

August 2018

***Health Performance Council***

# **Country Health South Australia Local Health Network**

## **Aboriginal Community and Consumer Engagement Strategy Post Implementation Review**

### ***Final Report***



**PwC's Indigenous Consulting**



# *Notice to any reader of this report*

This Report has been prepared by PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC) in our capacity as advisors to the Health Performance Council (HPC) in accordance with our engagement letter dated 8 January 2018.

The information, statements, statistics, material and commentary (together the “Information”) used in this Report have been prepared by PIC from publicly available material, from information provided by HPC and from discussions held with a range of HPC stakeholders. PIC has relied upon the accuracy, currency and completeness of the Information provided to it by HPC and the HPC stakeholders and takes no responsibility for the accuracy, currency, reliability or correctness of the Information and acknowledges that changes in circumstances after the time of publication may impact on the accuracy of the Information. The Information may change without notice and PIC is not in any way liable for the accuracy of any information used or relied upon by a third party.

Furthermore PIC has not independently validated or verified the Information provided to it for the purpose of the Report and the content of this Report does not in any way constitute an audit or assurance of any of the Information contained herein.

PIC has provided this advice solely for the benefit of HPC and disclaims all liability and responsibility (including arising from its negligence) to any other parties for any loss, damage, cost or expense incurred or arising out of any person using or relying upon the Information.

# Version Control

Modified by	Date	Version
Draft report provided to HPC Project Advisory Group Chair and Aboriginal Experts for preliminary review	14 July 2018	V.01
Comments and amendments provided to PIC from preliminary review of draft report	16 July 2018	V.02
Final Draft Report provided to HPC Project Manager	18 July 2018	V1
Final Draft Report provided to the Project Advisory Group	27 July 2018	V1.1
Final Report provided to HPC Project Manager	3 August 2018	V2

# Definitions

Terms, abbreviations and acronyms	Meaning
Aboriginal	For the purposes of this report and consistent with CHSALHN terms, Aboriginal refers to Aboriginal and Torres Strait Islander people residing in South Australia.
ACCE Strategy	Aboriginal Community and Consumer Engagement Strategy
ACCHO	Aboriginal Community Controlled Health Organisation(s)
AHD	Aboriginal Health Directorate
AHIS	Aboriginal Health Impact Statement
AHSSG	CHSALHN Aboriginal Health Services and Strategy Group
CCLDP	Cultural Capability Learning and Development Program
CHSA	Country Health South Australia
CHSALHN	Country Health SA Local Health Network
EbyE	Experts by Experience
Elders	Aboriginal older people
HAC	Health Advisory Council
HPC	Health Performance Council (SA)
LHN	Local Health Network
NACCHO	National Aboriginal Community Controlled Health Organisation
NSQHSS	National Safety and Quality Health Service Standards
PIC	PwC's Indigenous Consulting
PMP	Presiding Member Panel
PIR	ACCE Strategy Post Implementation Review
RAP	Reconciliation Action Plan
the Declaration	United Nations Declaration on the Rights of Indigenous Peoples
the Minister	Minister for Health (SA)



## ***Acknowledgement***

PIC Acknowledges the Aboriginal people of the many traditional lands and language groups of South Australia. We honour the wisdom of Aboriginal Elders past and present and embrace those Elders who are yet to come.

We also deeply appreciate and acknowledge the Aboriginal people who provided their time, knowledge and perspectives throughout this review.

## ***Aboriginal Peoples' Right to Health***

This Report discusses the livelihoods of Aboriginal people of South Australia, including the wellbeing, cultural and socio-economic factors contributing to the health situation, impacts and outcomes of Aboriginal people. The Right to Health is a fundamental human right affirming that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health.

In applying the Right to Health and the core principles underpinning the Declaration on the Rights of Indigenous Peoples, we support CHSALHN's core aim to facilitate Aboriginal self-determination wherever possible to empower Aboriginal people to make decisions about their own health and wellbeing outcomes.

# Executive summary

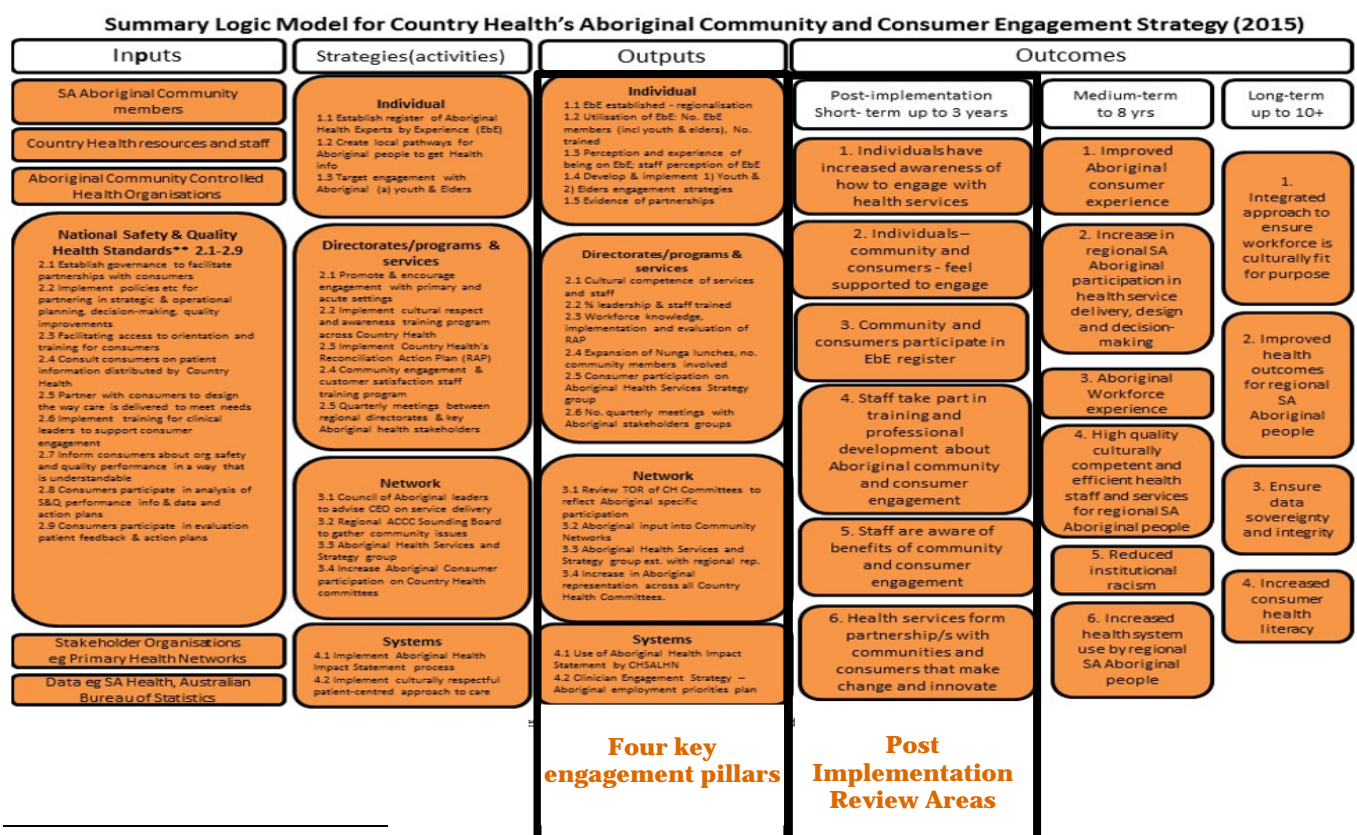
To monitor and report on the quality of health and experiences of health care of all people in South Australia, the Health Performance Council (HPC) South Australia, a statutory ministerial advisory body established under the *Health Care Act 2008* (SA), regularly conducts reviews on South Australian people's health status and outcomes.

In undertaking their statutory responsibilities, the HPC chose to revisit its 2011 review of the governance arrangements of the country Health Advisory Councils (HAC) as one of the priority reports for its 2015-18 review cycle. In addition to this completed and published 2017 review, HPC decided to pursue a separate Post Implementation Review of Country Health SA Local Health Network's (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy.

In 2015, CHSALHN released the ACCE Strategy as a key organisational document to enable CHSALHN to deliver quality public health services and care by facilitating effective engagement with Aboriginal people in regional South Australia.

The development of the ACCE Strategy was informed by Aboriginal health providers, Aboriginal Health service professionals and Aboriginal community members over a period of nearly two years, with documented aims to:

1. assist CHSALHN implement culturally respectful and meaningful community and consumer engagement strategies; and
2. build a platform to increase Aboriginal community participation in health service delivery, design and decision-making.<sup>1</sup>



<sup>1</sup> Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy, 2015: Indicative evaluation plan*, October 2017; PwC Indigenous Consulting, *Country Health South Australia Local Health Network: Aboriginal Community and Consumer Engagement Strategy Review - Project Plan*, Health Performance Council Australia, March 2018.

The ACCE Strategy is framed around four key engagement pillars noted above, which articulate goals, strategies, and actions, of: *Individuals; Directorates, programs and services; Network; and Systems*.

The HPC commissioned PwC Indigenous Consulting (PIC) to undertake a Post Implementation Review (PIR) to understand any relevant short term outcomes delivered to date against an existing logic model (see above) and an indicative evaluation framework for the ACCE Strategy.<sup>2</sup>

The indicative evaluation framework, provided by the HPC Project Advisory Group, summarised the ACCE Strategy's four key engagement pillars, along with a program logic outlining short, medium and long term objectives. This preparatory work was distilled in order to pose three overarching PIR questions:

1. How successful has the ACCE Strategy been in **influencing change in the short term**?
2. **What are the remaining gaps in consumer and community engagement activities** that would be expected to achieve the ACCE Strategy's stated aims in the short term?
3. **What are the key emerging areas for future focus** that will improve the chances of achieving medium and long-term outcomes?

The purpose of this report is to present the analysis, findings and recommendations of a comprehensive PIR of the ACCE Strategy conducted by PIC. The findings and recommendations from this review suggest a way forward for CHSALHN to effectively engage with Aboriginal people living in regional South Australia and their communities in order to deliver quality health services and care.

Within the context of this PIR lays the opportunity to refocus Aboriginal community and consumer health engagement priorities in South Australia. The newly elected Premier of South Australia, the Hon. Steven Marshall MP, as the minister with responsibility for Aboriginal affairs and reconciliation, addressed Aboriginal health leaders at the recent South Australian Aboriginal Leaders Forum (22<sup>nd</sup> May 2018) outlining his government's policy approach to Aboriginal affairs and reconciliation.<sup>3</sup> The Premier, emphasised that:

---

*'we [the South Australian government] are not doing a good enough job in Aboriginal health... we have got to do better in this area... progress will not just come from the government but also from you, the leaders of Aboriginal communities of South Australia'.<sup>4</sup>*

---

The HPC and therefore the structure of this review, values and privileges Aboriginal voice in effective engagement as a primary source of truth. We acknowledge that it is Aboriginal people and their communities who have solutions to addressing issues related to their health and wellbeing.<sup>5</sup>

---

<sup>2</sup> Health Performance Council, *Indicative evaluation plan*, Post-implementation review of Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy, May 2015 (2017); Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015.

<sup>3</sup> During the 9<sup>th</sup> South Australian Aboriginal Leaders Forum hosted by HPC and the South Australian Health and Medical Institute's (SAHMRI) Wardlapingga Aboriginal Research Unit. Health Performance Council South Australia and the South Australian Health and Medical Institute, *South Australian Aboriginal Leaders Forum*, 22 May 2018. At: <https://youtu.be/xh4H5hkiB84> (accessed 27 June 2018); Government of South Australia, The Hon Steven Marshall MP, Premier of South Australia speech, *Aboriginal Leaders Forum*, 22 May 2018. At: <https://premier.sa.gov.au/news/aboriginal-leaders%E2%80%99forum> (accessed 5 July 2018).

<sup>4</sup> During the 9<sup>th</sup> South Australian Aboriginal Leaders Forum hosted by HPC and the South Australian Health and Medical Institute's (SAHMRI) Wardlapingga Aboriginal Research Unit. Health Performance Council South Australia and the South Australian Health and Medical Institute, *South Australian Aboriginal Leaders Forum*, 22 May 2018. At: <https://youtu.be/xh4H5hkiB84> (accessed 27 June 2018); Government of South Australia, The Hon Steven Marshall MP, Premier of South Australia speech, *Aboriginal Leaders Forum*, 22 May 2018. At: <https://premier.sa.gov.au/news/aboriginal-leaders%E2%80%99forum> (accessed 5 July 2018).

<sup>5</sup> The United Nations Declaration on the Rights of Indigenous Peoples supports this, by stating that, 'indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions'. United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295, UN Doc A/61/L.67 (2007), art 23.

PIC acknowledges the community input initially sought by CHSALHN on health service design and delivery which informed the development of the ACCE Strategy in the first instance.<sup>6</sup> This review continues to build upon the aspirations and expectations of Aboriginal people in South Australia, and in particular Aboriginal staff and Aboriginal community members who were involved in the initial development of the ACCE Strategy, as well as those who participated in this review.

## Summary of Findings

In relation to review questions one and two, key findings indicate that overall, the strategies and actions outlined in the ACCE Strategy have made positive progress in achieving its short term outcomes. At the same time, it is also clear that a concerted effort is required to in fact meet the desired short term, and subsequent mid-long term outcomes.

## Approach

The PIR questions have been approached as follows:

### How successful has the ACCE Strategy been in influencing change in the short term?

This question has been considered using the following assessment criteria to determine if the ACCE Strategy influenced change against each of the desired short term outcomes:<sup>7</sup>

- the ACCE Strategy has influenced **some** change against this outcome = progress being made; needs minor adjustments to meet desired outcomes
- the ACCE Strategy has influenced **limited** change against this outcome = not on track; needs major adjustments to meet desired outcomes.

### What are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?

An analysis of progress against each of the desired short term outcomes has been undertaken to provide a view on gaps, in answer to question two.

### What are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?

For this question the key areas outlined in the analysis has been considered against the short term outcomes.

## Assessment (against PIR short term outcome areas)

The following summary is framed around the six short term desired outcomes identified in the program logic model of this PIR:

### 1. Individuals have increased awareness of how to engage with health services

Data reviewed indicates that the ACCE Strategy has produced **some** change against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is being made, however some adjustments are required in order to meet desired outcomes.

Areas on which to focus to build greater Aboriginal community and consumer engagement over the short term include:

---

<sup>6</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, p 4.

<sup>7</sup> Note: this assessment criteria was developed by PIC which can be somewhat aligned to the assessment criteria used in the Current State Report. The assessment criteria outlined in the ACCE Strategy was considered not suitable for the purposes of this Post Implementation Review.



## Executive summary

- *Communication*: increase communication on the ACCE Strategy to all CHSALHN staff and externally to all stakeholders around key activities.
- *Connection*: despite there are some opportunities available for Aboriginal community members and CHSALHN staff to meet in their regions, such engagement seems to be limited, particularly through events specifically linked to the ACCE Strategy.

### 2. Individuals – community and consumers feel supported to engage

The analysis indicates that the ACCE Strategy has had **limited** influence against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is not on track and requires major adjustments to meet anticipated outcomes.

Identified focus areas to improve this result over the short term include:

- *Involvement*: there are limited opportunities to actively include Aboriginal community perspectives in program development and delivery across all CHSALHN regions.
- *Confidence*: there have been some concerns expressed around the level of Aboriginal community and consumer confidence in CHSA across regions.
- *Youth and Elders engagement*: the unique attributes and health and wellbeing needs of Aboriginal youth and Elders do not appear to be well understood. The level of engagement with these stakeholders seems to be limited across CHSLHN service regions.

### 3. Community and consumers participate in Experts by Experience register

The ACCE Strategy has influenced **some** change against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is being made however minor adjustments are required to meet targeted outcomes.

Focus areas to improve this outcome over the short term include the following:

- *Communication*: the benefits of the Experts by Experience register as a model of engagement needs to be fully understood and communicated (internally to staff and externally to stakeholders).
- *Scale*: the number of actively engaged qualified experts on the register is limited.
- *Form utility*: the Experts by Experience membership form requires updating to include specific details on the role and purpose of Experts by Experience members.
- *Induction training*: the content and delivery of Induction training of Experts by Experience onto the register requires review.
- *Process clarity*: internal CHSALHN organisational process on how, where and when Experts by Experience members can be utilised across the service regions requires review.
- *Data management*: a more efficient and appropriate data management system is required to manage the Experts by Experience register, which is currently in the format of a Microsoft Excel spreadsheet.

### 4. Staff take part in training and professional development about Aboriginal community and consumer engagement

The ACCE Strategy has delivered **some** change against this outcome measure since it has been in operation. This assessment indicates progress is being made however minor adjustments are required to meet targeted outcomes.

Focus areas for improving performance include:

- *Duplication*: there are items of activity across the CHSALHN Stretch RAP 2018-2020 and the ACCE Strategy which look to be duplicated.
- *Cultural learning*: effective cultural learning for staff will aid the CHSALHN in engaging appropriately with Aboriginal staff and Aboriginal people more generally in regional South Australia.
- *Aboriginal staff numbers*: increasing Aboriginal staff within CHSALHN has been identified as a key component for successfully driving a number of other activities within the ACCE Strategy.
- *Training content and delivery*: the current content and delivery of CHSALHN staff training on health consumer engagement and advocacy would benefit from a review.

## 5. Staff are aware of benefits of community and consumer engagement

The ACCE Strategy has thus far delivered **limited** change against this outcome measure since it was commenced in 2015. This assessment indicates progress is not on track and requires major adjustments to meet anticipated outcomes.

Focus areas to improve this outcome over the short term include the following:

- *Training*: there seems to be limited staff awareness and their subsequent limited direct involvement with Aboriginal community health activities.
- *NSQHSS*: ensuring state-wide application of the 2<sup>nd</sup> edition of the National Safety and Quality Health Service Standards (NSQHSS) has been released since the ACCE Strategy was launched, which includes specific actions in the NSQHSS focused on addressing the needs of Aboriginal and Torres Strait Islander people. The NSQHSS is a core framework of the ACCE Strategy.
- *AHIS training*: there is very strong staff awareness of the existence of the Aboriginal Health Impact Statement, however limited awareness around the process of when and how to use it remains.
- *Governance*: currently no formal governance structure exists to effectively implement, monitor and report across all CHSALHN regions on the ACCE Strategy activities.
- *Consistency*: current ACCE Strategy reporting frameworks are inconsistent across regions, with some regions currently reporting on implementation progress and some are not yet doing so.

## 6. Health services form partnership/s with communities and consumers that make change and innovate

The ACCE Strategy has so far produced **limited** change against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is not on track and requires major adjustments to meet anticipated outcomes.

Focus areas to improve short term ACCE Strategy outcomes include:

- *Co-ordination and collaboration*: sector wide coordination, partnerships and knowledge sharing of best practice in Aboriginal health with key Aboriginal stakeholders is currently limited.
- *Best practice and consistency*: views around best practice models to effectively elevate and embed Aboriginal community voice within CHSALHN governance, service and program deliver is inconsistent across regions.

The following section provides detailed recommendations on the actions suggested to improve ACCE Strategy performance above.

# Key Findings and Recommendations

The findings from this review indicate that the current ACCE Strategy is delivering some positive results in relation to delivery of health services and care through effective engagement with Aboriginal people and communities, however there are also some clear areas for improvement.

To enable effective implementation of the ACCE Strategy in relation to improving performance against target outcomes, recommendations have been framed within the four pillars of the ACCE Strategy with recommendations made in the following areas:

## 1. **Individuals**

- 1.1. Build and capitalise on the knowledge of experts, which includes better utilisation of Experts by Experience members and
- 1.2. Moving towards greater regional engagement.

## 2. **Directorates, Programs and Services**

- 2.1. Cultural competence – embedding culture at the centre of change;
- 2.2. Building the capacity of staff; and
- 2.3. Consideration of the Country Health South Australia Local Health Network reconciliation journey;

## 3. **Network**

- 3.1. ACCE Strategy Governance, including implementation, monitoring evaluation and reporting, elevating Aboriginal community voice and data management; and
- 3.2. Continuous Quality Improvement Framework

## 4. **Systems**

- 4.1. Increasing the size of the Aboriginal workforce; and
- 4.2. Consideration of current and emerging research and standards on Aboriginal health and wellbeing.

## 1. **Individuals**

### 1.1 ***Build and capitalise on the knowledge of experts - Experts by Experience Register***

The Experts by Experience register provides a promising and innovative tool to respectfully engage Aboriginal community members and ensure Aboriginal community perspectives are at the heart of health decisions and outcomes. A strategic plan and approach should be developed to fully understand and communicate the benefits of the EbyE register as a model of engagement.

#### **Recommendation**

Develop and implement a strategic communication and engagement plan for the EbyE register across all CHSALHN service regions with the aim of increasing the number of experts on the register. This would also include updating the EbyE membership form to include specific details on:

- the role of EbyE members;
- how EbyE members can be involved; and
- clear specification requirements of expert knowledge areas, experience and/or qualifications of EbyE members.

Review current content and delivery of induction for EbyE members, which specifically:

- prioritises focusing on EbyE members currently on the register who have not yet completed induction training;

- provides greater clarification of the role and purpose of EbyE members, including CHSALHN staff members who are EbyE members; and
- provides a clear understanding of the process of how EbyE members can actively be involved and engaged in their regions.

CHSALHN prioritises its internal organisational process on how, where and when EbyE members can be utilised, including examples on how EbyE members are being used and the process of monitoring EbyE member utilisation across the regions.

## **1.2 Towards greater regional engagement**

The review found that effectively engaging Aboriginal people and their communities, as well as key Aboriginal health stakeholders across CHSALHN regions, needs to be improved and prioritised for future ACCE Strategy implementation.

### **Recommendation**

Build greater community and stakeholder awareness of the ACCE Strategy CHSALHN by developing and implementing a marketing plan to communicate internally to all CHSALHN staff and externally to all key stakeholders, the purpose and key activities of the ACCE Strategy, including how they might become involved;

In partnership with key stakeholders, develop and implement a regional strategic Aboriginal community and consumer engagement plan which:

- provides meaningful and strategic opportunities for CHSA staff (all CHSA staff, CHSA Aboriginal staff and CHSA Executive staff) to directly engage with Aboriginal community members and key Aboriginal health stakeholders across all CHSALHN service regions through events specifically linked to the ACCE Strategy;
- specifies the activities of engagement, who is responsible and timeframes for when engagement is to occur;

As Aboriginal Community Controlled Health Organisations (ACCHOs) (including Peak Bodies) specialise in providing services to support Aboriginal and Torres Strait Islander people and their families, CHSALHN should build stronger partnerships and consider best practice lessons from ACCHO's to enable holistic coordination and provision of culturally responsive services to Aboriginal people;

Focus on efforts to build health sector-wide (which include hospitals and health centres) coordination and knowledge sharing of best practice on Aboriginal health matters, including creating opportunities to partner with key Aboriginal health stakeholders in the implementation activities and overall aims of the ACCE Strategy;

Develop and implement a marketing plan that takes a strengths based approach to engaging the unique health and wellbeing needs of Aboriginal youth and Elders.



## **2. Directorates, Programs and Services**

### **2.1 Cultural competence– embedding culture at the centre of change**

Throughout this review, the cultural awareness and capability of staff was seen as a key area for improvement, and one which can benefit a number of other activities within the ACCE Strategy. While embarking on organisational and cultural change is an ongoing activity we recommend the following:

#### **Recommendation**

In the short term, CHSA should prioritise all staff completing the mandatory online cultural awareness training (phase 1 of the Cultural Competency Learning and Development Program);

In the medium term, CHSA have committed to the development and implementation of face-to-face cultural competency training for staff by December 2019. All staff (including CHSALHN executives) should receive this training and should be delivered by Aboriginal community health experts and locally designed for each region. Utilising EbyE members and sounding board members in each region should be key stakeholders in this process;

In the medium-long term, CHSA should continue to build the knowledge base of staff on Aboriginal cultural and health matters. This includes providing opportunities for all staff to participate in cultural immersion activities.

### **2.2 Building the capacity of staff**

Building the capacity of staff through focused training on health consumer engagement and advocacy was seen as an important avenue for CHSALHN to effectively engage with Aboriginal people and communities across the service regions. Such training is closely linked to the above staff cultural competency training.

#### **Recommendation**

Review current content and delivery of CHSA staff training on health consumer engagement and advocacy, which includes:

- Aboriginal perspectives in the design and delivery of staff training;
- Provide the opportunity for all staff across CHSALHN service regions to participate in health consumer and advocacy training which has a specific focus on Aboriginal health;
- Monitor and evaluate the impact and effectiveness of staff training in addressing the health needs of Aboriginal people and communities.

