospital, through discharge planning and back into primary care services. The model would reflect the best practice of the Wodonga Regional Health Service Aboriginal Follow-Up Care and Referral Trial; utilise the ‘transition officer’, or transition care case management approach identified in the NPA; and develop a resource kit, which would include evaluation and audit tools, for use by hospitals and primary care agencies.

Four pilot sites were established across the Hume Region, with the aim of achieving a decrease in the percentage of Aboriginal people in all age groupings who leave emergency departments or urgent care settings without treatment and who discharge themselves against medical advice. The pilot sites sought to establish an agreed, transparent and properly resourced pathway from hospital to primary care for Aboriginal people, and to ensure hospitals and primary care services had the capacity to deliver the coordination and continuity of care necessary to meet the needs of Aboriginal clients.

9.3.1 ESTABLISHMENT AND OPERATION

To support the management, implementation and evaluation of the Hume Closing the Health Gap Regional Implementation Plan, three CtHG partnership managers were established to resource and support a steering committee; provide support and advice to health services, communities and co-workers; and manage various key components of the Implementation Plan. An essential element of this work was to build partnerships between the ACCHOs, hospitals, primary care agencies and other health stakeholders within the Hume Region, including the Aboriginal and Torres Strait Islander community.

A partnership manager, based at Mungabareena Aboriginal Corporation, and a DH program manager were allocated as ‘sponsors’ for the Client Journey Project. The sponsor role has been to provide oversight in the governance of a working group, develop plans then implement and evaluate the project against the goals of the Regional Plan.

A region-wide Client Journey Project Working Group was also established in 2010, from a call for expressions of interest by the CtHG Steering Committee. The Working Group subsequently made a decision to recruit a consultant to manage the initial research and project development phase because of the complexities of the project priorities and the consultations that were required with health services and Aboriginal communities across the Hume Region.

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76 Department of Health 2009, Hume Closing the Gap Plan 2009–13, p13
77 Ibid, p19
Consultants — Atkinson Kerr and Associates, or AKA — were engaged to develop a client journey model of care. The model was developed using research including an analysis of quantitative data from a variety of sources; information from consultations with health service providers and the community; as well as a literature review. Related efforts to improve the delivery of services to Aboriginal people were also explored, including work being undertaken at NSW Health’s Centre for Aboriginal Health, the AIHW and the Institute of Primary Care at La Trobe University. Important characteristics for a future model were pinpointed in the NSW Chronic Care model of 48-hour follow-up, including identification, screening and assessment, referral and follow up. Trust was flagged as another key element.

The consultations with Aboriginal community members in the Hume Region also revealed a number of service gaps, including a lack of bulk-billing services in certain areas of the region; no out-of-hours services, specifically Aboriginal services; time constraints that limited medical staff in emergency departments; a perception that the knowledge held within Aboriginal-specific services was not valued; lack of culturally appropriate services; and a lack of information provided by health services. There were also different expectations between the point of service delivery and patient; a lack of follow up after discharge; poor identification of cross-border issues and a perception that there was not enough support or respect shown towards Aboriginal people.78

The literature review confirmed higher rates of Aboriginal people leaving emergency departments without treatment or without completing treatment, especially in rural settings. Further, “Aboriginal inpatients are more likely to discharge against medical advice than their non-Aboriginal counterparts by a ratio of seven to one”.79

The background research also identified that there was no formal means of collecting patient satisfaction data from clients other than the Victorian Patient Satisfaction Monitor (VPSM). The VPSM does not ask respondents about their identification as Aboriginal or Torres Strait Islander or both, meaning that valuable information is often lost. Other critical issues identified in the literature review were that identification is essential to addressing early departure from emergency departments and discharge against medical advice, that more assertive co-ordination and follow up is required, and that data collection and analysis had been poor and provided was ‘uninformative’ about Aboriginal patient outcomes.80

Based on this research, the draft regional model that was subsequently developed was comprised of four steps:81

- identifying client pathways from the emergency department and inpatient services to primary health care
- utilising a model of care, comprised of eight elements that provides a framework for health services to plan and implement service redevelopment. The model emphasises four of these elements: identification, assessment, referral and follow up
- focusing on developing an evidence base that uses existing patient utilisation data
- promoting reform at a health service level through the CtHG Steering Committee structure.