### **2.3 CHSA Reconciliation Journey**

At the time of this review, CHSA launched a new Stretch RAP 2018-2020. A number of areas of duplication, (including, cultural capability training, Aboriginal employment, building respectful relationships and engagement), were found between the RAP and the ACCE Strategy.

#### **Recommendation**

Map the ACCE Strategy and the RAP actions to understand where they are aligned and where duplication exists to ensure that the organisational documents are complementary and in order to clarify the purpose and practicality of implementation.

### 3. Network

#### 3.1 ACCE Strategy Governance – the governance environment “two ways”

A key finding throughout this review is that there is currently no formal governance structure in place to implement, monitor and report across all CHSALHN regions on the ACCE Strategy activities.

An Aboriginal Health Services and Strategy Group (ASSG) was established in 2016, with its purpose and functions outlined in a Terms of Reference, however, this group has not officially met to discuss and progress implementation of the ACCE Strategy.

At the same time, there are a number of existing/operating committees and advisory groups which do intersect with the ACCE Strategy. Accordingly CHSALHN should consider a governance structure for future implementation of the ACCE Strategy which leverages off (where feasible) existing structures, and which incorporates the voice of Aboriginal South Australians.

Consistent with the principle of self-determination<sup>8</sup>, elevating and embedding Aboriginal community voice within CHSALHN operations was seen as being a key element to facilitate effective governance and Aboriginal community engagement.

#### Recommendation

Build upon the findings and work already done in relation to understanding the governance and Aboriginal community engagement observations<sup>9</sup> as outlined in the ‘Revisit Review of Country Health Advisory Councils’ (HACs) Governance Arrangements: A Health Performance Council report as part of the 4-Yearly Review (2015-2018);

Based on Aboriginal community perspectives and advice, including from EbyE members and Aboriginal health stakeholders, determine the best way forward, and ways to embed Aboriginal community voice within CHSALHN operations and across its service regions, including:

- embedding Aboriginal community perspectives in program development and delivery by considering and acting on best practice approaches to involving Aboriginal people in all stages of program development and delivery across all CHSALHN service regions;
- continue to consider and act on best practices approaches to creating culturally inviting and safe environments in hospitals and in health service across all CHSALHN service regions to increase Aboriginal community and consumer confidence in CHSA.

#### 3.2 Continuous Quality Improvement

The review found a key area for consideration is to ensure that effective implementation of the ACCE Strategy occurs moving forward has and that there is sufficient allocation of resources, time, responsibilities, reporting and accountability.

Importantly this implementation takes place within a system of health services, it does not operate in isolation.

As noted by the Lowitja Institute, in the *National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2015–2025*, “Continuous Quality Improvement (CQI) is the central approach used by

---

<sup>8</sup> As outlined in Article 3 of the United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295, UN Doc A/61/L.67 (2007), art 3; Australian Human Rights Commission, *United Nations Declaration on the Rights of Indigenous Peoples*, website. At: <https://declaration.humanrights.gov.au/know-it> (accessed 5 July 2018).

<sup>9</sup> See Health Performance Council, ‘Revisit Review of Country Health Advisory Councils’ (HACs) Governance Arrangements: A Health Performance Council report as part of the 4-Yearly Review (2015-2018), p 7.

## Key Findings and Recommendations

modern health care organisations (primary, secondary and tertiary) to improve health care quality (Colton 2000) along with other approaches such as accreditation and clinical and organisational governance.”

Whilst this is set within a primary health care context (which may or may not involve hospitals in the first instance), a central message from the CQI approach is the need for a more integrated service system overall.

With the ACCE Strategy focused on Aboriginal patients, and in some ways very much leading practice in this space (eg. the EbyE initiative), to optimise investment in this space it may be worth considering how the principles of CQI (per the National CQI framework and implementation documents), can be utilised to embed practices which are reflective and focused on continual improvement.

Ideally this framework could be co-designed with system participants to ensure a balance between the interests and views of Aboriginal people and their communities, Aboriginal health service providers, and government health priorities.

Indeed, the next stage of review and evaluation on implementation effectiveness of the strategy, should ensure Aboriginal people and their communities and key external Aboriginal health stakeholders are actively engaged.

Key stakeholders should be given appropriate time to participate in the process. This will ensure a satisfactory level of participation from these key stakeholders directly related to the ACCE Strategy activities.

### Recommendation

Consider how this strategy fits within the wider Aboriginal health care system generally, and how the principles of CQI can be used to provide for a more effective and efficient system of care overall (ie. more co-ordinated, reflective, and future-focused).

Design and manage an appropriate EbyE Register using an appropriate data management system, ensuring the right level of confidentiality and transparency. CHSALHN would be well served to investigate Information, Communication and Technology systems which could:

- Accurately track activity, outcomes and performance generally;
- Act as a single source of truth by being used by both CHSALHN and Experts by Experience members (and potentially community – if community-control becomes a genuine option);
- Not just provide accurate information but provide timely information – promoting greater responsiveness, more timely assessment of performance against system KPIs;
- Be scalable and modular, so as to reduce the risks of costly future upgrades.

Effective implementation of any strategy, action plan or program requires adequate human, material and financial resourcing. It is recommended that resourcing for the ACCE Strategy be appropriately considered to fully understand the practicalities of implementation, delivery and impact of activities.

## **4. Systems**

### **4.1 Increasing Aboriginal workforce**

CHSA have committed to increasing Aboriginal employment to four percent by 2020 in their new Stretch RAP 2018-2020 and to develop an Aboriginal workforce priorities plan. This was seen as a key area which can benefit a number of other activities within the ACCE Strategy.

#### **Recommendation**

It is recommended that a CHSALHN Aboriginal workforce priorities plan would:

- be developed with Aboriginal CHSALHN staff and key Aboriginal stakeholders;
- have senior leadership support and championship;
- also focus on retention and development of existing Aboriginal staff; and
- consider not just entry level Aboriginal employment but also on increasing senior Aboriginal staff leadership within CHSALHN across all areas of its business. Setting targets and introducing KPI's into performance plans can be a useful strategy in this regard.

### **4.2 Aboriginal health strategy standards**

In ensuring policy and practice related to the ACCE Strategy, and CHSLHN engagement with Aboriginal people and communities more broadly, aligns to best practice in Aboriginal health - it is critical that key Aboriginal health standards are regularly and effectively incorporated into ways of doing business.

#### **Recommendation**

Ensure the ACCE Strategy appropriately aligns to the 2<sup>nd</sup> edition of the National Safety and Quality Health Service Standards (NSQHSS), in particular in relation to the six actions in the NSQHSS that specifically focuses on Aboriginal and Torres Strait Islander people;

Strengthen and clearly communicate the internal process on how to complete and when to use an Aboriginal Health Impact Statement (AHIS) across all CHSALHN service regions. This should include providing further guidance for staff in relation to internal endorsement and approval processes.





# *Contents*

Version Control	i
Definitions	ii
Executive summary	iv
Key Findings and Recommendations	ix
1. Background	1
2. Health system context	16
3. Review analysis and findings against short term outcomes	23
4. Emerging areas for future focus to achieve ACCE Strategy medium and long-term outcomes	44
Appendix A - Summary of review data and findings	48
Appendix B - Project Plan	61
Appendix C - Current State Report	71
Appendix D - Focus Group Guide	87



# 1. Background

## 1.1 Overview of the project

In accordance with the Health Performance Council (HPC) South Australia's request on 8 January 2018, PwC's Indigenous Consulting (PIC) were engaged to conduct a Post Implementation Review of the Country Health South Australia Local Health Network's (CHSALHN) *Aboriginal Community and Consumer Engagement Strategy* (ACCE Strategy).<sup>10</sup>

The HPC is a statutory ministerial advisory body established under the *Health Care Act 2008 (SA)* to provide expert advice to the South Australian Minister for Health on:

5. *the performance of the health system;*
6. *health outcomes for South Australians, including specific population groups;*
7. *the effectiveness of community and individual engagement.*<sup>11</sup>

In their efforts to better understand the quality of health and experiences of health care of Aboriginal people in South Australia, the HPC monitor and review the health status of Aboriginal people in South Australia.

Given the implementation phase of the ACCE Strategy has now been in place for three years, the HPC has prioritised this Post Implementation Review as one of seven reviews being conducted within their four year review cycle 2015-2018.<sup>12</sup> It is understood that HPC will include the findings from this review, and others conducted in the four yearly review report to advise the Minister for Health by December 2018.

## 1.2 The ACCE Strategy Post Implementation review

The ACCE Strategy's overall purpose is to '*assist CHSALHN implement culturally respectful and meaningful community and consumer engagement strategies; and, build a platform to increase Aboriginal community participation in health service delivery, design and decision-making*'.<sup>13</sup>

### 1.2.1 Governance of the ACCE Strategy Post Implementation Review

To guide and oversee the ACCE Strategy mid-term review, two Senior Project teams within HPC and the Country Health SA Aboriginal Health Directorate (AHD) were established. Throughout this review PIC worked directly to the HPC Project Team, whilst working closely with the AHD Project Team.

PIC assembled experienced and skilled staff to conduct the ACCE Strategy review.

---

<sup>10</sup> Country Health SA Local Health Network, *Aboriginal Community and Consumer Engagement Strategy*, 2015.

<sup>11</sup> Health Performance Council South Australia, *Purpose*. At: [https://www.hpcsa.com.au/about\\_us](https://www.hpcsa.com.au/about_us) (accessed 27 June 2018).

<sup>12</sup> Health Performance Council, 2015-18 review. At: <https://www.hpcsa.com.au/reviews> (accessed 23 April 2018).

<sup>13</sup> Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy, 2015: Indicative evaluation plan*, October 2017; PwC Indigenous Consulting, *Country Health South Australia Local Health Network: Aboriginal Community and Consumer Engagement Strategy Review - Project Plan*, Health Performance Council Australia, March 2018.

**Figure 1: Mid-term Review Governance Framework**



\*\*\*Key contact within project team responsible for communication and delivery of respective project components and deliverables review.

### 1.3 HPC indicative review plan

In determining the scope of this review, HPC indicated that the review would assess the progress against the ACCE Strategy short term outcomes and would advise about the effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes.<sup>14</sup>

The HPC Advisory Group outlined three overarching review questions to be answered during the Post Implementation Review:

- 1) *How successful has the ACCE Strategy been in influencing change in the short term?*
- 2) *What are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?*
- 3) *What are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?*

#### 1.3.1 ACCE Strategy review framework and logic model

The ACCE Strategy incorporates four key engagement pillars which articulate goals, strategies and actions.

To guide the review, HPC provided a review framework and logic model which summarised the ACCE Strategy's four key engagement pillars. The ACCE Strategy Post Implementation Review framework is outlined in the table below.

<sup>14</sup> Health Performance Council, *Indicative evaluation plan*, Post-implementation review of Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy, May 2015 (2017); Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015.



**Table 1: CHSA ACCE Strategy (2015) Post Implementation Review framework<sup>15</sup>**

<b>Individuals</b>	
Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all CHSALHN regions	
1.1	Establish an Aboriginal Health Experts by Experience Register (the Register) that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs
1.2	Create local opportunities and pathways for Aboriginal communities, carers, patients and consumers to be orientated and informed on CHSALHN business
1.3	Target the engagement of Youth and Elders
<b>Directorates, Programs and Services</b>	
Goal 2: Embed a philosophy and create practices in CHSALHN that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement	
2.1	Promotes and encourage genuine and meaningful engagement in primary and acute health settings
2.2	Implement the Cultural respect and Awareness training programs across CHSALHN
2.3	Implement the CHSALHN Reconciliation Action Plan
2.4	Implement a community engagement and customer satisfaction staff training program to improve the level of service
2.5	Schedule quarterly meetings between regional directorates and key Aboriginal Health stakeholders
<b>Network</b>	
Goal 3: CHSALHN to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS)	
3.1	Establish a discrete council of Aboriginal leaders to provide advice to the CEO on hospital and local health service delivery across CHSALHN
3.2	Introduce regional CHSALHN Aboriginal Community, Consumers and Carer's Sounding Board to explore and keep abreast of community issues and concerns
3.3	Establish a CHSALHN Aboriginal Health services and Strategy group, representatives from all Directorates and Regions to assist in the advancement of Aboriginal health priorities in CHSALHN.
3.4	Increase Aboriginal consumer participation on all CHSALHN committees
<b>Systems</b>	
Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services	
4.1	Implement the roll out of the Aboriginal Health Impact statement (AHIS) process
4.2	Develop and implement a culturally respectful consumer/patient/carers centred approach to care

The ACCE Strategy logic model provided the key areas of inquiry and guided analysis throughout the review. The logic model is shown in detail in Figure 2, but covers four main areas:

- 1 **ACCE Strategy Inputs:** determines what is required to make the ACCE Strategy successful.
- 2 **ACCE Strategies (activities):** provides the specific activities in the ACCE Strategy.

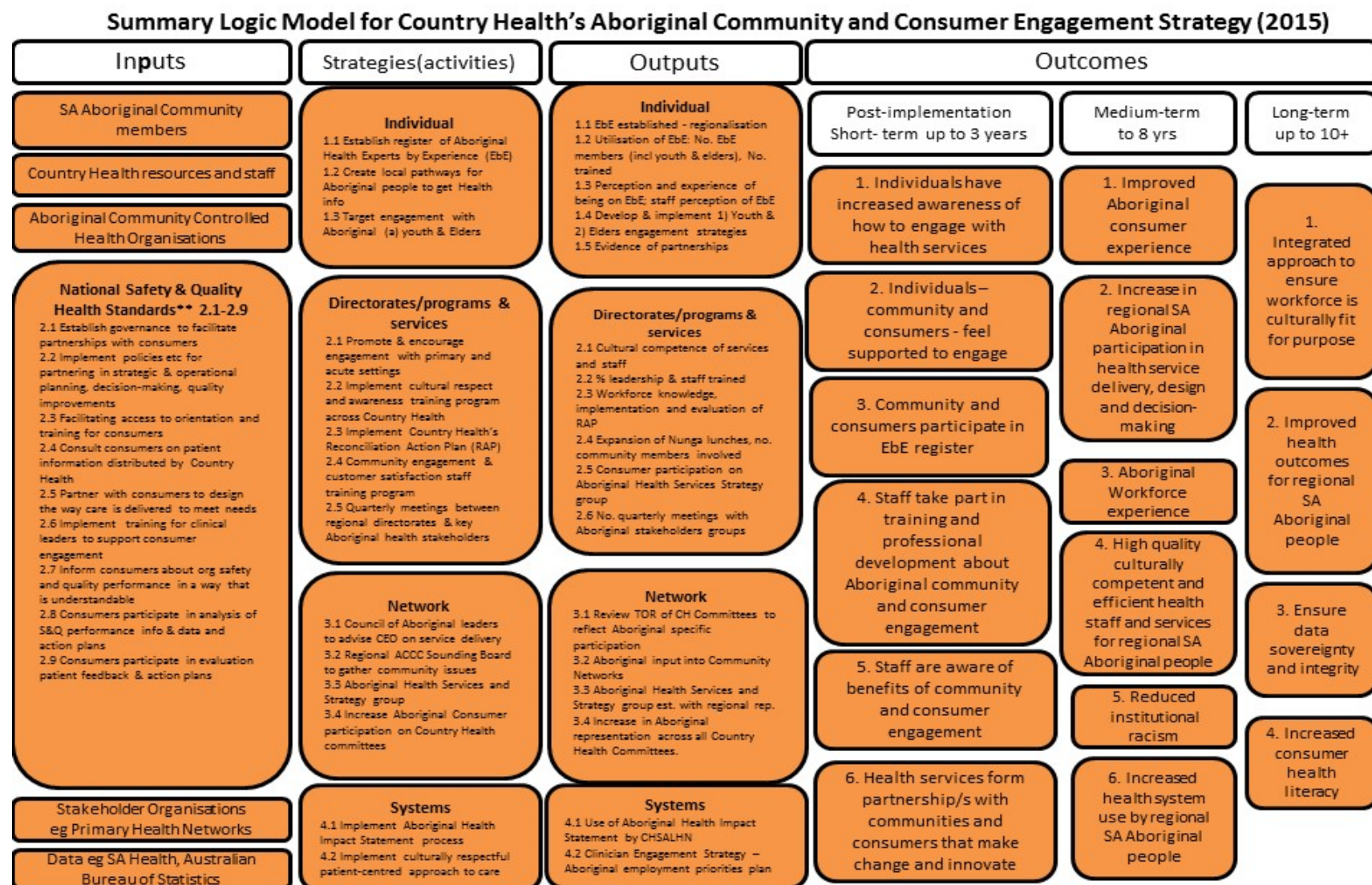
<sup>15</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015.



## Background

- 3 **ACCE Strategy *Outputs***: provides detail about what is delivered.
- 4 **ACCE Strategy *Outcomes***: determines what are the desired outcomes over the short term (up to 3 years), medium term (to 8 years) and long term (up to 10+years).

**Figure 2: Summary logic model for the ACCE Strategy (2015)**



\*\* includes reference to the 6 new Aboriginal Health specific measures for National Safety and Quality Standards (NS&QS)

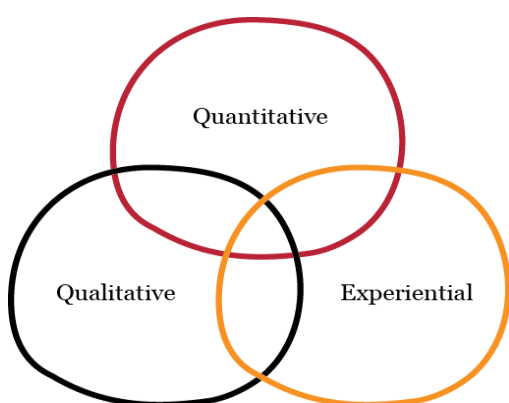


## 1.4 Review Approach

### 1.4.1 Project Methodology

PIC applied a human-centred design approach to conducting the research for this review. We considered data from different sources: quantitative (what we can measure), qualitative (what we can observe) and experiential (what we can do). The figure below demonstrates how these different sources of data interact.

**Figure 3: A blended qualitative, quantitative, and experiential research approach**



By combining data from multiple sources in these three frames, insights were gained that would not have been available if the review was considered from only one lens. The combination of the insights gained through this methodology delivered by a team of Aboriginal people enabled unique insight into the strengths and challenges of CHSLHN engagement with Aboriginal people and communities in South Australia.

As a majority owned and led Indigenous business, PIC is built on the foundations of self-determination. In recognition that change happens when Aboriginal people are actively involved in the processes that will affect them, PIC has applied a mixed methodology throughout the project that promotes Indigenous ways of being knowing and doing to the development of project deliverables. The methodology used included:

- Co-Design;
- Appreciative Inquiry; and
- A Participatory Action Research Approach.

This methodology was used in the development of the project deliverables to ensure the final product met the needs of the HPC and accurately reflects the feedback from stakeholders across the data collection, surveys and focus groups.

### *Co-design*

Co-design enabled PIC the HPC and the AHD to work collaboratively toward a common goal; elicit rich and robust information to inform the consultation findings; and for the HPC, Project Advisory Group and PIC to test and validate conclusions that ensure deliverables are consistent with expectations.

### *Appreciative Inquiry*

Aboriginal and Torres Strait Islander program design and development are often problem focused and as such apply a deficit approach to problem solving. It is also often a top down approach where those who are directly affected by decisions and outcomes are not actively involved in the design, development, implementation or evaluation of policies and programs.

Appreciative Inquiry in this review has applied a strengths based methodology to effectively draw out and understand:

8. what is working in the implementation of the ACCE Strategy;
9. what is needed to improve implementation of the ACCE Strategy in respective communities;
10. a 'possibility space' to promote the development of innovative ideas for future focus of the ACCE Strategy.



The findings have focused on the ACCE Strategy's continued success in areas that are working well, and identifying specific target points that must be improved to increase health outcomes for Aboriginal people in South Australia.

### *Participatory Action Research*

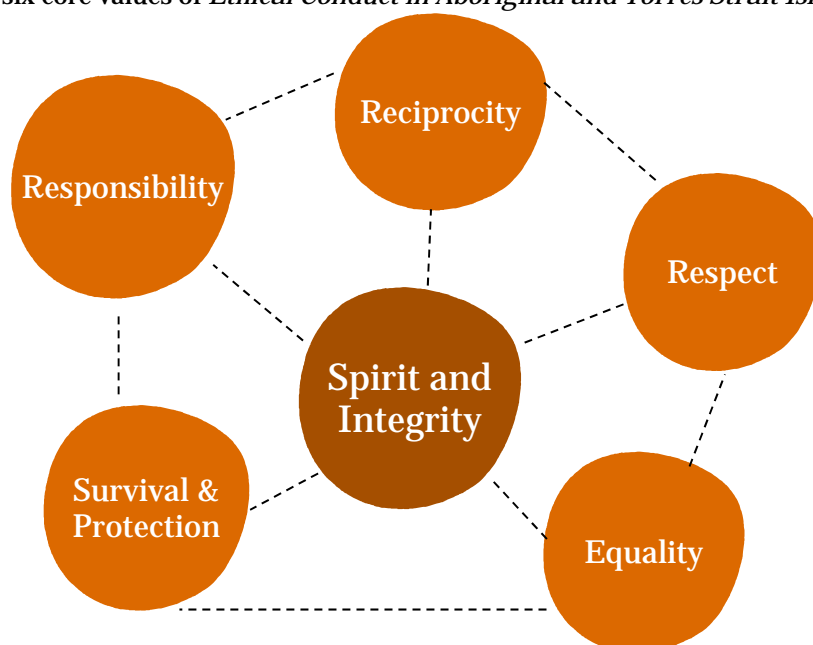
In order to ensure the active and meaningful engagement of all stakeholders in the consultation stage of the project, PIC applied a participatory action research approach:

11. that facilitated transparency, openness and a participatory approach, and qualitative focus groups were structured as open conversations, stories and dialogues rather than formal interviews;
12. key themes and findings were analysed from the focus groups;
13. participants in the focus groups were provided an environment that enabled the gathering of honest data, and managed disclosures;
14. appropriate and relevant stakeholders were informed about the project and its proposed outcomes and potential benefits; and
15. tradition, culture, protocol, community, Elders and individuals were always respected.

### *Ethics in Aboriginal and Torres Strait Islander Research*

In ensuring the ACCE Strategy Post Implementation Review was conducted in an ethical and culturally safe and appropriate manner, a number of key ethical values and principles were considered. Complying with the *National Statement on Ethical Conduct in Human Research*<sup>16</sup>, ethics approval was provided by the South Australian Department for Health and Ageing Human Research Ethics Committee for the stakeholder surveys. Throughout the ACCE Strategy Post Implementation Review process, ethical consideration was also given specifically as they relate to Aboriginal and Torres Strait Islander people under the following framework:

- the six core values of *Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*<sup>17</sup>, of:



<sup>16</sup> National Health and Medical Research Council, National statement on ethical conduct in human research 2007, updated 2015. At: [https://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/e72\\_national\\_statement\\_may\\_2015\\_150514\\_a.pdf](https://www.nhmrc.gov.au/files_nhmrc/publications/attachments/e72_national_statement_may_2015_150514_a.pdf) (accessed 27 June 2018).

<sup>17</sup> National Health and Medical Research Council, Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research, Investing in Australia's Health, 2003; South Australian Health & Medical Research Institute (2014), *Wardliparingga: Aboriginal research in Aboriginal hands*, South Australian Aboriginal Health Research Accord Companion Document, 2 September 2014.

## 1.5 A Staged Approach

PIC's high level approach to delivering the project was developed to align with the HPC indicative review plan and is set out below. Full details of the ACCE Strategy Post Implementation Review project plan can be found at **Appendix B**.

**Figure 3: High level project plan five staged approach**



### 1.5.1 Stage 1: Planning and inception

An inception meeting was held on 11 January 2018 to:

- discuss the context behind the project to ensure PIC gained a complete and accurate understanding of the drivers of the review and potential challenges
- identify the key milestones of the review
- agree on the approach
- gain initial relevant information and an awareness of data sources
- discuss any key stakeholder issues or sensitivities
- agree upon the framework for review governance
- discuss work undertaken by the HPC and CHSA to determine data quality and future potential evaluation activities.

Those who attended the inception meeting included the following key persons:

- Lisa Jackson Pulver, Chair, ACCES Project Advisory Group
- Kerri Reilly, Executive Director, CHSALHN
- Archie Baker, Principal Project Officer, CHSALHN

- Jane Austin, Director, HPC Secretariat
- Andrew Wineberg, Principal Health Analyst, HPC Secretariat
- Jay Edmondson, Senior Manager, PwC Indigenous Consulting

### 1.5.2 Stage 2: Review framework/project development

As agreed in the ACCE Strategy Post Implementation Review scope and project plan, PIC sought to undertake qualitative and quantitative research methods to answer the identified review questions.