At a subsequent meeting of the Client Journey Working Group, the Group decided that implementation of the model would need to support:

- a change of process at the health service system level
- increased client and family support to enable referral and follow up care for people leaving an emergency department without treatment, or incomplete treatment
- links to associated health and community services.

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79 Ibid, p3
80 Ibid, p23
81 Ibid, p46
The Working Group recommended to the Steering Committee that the model be trialled across four pilot sites, which would be invited to make submissions to the Working Group. These sites, comprised of a number of service providers in each location, were Albury-Wodonga, Goulburn Valley, Central Hume and Lower Hume. These sites were chosen after a consideration of the size of the Aboriginal population, utilisation of health services, the availability of other services, as well as the strategic importance of the site. Each of the pilot sites was then resourced to employ a project coordinator to lead internal process improvements. An AHTO position was also established within the hospital or health service for direct client liaison.

9.3.2 GOVERNANCE

The Client Journey Project promotes reform at a health service level through the CtHG Steering Committee structure. The development and implementation of the Client Journey Project has been overseen by a working group and supported by a system of partnerships managers, which are a feature of the Hume Region’s implementation of its CtHG priorities. The Working Group reported to the Regional CtHG Steering Committee.

The Client Journey Working Group was established in 2010 and was comprised of several members of the overarching Regional Steering Committee, as well as representatives from pilot sites and the broader sector. The group met monthly for the first two years and moved to quarterly meetings once the project was in its implementation phase. Membership has remained stable over the period of the project and video-conferencing has enabled participation in meetings where travel was a barrier.

9.3.3 FUNDING AND RESOURCING

Funding of $1.1million was allocated to the Client Journey Project over the life of the CtHG initiative, supported and the project was also supported through funding from other sources, including in-kind and cash contributions from the pilot health services. Other investments include support from CtHG partnership managers, Mungabareena Aboriginal Corporation and DH, Working Group members; and ‘in-kind’ time by agencies attending project meetings. Funding to pilot projects totalled $696,000 over three years.

9.4 FUNDED ACTIVITIES

Short-term project coordinators and AHTOs have been employed and positioned in hospital emergency departments or urgent care centres in each pilot site. The project coordinator roles have focused on internal quality improvement processes, while AHTO roles focus on providing follow up care to Aboriginal people who have:

- left the emergency department without treatment or incomplete treatment
- presented to emergency with a chronic illness and have not linked to a service
- required support and assistance with referral or follow-up to other community services.

The workers also distribute information to the local Aboriginal community about the services that are available and actively assist with access a range of health and support services. A poster promoting the role of the AHTO has been developed, as has a pamphlet that emphasises the importance of having a health check. When a patient presents to the emergency department and identifies as an Aboriginal or Torres Strait Islander an AHTO flyer is provided to them to inform the patient of the AHTO service.

In partnership with VACCHO the Client Journey Project produced a DVD on Recording Aboriginal and/or Torres Strait Islander Status. The DVD has been distributed to a range of health services in the Hume Region — ACCHOs, community health services, GPs and other health services — and is available on

82 Urbis, Closing the Gap in Health Outcomes Initiative, Evaluation Progress Report, June 2012, p14
YouTube via a link through VACCHO. Additional resources were also produced to be a 'prompting' resource for health professionals and community, which included:

- mouse pads with the message, “Ask every client if they are Aboriginal and /or Torres Strait Islander”
- pens and badges for mainstream health services that say, “Did You Ask Me?”
- wristbands in the Aboriginal and Torres Strait Islander colours with the message “Closing the Health Gap — Identify and Be Deadly” on the outside and within the wristband the message was “Providing Culturally Safe Services — Supporting Healthy Choices — Tackling Smoking”.
- pens branded with the message “Identify and Be Deadly”.

'Recording Aboriginal and Torres Strait Islander Status' education sessions were held at the four pilot sites, and a regional resource kit for use by hospitals and primary care agencies is currently being defined.