Throughout the review, PIC co-designed the qualitative and quantitative research data collection methods of the stakeholder surveys and focus groups with the HPC Project Team, whilst working closely with the Country Health South Australia (CHSA) Directorate Project Team and key Aboriginal stakeholders.

The review was conducted over a 7 month period. Regular meetings were held with HPC Project Team to produce updates on the progress of the review. Two HPC Project Team meetings were held to:

- consider initial survey results and document review findings
- consider draft report results and findings.

### Current state assessment (document review)

In order to understand the progress achieved to date on the implementation of the ACCE Strategy, PIC conducted a preliminary review of information and data provided by the HPC and CHSALHN.

A high level assessment of the current state across the four ACCE strategy pillars was conducted identifying preliminary areas that may require further consideration as part of the Post Implementation Review process.

A three point assessment criteria for monitoring and evaluation is outlined in the ACCE Strategy of:

1. Not Met
2. Satisfactorily Met
3. Met with Merit.

However given the purpose of this review is to monitor and evaluate mid-term progress, the *Current State Report* proposed a traffic light criteria of:

- **Green** = on track to meet anticipated outcomes
- **Yellow** = progress being made - needs minor adjustments to meet anticipated outcomes
- **Red** = not on track – needs major adjustments to meet anticipated outcomes
- **Grey** = not fully assessed – need further information.

The Current State Report can be found at **Appendix C**.

### 1.5.3 Stage 3: Stakeholder surveys

In order to understand the impacts of the ACCE Strategy, as well as test and validate the findings within the current state report, a series of surveys were conducted to seek the views and experiences of those who have direct involvement with, or responsibility for, actions and initiatives of the ACCE Strategy.

The stakeholder surveys were co-designed with Aboriginal health experts, PIC, HPC and AHD. As the recipients of the surveys would be Aboriginal and non-Indigenous community members, Ethics approval was sought from the Human Research Ethics Committee in the Department for Health and Ageing<sup>18</sup> and approved in March 2018.

---

<sup>18</sup> Now the Department for Health and Wellbeing.



## Background

Six separate surveys were developed to seek qualitative and quantitative feedback from the specific stakeholder cohorts related to the ACCE Strategy. The estimated time to complete each survey was approximately 20 minutes and was open for completion to all six stakeholder cohorts during the period of 27 April 2018 to 27 May 2018. The stakeholder cohorts and number of survey respondents is provided below:

### Stakeholder surveys received:

<b>Aboriginal Youth</b>	<b>4 (2 online, 2 focus groups) from a cohort group of 35</b>
<b>Experts by Experience</b>	<b>25 (12 online, 13 focus groups) from a cohort group of 168</b>
<b>CHSA Aboriginal Staff</b>	<b>26 (23 online, 3 focus groups) from a cohort group of 159</b>
<b>CHSA Staff</b>	<b>76 (71 online, 5 focus groups) from a cohort group of 8,784</b>
<b>CHSA Executive</b>	<b>9 (3 Online, 6 focus groups) from a cohort group of 35</b>
<b>External stakeholders</b>	<b>7 (4 Online, 3 focus groups) from a cohort group of 31</b>
<b>Total</b>	<b>147 Survey Respondents</b>

\*There was no survey developed specifically for Aboriginal Elders

A diverse range of views were received from each stakeholder cohort, providing rich information for this review. However, as covered in the limitations section of this report, the rate overall of survey respondents across all stakeholder cohorts was relatively low, which could affect the confidence level of survey data size and therefore, the survey findings.

The full analysis and findings of the Stakeholder Survey can be found at **Appendix A**.

### 1.5.4 Stage 4: Stakeholder Focus Groups

As part of the ACCE Strategy Post Implementation Review, qualitative feedback was sought from key CHSALHN stakeholders through a series of regional focus groups.

Focus groups were conducted in seven regional locations across South Australia. The objective of the Focus Group Sessions was to validate information received to date and test initial findings.

PIC designed the Focus Group Sessions and Questions using the four pillars of the ACCE Strategy logic model and built upon:

16. preliminary findings from the ACCE Strategy mid-term review *Current State Report*
17. preliminary findings from the stakeholder Surveys received from each stakeholder cohort (as at 10 May 2018), noting that the survey officially closed on 23 May 2018.

A Focus Group Guide was developed and approved by HPC to guide consistent facilitation of the focus groups across the identified locations, this is provided at **Appendix D**. While a number of focus group questions were prepared for each cohort, the facilitator led the session as a fluid discussion to enable openness and conversation flow.

All stakeholder cohorts (EbyE members, Aboriginal youth and Elders, External Aboriginal health stakeholders, CHSA Staff, CHSA Aboriginal Staff, CHSA Executive) were invited to attend the focus groups.

While attendance varied in each session, the focus groups collected rich information which validated and tested findings from the current state data analysis and the stakeholder surveys.

A total of seven Focus Group sessions were held in regional South Australia between 25 May 2018 and 14 June 2018. A total of 130 people attended the sessions, with the number of participants for each focus group session in each location outlined in the table below.



**Table 2: Number of participants for each focus group location in regional South Australia**

CHSA Regions	Location	Total	EbyE **	Aboriginal Youth	Aboriginal Staff **	CHSA Staff	CHSA Executive	External Stakeholders
Barossa, Hills, Fleurieu (BHF)	<b>Gawler</b>	13		1	5	5		2
Riverland, Mallee, Coorong (RMC)	<b>*Murray Bridge</b>	8		1	4	3		
	<b>*Barmera</b>	5	3			1	1	
York, North (YN)	<b>Point Pearce</b>	6		1	2	2		1
York, North (YN)	<b>Port Pirie</b>	10	5		3	2		
Flinders, Upper North (FUN)	<b>Port Augusta</b>	10	1	2	4	1	2	
	<b>*Whyalla</b>	1				1		
	<b>*Port</b>	1					1	
	<b>*Quorn</b>	1				1		
South East (SE)	<b>Mount Gambier</b>	6					6	
Eyre, Far North (EFN)	<b>Ceduna</b>	5		1	1	2		1
<b>Total</b>		<b>66</b>	<b>9</b>	<b>6</b>	<b>19</b>	<b>18</b>	<b>10</b>	<b>4</b>

\*Participants attended via videoconference

\*\*EbyE members who are also CHSALHN staff members were counted as CHSALHN staff in this table

The full analysis and findings of the Stakeholder Focus Groups can be found at **Appendix A**.

### 1.5.5 Stage 5: Reporting the Findings

Reporting on the finding of the ACCE Strategy Post Implementation Review involved analysing the range of qualitative information obtained from stages three and four, along with a range of quantitative data from several sources and inputs against the HPC indicative evaluation plan.

The first Post Implementation Review question of, *how successful has the ACCE Strategy been in influencing change in the short term?*, was answered using the following assessment criteria to determine if the ACCE Strategy influenced change against each of the desired short term outcomes:<sup>19</sup>

- the ACCE Strategy has influenced **some** change against this outcome = progress being made; needs minor adjustments to meet desired outcomes
- the ACCE Strategy has influenced **limited** change against this outcome = not on track; needs major adjustments to meet desired outcomes.

The second Post Implementation Review question of, *what are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?*, was answered in the analysis of findings against each of the desired short term outcomes.

<sup>19</sup> Note: this assessment criteria was developed by PIC which can be somewhat aligned to the assessment criteria used in the Current State Report. The assessment criteria outlined in the ACCE Strategy was considered not suitable for the purposes of this Post Implementation Review.

## Background

And, the third Post Implementation Review question of, *what are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?*, was answered separately considering the key areas outlined in the analysis against the short term outcomes.

The information and data provided by the HPC, CHSALHN was reviewed along with relevant research found through desktop research. The list of documents is outlined in the tables three and four below.

**Table 3: Documents received from HPC and CHSALHN**

Data Source	Information Provided/Measures
HPC	CHSALHN Aboriginal Community and Consumer Engagement Strategy 2015
HPC	Health Performance Council (2017), <i>Aboriginal health in South Australia: 2017 case study</i> , Government of South Australia.
HPC	HPC post implementation review – initial scoping document
HPC	Health Performance Council, <i>Revisit Review of Country Health Advisory Councils Governance Arrangements: A Health Performance Council report as part of the 4 yearly review (2015-2018)</i> , Government of South Australia, 8 August 2017.
HPC	South Australian Health & Medical Research Institute (SAHMRI) (2014), <i>Wardliparingga: Aboriginal research in Aboriginal hands</i> , South Australian Aboriginal Health Research Accord Companion Document, September 2014.
HPC	PwC and Consult Australia (2015), <i>Valuing better engagement: An economic framework to quantify the value of stakeholder engagement for infrastructure delivery</i> , November 2015.
HPC	Australian Commission on Safety and Quality in Health Care (September 2011), <i>National Safety and Quality Health Service Standards</i> (NSQH Standards 1 and 2)
CHSALHN	ACCE Implementation worksheet
CHSALHN	Aboriginal Health Impact Statement (AHIS)
CHSALHN	CHSA regional ACCE Status Report and Action Plan - South East
CHSALHN	CHSA regional ACCE Status Report and Action Plan - Upper North
CHSALHN	Directory of Aboriginal Health Council of South Australia members
CHSALHN	Stakeholder list - Aboriginal organisations, services and council
CHSALHN	Excerpt from CHSALHN Strategic Plan 2015 – 2020, Country Health <i>River of life</i> flow chart diagram
CHSALHN	Example Running Sheet for CHSALHN Yorke & Northern Nunga Youth Gathering – Mid North
CHSALHN	Utilising the CHSALHN Aboriginal Health ‘Expert by Experience’ Register, Application Form
CHSALHN	Country Health SA Local Health Network, Aboriginal Youth Engagement Strategy 2017 (draft), SA Health, Government of South Australia.
CHSALHN	Country Health SA Local Health Network, Aboriginal Elders Engagement Strategy, Fact Sheet
CHSALHN	Country Health SA Local Health Network Reconciliation Action Plan 2016 – 2017, <i>updated April 2017</i> , (Innovate RAP), SA Health, Government of South Australia
CHSALHN	Draft CHSALHN Terms of Reference for Aboriginal Health Services and Strategy Group (AHSSG)
CHSALHN	CHSALHN Terms of Reference for Aboriginal Health Directorate Events Committee
CHSALHN	CHSALHN, Governance and Accountability Framework 2016 - 2018

**Table 4: Other documents found by desktop research**

Other Key Documents
Country Health SA Local Health Network Strategic Plan 2015 - 2020
Australian Commission on Safety and Quality in Health Care (2017), <i>National Safety and Quality Health Service Standards (second Edition)</i> , November 2017.
Australian Commission on Safety and Quality in Health Care (2017), <i>National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health</i> , 2017.
National Aboriginal and Torres Strait Islander Health Standing Committee of the Australian Health Ministers' Advisory Council. Cultural respect framework 2016–2026 for Aboriginal and Torres Strait Islander health. Canberra: AHMAC; 2016.
Department of Health, National Aboriginal and Torres Strait Islander Health Plan and, Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, Australian Government.
South Australia Health Reconciliation Framework for Action 2013 - 2016
South Australia Health Aboriginal Health Care Plan 2010 - 2016
Country Health SA Local Health Network Health Advisory Council Inc (Governing Council), 2016-17 Annual Report
SA Health, A Framework for Active Partnership with Consumers and the Community 2013

## 1.6 Limitations

### 1.6.1 Data integrity and risks

For transparency and accountability purposes, PIC identified a number of data and information integrity risks in conducting the ACCE Strategy Post Implementation Review. These are outlined below:

#### *Project guidance and decisions*

Given the close relationship of the Aboriginal Health Directorate (AHD) to the ACCE Strategy as the unit responsible to develop and implement the ACCE Strategy, this review could not have occurred without their guidance and involvement. However, PIC was contracted by the Health Performance Council (HPC) and therefore accountable to them in the delivery of outcomes for this review. PIC identified this as a possible risk and managed information flow accordingly.

In conducting the ACCE Strategy Post Implementation Review, PIC relied on the accuracy of information provided by CHSALHN and AHD in all phases of the review.

#### *Political and governance influences*

PIC notes that within the review period, a number of significant changes have occurred within the South Australian Government. In 2018, a new government was elected. As a result, the South Australian Government were operating under a 'Machinery of Government'<sup>20</sup> governing change period which can put pressure on the roles and responsibilities of CHSA staff and raise uncertainty around process and findings.

---

<sup>20</sup> South Australian Department of Premier and Cabinet, Machinery of Government: implementing change, Cabinet Guide No 9. At: [https://www.dpc.sa.gov.au/data/assets/pdf\\_file/0004/16879/Machinery-of-Government-Guide-9.pdf](https://www.dpc.sa.gov.au/data/assets/pdf_file/0004/16879/Machinery-of-Government-Guide-9.pdf) (accessed 26 June 2018).

## Background

Also, in 2019, subject to passage of legislation, the devolution of functions from CHSALHN to a set of six new Local Health Networks (LHN) is expected to occur. Chairs of these LHN's are currently being recruited however at the time of this review, it is uncertain what responsibility LHN's will have in developing engagement strategies.<sup>21</sup>

### 1.6.2 Lessons learned

#### Stakeholder Surveys

Following completion of the surveys, PIC would advise that future surveys consider:

- the number of survey questions – an individual's time is often limited therefore the amount of survey questions can hinder completion
- the number of surveys developed – separate surveys were developed for each stakeholder cohort however many of the same questions were asked in each survey
- the method of sending the online survey and its management
- more consideration given to the number of respondents, how they are chosen and who receives the online survey.

#### Stakeholder Focus Groups

Following completion of the Focus Groups, PIC would advise that future Focus Groups consider:

- determining the criteria and decision-making process for the regional locations for the Focus Groups
- not mixing the cohorts as in some instances it presented sensitivity around the disclosure of information
- determining the method in which the Focus Group sessions were run, i.e allowing attendees to attend either in-person or by video conference
- how the management and confirmation of attendees for each Focus Group session is managed.

## 1.7 Final Report

This report presents the findings and analysis of the ACCE Strategy Post Implementation Review, and incorporates a range of earlier feedback from the HPC Project Team, an external Aboriginal health subject matter expert and an external senior Aboriginal consultant. A brief overview of each chapter is provided below:

1

**Background** provides details of the scope of the ACCE Strategy Post Implementation Review, the planning and approach, including the review logic model framework and project methodology.

2

**Health System Context** provides an overview of current Aboriginal health statistics, policy and legislative environment and the National Aboriginal health standard frameworks.

3

**Findings and analysis** of all data at both a broad and specific level framed around the four engagement pillars of the strategy addressing the desired short term outcomes of the program logic. This includes:

- key themes identified by the regional focus groups
- analysis of qualitative and quantitative data captured throughout the project
- Key findings addressing review questions one and two.

<sup>21</sup> See, Attorney-General's Department, Health Care (Governance) Amendment Bill 2018. At: [https://www.legislation.sa.gov.au/LZ/B/CURRENT/HEALTH%20CARE%20\(GOVERNANCE\)%20AMENDMENT%20BILL%202018.aspx](https://www.legislation.sa.gov.au/LZ/B/CURRENT/HEALTH%20CARE%20(GOVERNANCE)%20AMENDMENT%20BILL%202018.aspx) (accessed 16 July 2018).





---

4

**Emerging issues for future focus** to achieve the desired mid and long term outcomes of the ACCE Strategy. This includes key findings addressing review question three.

---

A

**Appendix A:** Detailed summary of data received

**Appendix B:** Project Plan

**Appendix C:** Current State Report (Document Review)

**Appendix D:** Focus Group Guide

---

## 2 Health system context

According to the Australian Bureau of Statistics Census 2016, the Aboriginal population in South Australia equates to two percent of the total state population, with an estimated 48 per cent of South Australia's Aboriginal population living in country South Australia.<sup>22</sup>

Overwhelmingly, Aboriginal South Australians experience a higher prevalence of a range of chronic diseases, biomedical risk factors, behavioural risk factors and psychological distress than the non-Aboriginal population. Chronic disease is particularly prevalent requiring ongoing and high level health care and service support.<sup>23</sup>

Evidence suggests, and Aboriginal people across the country have long advocated, that progress is made when Aboriginal people are able to have a voice, be heard and make decisions about their own health and socio-economic outcomes.

### 2.1.1 Aboriginal health outcome statistics

Nationally, Aboriginal and Torres Strait Islander people are overrepresented in health outcome and socio-economic inequality indicators. Current national Aboriginal and Torres Strait Islander health statistics indicate that:

- Aboriginal and Torres Strait Islander Australians have a life expectancy of around 10 years less than non-Indigenous Australians<sup>24</sup>
- Aboriginal and Torres Strait Islander Australians die at younger ages and at higher rates than non-Indigenous Australians
- The main causes of deaths among Aboriginal and Torres Strait Islander Australians are circulatory diseases, cancer and external causes
- Chronic diseases are main contributors to the mortality 'gap' between Aboriginal and Torres Strait Islander and non-Indigenous Australians<sup>25</sup>

Numerous health studies also indicate that a range of complex behavioural risk factors and underlying social determinants contribute to Indigenous health inequality. It is estimated that between one-third and one-half of the health gap between Indigenous Australians and non-Indigenous Australians is associated with differences in socio-economic status, which includes but is not limited to racism, employment and housing.<sup>26</sup>

This is also reflected in South Australia. A range of health outcome statistics of Aboriginal people in South Australia are captured from various national and state based sources.<sup>27</sup>

---

<sup>22</sup> Australian Bureau of Statistics, *2016 Census quick stats: South Australia*. At:

[http://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/4](http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/4) (accessed 27 June 2018).

<sup>23</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, Appendix 4, pp 19-25; South Australia Health, *Aboriginal outcome statistics*. At:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/aboriginal+health+outcome+statistics> (accessed 27 June 2018).

<sup>24</sup> Australian Bureau of Statistics, *Life expectancy at birth of Aboriginal and Torres Strait Islander Australians 2010-2012*, ABS No.

3302.0.55.003. At: <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/A80BD411719A0DEECA257C230011C6D8?opendocument> (accessed 26 June 2018).

<sup>25</sup> Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2017*. At:

[https://pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report\\_1.pdf](https://pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf) (accessed 5 July 2018); Australian

Institute of Health and Welfare, *Mortality and life expectancy of Indigenous Australians 2008 to 2012*, CAT No. IHW 140. At:

<https://www.aihw.gov.au/getmedia/b0a6bd57-0ecb-45c6-9830-cf0c0c9ef059/16953.pdf.aspx?inline=true> (accessed 5 July 2018).

<sup>26</sup> The Aboriginal and Torres Strait Islander Health Performance Framework monitors' progress in Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health. See Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2017*. At:

[https://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report\\_1.pdf](https://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_1.pdf) (accessed 26 June 2018).

<sup>27</sup> See SA Health, *Aboriginal health outcome statistics*, webpage. At:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/aboriginal+health+outcome+statistics> (accessed 5 July 2018).

The Aboriginal and Torres Strait Islander Health Performance Framework 2017 report for South Australia provides the latest information on the health status and outcomes and socio-economic determinants of Aboriginal people in South Australia.<sup>28</sup>

The report indicates improvements in the health of Aboriginal people in South Australia and areas of concern.

**Areas of improvement for South Australia include:**

- A 38% decline in age-standardised deaths due to circulatory diseases. Despite this decrease, circulatory diseases are still the leading cause of death for Indigenous Australians.
- A substantial increase in the number of Indigenous-specific health checks claimed.
- A decrease in the infant mortality rate. The gap in the low birthweight rate for babies born to Indigenous mothers compared with non-Indigenous mothers has decreased.

**Areas of concern for South Australia include:**

- The age-standardised proportion of Indigenous women that smoked during pregnancy was 48%, this was 3 times the rate for non-Indigenous women (15%) in 2014.
- A smaller proportion of Indigenous women accessed antenatal care services in the first trimester of pregnancy (53%) compared with for non-Indigenous women (78%) in 2014.
- Age-standardised death rates for some chronic diseases in 2011–2015 were higher for Indigenous Australians than for non-Indigenous Australians: more than 4 times as high for; and twice as high for digestive diseases.
- The incidence rate for Indigenous Australians with end-stage kidney disease has increased.
- Indigenous Australians had a higher age-standardised rate of hospitalisation for injury from July 2013 to June 2015 compared with non-Indigenous Australians. The most common injuries resulting in hospitalisation were: assaults (22%), falls (19%), and complications of medical and surgical care (14%) of all hospitalisations.
- The unemployment rate for people aged 15–64 was higher for Indigenous than non-Indigenous Australians (22% compared with 7% in 2014–15).<sup>29</sup>

The HPC also releases a number of data research reports providing an overview of the health status and health outcomes of Aboriginal people in South Australia.<sup>30</sup> The Aboriginal health in South Australian 2017 Case Study developed as part of the HPC four yearly review reporting period, provides a current statistical overview of health for Aboriginal people in South Australia.<sup>31</sup>

---

<sup>28</sup> Australian Health Ministers' Advisory Council, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia* (2017). At: <https://www.aihw.gov.au/getmedia/a582325e-3d74-4549-afa0-f569e1dc5c10/aihw-ihw-181-sa.pdf.aspx?inline=true> (accessed 5 July 2018).

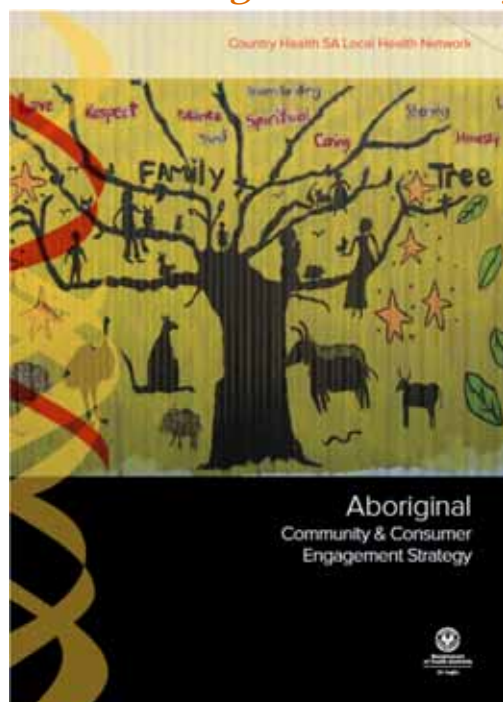
<sup>29</sup> Australian Institute of Health and Welfare, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia* (2017), p ix. At: <https://www.aihw.gov.au/getmedia/a582325e-3d74-4549-afa0-f569e1dc5c10/aihw-ihw-181-sa.pdf.aspx?inline=true> (accessed 5 July 2018).

<sup>30</sup> Such as the Health Performance Council, *State of Our Health report 2016*. At: [file:///C:/Users/Amber%20Roberts/Downloads/980\\_state\\_of\\_our\\_health\\_pdf\\_edition.pdf](file:///C:/Users/Amber%20Roberts/Downloads/980_state_of_our_health_pdf_edition.pdf) (accessed 5 July 2018); and the, Health Performance Council, *Aboriginal health in South Australia 2017 case study* (2017). At: [file:///C:/Users/Amber%20Roberts/Downloads/1107\\_hpc\\_aboriginal\\_health\\_case\\_study\\_2017\\_final\\_report.pdf](file:///C:/Users/Amber%20Roberts/Downloads/1107_hpc_aboriginal_health_case_study_2017_final_report.pdf) (accessed 5 July 2018).

<sup>31</sup> Health Performance Council, *Aboriginal health in South Australia 2017 case study* (2017). At: [file:///C:/Users/Amber%20Roberts/Downloads/1107\\_hpc\\_aboriginal\\_health\\_case\\_study\\_2017\\_final\\_report.pdf](file:///C:/Users/Amber%20Roberts/Downloads/1107_hpc_aboriginal_health_case_study_2017_final_report.pdf) (accessed 5 July 2018).



## 2.1.2 Aboriginal Community and Consumer Engagement Strategy



The Aboriginal Community and Consumer Engagement Strategy (ACCE) was developed in 2015 after nearly two years of community consultation and sits under the overarching CHSALHN Community and Consumer Engagement Strategy.

The overall purpose of the ACCE Strategy is to: ‘assist CHSALHN implement culturally respectful and meaningful community and consumer engagement strategies; and, build a platform to increase Aboriginal community participation in health service delivery, design and decision-making’.<sup>32</sup>

Two specific frameworks outlined in the ACCE Strategy that guide the overall direction of approach are the National Safety and Quality Health Service Standards (NSQHSS) and the International Association for Public Participation Spectrum (IAP2).