An Aboriginal community awareness campaign was also conducted, which used the resources listed above. A launch of the DVD was held at the VACCHO state-wide members’ meeting held in the Hume Region, which was attended by over 70 people.

All Client Journey pilot sites are providing AHTO services. Preliminary activities have included undertaking a local data analysis, which has involved a comparative analysis of Victorian Admitted Episodes Data. This research activity has confirmed local level understandings of the issues and the scale of issues at each pilot site. Pilot sites have also focused on engagement with key partners; developing and sustaining quality partnership group meetings; and utilising funding for a system coordinator to work with the service partners in order to identify opportunities to improve identification, assessment and referral pathways.

At Albury Wodonga Health — the focus site for this case study — the AHTO helps link community members into community-based services, including those available through Albury Wodonga Aboriginal Health Service (AWAHS), such as health promotion programs. This includes the 'Blue Healers Art Therapy' and 'Aunty Jean's' programs. At the 'Aunty Jean's' program, people have their blood pressure, sugar level and weight checked every week by trained nurses. AWAHS also phone people to remind them of appointments.

9.5 PARTNERSHIPS

Each pilot site received specific funding to support the employment of project coordinators to work with project partners to support in-house quality improvement activities. All sites chose to employ one coordinator to lead this work within the health service and to connect with the primary care partners. Key partnerships for each of the pilots have been established between the health services, ACCOs and primary care services, including Medicare Locals. At the Albury-Wodonga pilot site Albury Wodonga Health has engaged with Mungabareena Aboriginal Corporation, Albury Wodonga Aboriginal Health Service (AWAHS), Gateway Community Health, the Murrumbidgee Local Health District and Hume Medicare Local. Albury Wodonga Health has the additional challenge of providing AHTO services across two emergency departments and the complexities associated with cross-border services.

9.6 BENEFITS

In Albury-Wodonga, the Client Journey pilot site is reported to have had a significant positive impact on the Aboriginal community's experience of health services and on their health outcomes. Community members and program workers identify three positive key outcomes that they attribute to the project: feeling more comfortable using health services; improvements in their health status; and taking a greater interest in and control over their own health.

84 Hume Region, Closing the Gap Progress Report, January to June 2012, p2
85 Urbis, Closing the Gap in Health Outcomes Initiative, Evaluation Progress Report, June 2012, p14
86 Opcit, Hume Region, Closing the Gap Progress Report, p2
The Client Journey Project has helped link people into culturally safe and welcoming health services. Community members who benefited from the Client Journey Project speak very positively about AWAHS, describing it as:

*a fantastic Aboriginal organisation...help lots of Aboriginal people and families. You can have a joke with the staff; they will sit and have a yarn with you. They are very welcoming and there is lots of laughter and joy. We feel comfortable there — no pressure put on you. This organisation also has private consulting rooms so no one knows your business.*

Services themselves are benefiting from the investment in training, including around the importance of identification. In one instance following participation in a training session on identification, a service that had previously reported having no Aboriginal staff found that two of their staff members were Aboriginal. A number of services across the region had previously believed that they had few Aboriginal community members and very few, if any, clients. This view has been challenged and services are starting to ask the question and recognise the importance of providing appropriate services to meet the needs of Aboriginal clients.

With the support of the worker, some Aboriginal people have been able to formally identify themselves as Aboriginal when presenting to mainstream health services. For example, one community member described needing access to counselling and support for her daughter, but that she had difficulty having her daughter formally identified with that service as an Aboriginal person. Another person shared her story that before the Client Journey Project, she couldn't ‘register’ her daughter as Aboriginal because she had not been able to produce paperwork that proved her Aboriginality. In both of these situations, the Client Journey worker was contacted, and provided the support and information needed to register the Aboriginal patients with the required services.

The AHTOs have provided assistance to navigate mainstream services. Individual support and advocacy to navigate systems and address barriers can make a significant difference. For one family a straightforward piece of advocacy enabled a parent to access the dental services required by her daughter: “My daughter needed braces and (the AHTO) helped us navigate the system to Melbourne to get them on and her confidence has risen heaps and she is a different girl now”.

As a result of identifying themselves as Aboriginal, a patient at the Wodonga Hospital was introduced to the Client Journey worker, who linked her to the Health Centre at Mungabareena Aboriginal Corporation. The connection has led to her involvement in Aboriginal programs and activities; and the client has described how they:

*(saw) a real difference now in the services I receive for me and the kids. The doctor at AWAHS...has been helping me with my Aboriginal family and community connections, which is great to have this conversation with your doctor — very different experience. When my son got stitches (the AHTO) phoned to check on my son and made the necessary appointments at AWAHS.*

These stories illustrate some of the ways in which the AHTO roles facilitate access to both mainstream and Aboriginal health services in the community. Beyond the immediate access to the required health service, there are stories of enhanced connection to community.

ABORIGINAL PEOPLE ARE IMPROVING THEIR HEALTH OUTCOMES

Aboriginal people who have benefited from the Client Journey Project in Albury-Wodonga also report their experience of better health outcomes, attributable to the program's interventions. For example, a young woman with a serious, undiagnosed allergy was linked into, and then supported to access appropriate diagnostic services. The person said that:

*...previously doctors said I didn't know what I was talking about. (The AHTO) helped us identify the problem and supported us all the way through.*

By identifying the source of the allergy as the cause of her poor health, and helping her seek treatment, this teenage girl was able to complete her Year 11 studies, and went on to Year 12.
Other community members described accessing health services and treatment for the first time because of the Client Journey Project. Preventative health checks are occurring more frequently as a result of the partnerships with the AWAHS, and community members report that “we girls get regular pap smears now when we didn't before the project”. One person reported that the support available had meant she sought counselling services and has also seen a podiatrist for long-term issues. She attributed this directly to the Client Journey Project: “I would never have had this if the Client Journey Project wasn't available…I feel so much better. Should have done this ages ago.”

ABORIGINAL PEOPLE TAKING A GREATER INTEREST IN AND CONTROL OVER THEIR HEALTH

By making a number of the health services more accessible and user-friendly, as well as being provided with support from the AHTO, Aboriginal people report taking a greater interest in their health outcomes where they would not have have previously.

One community member described how her entire family's awareness of their health needs had changed as a result of the Client Journey Project. She spoke of her son's increased health literacy and self-awareness, attributing this to his engagement with the AHTO; and described the flow-on effect this has had for her family:

> He is now very aware and lets his other brothers know about this too. So we are all more aware of our medical needs because of (the AHTO). (They) talked to us about hereditary conditions in Aboriginal families which has helped us to identify some things we would never ask about.

Another person reported that greater understanding that had been facilitated by the AHTO had been empowering:

> We all have been encouraged to look up our medications on the internet and about our conditions. We now know the medical jargon and words and what they mean when the doctors and specialists talk to us. I feel like I am in more control of my health status. We are now trying to get the discharge nurses to explain to us what the medications are for and more about our conditions.

For another community member, information and assistance provided by the AWAHS at the right time and in the right way led to a decision about a less invasive health treatment, “They are fantastic...rather than (invasive treatment) they arranged (less invasive treatment) — that was better for me”.

There are also instances where Aboriginal people self-identified when they were not asked the questioned by health service. This indicates the impact that has occurred due to the community awareness about the health service being mandated to ‘Ask the Question’ and the promotion to ‘Identify and Be Deadly’. Community members are being proactive in reporting back to trusted workers when services fail to ask them the 'Identification Question'.

These stories provide examples of the ways in which relatively small interventions by the AHTO can resonate with individuals, families and communities.

The data being collected from each of the pilot sites is demonstrating the level of need within the Aboriginal and Torres Strait Islander community when accessing health services and pathways into primary health services and follow up care. Between April and the end of September 2013 the AHTO Albury Wodonga Health had 802 Aboriginal and Torres Strait Islander patients present and be considered for follow-up services.

9.7 CHALLENGES

The challenges for large health services have been mentioned in other case studies, and equipping staff to ‘Ask the Question’ is one continuing challenge for Albury Wodonga Health. Community members are increasingly expecting to be asked, and are welcoming being asked respectfully. This rising confidence, in combination with the training of staff, is likely to achieve a more consistent experience for community members. The impact on health outcomes, through better management of care and care pathways, will only be known overtime.
Positioning the health services to provide best practice care to Aboriginal patients will only be effective if community members take up the recommended course of treatment, attend appointments and maintain their health. Working in the partnership arrangements across mainstream and community-owned services seems the most likely way to address this challenge.