The ACCE Strategy is intended to be a key organisational document to guide CHSALHN’s engagement with Aboriginal and Torres Strait Islander people and communities in relation to their health outcomes across all its service regions.

This strategy is a key tool in recognising Aboriginal peoples’ Right to Health enshrined in international law and policy, including the United Nations Declaration on the Rights of Indigenous peoples (the Declaration).<sup>33</sup>

The equal right of Indigenous peoples to the enjoyment of the highest attainable standard of physical and mental health is expressly articulated in Article 24 of the Declaration.<sup>34</sup>

## 2.1.3 Overview of Country Health South Australia Local Health Network

The majority of public health services in regional South Australia are provided by the Country Health South Australia Local Health Network (CHSALHN), servicing a high population of Aboriginal people in the regions. In the 2016-17 financial year, 10.7% of patients across CHSALHN identified as Aboriginal or Torres Strait Islander.<sup>35</sup>

As one of five local health networks in South Australia, CHSALHN was established under the *Health Care Act 2008 (SA)* and is supported by a Governing Council, known as the CHSALHN Health Advisory Council.

The CHSALHN Health Advisory Council (established in 2012) has specific functions and powers as defined in the *Health Care Act 2008 (SA)* and its Constitution as determined by the Minister. Essentially the CHSALHN Health Advisory Council undertakes an advocacy role on behalf of the community and, among other functions, provides advice to South Australian government health ministers.

The CHSALHN Health Advisory Council is further supported by a Presiding Members Panel (PMP) and 39 regional Health Advisory Councils (HACs) associated with regionally located health units.

<sup>32</sup> Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy, 2015: Indicative evaluation plan*, October 2017; PwC Indigenous Consulting, *Country Health South Australia Local Health Network: Aboriginal Community and Consumer Engagement Strategy Review - Project Plan*, Health Performance Council Australia, March 2018.

<sup>33</sup> United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295, UN Doc A/61/L.67 (2007), art 24(2); International Covenant on Economic, Social and Cultural Rights, opened for signature 16 December 1966, 993 UNTS 3 (entered into force 3 January 1976), art 12; International Covenant on Civil and Political Rights, opened for signature 16 December 1966, 999 UNTS 3 (entered into force 23 March 1976), art 6(1); United Nations Convention on the Rights of the Child, opened for signature 20 November 1989, 1577 UNTS 3, (entered into force 2 September 1990), art 24; International Convention on the Elimination of All Forms of Racial Discrimination, opened for signature 21 December 1965, 660 UNTS 195 (entered into force 4 January 1969) art 5(e-iv).

<sup>34</sup> United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295, UN Doc A/61/L.67 (2007), art 24(2).

<sup>35</sup> Country Health SA, *Stretch Reconciliation Action Plan 2018-2020*. At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/f75dd75-d0b0-48e8-95e2-eb3e11a02364/18002.18-1+CHSA+Rec+Act+Plan+2018-20-ONLINE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-f75dd75-d0b0-48e8-95e2-eb3e11a02364-meFkOBI> (accessed 5 July 2018).



In 2017, a partnership framework for Health Advisory Councils and CHSALHN 2017-2022 was established to strengthen the existing governance structure, bring clarity to roles and responsibilities and enable greater communication and engagement processes.<sup>36</sup>

Aspiring to be the best health service provider to people living in rural and remote South Australia, CHSALHN is one of the largest local health networks in Australia. They deliver acute, residential aged care, community health, mental health, and emergency health care services to 63 hospital sites and over 240 health unit sites across six identified CHSALHN regions in the state.

The geographical reach of CHSALHN covers 99.8% of South Australia. The traditional lands of Aboriginal people of South Australia embodies rich cultural and linguistic diversity. Across the CHSALHN service regions, there are at least 36 different Aboriginal traditional language groups.<sup>37</sup>

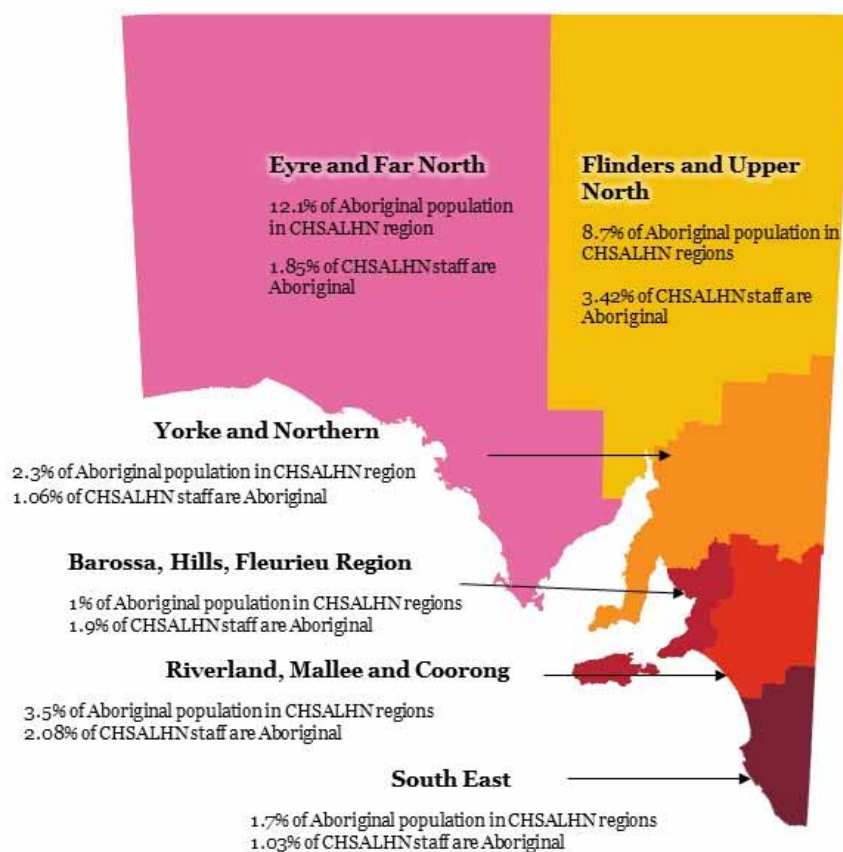
CHSALHN employs almost 9,000 staff across South Australia, which includes 159 Aboriginal staff (1.77% of CHSALHN workforce). A map of the service regions which includes details of the total Aboriginal population and total number of Aboriginal CHSALHN staff is outlined below.

---

<sup>36</sup> Country Health SA Local Health Network, A partnership framework for health advisory councils and Country Health SA: a guide to collaboration and engagement to help meet the health care needs of country South Australians 2017-2022.

<sup>37</sup> Country Health SA, *Stretch Reconciliation Action Plan 2018-2020*. At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/ff75dd75-d0b0-48e8-95e2-eb3e11a02364/18002.18-1+CHSA+Rec+Act+Plan+2018-20-ONLINE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ff75dd75-d0b0-48e8-95e2-eb3e11a02364-meFkOBI> (accessed 5 July 2018); Health Performance Council, *Revisit review of Country Health Advisory Councils Governance Arrangements: A Health Performance Council report as part of the 4-yearly review (2015-2018)*, August 2017. At: [file:///C:/Users/Amber%20Roberts/Downloads/1011\\_final\\_report\\_hpc\\_revisit\\_review\\_country\\_hacs\\_2016\\_2017.pdf](file:///C:/Users/Amber%20Roberts/Downloads/1011_final_report_hpc_revisit_review_country_hacs_2016_2017.pdf) (accessed 6 July 2018).

### Map 1: Service regions of CHSALHN



Full details of CHSALHN staff numbers for each service region (as at January 2018), is outlined below.

**Table 5: CHSALHN employee numbers for each region, as at January 2018<sup>38</sup>**

Region	Aboriginal Staff	Total Staff	Aboriginal %
Corporate and Mental Health (CHSALHN wide)	14	724	1.93%
Barossa, Hills, Fleurieu Region	35	1932	1.81%
Eyre, Flinders and Far North – East Region	29	847	3.42%
Eyre, Flinders and Far North – West Region	18	974	1.85%
Riverland Mallee Coorong Region	32	1537	2.08%
South East Region	14	1358	1.03%
Yorke and Northern Region	17	1606	1.06%
<b>TOTAL</b>	<b>159</b>	<b>8978</b>	<b>1.77%</b>

<sup>38</sup> Country Health SA Local Health Network, workforce data as received from the AHD on 3 April 2018.

### 2.1.4 Policy and legislative overview on Aboriginal and Torres Strait Islander Health

Despite representing almost three percent (2.8%) of the total Australian population, Aboriginal and Torres Strait Islander Australians experience a range of health inequalities and barriers to health care.<sup>39</sup>

The 2005 *Social Justice Report* of the Aboriginal and Torres Strait Islander Social Justice Commissioner at the Australian Human Rights Commission highlighted the crisis situation of Indigenous health inequality in Australia.

Anchored within the foundations of a human rights based approach, the report called for the urgent need for a national campaign and coordinated approach to addressing Indigenous health inequality.

As a result, in 2008 the Council of Australian Government's (COAG) committed to 'Closing the [health] Gap' between Indigenous Australians and non-Indigenous Australians within a generation, by 2030. The current Closing the Gap targets are:

- Close the gap in life expectancy within a generation (by 2031)
- Halve the gap in mortality rates for Indigenous children under five within a decade (by 2018)
- 95 percent of all Indigenous four-year-olds enrolled in early childhood education (by 2025) – renewed target
- Close the gap between Indigenous and non-Indigenous school attendance within five years (by 2018)
- Halve the gap for Indigenous children in reading, writing and numeracy achievements within a decade (by 2018)
- Halve the gap for Indigenous Australians aged 20-24 in Year 12 attainment or equivalent attainment rates (by 2020)
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018).<sup>40</sup>

Ten years on from the government's commitment to Closing the Gap in Aboriginal health inequality, the 2018 Prime Ministers Closing the Gap Report indicated that while some targets were on track to be met, a number of targets are not on track, including the target to close the gap in life expectancy by 2030, and a number of targets are due to expire in 2018.<sup>41</sup>

### 2.1.5 National Aboriginal health frameworks and standards


A number of national Aboriginal and Torres Strait Islander health frameworks exist which guide and assist to set the standards of health and address the health needs of Aboriginal and Torres Strait Islander people. Including, but not limited to, the following:

- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023
- Cultural Respect Framework 2016-2026, and

<sup>39</sup> Australian Bureau of Statistics, *Census of Population and Housing: Reflecting Australia - Stories from the Census 2016*, Aboriginal and Torres Strait Islander population, CAT No. 2071.0. At: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Aboriginal%20and%20Torres%20Strait%20Islander%20Population%20Data%20Summary~10> (accessed 27 June 2018).

<sup>40</sup> Department of the Prime Minister and Cabinet, *Closing the Gap*, webpage. <https://www.pmc.gov.au/indigenous-affairs/closing-gap> (accessed 5 July 2018).

<sup>41</sup> At the time of writing this report, the Closing the Gap is under a 'refresh' review. Closing the Gap Refresh: a joint initiative of Australian Governments (2018). At: <https://closingthegaprefresh.pmc.gov.au/about> (access 26 June 2018).



## Health system context

- The National Safety and Quality Health Service (NSQHS) Standards

The NSQHS is a key framework of the ACCE Strategy which applies to all health service organisations. The primary aim of the NSQHS Standards is *'to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.'*<sup>42</sup>

The second edition of the NSQHS addresses the specific needs of Aboriginal and Torres Strait Islander people. To assist organisations with compliance with the service standards, the Australian Commission on Safety and Quality in Health Care released the National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health, 2017<sup>43</sup>. This guide outlines best practice of engagement with Aboriginal and Torres Strait Islander people in health care.

---

<sup>42</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards*, Second Ed, 2017.

<sup>43</sup> Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health*, 2017.



### 3 *Review analysis and findings against short term outcomes*

This chapter summaries the analysis of findings from the research conducted throughout the ACCE Strategy Post Implementation Review, focused on the first two identified review questions, across each of the ACCE Strategy's anticipated short term outcomes. Wherever possible, academic and industry best practice research has been adopted to strengthen the analysis.

The findings are framed around the desired short term outcomes of the ACCE Strategy of:

#### Desired Short Term Outcomes of the ACCE Strategy

The '**post implementation outcomes: short term up to 3 years**' identified in the review logic model include:

- Individuals have increased awareness of how to engage with health services
- Individuals – community and consumers feel supported to engage
- Community and consumers participate in Experts by Experience register
- Staff take part in training and professional development about Aboriginal community and consumer engagement
- Staff are aware of benefits of community and consumer engagement
- Health services form partnership/s with communities and consumers that make change and innovate

This review assumes that effectively meeting the ACCE Strategy desired short term outcomes will establish an environment to effectively meet the mid-long term outcomes.

The first Post Implementation Review question of, ***how successful has the ACCE Strategy been in influencing change in the short term?***, was answered using the following assessment criteria to determine if the ACCE Strategy influenced change against each of the desired short term outcomes:<sup>44</sup>

- the ACCE Strategy has influenced ***some*** change against this outcome = progress being made; needs minor adjustments to meet desired outcomes
- the ACCE Strategy has influenced ***limited*** change against this outcome = not on track; needs major adjustments to meet desired outcomes.

The second Post Implementation Review question of, ***what are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?***, was answered in the analysis of findings against each of the desired short term outcomes.

---

<sup>44</sup> Note: this assessment criteria was developed by PIC which can be somewhat aligned to the assessment criteria used in the Current State Report. The assessment criteria outlined in the ACCE Strategy was considered not suitable for the purposes of this Post Implementation Review.

### **3.1 Outcome 1: Individuals have increased awareness of how to engage with health services**

As mentioned earlier in this report, under international human rights law, the Australian Government has a specific and continuing obligation to move progressively towards the full realisation of the Right to Health. As such, the universal provision of public health care and access to health care services is an obligation of the Australian Government and its states and territories.

The Declaration and its foundational principles set the core international human rights standards for Indigenous peoples around the world and provides a useful framework for effective engagement with Aboriginal and Torres Strait Islander peoples. The Declaration provides principles of engagement with Indigenous peoples that are based on:

- 
- ❖ *Self-determination;*
  - ❖ *Participation in decision-making, and Free, Prior and Informed Consent;*
  - ❖ *Respect for and protection of culture, and*
  - ❖ *Equality and non-discrimination*<sup>45</sup>
- 

CHSALHN have a specific role to promote and build awareness of the health care services available for Aboriginal people in regional South Australia. The ACCE Strategy broadly acknowledges that effective and culturally appropriate engagement with Aboriginal people in South Australia will, among other things:

- create greater awareness of available health care services for Aboriginal people;
- increase access for Aboriginal people to health care services; and
- deliver better health outcomes for Aboriginal people in South Australia.

#### **3.1.1 Analysis and findings**

The Post Implementation Review indicates that the ACCE Strategy has influenced **some** change against outcome measures in the three years since it was released in 2015.

The analysis underpinning this conclusion, and identified gaps/actions to achieve short term outcomes, are as follows:

##### **Build greater community and stakeholder awareness of the ACCE Strategy**

Consistent with findings identified from the stakeholder survey, whilst there was some awareness of the ACCE Strategy by participants who attended the Focus Group sessions, there were limited examples of individuals who were part of the development or implementation of the ACCE Strategy.

As indicated by the surveys and focus groups the majority of individuals, in particular EbyE members, indicated that it is too early to tell if the strategy is different or more effective than previous strategies of CHSA.

A positive finding from the stakeholder surveys is that 45.2% of all stakeholder cohorts (excluding CHSA staff) indicated that they believe the community know more about health services being delivered compared to a year ago. Anecdotally there is some link between this increased awareness and the ACCE Strategy.

As outlined as an action in the ACCE Strategy, a marketing plan would assist to effectively communicate, both internally to staff, and externally to EbyE members, Aboriginal community and external stakeholders.

---

<sup>45</sup> Australian Human Rights Commission, *United Nations Declaration on the Rights of Indigenous Peoples*, website. At: <https://declaration.humanrights.gov.au/know-it> (accessed 5 July 2018).

### Strengthen regional stakeholder and community engagement strategies

Preliminary findings from the current state analysis and stakeholder surveys, indicate that identifying existing programs and their effectiveness in engaging with Aboriginal people requires further consideration.

It is unclear from this review specifically which existing events or programs delivered by CHSALHN are more effective in engaging Aboriginal community members than others held in the regions.

While there are some community engagement and information events currently held in the regions, survey respondents and participants in the focus groups consistently raised there needs to be more opportunities for community to meet CHSALHN staff and receive information on available health services and programs.

Findings indicate that CHSALHN need to consider the best way to support existing programs under the ACCE Strategy.

### A finding consistent across all three research methods is a preference to receive information about CHSA health care services and programs via community events.

Findings from the current state analysis and stakeholder surveys, indicate marketing and communication to Aboriginal youth and elders across all CHSALHN Regions requires further consideration. This was evidenced by a significant number of youth and EbyE survey respondents indicating that:

---

*Young people aged between 15- 25 don't know of or have limited knowledge of the health services offered to them. **Survey finding***

---

Given CHSALHN's role is to deliver quality health care and services to regional South Australia, clear gaps have been identified in this review in relation to CHSALHN regional engagement activities, presenting an opportunity to develop a strategic regional engagement plan. The review found that the AHD is a central unit with existing relationships within the regions that could enable and assist with developing regional strategies for engagement – including a clear practice process for monitoring and reporting on progress across the regions.

## 3.2 Outcome 2: Individuals – community and consumers feel supported to engage

### 3.2.1 Analysis and findings

The data and findings of this Post Implementation Review indicate that the ACCE Strategy has influenced **limited** change against this outcome measure in the three years since it was released in 2015, and per the following analysis:

#### Aboriginal community perspectives in program development and delivery

A strong element of all survey and focus group findings was that Aboriginal community perspectives should be at the heart of CHSA engagement activities. Almost all EbyE respondents agreed that the community should continue to be involved in assisting CHSA to develop new programs.

The health sector in particular, has a long history of engaging with and researching Aboriginal and Torres Strait Islander peoples. As such, a wide body of best practice research and frameworks exist in relation to engaging with Indigenous Australians, particularly in relation to the delivery of health care and related services and programs.

The HPC's Aboriginal Health in South Australia Case Study 2017 research, developed as part of the same four yearly review period of this ACCE Strategy review (2015-2018), heard directly from Aboriginal people which clearly expressed that:

---

*If better health outcomes are to be realised across the board, there must be an integrated, cross-discipline, cross-portfolio, and Aboriginal-led approach. This approach must take account of social, cultural, spiritual, economic and environmental determinants such as education, employment, safe housing, and culturally appropriate health practices and health promotion.<sup>46</sup>*

---

The Australian Institute of Health and Welfare, Closing the Gap Clearinghouse holds a number of key health research papers and resources to guide the health sector in engaging successfully with Aboriginal and Torres Strait Islander communities, including what works, what doesn't and best practices of engagement.

Key instances of where Indigenous engagement in health programs have worked include:

- Collective community-governed control of health services aligned to community needs promotes engagement
- Building trust through tangible benefits and implementing an empowering process through community development in which power is devolved
- Partnerships that allowed for training of Aboriginal staff; this training contributes to both community trust and tangible economic benefits
- Intellectual property vested in community-controlled bodies and using researchers with good cross-cultural skills
- Participatory processes with Aboriginal research assistants, focus groups, consultation and feedback processes with Aboriginal communities and health services
- Extensive community consultation using existing community organisations/structures, Aboriginal Elders and Aboriginal health workers, including through an advisory board; drawing on Aboriginal ideas, developing them and consulting again until a program meets Aboriginal needs
- Clarity and coherence about responsibility for all aspects of health services, and aggregated, flexible funding (with clear partnership arrangements) through contracts, treaties and other mechanisms; having an active role for Aboriginal and Torres Strait Islander people and recognising customary laws and traditional healers
- An acceptance that different parties will have different roles and responsibilities, with an appropriate provision of adequate resources based on the roles/responsibilities of each partner
- Realistic and specific objectives, usually those that each partner organisation would not be able to meet by working alone
- Review and evaluation, both qualitative and quantitative, that assess the partnership process as well as the outcomes (which helps the partnership to adapt and to operate effectively).<sup>47</sup>

### **Aboriginal community and consumer confidence in CHSA**

While acknowledgement was made by participants in the focus groups that CHSA hospitals and health services make a conscious effort to acknowledge Aboriginal people, specifically around art work, Aboriginal flag and Aboriginal pictures, there were concerns (from stakeholder surveys and in focus groups) that Aboriginal patients and carers did not feel comfortable with coming into contact with CHSA.

---

<sup>46</sup> Health Performance Council, *Aboriginal health in South Australia 2017 case study* (2017), p 2. At: [file:///C:/Users/Amber%20Roberts/Downloads/1107\\_hpc\\_aboriginal\\_health\\_case\\_study\\_2017\\_final\\_report.pdf](file:///C:/Users/Amber%20Roberts/Downloads/1107_hpc_aboriginal_health_case_study_2017_final_report.pdf) (accessed 5 July 2018).

<sup>47</sup> Janet Hunt, *Engagement with Indigenous Communities in key sectors*, Australian Institute of Health and Welfare and Australian Institute of Family Studies, Closing the Gap Clearinghouse, Resource sheet no. 23 produced for the Closing the Gap Clearinghouse, October 2013, p 9; Janet Hunt, *Engaging with Indigenous Australia – exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities*, Australian Institute of Health and Welfare and Australian Institute of Family Studies, Closing the Gap Clearinghouse, Issues paper no. 5 produced for the Closing the Gap Clearinghouse, October 2013.



Some focus group participants expressed that there is a lack of cooperation between Aboriginal Community Controlled Health Organisations (ACCHOs) and the CHSALHN health service in some areas and expressed concerns about how the CHSALHN responds to Aboriginal people who need health care afterhours.

### **Understanding the unique needs of Aboriginal Youth and Elders**

Both Aboriginal youth and Elders require unique needs and support to live healthy fulfilling lives, and in dignity.

Engaging with Aboriginal youth and Elders is a specific focus of the ACCE Strategy however few Aboriginal youth and Elders attended the focus groups. Similarly, few Aboriginal youth responded to the stakeholder survey.

It was highlighted in almost all focus group sessions that the specific needs of Aboriginal youth and Elders, as well as Aboriginal men and women are not satisfactorily being met.

---

*'Aboriginal people have different experience and history with government services and there needs to be a different approach than the generalized approach when working with Aboriginal people including connecting with elders.'*<sup>48</sup>

---

### **Aboriginal Youth**

The Aboriginal youth (25 years and under) population represent over half of all Aboriginal people in South Australia (52%).<sup>49</sup> Australian Bureau of Statistics (ABS) 2016 Census data indicates the median age of Aboriginal people in South Australia is 23 years.<sup>50</sup>

A key finding from the survey was that respondents in a number of cohorts indicated that Aboriginal youth are generally disengaged in regards to accessing health services. All youth survey respondents however, indicated that they wanted to help CHSA plan and deliver Aboriginal health service programs in the future.

Social media and events were noted as the most popular method to engage youth.

### **Aboriginal Elders**

Statistics indicate that the population of older Aboriginal people (65 years and over) in South Australia represents 3.7% of the total population, however this number is increasing.<sup>51</sup>

The aging population have unique care needs, often requiring a high level of care and complex health supports. A core element of addressing the health and wellbeing needs of older persons is ensuring they have the support they need to live their life in dignity.

Participants in a number of focus groups raised the issue that it seems Elders are primarily being engaged for their clinical health needs, however not in relation to their personal social and emotional wellbeing.

Aboriginal Elders are often the only custodians of cultural knowledge and stories in some families and communities, presenting an opportunity to value the wisdom Elders have and learn from them so they are able to pass their knowledge onto younger generations to take up their own cultural responsibilities.

---

<sup>48</sup> Quote from survey respondent.

<sup>49</sup> Health Performance Council, *State of Our Health report 2016*, p 9. At:

[file:///C:/Users/Amber%20Roberts/Downloads/980\\_state\\_of\\_our\\_health\\_pdf\\_edition.pdf](file:///C:/Users/Amber%20Roberts/Downloads/980_state_of_our_health_pdf_edition.pdf) (accessed 5 July 2018).

<sup>50</sup> It is important to note that the ABS refer to the term 'child/children' as being the age between 0-14 years and 'youth/young people' as being the age between 15-24 years. Australian Bureau of Statistics, *2016 Census quick stats: South Australia*. At:

[http://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/4](http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/4) (accessed 27 June 2018).

<sup>51</sup> Health Performance Council, *State of Our Health report 2016*, p 9. At:

[file:///C:/Users/Amber%20Roberts/Downloads/980\\_state\\_of\\_our\\_health\\_pdf\\_edition.pdf](file:///C:/Users/Amber%20Roberts/Downloads/980_state_of_our_health_pdf_edition.pdf) (accessed 5 July 2018); also see, Australian Bureau of Statistics, 2016 Census of population and housing, Aboriginal and Torres Strait Islander peoples profile, South Australia, data sheet, ABS CAT No. 2002.0.

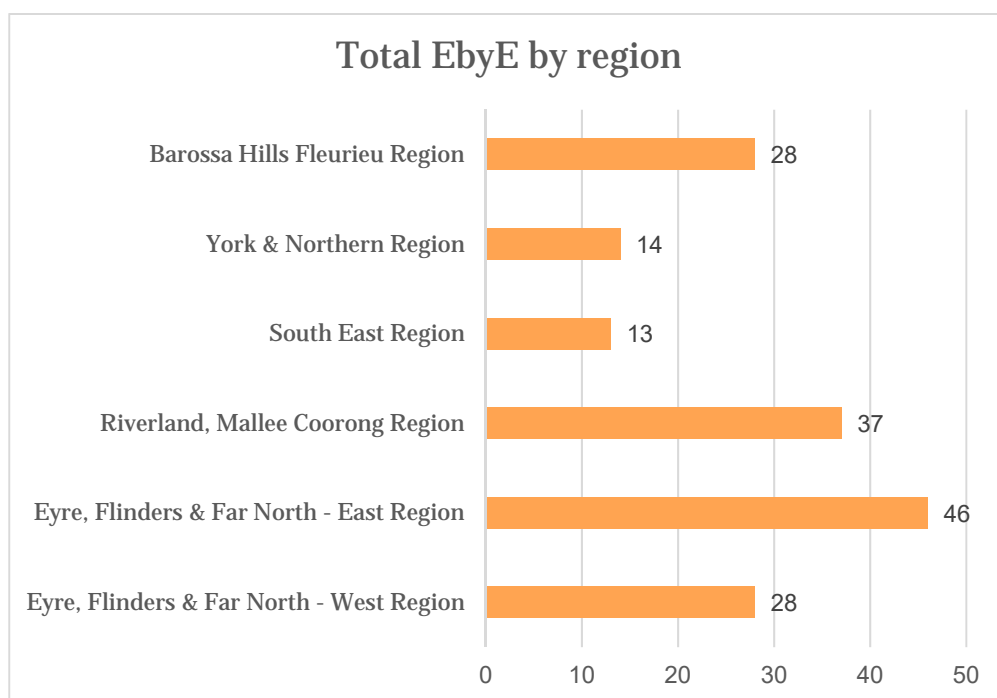
Review analysis and findings against short term outcomes

Participants have made it clear that CHSA should consider how they can more effectively embed Aboriginal youth and Elder perspectives into health programs.

### 3.3 Outcome 3: Community and consumers participate in Experts by Experience register

The EbyE register is a core element of the ACCE Strategy. Data collected during the initial analysis to ascertain the current state of the ACCE Strategy indicated that as at January 2018, there were 168 EbyE members listed on the register. The number of EbyE members on the register by region are listed below.

Figure5: Number of EbyE members currently on the register by CHSALHN service region<sup>52</sup>



#### 3.3.1 Analysis and findings

The data and findings of this Post Implementation Review indicate that the ACCE Strategy has influenced **some** change against this outcome in the three years since it was released in 2015. Specific elements of this analysis are as follows:

##### Innovative mechanism for engagement

A number of positive comments were made in the surveys and focus group sessions that the EbyE register provided a unique mechanism to engage with Aboriginal consumers, patients and carers.

The EbyE register model seeks to recognise, respect and value expert health related knowledge, as well as their cultural and intellectual knowledge. When engaged, Aboriginal experts on the register are paid for their time, providing a unique approach to engagement and embedding Aboriginal voice into the health care and services sector.

<sup>52</sup> As per reported in the Current State Report, HPC Post Implementation Review, 30 April 2018.

Based on the right to self-determination, Indigenous Cultural and Intellectual Property rights are articulated in Article 31 of the Declaration which states that,

---

*Indigenous peoples have the right to maintain, control, protect and develop their intellectual property over cultural heritage, traditional knowledge, and traditional cultural expressions'.<sup>53</sup>*

---

The principles outlined in the Guidelines for Ethical Research in Australian Indigenous Studies also outline the key considerations to recognise and respect the cultural and intellectual property rights of Indigenous Australians, and provides a framework for researchers and practitioners alike.<sup>54</sup>

On this basis, the EbyE register provides a promising and innovative tool to respectfully engage Aboriginal community members and to ensure Aboriginal community perspectives are at the heart of health decisions and outcomes. There is also an opportunity for staff who are EbyE members to provide their unique insights to the AHD to improve engagement and thus improve Aboriginal community views on CHSALHN.

However, it is important to note that a significant number of EbyE survey respondents (88.9%) and focus group participants indicated that it may be too early to tell if the ACCE Strategy is effective or the right model for engaging Aboriginal people in regional South Australia.

Findings throughout the review indicated that a number of limitations are contributing to the EbyE register effectively influencing short term change.

### **Early engagement and confirmation of the role of Experts by Experience**

The current application form for EbyE members utilises the International Association for Public Participation (IAP2) spectrum which outlines the ways in which EbyE members can participate, being:

- Inform (provide information to consumer representatives)
- Feedback (request feedback from consumer representatives)
- Involve (involve consumer representatives in committees and working groups)
- Consult (consult with consumer representatives about a wide range of health topics)<sup>55</sup>

A consistent theme from surveys and focus groups was that there were varied degrees of awareness of the EbyE register and uncertainty about the role EbyE members have in providing expert advice or engaging with community.

A significant number of respondents indicated they had no knowledge of the EbyE Register (31.6% of Aboriginal staff respondents, 33.4% Executive staff respondents and 57.1% of External stakeholder respondents).

An interesting observation made during a number of focus group sessions was that Aboriginal community members signed up to become an EbyE member on the day of the focus group. This suggests that personal engagement is an effective way to engage community member interest and provide information about the role of EbyE members and highlights another opportunity to have inductions at the local level and have the register tailored to local use.

### **Induction of Experts by Experience onto the register**

Consistent with findings from the current state report, stakeholder survey and focus group findings indicated that the induction of EbyE members, including communicating and setting expectations around the role and purpose of EbyE members, was effective in the short term – but that awareness appears to have waned over the longer term.

---

<sup>53</sup> United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295, UN Doc A/61/L.67 (2007), art 31.

<sup>54</sup> AIATSIS, Guidelines for ethical research in Australian Indigenous studies, 2012

<sup>55</sup> CHSALHN, Application form: Utilizing the CHSALHN Aboriginal health 'Expert by Experience' Register, provided by CHSALHN for the current state analysis report.

Review analysis and findings against short term outcomes

In addition, nearly half of EbyE members currently on the register had not attended the induction training, and indicated they would like to better understand their role to influence change and facilitate better health outcomes for Aboriginal people in their region.

Considerable support was evident from survey respondents and focus group participants alike, for induction training of EbyE members to be held in the regions to facilitate coordinated local connections and solutions.

---

*“By providing orientation in each region, may provide better outcomes for all involved. Have a big community BBQ in each region, gather as many Aboriginal community members to come along. Each Aboriginal community is unique in their own right, so their needs will differ from community to Community. If those travelling from the Metro area to the rural Aboriginal communities will give them a better understanding when gathering information. Metro and rural needs are totally different from one another.”<sup>56</sup>*

---

Analysis of findings indicated a more strategic approach to induction of EbyE members in the regions is required, which includes relevant place based training, individual development plans and an agreed communication and engagement approach.

Just over half of the EbyE members who responded to the survey indicated they had received induction training which indicates a priority area to ensure all EbyE members currently listed on the register receive induction training in the immediate and short term.

Further consideration should be given to the possibility of regional staff being trained to deliver the induction package to EbyE members.

Throughout the review process, PIC received no data in relation to implementation of EbyE individual development plans however considers this as an important priority to better understand the needs of EbyE member and where they can best contribute.

### **Meaningful communication and engagement with Experts by Experience members**

Survey respondents and focus group participants alike, indicated that greater communication and utilisation of interests and expertise with EbyE members is required. A number of key examples of poor engagement and communication with EbyE members, include:

- Some EbyE members reported never being utilised since they joined the register. As outlined in the survey data, 73.7% of EbyE member have not been engaged for insights into the health services operating in their community.
- EbyE members indicated they would not know who they can contact in CHSA or AHD for assistance and believe that they should be able to engage with communities in their regions directly.
- CHSA wide engagement and information sharing with EbyE members is limited, which has caused uncertainty around the process in accessing and utilising the EbyE register. As outlined in the survey data, collectively 92% of Aboriginal staff and CHSA Executives have not engaged with EbyE members, and when they do they engage through the Aboriginal Health Directorate. There is a need to develop examples of how an EbyE member can be utilised at the local level.

It is unclear from this review if a CHSALHN policy currently exists which prioritises the utilisation of EbyE member expertise in any new initiatives focused on Aboriginal community engagement.

### **Building an appropriate Experts by Experience Register data management system**

Data management and integrity is an important aspect of the EbyE register. As the register holds private, and in some cases, confidential information, it is extremely important that this information is managed in an appropriate way.

---

<sup>56</sup> Quote from Survey respondent.



The current state analysis findings indicated that the EbyE register is currently managed in a Microsoft Excel spreadsheet which presents use and access limitations. The future design and management of the EbyE register is an area which can enable its effectiveness in engaging Aboriginal community members. As EbyE are currently paid for their participation, consideration should be made for an EbyE register database system to have financial functions and capability to efficiently capture, monitor and pay EbyE members for their time, should they be engaged.

Some focus group participants expressed a desire to hold forums within the regions for EbyE members so that they can be better utilised, indicating a need for the EbyE register to be accessed locally.

### **3.4 Outcome 4: Staff take part in training and professional development about Aboriginal community and consumer engagement**

#### **3.4.1 Analysis and findings**

The data and findings of this Post Implementation Review indicate that the ACCE Strategy has influenced **some** change against this outcome measure in the three years since it was released in 2015.

This conclusion is based on the following analysis:

#### **Country Health SA Reconciliation Journey**

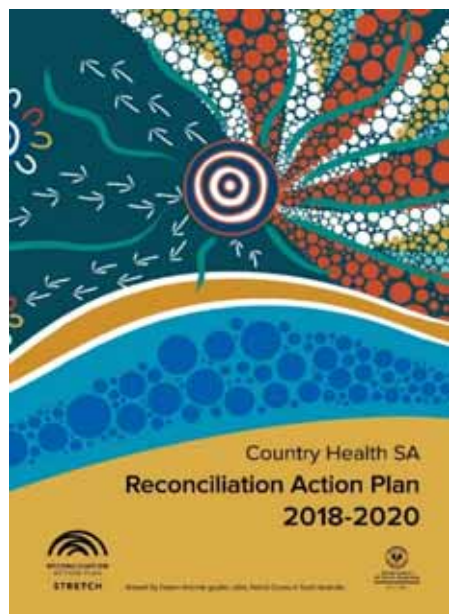
Findings from the stakeholder surveys and the focus groups indicate there was some awareness of the CHSA RAP and that Aboriginal staff had been involved in the development of the RAP. However, the current state analysis findings and CHSA staff who attended some focus group sessions indicated that there are some duplication of actions with the ACCE Strategy and the CHSA RAP.

In May 2018, Country Health SA launched their new Stretch Reconciliation Action Plan 2018-2020 (RAP).<sup>57</sup>

The RAP sets out clear actions and deliverables to progress Country Health SA's vision for reconciliation and their commitment to build respectful relationships with, and provide opportunities for, Aboriginal peoples in South Australia.

---

<sup>57</sup> Country Health SA, *Stretch Reconciliation Action Plan 2018-2020*. At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/ff75dd75-d0b0-48e8-95e2-cb3e11a02364/18002.18-1+CHSA+Rec+Act+Plan+2018-20-ONLINE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ff75dd75-d0b0-48e8-95e2-cb3e11a02364-meFkOBI> (accessed 5 July 2018).



---

*Country Health SA has a vision to be the best rural health service and our mission is to grow better services in country, keeping people well at home. Our vision for reconciliation is to build positive and effective partnerships to ensure Aboriginal and Torres Strait Islander peoples in country South Australia enjoy the same health outcomes and life expectancy as all other Australians.<sup>58</sup>*

---

Given CHSA have launched a new RAP which includes actions and deliverables related to the strategies and actions in the ACCE Strategy, consideration could be given to CHSA mapping these organisational documents to understand where duplication exists to clarify the purpose and practicalities of implementation and reporting.

### **Cultural awareness and capability training for staff**

Building cultural awareness and capability of staff is seen as a critical element to creating culturally safe workplaces, engagement and delivery of services and programs specifically focused for Aboriginal people.

A number of national and state based frameworks are in place to ensure that the health sector appropriately responds to the health and wellbeing needs of Aboriginal Australians.

The overarching national *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026*, is a ten year framework that commits the Commonwealth government and all states and territories to embedding cultural respect principles into their health systems.

---

*The Cultural Respect Framework will guide and underpin the delivery of culturally-safe, responsive, and quality health care to Aboriginal and Torres Strait Islander people, and contribute to progress made towards achieving the Closing the Gap targets agreed by the Council of Australian Governments (COAG).<sup>59</sup>*

---

The SA Health have developed an Aboriginal Cultural Respect Framework 2007-2012 as the basis for the way forward for health policies and services to effectively respond to the needs of Aboriginal people in South Australia.<sup>60</sup> This review notes that the period of this framework has expired and there seems to be no current SA state based cultural framework in place.

---

<sup>58</sup> Country Health SA, *Stretch Reconciliation Action Plan 2018-2020*, p3. At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/ff75dd75-d0b0-48e8-95e2-eb3e11a02364/18002.18-1+CHSA+Rec+Act+Plan+2018-20-ONLINE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ff75dd75-d0b0-48e8-95e2-eb3e11a02364-meFkOBI> (accessed 5 July 2018).

<sup>59</sup> Australian Government, *Cultural respect framework 2016-2026 for Aboriginal and Torres Strait Islander health: a national approach to building a culturally respectful health system*, Australian Health Ministers Advisory Council. At: <http://www.coaghealthcouncil.gov.au/Portals/0/National%20Cultural%20Respect%20Framework%20for%20Aboriginal%20and%20Torres%20Strait%20Islander%20Health%202016-2026-2.pdf> (accessed 5 July 2018).

<sup>60</sup> South Australia Health, *Aboriginal Cultural Respect Framework 2007-2012: Upholding the rights of Aboriginal people to maintain, protect and develop their culture and achieve equitable health outcomes*. At: [http://www.sahealth.sa.gov.au/wps/wcm/connect/c18de20043cab5c9292d326a3df42b9/directive\\_aboriginal\\_cultural\\_respect\\_framework](http://www.sahealth.sa.gov.au/wps/wcm/connect/c18de20043cab5c9292d326a3df42b9/directive_aboriginal_cultural_respect_framework)

CHSA have developed a Cultural Capability Learning and Development Program (CCLDP) for staff which requires all staff to undertake online cultural awareness training. The review findings indicate that not all CHSA staff have yet completed the mandatory online cultural training.

A consistent finding from the focus groups across all locations and cohorts was that online cultural training does not provide staff the level of cultural capability to appropriately engage with Aboriginal people in South Australia.

Findings from the surveys and focus groups indicated that increasing the level of cultural safety within CHSALHN workplaces requires attention. This indicates that cultural awareness training for CHSA should focus both on ensuring the internal organisational culture is safe for Aboriginal staff, as well as providing all CHSA staff the cultural capability skills to appropriately engage with Aboriginal people and communities in their regions.

---

*'I am concerned that the training – although mandatory is possibly not being completed, or it if is, is not generating further change in attitudes. Furthermore the training -whilst may assist staff on the ground level working directly with staff and consumers, it does not appear to create change within the organisational structure about how we support Aboriginal staff, leadership nor address the systematic issues within the organization.'*<sup>61</sup>

---

Continuous cultural learning across all staff levels within CHSA with local elders, including cultural immersion activities were suggested as a way forward by focus group participants.

The new CHSA Stretch RAP 2018-2020 commits CHSA to design and deliver face-to-face cultural training to staff which include local perspectives on major historical events in the regions.<sup>62</sup> However, it is intended that this face-to-face cultural training for staff will not be completed until December 2019.<sup>63</sup> This may need to be a priority area of focus for CHSA.

Findings from this review, indicate that effective cultural learning for staff is a gap and limitation to CHSA appropriately engaging with Aboriginal staff and Aboriginal people more generally in regional South Australia.

Embedding staff cultural capability, learning and development into the way CHSA does business seems to be both a challenge and an opportunity to set the foundations for a more culturally safe workplace generally.

### **Aboriginal health employment priorities: Increasing the Aboriginal workforce of CHSA**

SA Health have established an 'Aboriginal Workforce Framework 2017-2022' which aims to increase the Aboriginal workforce across the public health sector. The framework provides a South Australian health sector wide vision which states:

'The Framework shares the vision articulated in the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023* and *Cultural Respect Framework 2016-2026* of an Australian health system:

- that is free of racism and inequality;
- in which cultural respect principles are embedded;

---

[ork\\_dec2007\\_final.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c18de20043cab5c9292d326a3df42b9-m2IM-mi](#) (accessed 5 July 2018).

<sup>61</sup> CHSA staff survey respondent.

<sup>62</sup> Country Health SA, *Stretch Reconciliation Action Plan 2018-2020*, Action 2.1. At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/ff75dd75-d0b0-48e8-95e2-eb3e11a02364/18002.18-1+CHSA+Rec+Act+Plan+2018-20-ONLINE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ff75dd75-d0b0-48e8-95e2-eb3e11a02364-meFkOBI> (accessed 5 July 2018).

<sup>63</sup> Country Health SA, *Stretch Reconciliation Action Plan 2018-2020*, Action 2.1. At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/ff75dd75-d0b0-48e8-95e2-eb3e11a02364/18002.18-1+CHSA+Rec+Act+Plan+2018-20-ONLINE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ff75dd75-d0b0-48e8-95e2-eb3e11a02364-meFkOBI> (accessed 5 July 2018).

Review analysis and findings against short term outcomes

- where all services are effective, equitable, appropriate and accessible for Aboriginal people;
- delivered by a health workforce with appropriate clinical, management, community development and cultural skills to provide culturally-safe and responsive health care;
- in which the number of Aboriginal employees reflects the proportion of Aboriginal people in the population as a whole; and
- in which Aboriginal leadership is present at all levels of decision-making and governance.’<sup>64</sup>

While the total number of CHSA Aboriginal staff represents 1.77% of the total workforce (as at January 2018), findings from the current state analysis and stakeholder surveys, indicate that CHSA Aboriginal employment priorities require updating.

The new CHSA Stretch RAP 2018-2020 commits CHSA to develop and implement an Aboriginal workforce priorities plan and aims to reach a 4% Aboriginal employment target by 2020.<sup>65</sup>

Findings across all focus group locations indicated strong support for Aboriginal Liaison officers within CHSA hospitals to provide safe and appropriate engagement and communication with Aboriginal community members.

Evidence suggests that organisations gain many benefits from having a diverse workforce and when they value and respect the diverse views a diverse workforce brings. Increasing Aboriginal staff numbers provides a range of benefits to organisations<sup>66</sup>, including, but not limited to:

- *Increased Aboriginal community engagement:* Aboriginal people and communities often trust and feel more culturally safe to discuss issues directly with other Aboriginal people.
- *Increased organisational cultural capability and safety:* Aboriginal staff bring their cultural knowledge and community connections into the workforce which can build culturally-safe and responsive workforce.

An innovative suggestion arising from focus group participants was that the EbyE register could be linked to increasing Aboriginal employment within CHSA.

### Staff training on health consumer engagement and advocacy

A key finding from the focus groups was that Aboriginal people engaged with hospitals do not have a good level of trust in hospital staff to make a complaint or provide feedback about their experience of health care. A range of underlying reasons could contribute to this, however it was seen as a genuine concern and systemic issue.

Findings from the current state analysis and stakeholder surveys, indicates training for CHSA staff in the area of health consumer engagement and advocacy is currently being delivered. It is unclear however, whether this training includes Aboriginal perspectives in the design and delivery of this training or whether the training assists staff to engage and communicate with Aboriginal communities effectively.

There were inconsistent views about whether the CHSA health consumer engagement and advocacy training had influenced any changes in CHSA procedure as the result of feedback from Aboriginal community consumers and carers.

---

<sup>64</sup> SA Health, *Aboriginal Workforce Framework 2017-2022*, p 3. At: <https://www.sahealth.sa.gov.au/wps/wcm/connect/a986c5c3-5d95-4a9a-b7da-ec07a5352d22/SA+Health+Aboriginal+Workforce+Framework+2017-2022.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-a986c5c3-5d95-4a9a-b7da-ec07a5352d22-m1CSDGI> (accessed 5 July 2018).

<sup>65</sup> Country Health SA, *Stretch Reconciliation Action Plan 2018-2020*, Action 3.1. At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/ff75dd75-d0b0-48e8-95e2-eb3e11a02364/18002.18-1+CHSA+Rec+Act+Plan+2018-20-ONLINE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-ff75dd75-d0b0-48e8-95e2-eb3e11a02364-meFkOBI> (accessed 5 July 2018).

<sup>66</sup> Australian Government Department of Health, *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*. At: <http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pubs-natsihwsf> (accessed 5 July 2018).



It seems staff training on Aboriginal health consumer engagement and advocacy is a priority focus area for CHSALHN. This review found Aboriginal community concerns exist about the quality of hospital care and cultural capability of staff to appropriately address the health needs of Aboriginal people.

## **3.5 Outcome 5: Staff are aware of benefits of community and consumer engagement**

### **3.5.1 Analysis and findings**

The data and findings of this Post Implementation Review indicate that the ACCE Strategy has influenced **limited** change against this outcome measure in the 3 years since it was released in 2015.

This view is supported by the following analysis:

#### **Staff awareness and involvement in Aboriginal community health activities**

Survey findings indicated that CHSA senior leadership (CHSA executive) regularly met with staff within the AHD and external stakeholders in Aboriginal health to understand community and consumer priorities. In contrast, findings from focus groups indicated limited or no CHSA engagement has occurred with Aboriginal communities outside of the health service.

From survey focus group findings, there was considerable awareness from CHSA Aboriginal staff and CHSA staff more generally of the Aboriginal community health events in their region. However, a notable percentage of CHSA Aboriginal staff and CHSA Executive survey respondents had not been asked to be involved in engaging with local Aboriginal people in their regions for input to develop or run programs.

The review findings indicate that building the CHSA staff (all staff, including executives) understanding of Aboriginal community and consumer priorities is an area of focus. Findings suggest CHSALHN would benefit in developing, in partnership with key stakeholders, a strategic regional Aboriginal community and consumer engagement plan which specifies the activities of engagement, who is responsible and timeframes for when engagement is to occur.

#### **Alignment of ACCE Strategy standards**

The current state analysis found that since the ACCE Strategy was established, a second edition of the National Safety and Quality Health Service Standards (NSQHSS) was released, a core framework of the ACCE Strategy, which addresses gaps the specific needs of Aboriginal and Torres Strait Islander people.

Significant guidance for health service organisations in improving the quality of care and health outcomes for Aboriginal people are set out in the NSQHSS: User guide for Aboriginal and Torres Strait Islander Health, 2017.

The six actions in the NSQHSS that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people are outlined below:

**Table 6: NSQHSS actions focused on meeting the needs of Aboriginal people<sup>67</sup>**

Standard	Action
<b>Partnering with consumers Standard</b>	<b>Partnering with Aboriginal Community Standard</b> <b>2.13</b> the health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs
<b>Clinical Governance Standard</b>	<b>Governance and identifying priorities</b> <b>1.2</b> The governing body ensures that the organisation safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people <b>Implementation and monitoring</b> <b>1.4</b> The health service organisation implements and monitors strategies to meet the organisations safety and quality priorities for Aboriginal and Torres Strait Islander people <b>Cultural awareness and competency</b> <b>1.21</b> the health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of Aboriginal and Torres Strait Islander patients <b>Welcoming environment</b> <b>1.33</b> the health service organisation demonstrates a welcoming environment that recognises the importance for cultural beliefs and practices of Aboriginal and Torres Strait Islander people
<b>Comprehensive Care Standard</b>	<b>Identification</b> <b>5.8</b> The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.

These standards and actions relate directly to the framework of the ACCE Strategy however are not currently accurately reflected in the strategy itself. It is understood from CHSA staff participants in some focus groups that the metrics of performance against a model of best practice is currently being considered.