9.8 REFLECTION AND ANALYSIS

The positive outcomes described by community members point to the importance of the support that the AHTO role offers. The investment in Albury-Wodonga led to the recruitment of an AHTO who is known and respected by the local community, and who has a sound knowledge of the health services available to the community. This role has enabled many Aboriginal people to engage with hospital and referral services. The individual in the role also contributes to the success: this worker had a pre-existing relationship with the community and is able to break down some of the intimidating aspects of using mainstream health services. As one community member put it, they are “not just another face in the crowd, (so) it feels personal”.

The AHTO’s ability to make a difference is enabled by effective relationships with, and partnerships between the local health services, ACCHOs and primary care organisations. The partnerships have been developed and embedded at a number of levels, at the governance and planning levels, through information campaigns, staff education, and perhaps most significantly, through referral pathways facilitated by the AHTOs.

The focus on identification also appears to be having a positive impact, by increasing awareness among health services about the importance of them identifying their Aboriginal patients. Community members are also reported to have a greater consciousness of the value to their experience of the health system of identifying as Aboriginal or Torres Strait Islander.

The outcomes achieved in some instances have impacts beyond the specific ‘episode’ or health intervention that might be facilitated by the AHTO. The experience of being supported to navigate or engage with the health system, coupled with the knowledge transfer that occurs as part of this process, is having a lasting impact on some program clients.

9.9 LEARNING AND CONCLUSION

The reported experiences of community members who have engaged with the Client Journey Project suggests that it is making a contribution to improving the level of engagement between Aboriginal patients, referred care providers and primary level providers.

It does this through:

- establishing formal partnerships between the key health organisations
- using a multi-prong strategy of training from first point-of-service contact, through to clinicians; service promotion; and data tracking to support providers to improve their identification of Aboriginal patients
- resourcing specific supports — AHTOs — to Aboriginal people at the point of transition between services.

The result is an easier and more culturally safe patient journey, where personal interactions between health staff and community members has eased into a trusting, friendly experience that supports improvements in health outcomes. In some cases this has led to additional benefits, in terms of increasing health literacy and empowering individuals to engage with their own health and wellbeing.

A critical element of the Client Journey model of care is the AHTO role. Recruitment of a highly skilled and community-connected AHTO, supported by referral pathways and organisational partnerships that enable them to work effectively appear to have been the cornerstones of success for the Client Journey Project pilot site at Albury Wodonga Health. There have been similar outcomes achieved in the other three pilot site locations within the Hume Region.
10 Summary and conclusion

This Report has explored eight examples of CtHG investment in Victoria, exploring the benefits that have been derived from each and the key enablers for success. Many of the approaches documented in the case studies are facilitating change in how Aboriginal people access services, and breaking down barriers associated with mainstream service systems. In some cases, this has been through providing, or referring to, services through a new, culturally safe and locally available Aboriginal place. In others, the focus has been on addressing aspects of mainstream services that make them unsafe for Aboriginal people. The latter often takes the form of capacity building in mainstream services — for example, through explicit partnership with ACCOs, cultural awareness training, employment of Aboriginal people, acknowledgement and respect for culture, improved identification practices and supported access and transition pathways.

Ultimately, while population level change in health outcomes will take time to become evident, it appears that CtHG investments are already making a significant difference. Most of the case studies explored in this report address holistic conceptions of health and focus on strengthening culture and identity within communities and individuals.

Cultural strength fosters pride in the Aboriginal community, and can create a greater sense of resilience and personal control over life circumstances; it can also generate motivation to maintain and promote healthier behaviours out of responsibility to self and community. When coupled with programs and services that provide the means and support to enable individuals’ motivation to be channelled into positive action on health, this can have a powerful and beneficial impact on individuals and those around them.

At the community level, the emergence of new role models, stories of success and lessons from good practices appear to be contributing to building stronger, more capable and more assertive communities that can continue to lead and sustain positive change.