### ACCE Strategy Governance

A key finding from the current state analysis was that no existing organisational governance structure was in place to effectively implement and report on progress for the ACCE Strategy. The analysis found that an Aboriginal Health Services and Strategy Group (AHSSG) was established in 2016 however, the group had not met to discuss the ACCE Strategy implementation.

This is consistent with survey findings which indicated that more than 80% of CHSA Aboriginal staff and CHSA executives had no knowledge of the AHSSG.

Extensive research indicates that 'two way' governance, which describes the dual operation and difference between western governance and Aboriginal governance, is now quite common practice for Aboriginal organisations, but also can be seen when Aboriginal peoples are involved in the decision-making and implementation of programs. The United Nations Declaration on the Rights of Indigenous Peoples supports this by stating that,

<sup>67</sup> Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards, User guide for Aboriginal and Torres Strait Islander Health (2017). At: <file:///C:/Users/Amber%20Roberts/Downloads/National-Safety-and-Quality-Health-Service-Standards-User-Guide-for-Aboriginal-and-Torres-Strait-Islander-Health.pdf> (accessed 5 July 2018).

---

*'indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them and, as far as possible, to administer such programs through their own institutions'.<sup>68</sup>*

---

However, research suggests commonalities in the ways governance is understood. Effective governance is described as having:

- **Legitimacy and voice**—where all relevant stakeholders (including men, women youth and Elders) have a say in decisions and about what is in the best interests of the community or group
- **Fairness**—where all relevant stakeholders (including men, women youth and Elders) have the opportunity to maintain and improve their wellbeing and have their human rights protected
- **Accountability**—where decision-makers are accountable to their members, the public and stakeholders.
- **Direction**—where leaders and members have a shared, long-term view of what their future society is going to be like
- **Performance**—where the governance system delivers goods, services and outcomes that are planned for and meet the needs of the members.<sup>69</sup>

The review found that CHSA have a number of existing committees and advisory groups relevant to the ACCE Strategy which indicates consideration should be made to those such groups when determining responsibility for implementation of the ACCE Strategy moving forward.

### Aboriginal Health Impact Statement process

The ACCE Strategy indicates the establishment of a CHSALHN Aboriginal Health Impact Statement (AHIS) triage and assessment process.

The current CHSALHN AHIS template indicates that it is mandatory for staff to complete an AHIS for all new or revised CHSALHN policies, programs, practices, procedures and strategies. The purpose of the AHIS is to:

- 
- ❖ *Provide a learning and development tool to increase understanding of the requirements and responsibilities of Country Health SA Local Health Network to improve the health and wellbeing of Aboriginal people;*
  - ❖ *Assist mainstream services to identify and address Aboriginal health priorities; and*
  - ❖ *Support and monitors compliance with Country Health SA Local Health Network's commitment to consumer and community participation.<sup>70</sup>*
- 

Findings from the current state analysis indicated it is unclear what progress has been made on establishing and embedding a CHSALHN AHIS triage and assessment process.

---

<sup>68</sup> United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295, UN Doc A/61/L.67 (2007), art 23.

<sup>69</sup> Indigenous Governance Toolkit, The important parts of governance: what is good governance, Australian Indigenous Governance Institute (online). At: <http://toolkit.aigi.com.au/toolkit/1-1-indigenous-governance-2> (accessed 10 July 2018).

<sup>70</sup> SA Health, *Country Health SA Local Health Network: Aboriginal Health Impact Statement template*, provided by CHSA during the current state analysis phase of the ACCE Strategy Post Implementation Review.

Review analysis and findings against short term outcomes

It was found throughout the surveys and focus groups that CHSA staff were aware of the Aboriginal Health Impact Statement (AHIS) and its purpose. However, there were inconsistent views on when and how to use the AHIS.

This could be due to the AHIS template instructing that all AHIS are required to be endorsed by the CHSALHN Aboriginal Health Services and Strategy Group – a group which was established but has not officially been functioning.<sup>71</sup>

Some focus group participants also indicated that they were concerned about the effectiveness of the AHIS in addressing health impacts for Aboriginal people when it is used.

Specifically in relation to effective engagement in the health sector with Aboriginal peoples, SA Health is responsible for all public health portfolios in South Australia, including the Country Health SA Local Health Network (CHSALHN).

SA Health provides a range of guiding materials to services in relation to Aboriginal engagement, such as the 'SA Health guide for engaging with Aboriginal people'<sup>72</sup> which is designed to provide practical guidance around engagement and assist staff to complete Aboriginal Health Impact Statements (AHIS).

### **Resourcing, monitoring, reporting and evaluation**

Findings from the current state analysis and stakeholder surveys indicate the current ACCE Strategy reporting frameworks are inconsistent across regions with limited governance structures, resourcing, management and clear timeframes. This was a significant gap identified impacting the effectiveness of the ACCE Strategy implementation overall and in relation to achieving the desired short term outcomes.

The Australian Government Productivity Commission has long indicated that in order to deliver best-practice outcomes through policies and programs for Indigenous Australians, appropriate evidence and evaluation is required.

While it can be a sensitive and complex task, at the time of release of the latest *Overcoming Indigenous Disadvantage Report 2016*, the Productivity Commission stressed that programs established to address the needs of Indigenous Australians are not effectively being assessed on what works, and what hasn't worked.

---

*There is a pressing need for more and better evaluation of Indigenous policies and programs nationally if we are to see improvements in outcomes for Aboriginal and Torres Strait Islander Australians. We need to understand better which policies and programs work better than others and why.*<sup>73</sup>

---

<sup>71</sup> SA Health, *Country Health SA Local Health Network: Aboriginal Health Impact Statement template*, provided by CHSA during the current state analysis phase of the ACCE Strategy Post Implementation Review.

<sup>72</sup> Department of Health and Wellbeing, SA Health guide for engaging with Aboriginal people, (2013). At: <http://www.sahealth.sa.gov.au/wps/wcm/connect/b9a2f58042371fd89d6ffdef0dac2aff/SA+Health+Guide+to+Engaging+with+Aboriginal+People.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-b9a2f58042371fd89d6ffdef0dac2aff-locgVX4> (accessed 26 June 2018).

<sup>73</sup> Australian Productivity Commission, *Overcoming Indigenous Disadvantage: Key Indicators 2016 Report*, p iii. At: <https://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/2016/report-documents/oid-2016-overcoming-indigenous-disadvantage-key-indicators-2016-report.pdf> (accessed 5 July 2018).



## 3.6 Outcome 6: Health services form partnership/s with communities and consumers that make change and innovate

### 3.6.1 Analysis and findings

The data and findings of this Post Implementation Review indicate that the ACCE Strategy has influenced **limited** change against this outcome measure at this stage, as per the following analysis:

#### Elevating stakeholder partnerships

Throughout the review, findings indicated that building relationships with Aboriginal health stakeholders across regions is an area which requires further consideration.

Survey findings indicated that no external stakeholders had been asked by CHSA to be involved in engaging with local Aboriginal people in their regions for input to develop or run programs. Collectively, more than half of all cohort respondents said that they were not aware of any partnerships between CHSA and Aboriginal Community Controlled Health Organisations (ACCHO) and services.

Similarly, few external Aboriginal health stakeholders attended the focus groups and it appeared that there was not much engagement between CHSALHN and ACCHO's or other external stakeholders. Building and strengthening relationships with ACCHO's should be an area of future focus for CHSALHN's Aboriginal community engagement efforts.

The value and role of ACCHO's have existed in Australia since the 1970's (and long before then, when considering the use of traditional medicines and healing practices) providing comprehensive and culturally appropriate care to Aboriginal people across the country.<sup>74</sup>

As a key stakeholder and peak body for Aboriginal health in South Australia, the Aboriginal Health Council of South Australia Inc. provide a significant body of knowledge about the health of Aboriginal people in South Australia. They, along with the National Aboriginal Community Controlled Health Organization (NACCHO) have a holistic definition of Aboriginal health and primary health care, being that:

---

*Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life. And that primary health care is all inclusive, integrated health care and refers to the quality of health services. It is a comprehensive approach to health in accordance with the Aboriginal holistic definition of health and arises out of the practical experience within the Aboriginal community itself having to provide effective and culturally appropriate health services to its communities.*

---

#### Elevating and embedding Aboriginal community voice

---

<sup>74</sup> National Aboriginal Community Controlled Health Organization, *Aboriginal Community Controlled Health Services are more than just another health service – they put Aboriginal health in Aboriginal hands*. At: <https://www.naccho.org.au/wp-content/uploads/Key-facts-1-why-ACCHS-are-needed-FINAL.pdf> (accessed 5 July 2018).

The principle of self-determination for Aboriginal people means that they should have input into decisions which affect their lives. Progress in achieving positive Aboriginal health outcomes will improve when Aboriginal people are enabled to provide the solutions to their own health priorities.

The preliminary findings from the current state analysis showed that further consideration is required to establish a model that genuinely allows Aboriginal community voices to be heard. In the current structure, Aboriginal members on the CHSALHN Governing Council do have direct access to the CEO and the EbyE members provide regional advice.

The survey and focus group findings indicated that more decisions need to be made at the community level, however there was no accepted best practice model for Aboriginal people to provide input into the hospital and local health service delivery across CHSA. Some suggestions to embedding Aboriginal voice included:

- Establish a group of local Aboriginal community, consumers and carers to gather community issues
- Ensure there is an Aboriginal voice in all CHSA committees
- Establish an Aboriginal Health Services Strategy Group
- Provide advice directly to the CEO through an advisory council of Aboriginal leaders in South Australia.

The current state analysis indicated that the purpose, role and description of sounding boards and monitoring and reporting on progress with the regions required further consideration. Consistent with these findings, survey and focus group findings indicated that stakeholders are unclear about the effectiveness and role of regional sounding boards.

There were concerns that these regional boards lack Aboriginal representation and that new government structures currently underway would again confuse how these boards are governed. Findings from all focus groups indicated that there should be both an Aboriginal man and Aboriginal woman on these boards to appropriately address the specific health issues of Aboriginal men and Aboriginal women.

### 3.7 Summary

Key findings indicate that overall, the strategies and actions outlined in the ACCE Strategy have made positive progress in achieving its short term outcomes. At the same time, it is also clear that a concerted effort is required to in fact meet the desired short term, and subsequent mid-long term outcomes.

The first Post Implementation Review question of, ***how successful has the ACCE Strategy been in influencing change in the short term?***, is answered using the following assessment criteria to determine if the ACCE Strategy influenced change against each of the desired short term outcomes:<sup>75</sup>

- the ACCE Strategy has influenced **some** change against this outcome = progress being made; needs minor adjustments to meet desired outcomes
- the ACCE Strategy has influenced **limited** change against this outcome = not on track; needs major adjustments to meet desired outcomes.

The second Post Implementation Review question of, ***what are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?***, is answered in the analysis of findings against each of the desired short term outcomes.

And, the third Post Implementation Review question of, ***what are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?***, was answered separately considering the key areas outlined in the analysis against the short term outcomes.

---

<sup>75</sup> Note: this assessment criteria was developed by PIC which can be somewhat aligned to the assessment criteria used in the Current State Report. The assessment criteria outlined in the ACCE Strategy was considered not suitable for the purposes of this Post Implementation Review.

The following summary is framed around the six short term desired outcomes identified in the program logic model of this Post Implementation Review:

### **Individuals have increased awareness of how to engage with health services**

Data reviewed indicates that the ACCE Strategy has produced **some** change against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is being made, however some adjustments are required in order to meet desired outcomes.

Areas on which to focus to build greater Aboriginal community and consumer engagement over the short term include:

- *Communication*: increase communication on the ACCE Strategy to all CHSALHN staff and externally to all stakeholders around key activities.
- *Connection*: despite there are some opportunities available for Aboriginal community members and CHSALHN staff to meet in their regions, such engagement seems to be limited, particularly through events specifically linked to the ACCE Strategy.

### **Individuals – community and consumers feel supported to engage**

The analysis indicates that the ACCE Strategy has had **limited** influence against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is not on track and requires major adjustments to meet anticipated outcomes.

Identified focus areas to improve this result over the short term include:

- *Involvement*: there are limited opportunities to actively include Aboriginal community perspectives in program development and delivery across all CHSALHN regions.
- *Confidence*: there have been some concerns expressed around the level of Aboriginal community and consumer confidence in CHSA across regions.
- *Youth and Elders engagement*: the unique attributes and health and wellbeing needs of Aboriginal youth and Elders do not appear to be well understood. The level of engagement with these stakeholders seems to be limited across CHSLHN service regions.

### **Community and consumers participate in Experts by Experience register**

The ACCE Strategy has influenced **some** change against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is being made however minor adjustments are required to meet targeted outcomes.

Focus areas to improve this outcome over the short term include the following:

- *Communication*: the benefits of the Experts by Experience register as a model of engagement needs to be fully understood and communicated (internally to staff and externally to stakeholders).
- *Scale*: the number of actively engaged qualified experts on the register is limited.
- *Form utility*: the Experts by Experience membership form requires updating to include specific details on the role and purpose of Experts by Experience members.
- *Induction training*: the content and delivery of Induction training of Experts by Experience onto the register requires review.
- *Process clarity*: internal CHSALHN organisational process on how, where and when Experts by Experience members can be utilised across the service regions requires review.

Review analysis and findings against short term outcomes

- *Data management:* a more efficient and appropriate data management system is required to manage the Experts by Experience register, which is currently in the format of a Microsoft Excel spreadsheet.

### **Staff take part in training and professional development about Aboriginal community and consumer engagement**

The ACCE Strategy has delivered **some** change against this outcome measure since it has been in operation. This assessment indicates progress is being made however minor adjustments are required to meet targeted outcomes.

Focus areas for improving performance include:

- *Duplication:* there are items of activity across the CHSALHN Stretch RAP 2018-2020 and the ACCE Strategy which look to be duplicated.
- *Cultural learning:* effective cultural learning for staff will aid the CHSALHN in engaging appropriately with Aboriginal staff and Aboriginal people more generally in regional South Australia.
- *Aboriginal staff numbers:* increasing Aboriginal staff within CHSALHN has been identified as a key component for successfully driving a number of other activities within the ACCE Strategy.
- *Training content and delivery:* the current content and delivery of CHSALHN staff training on health consumer engagement and advocacy would benefit from a review.

### **Staff are aware of benefits of community and consumer engagement**

The ACCE Strategy has thus far delivered **limited** change against this outcome measure since it was commenced in 2015. This assessment indicates progress is not on track and requires major adjustments to meet anticipated outcomes.

Focus areas to improve this outcome over the short term include the following:

- *Training:* there seems to be limited staff awareness and their subsequent limited direct involvement with Aboriginal community health activities.
- *NSQHSS:* ensuring state-wide application of the 2<sup>nd</sup> edition of the National Safety and Quality Health Service Standards (NSQHSS) has been released since the ACCE Strategy was launched, which includes specific actions in the NSQHSS focused on addressing the needs of Aboriginal and Torres Strait Islander people. The NSQHSS is a core framework of the ACCE Strategy.
- *AHIS training:* there is very strong staff awareness of the existence of the Aboriginal Health Impact Statement, however limited awareness around the process of when and how to use it remains.
- *Governance:* currently no formal governance structure exists to effectively implement, monitor and report across all CHSALHN regions on the ACCE Strategy activities.
- *Consistency:* current ACCE Strategy reporting frameworks are inconsistent across regions, with some regions currently reporting on implementation progress and some are not yet doing so.


### **Health services form partnership/s with communities and consumers that make change and innovate**

The ACCE Strategy has so far produced **limited** change against this outcome measure in the three years since it was released in 2015. This assessment indicates progress is not on track and requires major adjustments to meet anticipated outcomes.

Focus areas to improve short term ACCE Strategy outcomes include:

- *Co-ordination and collaboration:* sector wide coordination, partnerships and knowledge sharing of best practice in Aboriginal health with key Aboriginal stakeholders is currently limited.



- 
- *Best practice and consistency:* views around best practice models to effectively elevate and embed Aboriginal community voice within CHSALHN governance, service and program deliver is inconsistent across regions.

## 4 Emerging areas for future focus to achieve ACCE Strategy medium and long-term outcomes

The third and final Post Implementation Review question for the ACCE Strategy seeks to understand, ***what are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?***

While the primary focus of this review was to understand post implementation progress of the ACCE Strategy against the desired short term outcomes, some consideration was made to achieving the desired medium term (8years) and long term (up to 10+ years) outcomes.

As mentioned in the previous chapter, it is understood that effectively meeting short term outcomes will create an environment to deliver the medium-long term outcomes, outlined below.

### Desired Medium and Long Term Outcomes of the ACCE Strategy

The **‘Medium Term to 8 years’** Outcomes identified in the review logic model include:

- Improved Aboriginal consumer experience
- Increase in regional SA Aboriginal participation in health service delivery, design and decision-making
- Aboriginal workforce experience
- High quality culturally competent and efficient health staff and services for regional SA Aboriginal people
- Reduced institutional racism
- Increased health system use by regional SA Aboriginal people

The **‘Long Term up to 10+ years’** Outcomes identified in the review logic model include:

- Integrated approach to ensure workforce is culturally fit for purpose
- Improved health outcomes for regional SA Aboriginal people
- Ensure data sovereignty and integrity
- Increased consumer health literacy

While acknowledging there are no real quick fix solutions to achieving health and social equality change in Aboriginal communities or cultural change within organisations without ongoing concerted efforts over a period of time.

Building on the key priority areas identified around the short term outcomes in the previous chapter, broad suggestions in relation to the key and emerging areas of future focus are framed around the ACCE Strategy’s four pillars are outlined below:

### 4.1 Individuals

**Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all CHSALHN regions**

**Aboriginal Community Controlled Health Organisation Partnerships:** As mentioned in the previous chapter, CHSALHN could focus on building better partnerships with Aboriginal Community Controlled Health Organisations (ACCHO’s) to effectively engage with Aboriginal people and communities. While mainstream health systems remain critically important in delivering health care to Aboriginal people, ACCHO’s often have existing and deep relationships with Aboriginal people and communities.

**Experts by Experience members:** There could be a greater focus on understanding and realising the potential of the EbyE membership register as a model of Aboriginal community engagement. The calibre of experience of EbyE members is unknown under this review, however expert Aboriginal knowledge in health and Aboriginal community relationships are extensive and highly valuable in CHSALHN efforts to effectively engage with Aboriginal communities. This should not be underestimated.

In such efforts, practical steps to strengthen the EbyE register, building the capacity to enable EbyE members to engage in CHSALHN business as experts and utilise their knowledge and community connections as an EbyE members need to be a priority.

**Aboriginal community voice:** As discussed in the previous chapter, embedding and elevating Aboriginal community voice into CHSALHN and across its service regions will require ongoing focus and consideration.

## 4.2 Directorates programs and services

**Goal 2: Embed a philosophy and create practices in CHSALHN that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement**

**Principled human rights based framework:** If the foundational principles of the Declaration are continuously communicated and applied in all CHSALHN Aboriginal community and consumer activities, it will create a platform to enable practices that value and support genuine and meaningful engagement. As outlined in the previous chapter, these principles include: Self-determination; Participation in decision-making, and Free, Prior and Informed Consent; Respect for and protection of culture, and Equality and non-discrimination<sup>76</sup>

**Reconciliation journey – cultural awareness:** There could be a greater focus on embedding organisational understanding that the CHSALHN reconciliation journey is a continuous learning and organisational change activity. It is recommended that CHSALHN continue to actively and continuously build the cultural competency of staff to ensure the workplace environment is safe for Aboriginal staff and culturally appropriate service delivery and care to Aboriginal people. As discussed in the previous chapter, allowing all CHSALHN staff access to participate in cultural workshops and immersion activities aligns to best practice and is supported.

## 4.3 Network

**Goal 3: CHSALHN to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS)**

The evidence is clear that systematic reform in the area of Aboriginal health will affect limited social, health and wellbeing change unless Aboriginal informed frameworks are used and embedded into organisational structures of doing business. Effectively aligning system reform to appropriately address the needs of Aboriginal people of South Australia is complex and will take time.

**Health sector standards:** Continuous alignment with health standards and practices should be a key area of future focus. Assessment of health service organisations against the 2<sup>nd</sup> edition of the NSQHS Standards, which include specific actions addressing the needs of Aboriginal and Torres Strait Islander people, will commence from 1 January 2019. It is understood health service organisations will be informed of the transition arrangements well in advance of implementation.

**Regional diversity:** Continuous strategic effort is required from CHSALHN staff to ensure Aboriginal peoples and communities are respectfully engaged locally in their regions. Given the significant historical and cultural diversity of Aboriginal people in South Australia, what works in one community, may not work in another.

---

<sup>76</sup> Australian Human Rights Commission, *United Nations Declaration on the Rights of Indigenous Peoples*, website. At: <https://declaration.humanrights.gov.au/know-it> (accessed 5 July 2018).

## 4.4 Systems

### **Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services**

**Reconciliation journey – increasing Aboriginal employment, retention and development:** In aiming to meet their RAP commitment to meet a 4% Aboriginal employment target by 2020, CHSA have committed to developing an Aboriginal workforce priorities plan. This plan should also consider retention and development of Aboriginal staff and should be an ongoing focus.

**Addressing institutional racism and adverse Aboriginal health impacts:** A crucial aspect to the enjoyment of the right to the highest attainable standard of health are the principles of non-discrimination and equality. Therefore, health organisations have an obligation to provide access to and deliver public health services, ensuring that their practices are non-discriminatory and equal to all.

Actively and continuously addressing institutional racism is a key area for future focus, such activities may include reviewing all policies, practices and procedures to ensure they have no negative impacts for Aboriginal and Torres Strait Islander peoples.<sup>77</sup> While the Aboriginal Health Impact Statement goes some way in this regard, it could be strengthened to ensure organisational wide audits are conducted to fully understand the effectiveness of this process.

**Next stage of review and evaluation:** A key area of future focus should be to ensure that the next stage of review and evaluation on implementation effectiveness of the ACCE Strategy, and ensure Aboriginal people and their communities and key external Aboriginal health stakeholders are actively engaged and given appropriate time to participate in the process. This will ensure a satisfactory level of participation from these key stakeholders directly related to the ACCE Strategy activities.

---

<sup>77</sup> See, Adrian and Henrietta Marrie, *A matrix for identifying, measuring and monitoring institutional racism with public hospitals and health services*, (2014).





# *Appendices*

Appendix A - Summary of review data and findings	48
Appendix B - Project Plan	61
Appendix C - Current State Report	71
Appendix D - Focus Group Guide	87

# Appendix A - Summary of review data and findings

This Appendix provides an overview of the ACCE Strategy Post Implementation Review approaches, the quantitative and qualitative information received and a review of the data findings.

As outlined in the body of the document, the research methods used to collect information for the review included:

- *Research method one:* Document and information review to assess the current state of the ACCE Strategy
- *Research method two:* Designed surveys for each ACCE Strategy stakeholder cohort
- *Research method three:* Focus group sessions held in regional locations within South Australia with ACCE Strategy stakeholders

These quantitative and qualitative approaches to collecting information both tested and validated the key findings as the review progressed. This approach built and strengthened the evidence to inform the findings and recommendations in this final report.

This chapter summarises the findings of the current state report and outlines the data sourced through surveys and focus groups relevant to the four ACCE Strategy pillars. The full analysis and findings can be found in the Current State Report at **Appendix C**.

## Individual Community and Consumer Engagement

**Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all CHSALHN regions**

**Strategy 1.1: Establish an Aboriginal Health Experts by Experience Register (the Register) that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs.**

**Strategy 1.2 Create local opportunities and pathways for Aboriginal communities, carers, patients and consumers to be orientated on CHSALHN business.**

**Strategy 1.3 Target the engagement of Youth & Elders**  
**Priority 1: Youth Engagement Strategy**  
**Priority 2: Aboriginal Elders Engagement Strategy**

## Preliminary findings of Current State Report (document review)

The following provides preliminary findings of the current state analysis under the first pillar of the ACCE Strategy:

### **Staff training and resourcing**

CHSALHN staff currently deliver expert member induction training on top of their existing workload. If expert member inductions are to be delivered in the regions in the future, further consideration should be given to the possibility of regional staff being trained to deliver the induction package.

### **Experts by experience**

It appears the approach to communication and developing individual development plans for experts is to be further considered.

### **The Experts by experience register**

The Register is currently being managed in an Excel spreadsheet. An appropriate data management system needs to be considered to manage participation, induction, confidentiality and human error.

### **Youth and Elders**

It appears marketing and communication to youth and elders across all CHSALHN Regions is to be further considered.

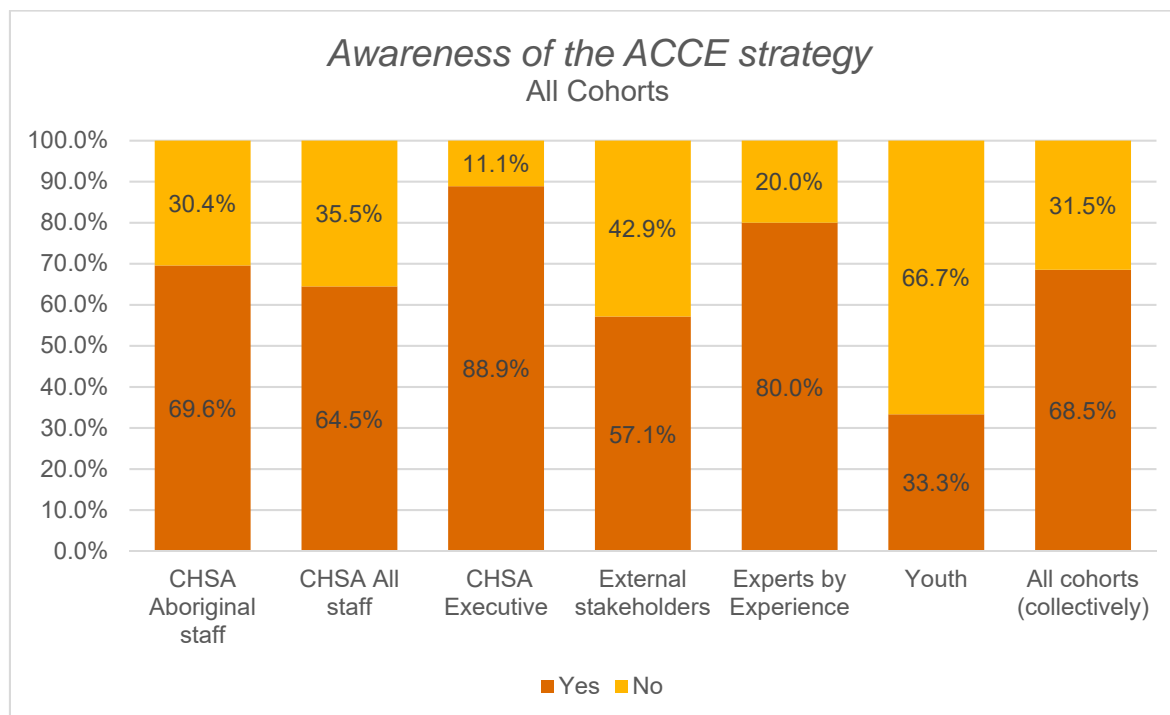
## Notable survey responses and findings

The following provides a summary of survey responses received and key findings under the first pillar of the ACCE Strategy:

It is important to note that, while the EbyE register is a key focus area within the ACCE Strategy, a number of EbyE respondents (88.9%) indicated that it may be too early to tell if the ACCE Strategy is effective.

Awareness of the ACCE Strategy varied between the six cohorts of respondents as represented in the below graph.

**Graph 1: Awareness of the ACCE Strategy**



Despite stakeholder awareness of the ACCE Strategy, survey respondents indicated that CHSALHN communication to stakeholders is relatively limited through CHSA management (25.9%) and the Aboriginal Health Directorate (23.5%) only.

## Effective communication and engagement with EbyE members

Survey responses indicate that greater communication and utilisation of interests and expertise with EbyE members is required.

- EbyE respondents (26.3% (5 out of 20)) do not know who to contact within CHSA or AHD for assistance.
- CHSA Aboriginal Staff and CHSA Executives respondents (50% (6 out of 12)) indicated that they do not engage with the EbyE members at all, where as 41.7% (5 out of 12) of respondents only engaged through the Aboriginal Health Directorate.
- EbyE respondents (73.7% (14 out of 20)) have not been engaged for insights into the health services operating in their community/region.
- Aboriginal staff respondents (31.6% (6 out of 19)), Executive staff respondents (33.4% (3 out of 9)) and External stakeholder respondents 57.1% (4 out of 7)) have no knowledge of the EbyE register.

## EbyE Orientation and Induction training

Survey responses from EbyE respondents in relation to orientation and induction training indicated that they:

- felt that the training they had received as part of the orientation and induction process gave them the skills required to be an active EbyE member (63.6% (7 out of 11)).
- would like to receive training in the future to help be a better EbyE member (90% (18 out of 20)).
- are registered and have completed orientation and induction training (52.4% (11 out of 21)).
- have not attended the orientation and induction training as they have not been invited or were unable to attend (90% (9 out of 10)).

- indicated that they preferred to have their training in their local region/community (72.7% (8 out of 11)).

### Building stakeholder relationships and partnerships

In relation to stakeholder relationships and partnerships, survey respondents indicated that:

- Collectively, 52.4% (54 Of 103) of all cohort respondents indicated that they weren't aware of any partnerships between CHSA and Community Controlled Health services.
- EbyE and youth respondents (44.4% (8 out of 18)) indicated that they believe that CHSA and Aboriginal Health Directorate are doing a good enough job with how they work with people in their region and community.

### Most popular methods of stakeholder engagement

The best forms of engagement were identified by survey respondents as:

- CHSA Aboriginal staff, CHSA Executives and External stakeholder respondents indicated that the most used channel that CHSA engage with the Aboriginal community within their regions and communities are through events (15.4%).
- EbyE and Youth respondents indicated that engagement and contact from CHSA could be better executed through more events (25.9%), increased social media (20.4%) and more community forums (20.4%).
- CHSA Aboriginal Staff and CHSA Executives and External stakeholder respondents felt that CHSA could further engage the community through more events (18%), community workshops (15%), roadshows and workshops (15%), targeted engagement (15%), EbyE (13%) and social media (10%).

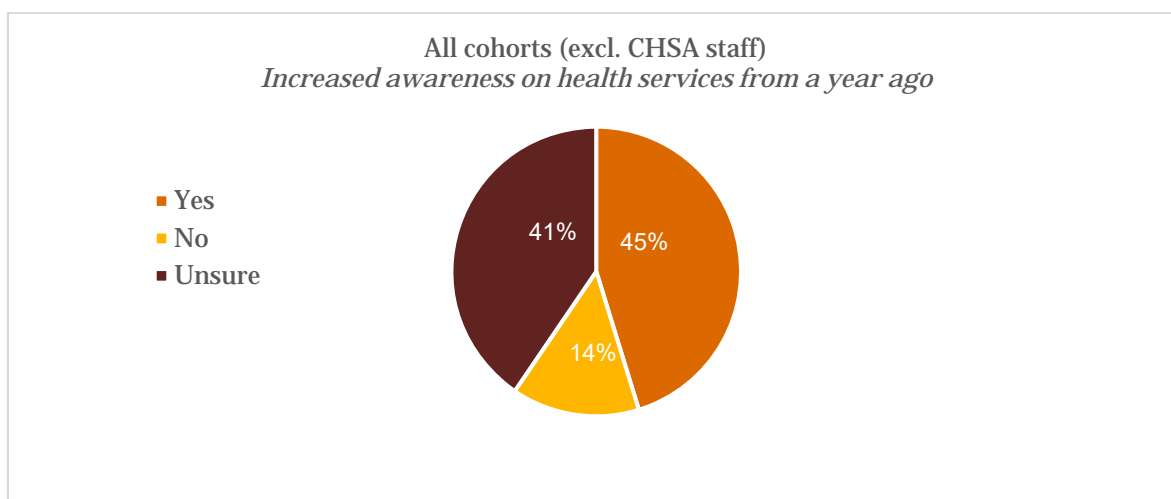
### Health services and advice

Survey respondents provided information on their engagement satisfaction when receiving health services and advice:

- EbyE respondents (61.1% (11 out of 18)) believe being an EbyE helped them have a say on health services within their community.
- EbyE respondents (21.1% (4 out of 21)) have seen an improvement in the delivery of health services in their regions.
- Aboriginal staff respondents 77.8% (7 out of 9)), Executive respondents (100% (6 out of 6)) and External stakeholder respondents (66.7% (2 out of 3)) agree that EbyE members can give advice on a range of health issues.

A key finding of the survey indicated that all cohorts (excluding CHSA staff) indicated that they believe the community know more about health services being delivered compared to a year ago.

### Graph 2: Increased awareness on health services from a year ago





### **Engagement with Aboriginal Elders**

Survey respondents provided information and advice in relation to engaging with Aboriginal Elders:

- CHSA Aboriginal Staff (58.3% (7 out of 12)), CHSA Executives (55.6% (5 out of 9)) and External stakeholder respondents (75% (3 out of 4)) indicated that there should be a different method of connecting with Elders compared to other groups.
- EbyE, CHSA Aboriginal Staff, CHSA Executives and External Stakeholder respondents indicated that CHSA can better connect with Elders through events (26.5%) one on one invitations (16.8%), one on one consultations (15.9%) and newsletters (15%). It was also expressed that that the least effective channel to connect with elders was through email (6.2%).
- EbyE, CHSA Aboriginal Staff, CHSA Executives and External Stakeholder respondents believe the most important issues currently effecting elders are:
  - aged care services (17.6%),
  - independent living (17%),
  - home care (17%),
  - medical/health literacy (14.8%),
  - Social services (12.1%),
  - NDIS (10.4%), and
  - packages (9.3%).

### **Engagement with Aboriginal youth**

Survey respondents provided information and advice in relation to engaging with Aboriginal Elders:

- EbyE and Youth respondents (77.8% (14 out of 18)) indicated that young people aged between 15- 25 don't know of or have limited knowledge of the health services offered to them.
- CHSA Aboriginal staff, CHSA executives and External stakeholders have indicated that Youth are generally disengaged within their communities/regions in regards to accessing health services. 45% (9 out of 20) of respondents indicated youth are partially engaged, 20% (4 out of 20) indicated not engaged and 15% (3 out of 20) were unsure.
- All cohorts (excluding CHSA staff) were asked what can be done better to connect with youth. Respondents collectively indicated that the most popular methods to connect with youth was through social media (27.5%), events (26.1%), forums (21.1%) and newsletters (14.8%). Further to this, survey respondents indicated that the least popular methods to connect with youth was through email (10.8%) which could explain the relatively low rate of online youth survey respondents.
- youth respondents (100% (3 out of 3)) indicted they wanted to help CHSA plan and deliver Aboriginal health service programs in the future.

### ***Key findings from Stakeholder focus groups***

The following provides a summary of the key themes and findings from the focus group sessions under the first pillar of the ACCE Strategy:

#### **Experts by experience register**

Participants from all locations were generally familiar with the EbyE Register. It was consistently considered that the register and engagement of EbyE individuals was an exciting exercise, principle and mechanism to engage with Aboriginal consumers, patients and carers.

However despite this, common themes across all locations highlighted the following issues and concerns:

#### **Meaningful engagement and communication with Experts by Experience**

Across all locations it was consistently considered, particularly by EbyE members, that there was limited meaningful engagement from CHSA with Aboriginal communities and consumers outside of the health service.

## Appendix A - Summary of review data and findings

A number of internal CHSA and external concerns were expressed in relation to current engagement and communication with EbyE members, including:

- Examples of EbyE members never being utilised
- Examples of CHSA staff not utilising EbyE members
- Limitations around clarity and understanding on how to access the register
- Individuals are unaware who is on the list within their regions
- Limited examples of information sharing between AHD and CHSA
- Limited transparency on the management of the register by AHD
- Uncertainty around the process in utilising the register
- Limited effective communication to the EbyE members from AHD

EbyE members regularly indicated that they feel they should be able to engage with their regions directly by holding local workshops with other EbyE members in their region and regular meetings with regional managers.

PIC observed that there were multiple EbyE members across all locations signing up for the register on the day of the focus group. This was considered unusual as individuals had been invited to attend the focus groups in their capacity as a specific stakeholder group cohort.

### **Meaningful engagement and communication with External Aboriginal health stakeholders, Aboriginal Youth and Elders**

External stakeholders who attended the focus group sessions across all locations indicated that they had limited or rare occasional previous engagement with CHSA and that they had limited engagement from CHSA on any matters relating to the Aboriginal community, consumers and patients in their regions.

Across all locations participants were concerned that Aboriginal Elders and youth are not effectively being engaged by CHSA and AHD. Many EbyE members, Aboriginal Youth and External stakeholders felt that they are rarely contacted by CHSA and that the method of communication needs to be addressed. It was discussed consistently across locations that the use of social media should be considered in CHSA engagement.

Focus group participants expressed their concerns that Elders are only being engaged for the purpose of the hospital, health service and CHSA agendas rather than being engaged for their personal benefits and wellbeing.

Elders within some focus groups highlighted that the few instances where they have been able to voice their concerns they have been unable to see resolutions or changes to these issues be implemented by CHSA.

## ***Directorates, Programs and Services***

**Goal 2: Embed a philosophy and create practices in CHSALHN that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement**  
**Strategy 2.1 Promote and encourage genuine and meaningful engagement in primary and acute health settings**

**Strategy 2.2 Implement the Cultural Respect & Awareness training programs across CHSALHN**

**Strategy 2.3**  
**Implement the CHSALHN Reconciliation Action Plan**

**Strategy 2.4 Implement a community engagement and customer satisfaction staff training program to improve the level of service**

**Strategy 2.5 Schedule quarterly meetings between regional directorates and key Aboriginal Health stakeholders**

### ***Preliminary findings of Current State Report (document review)***

The following provides preliminary findings of the current state analysis under the second pillar of the ACCE Strategy:  
Final Report

### ***Identification and elevation of existing engagement programs***

It appears that identification of existing programs and the gaps in consumer and engagement with Aboriginal people requires further consideration, including the best way to support these programs under the ACCE Strategy.

### ***ACCE Strategy reporting***

Current reporting frameworks are ad-hoc with limited governance structures and management.

### ***CHSALHN Reconciliation Action Plan (RAP)***

It appears that the CCLDP is a core component of both the ACCE Strategy and the CHSALHN Innovate RAP 2016 – 2017, indicating potential duplication.

The overall timeframe of the CHSALHN Innovate RAP 2016 – 2017 has now lapsed and is under a process of review and refresh to develop a new Stretch RAP.

### ***Staff engagement training***

Limited information was provided in relation to existing CHSALHN staff training on engagement. It appears further consideration is required on how to increase Aboriginal participation or develop a separate Aboriginal engagement training session.

### ***Meetings with Aboriginal stakeholders***

It appears that AHD already have strong relationships and engagement with key Aboriginal stakeholders however building relationships with Aboriginal health stakeholders across regions remains a challenge for CHSALHN.

## ***Notable survey responses and findings***

The following provides a summary of survey responses received and key findings under the second pillar of the ACCE Strategy:

### **Active involvement from staff, community and consumer stakeholders in programs**

It appears limited opportunities have been provided by CHSA or AHD for stakeholders to develop or run programs related to the ACCE Strategy. Survey respondents provided the following information and advice in this area:

With regards to level of awareness of community events and programs survey respondents indicated:

- EbyE member and youth respondents (61.1% (11 of 18)) and (87.9% (51 of 58)) of CHSA staff respondents indicated that they are aware of the Aboriginal Health programs that are run in their community and region.

With regards to involvement in developing programs:

CHSA Aboriginal staff (69.2% (9 of 13)), CHSA executive (55.6% (5 of 9)) CHSA and External stakeholder (100% (5 of 5)) survey respondents indicated that they **have not** been contacted by the Aboriginal Health Directorate or other CHSA offices about getting input from local Aboriginal people when **developing programs**.

With regards to involvement in running programs:

CHSA Aboriginal staff (76.9% (10 of 13)), CHSA executive (50% (5 of 10)) and External stakeholders (100% (5 of 5)) survey respondents indicated they have not been contacted by the Aboriginal Health Directorate or other CHSA offices about getting input from local Aboriginal people when **running programs**.

EbyE respondents (93.3% (14 of 15)) agreed that the community should continue to be involved in assisting CHSA develop new programs.

### **Embedding cultural competency learning and development**

The ACCE Strategy aims to implement the Cultural Competency Learning and Development Program within CHSA. A range of views were provided by CHSA cohort respondents (CHSA Staff, CHSA Aboriginal Staff and CHSA Executive) which indicated that:

- they knew of the CHSA Cultural Competency Learning and Development Program (69.9% (51 of 73)).
- they found the Cultural Competency and Development program useful (52.6% (30 of 57)).
- they have completed the mandatory Phase 1 online training (62.9% (44 of 70)).
- they believed the online training assisted in their thinking of cultural considerations at work (63.6% (28 out of 44)).
- they believe the online training made a difference in their workplace (36.4% (16 of 44)). Although it was noted that 38.6% believed it was too early to tell at this point.

- they believe that having an understanding of Aboriginal cultural issues helps them at work (85.5% (59 of 69)).

### **Current awareness of cultural issues within CHSA**

Further to the above, and an important survey finding, the current indication of cultural awareness and understanding within CHSA was that:

- CHSA staff and CHSA executive respondents (35.6% (21 of 59)) believe that CHSA understands Aboriginal cultural issues relating to the workplace.
- No CHSA Aboriginal staff (0% (0 of 10)) of believe CHSA understand Aboriginal cultural issues relating to the workplace.

### **Reconciliation Action Plan**

Survey respondents provided the following information in relation to the CHSALHN RAP:

- CHSA cohort respondents (71% (49 of 69)) know about the Reconciliation Action Plan.
- CHSA cohort respondents (64.6% (31 of 48)) have seen CHSA implement Reconciliation Action Plan activities.
- CHSA Aboriginal staff respondents (50% (3 of 6)) indicated they were involved in the development of the Reconciliation Action Plan.
- CHSA Aboriginal staff respondents (33.3% (2 of 6)) have been asked to assist in delivering Reconciliation Action Plan initiatives.

### **Staff engagement and customer satisfaction training**

CHSA cohort survey respondents (43.4% (33 Of 76)) indicated to have done training around Aboriginal engagement and/or customer satisfaction, 13.2% had not and 43.4% were unsure.

### **Understanding Aboriginal community perspectives in health care service provision**

CHSA staff survey respondents indicated that:

- they have heard directly from Aboriginal community, consumers and/or carers in their experience of health care service provisions in their region or community(60% (39 of 65)).
- there have been changes in procedure due to feedback from the Aboriginal community, consumers and carers (40.3% (25 of 62)).

### **Engagement with Aboriginal health stakeholders**

Survey respondents provided the following information in relation to external stakeholder engagement:

- CHSA executive respondents (14.3% (1 of 7)) indicated that the Aboriginal Health Directorate had engaged with their regional Health Advisory Councils
- CHSA executive respondents (25% (2 of 8)) indicated that they regularly meet with key Aboriginal Health stakeholders in their regions and communities.
- External stakeholder respondents (0% (0 of 7)) indicated that they have no contact with CHSA regional directorates in their region or community.
- CHSA executive respondents (57.1% (4 of 7)) indicated they meet regularly with the Aboriginal Health Directorate.

### ***Key findings from Stakeholder focus groups***

The following provides a summary of the key themes and findings from the focus group sessions under the second pillar of the ACCE Strategy:



### **Identification and elevation of existing community engagement programs**

In a general sense it was noted from EbyE members and External Aboriginal stakeholders that few events were driven from CHSA's own initiatives.

Some locations confirmed that there were CHSALHN lunch events being held. However, EbyE member participants indicated that the events that they were attending in their communities were not usually CHSALHN specific initiatives i.e. Reconciliation week, NAIDOC week etc.

Across a number of locations, EbyE members who attended the focus group sessions felt that they had not been utilised as part of the process in developing or helping with events or engagement activities.

### **Cultural Capability Learning and Development Program**

Comments were consistently made by participants across all locations and cohorts that a stand-alone online cultural training module is not good enough to effect cultural change. Concerns were raised that online training does not provide an appropriate platform and foundation for real life engagement and interaction with Aboriginal people in South Australia. The predominant view by participants was that the way the training is presented currently online does not have a lasting impact, the training needs to also incorporate history and understanding of Aboriginal people in South Australia to ensure relevance.

Participants suggested there should be a continued and ongoing effort to train CHSA staff with cultural issues affecting Aboriginal people in South Australia. Face to face training was deemed to be more beneficial than any type of online training.

The concept and activity of 'first impressions' where Aboriginal community members are invited to tour the facilities of CHSA was suggested as a positive engagement method in some focus groups.

### **Reconciliation Action plan**

From discussions held with participants of all cohorts across all locations, it was identified that there was an awareness of the RAP but few had read it in great detail and understood the actions outside of some senior staff within CHSA.

At the time of focus group sessions, the 2018-2020 RAP had just been officially launched. No members from any of the locations or cohorts had read the new RAP in great detail.

## ***Network: Aboriginal Community and Consumer Engagement***

**Goal 3: CHSALHN to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS)**

**Strategy 3.1 Establish a discrete council of Aboriginal leaders to provide advice to the CEO on hospital and local health service delivery across CHSALHN**

**Strategy 3.2 Introduce regional CHSALHN Aboriginal Community, Consumers and Carers Sounding Board to explore and keep abreast of community concerns**

**Strategy 3.3 Establish a CHSALHN Aboriginal Health Services & Strategy Group, representatives from all Directorates & Regions to assist in the advancement of Aboriginal health priorities in CHSALHN**

**Strategy 3.4 Increase Aboriginal consumer participation on all CHSALHN committees**

### ***Preliminary findings of Current State Report (document review)***

The following provides preliminary findings of the current state analysis under the third pillar of the ACCE Strategy:

#### ***Elevating Aboriginal community voice***

It appears that further consideration is needed to establish a model that genuinely allows Aboriginal community voices to be heard. In the current structure, Aboriginal members on the CHSALHN Governing Council do have direct access to the CEO and the Experts by Experience members provide regional advice.

#### ***Training on health consumer advocacy***

It appears that orientation and induction training on health consumer advocacy has been identified however it is unclear whether this training will fully enable CHSALHN committees to engage the communities effectively.

### ***Regional strategies for engagement***

It appears the purpose, role and description of sounding boards and monitoring and reporting on progress with the regions requires further consideration. It also appears there could be more opportunity for the Aboriginal Health Directorate Events Committee to assist with planning and coordination of events that develop regional strategies for engagement.

### ***Governance of ACCE Strategy***

It appears that establishing a CHSALHN Aboriginal Health Services and Strategy Group (AHSSG) is a core governance structure of the ACCE Strategy, to facilitate implementation and reporting on progress of actions.

As CHSALHN is accountable to the South Australian Government for performance management and planning, it could be assumed that, once established, the roles responsibilities and reporting of the AHSSG would contribute to the 'whole-of-strategy and organizational purpose', taking in consideration of:

- new adjustments to the governance structures of CHSALHN itself (arising from the revisit review of country HACs governance arrangement and the recent accord brining clarity on roles, responsibilities and communication between CHSALHN Governing Council, PMP and HACs)
- the Governance structure of the Consumer and Community Engagement Governance Model – consumer and community advisory groups
- the governance of the CHSALHN RAP Advisory Group
- the governance of the overarching CHSALHN Community and Consumer Engagement Steering Group
- the opportunity for refresh following the recent State election

### ***ACCE Strategy standards***

Since the ACCE Strategy was established, a second edition of the National Safety and Quality Health Service Standards was released, a core framework of the ACCE Strategy, which addresses gaps in the first edition, including the specific needs of Aboriginal and Torres Strait Islander people.

It appears significant guidance on future actions and standards for Aboriginal engagement are set out in the Australian Commission on Safety and Quality in Health Care released the *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health*, 2017.

### ***Notable survey responses and findings***

The following provides a summary of survey responses received and key findings under the third pillar of the ACCE Strategy:

#### **Establishment of the Aboriginal Health Services and Strategy Group**

A key governance and implementation group of the ACCE Strategy is the Aboriginal Health Services and Strategy Group however, CHSA Aboriginal staff (83.3%) and CHSA Executives (87.5%) had no knowledge that the group was set up in 2016.

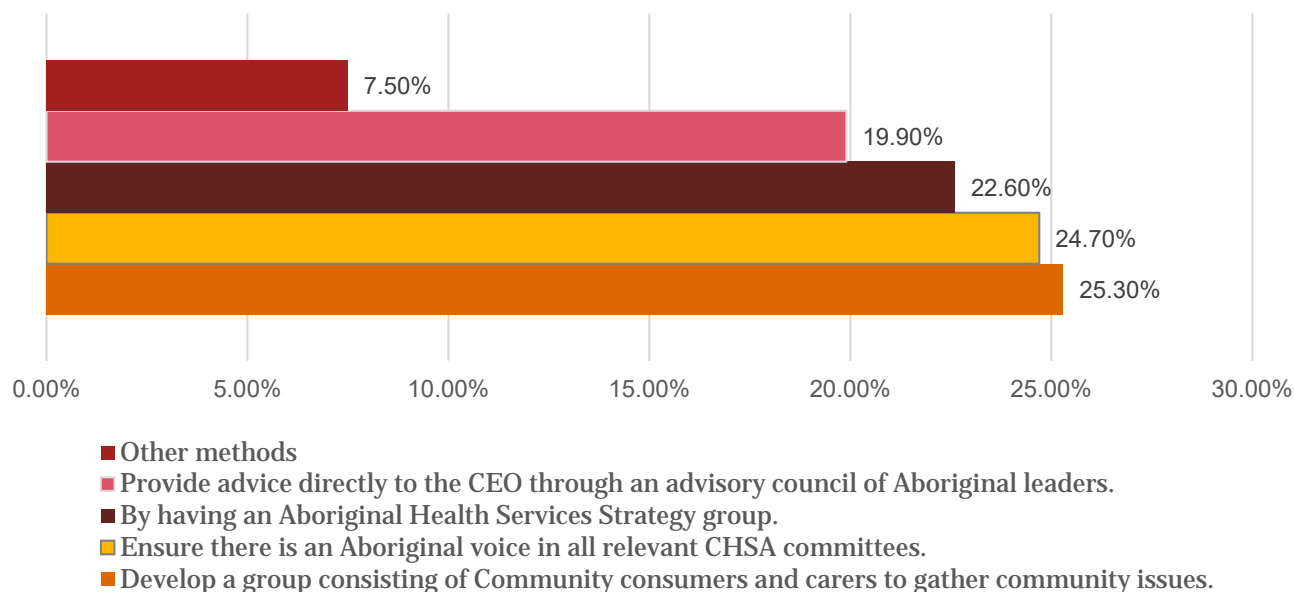
#### **Elevating Aboriginal voice**

Respondents from all six stakeholder cohorts indicated different perspectives on whether the ACCE Strategy provided a platform to voice their thoughts on health services in their communities and regions with majority indicating 'no' or 'unsure'.

From the survey results analysed, respondents (All cohorts excluding External stakeholders) indicated that there was no standout "best" method for the Aboriginal people to provide input into the hospital and local health service delivery across CHSA. Results of the suggested methods were as follows:

### Graph 3: Best method of input from Aboriginal people on health service delivery

*Best method of input from Aboriginal people on health service delivery*  
All cohorts (excl. External stakeholders)



### Key findings from Stakeholder focus groups

The following provides a summary of the key themes and findings from the focus group sessions under the third pillar of the ACCE Strategy:

#### Standards of health service

Participants across all locations expressed concerns that Aboriginal people in South Australia are self-discharging as they do not have enough trust to make a complaint or provide feedback to hospital staff about their experiences of health care. It was discussed that this creates barriers to receiving genuine and relevant perspectives directly from Aboriginal people themselves. This was considered a systematic problem in the health system.

#### Embedding and elevating community voice

Consistently raised in focus group sessions from participants in all cohorts across all the locations that more decisions need to be made at the community level.

Especially considering the new government structure it was continuously raised that there were concerns around the communication and engagement between the board and the Aboriginal community.

With regards to the restructure designed as regional boards, concerns were also raised that these boards will not have the appropriate representation of Aboriginal people. Participants from all locations indicated that there needs to be gender balance on these boards - both an Aboriginal man and woman to appropriately address men's and women's health matters.

## ***System: Aboriginal Community and Consumer Engagement***

**Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services**

**Strategy 4.1 Implement the roll-out of the Aboriginal Health Impact Statement (AHIS) process**

**Strategy 4.2 Develop and implement a culturally respectful consumer/patient/carer-centred approach to care**

### ***Preliminary findings of Current State Report (document review)***

The following provides preliminary findings of the current state analysis under the fourth pillar of the ACCE Strategy:

#### ***Aboriginal Health Impact Statement process***

It appears further information is required to assess what progress has been made on establishing a CHSALHN AHIS triage and assessment process.

#### ***Aboriginal health employment priorities***

It appears the CHSALHN Aboriginal Health Employment Priorities Plan 2017 – 2020 was mentioned in the draft ASSG terms of reference however it was unclear from initial information provided if this plan had been established.

### ***Notable survey responses and findings***

The following provides a summary of survey responses received and key findings under the fourth pillar of the ACCE Strategy:

#### **Embedding an Aboriginal Health Impact Statement process**

The ACCE Strategy aims to ensure the Aboriginal Health Impact Statement (AHIS) triage and assessment process is developed. CHSA cohort respondents (CHSA staff, CHSA Aboriginal Staff and CHSA Executive) indicated that they:

- are aware of the Aboriginal Health Impact Statement (55.7% (34 of 61)).
- are aware of the process of when and how to use the Aboriginal Impact Statement (52.9% (18 of 34)).

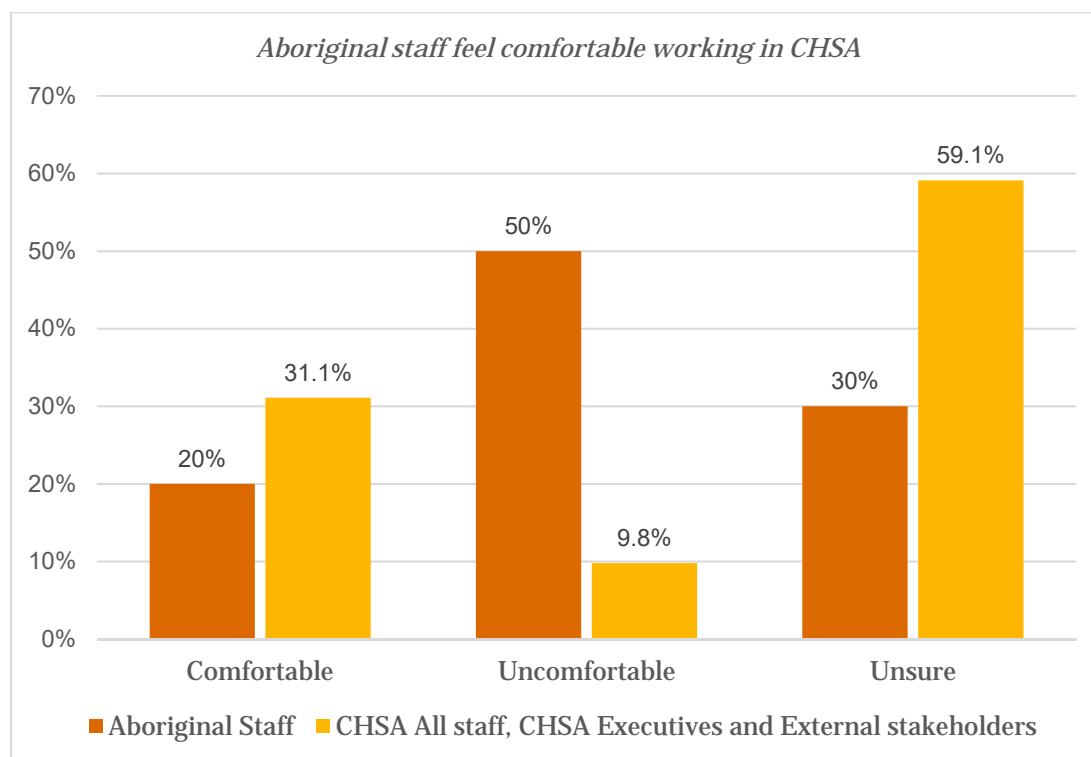
#### **Culturally respectful and safe approach to health care**

Survey respondents provided information and advice in relation to the level of cultural respect and safety in the workplace and in relation to the delivery of health care to Aboriginal community members.

The graph below provides the survey responses indicating whether Aboriginal staff feel comfortable working with CHSA.

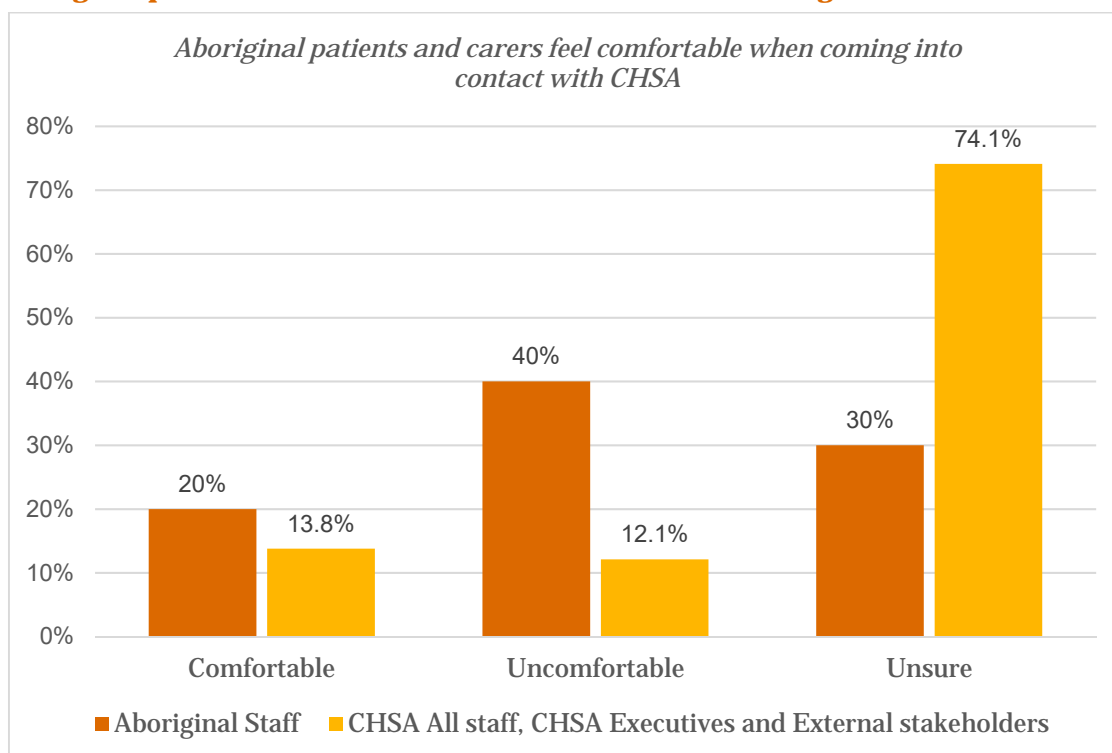


**Graph 4: Aboriginal staff feel comfortable working with CHSA**



The graph below provides the survey responses indicating whether Aboriginal patients and carers feel comfortable when coming into contact with CHSA.

**Graph 5: Aboriginal patients and carers feel comfortable when coming into contact with CHSA**



### Expert Aboriginal consumer involvement in the development of policies and procedures

Survey respondents indicated the level of expert advice sought by CHSA in the operation of health services:

- EbyE respondents (73.7% (14 out of 20)) have not been engaged for insights into the health services operating in their community/region.

- CHSA Aboriginal Staff and CHSA Executives respondents (50% (6 out of 12)) indicated that they do not engage with the EbyE members at all, where as 41.7% (5 out of 12) of respondents only engaged through the Aboriginal Health Directorate.

### *Key findings from Stakeholder focus groups*

The following provides a summary of the key themes and findings from the focus group sessions under the fourth pillar of the ACCE Strategy:

#### **Aboriginal Health Impact Statement**

Across all locations it was evident that most CHSA cohort members (CHSA Staff, CHSA Aboriginal Staff and CHSA Executive) had heard of the Aboriginal Health Impact Statement (AHIS) but lacked understanding of the process around how and when to use it. It was also a common understanding that it was sometimes deemed to be a tick the box exercise and that it could be manipulated to reflect what it was required to show.

CHSA cohort representatives felt that the hospitals and health services do make a conscious effort to acknowledge Aboriginal people, specifically around Art work, Aboriginal flag and Aboriginal pictures.

Across all locations, participants strongly believed that there needed to be an Aboriginal Liaison team within the CHSA hospitals to ensure safe and appropriate interaction with Aboriginal community members. Participants in a number of locations suggested having Aboriginal identifiable shirt for all CHSA staff members who regularly interact with would be beneficial for engagement and providing a culturally safe environment.

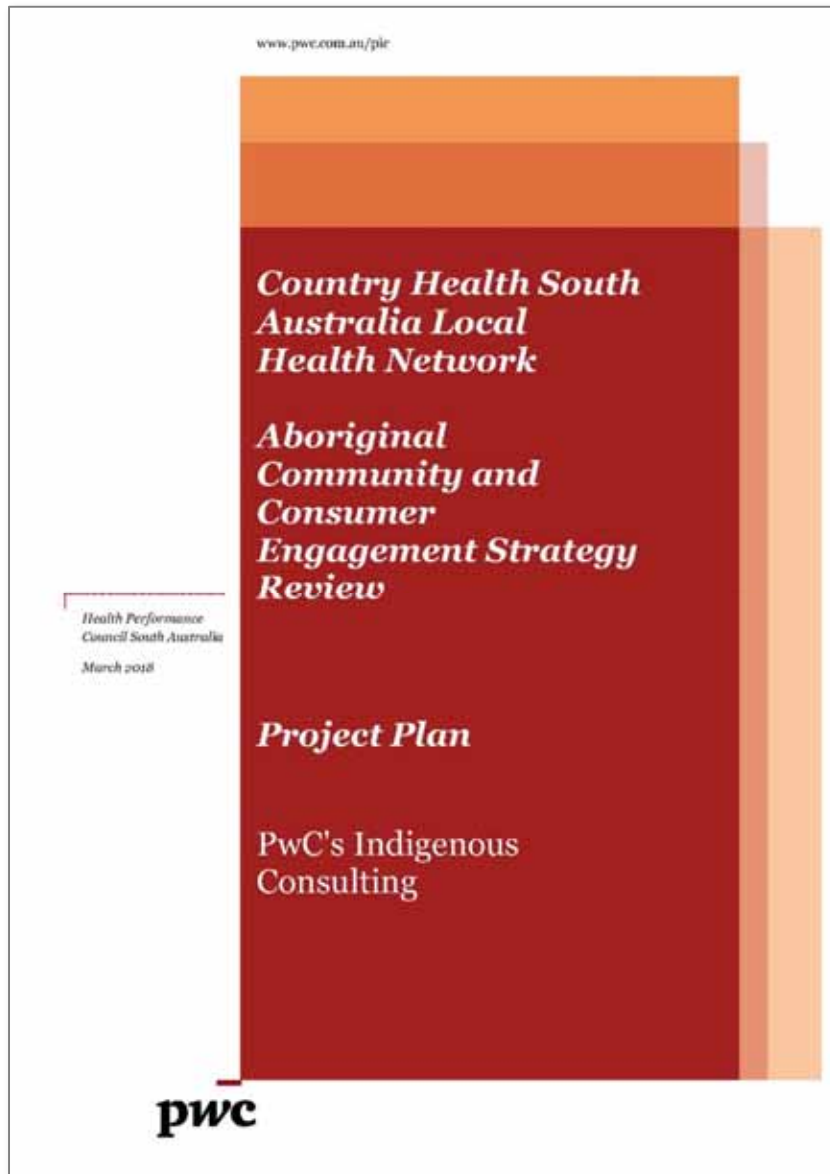
#### **Aboriginal employment**

Increasing Aboriginal employment was seen by focus group participants as an important focus area for CHS with some participants indicating that the current level of Aboriginal staff across CHSA is unacceptable. Some participants also indicated that Aboriginal panel members should be involved in the recruitment processes of CHSA.

Innovative suggestions arose from the focus groups around using the EbyE register as a link to increasing Aboriginal employment.

Focus group participants in a number of locations indicated that seeing an Aboriginal person upon entry into a health service allows for open communication and engagement with Aboriginal community members.

# Appendix B - Project Plan



The table is titled 'Version Control' and is located on the right page of the document. It has a decorative border on the left side consisting of a vertical line of concentric circles. The table has three columns: 'Modified by', 'Date', and 'Version'. The rows describe the development and revision process of the Project Plan.

Modified by	Date	Version
Draft Project Plan developed by PIC and provided to HPC and CHSA	22/01/2018	Vo.1
Re-draft Project Plan developed by PIC Director	22/03/2018	Vo.2
Draft Project Plan review and edit completed by PIC Principal	23/03/2018	Vo.3
Final Project Plan submitted to HPC and CHSA	26/03/2018	V1.0
HPC amendments	28/03/2018	V1.1
Final Project Plan submitted to HPC	28/03/2018	V2.0

Aboriginal Community and Consumer Engagement Strategy Review  
PwC's Indigenous Consulting



# Definitions

Terms, abbreviations and acronyms	Meaning
ACCE	Aboriginal Community and Consumer Engagement Strategy
CHSALHN	Country Health SA Local Health Network
HPC	Health Performance Council (SA)
PwC	PwC's Indigenous Consulting
The Project	ACCE Strategy Review



# Contents

Version Control	i
Definitions	ii
1 Introduction	1
2 Our Approach	6
3 Methodology	12
4 Consultation Strategy	13
5 Project Risk and Management	14



# 1 Introduction

## 1.1 Project Background

The Country Health SA Local Health Network's (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy was submitted in May 2015. The stated aim is to assist CHSALHN implement culturally respectful and meaningful community and consumer engagement strategies and build a platform to increase Aboriginal community participation in health service delivery, design and decision-making. The strategy is part of the overarching CHSALHN Community and Consumer Engagement Strategy and has regard to two key frameworks:

1. the patient, consumer and carer engagement minimum health standards prescribed in the National Safety and Quality Health Service Standards - Standard 1 and 2, and
2. International Association for Public Participation Framework (IAP2).

It is almost three years since the final ACCE strategy was submitted. The Health Performance Council SA (HPC) has prioritised conducting a post-implementation review of the ACCE strategy as one of seven reviews as part of HPC's 4-yearly (2015-2018) report.

The HPC implementation review will advise the Minister and stakeholders of progress to date. The review will be presented as an accurate, timely, transparent, and accessible assessment of short term outcomes of the strategy, and specific to HPC legislative obligations, will advise about the effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes.

## 1.2 Project Scope

HPC has commissioned a review of CHSALHN ACCE Strategy. In January 2016, the HPC awarded PIC the contract to carry out the ACCE strategy review (the project) as specified in our proposal dated 13 December 2017.

HPC has already invested time and resources into developing a post-implementation review approach. We will use the foundations provided by HPC, specifically the program logic model and suggested short term outcomes.

## 1.3 Purpose of the project plan

The purpose of this project plan is to:

- assist with the planning and delivery of consultation and engagement to relevant stakeholders;
- provide the approach that will be used to undertake the project; and
- provide a project schedule and deliverable timelines.

## 1.4 Project governance

To ensure proper governance and monitoring is executed appropriately at all project levels, the following project governance framework will be adopted. PIC will report directly to the HPC whilst working closely with the CHSA Directorate Project Team.

Figure 1: Project Governance Framework



\*\*\* Key contact within project team responsible for communication and delivery of respective project components.

## 1.5 Project Management Meetings

As discussed in the inception meeting PIC will meet monthly with the HPC project team to provide an update on how the project is progressing, any concerns or bottlenecks and initial findings. This meeting will be held via face to face, videoconference or teleconference. PIC will also attend the HPC Board Meeting as requested to provide project updates.

PIC will provide an update to the Project Advisory Group as required. Please see attached schedule with meetings aligned to project deliverables and Advisory Group participation.

## Introduction

The frequency of the project check-ins will be increased if it is necessary to do so.

Meeting Type	Location	Date
<b>Project team monthly check-in</b>	CHSA Directorate office	23 March 2018
<b>Project team monthly check-in</b>	HPC office / video conference / teleconference	27 April 2018
<b>Project Advisory Group</b> (consider initial survey results and document review findings)	HPC office – video conference	18 May 2018
<b>Project team monthly check-in</b> (update from Focus Groups sessions)	HPC office / video conference / teleconference	15 June 2018
<b>Project Advisory Group and community</b> (consider draft reports results and findings)	HPC office – video conference	6 July 2018
<b>Project team monthly check-in</b> (issue Final Report and close off project)	HPC office / video conference / teleconference	27 July 2018

### 1.6 Summary of project milestones

Milestone	Due date
Project inception meeting	11 January 2018
Completion of surveys	16 May 2018
Completion of Focus Groups	12 June 2018
Final Report	27 July 2018

## Introduction

### 1.7 Project Deliverables and Responsibilities

Deliverables	Due date	Responsibility
<b>Project Inception</b>		
Inception meeting	11 January 2018	PIC, CHSA, HPC
CHSA kick off meeting and collection of relevant data and project documents	17 January 2018	PIC, CHSA
Project Plan finalised	26 March 2018	PIC, HPC
<b>Review Framework - Project Development</b>		
Workshop with Dr Mark Wentong and HPC to finalise survey questions aligned to program logic and review frameworks	31 January 2018	PIC, HPC
Submission of finalised surveys, and project engagement protocol to the Ethics committee	15 February 2018	PIC
Identify and confirm stakeholders for survey and/or focus groups	29 March 2018	PIC, CHSA, HPC
Finalised surveys, and project engagement protocol (for Ethics committee)	Hardcopy and Electronic Surveys with amendments 26 March 2018  Testing by PwC Health Team of electronic surveys 23 March 2018  Testing by Project Advisory Group of electronic surveys 13 April 2018  Further amendments following testing if required 16 April 2018  Ethics Approval 21 March 2018	PIC, HPC
Review of existing relevant data (document review) including program logic and review framework	11 April 2018	PIC
<b>Stakeholder surveys</b>		
Undertake surveys with stakeholders (pending approval from ethics committees)	18 April 2018 – 16 May 2018	PIC, CHSA
Consider initial survey results and document review findings and test initial findings with Project Advisory Group	21 May 2018	PIC

Introduction		
Deliverables	Due date	Responsibility
<b>Interviews/focus groups</b>		
Develop Focus Group Guide based on initial findings of surveys and document reviews	28 May 2018	PIC, CHSA
Undertake 7x focus groups and survey by interview sessions (pending approval from ethics committees)	30 May 2018 – 12 June 2018	
Workshop with Dr Wenitong to consolidate and evaluate findings of surveys, document review and focus groups and frame report structure.	22 June 2018	PIC
<b>Reports</b>		
Draft reports to HPC for review including and test findings with Project Advisory Group and community	6 July 2018	PIC, HPC
Receive feedback on reports from HPC	20 July 2018	HPC
Final reports presented to HPC	27 July 2018	PIC, HPC

Aboriginal Community and Consumer Engagement Strategy Review  
PwC's Indigenous Consulting

5





## Our Approach

## 2.2 A five staged approach

### 2.2.1 Stage 1: Project Inception

Deliverables	Due date	Responsibility
<b>Project Inception</b>		
Inception meeting	11 January 2018	PIC, CHSA, HPC
CHSA kick off meeting and collection of relevant data and project documents	17 January 2018	PIC, CHSA
Project Plan finalised	26 March 2018	PIC, HPC

#### Inception meeting

The inception meeting was held on 11 January. In attendance were:

- Lisa Jackson Pulver – Chair, ACCES PAG
- Kerri Reilly – Executive Director, CHSALHN
- Archie Baker – Principal Project Officer, CHSALHN
- Jane Austin – Director, HPC Secretariat
- Andrew Wineberg – Principal Health Analyst, HPC Secretariat
- Jay Edmondson – Senior Manager, PwC Indigenous Consulting

The meeting focused on:

- discussing the context behind the project to ensure PIC gained a complete and accurate understanding of the drivers of the project and potential challenges
- identifying the key milestones of the project
- agreeing on the approach
- gaining initial relevant information and an awareness of data sources
- discussing any key stakeholder issues or sensitivities
- agreeing upon the framework for project governance
- discussing work undertaken by the HPC and CHSA to determine data quality and future potential evaluation activities.

### 2.2.2 Stage 2: Review Framework – Project Development

Deliverables	Due date	Responsibility
<b>Review Framework - Project Development</b>		
Workshop with Dr Mark Wenitong and HPC to finalise survey questions aligned to program logic and review frameworks	31 January 2018	PIC, HPC
Submission of finalised draft surveys, and project engagement protocol to the Ethics committee	15 February 2018 Ethics Approval 21 March 2018	PIC
Identify and confirm stakeholders for survey and/or focus groups	29 March 2018	PIC, CHSA, HPC
Finalised surveys, including testing, and communication process	Hardcopy and Electronic Surveys with amendments	PIC, HPC

## Our Approach

Deliverables	Due date	Responsibility
	26 March 2018  Testing by PwC Health Team of electronic surveys 23 March 2018  Testing by Project Advisory Group of electronic surveys 13 April 2018  Further amendments following testing if required 16 April 2018	
Review of existing relevant data (document review) including program logic and review framework	11 April 2018	PIC

- We will gather all relevant data currently available, including CHSALHN available data and program evaluations, and undertake a preliminary analysis to understand the current environment, draw out issues and themes, and identify any information gaps (document review).
- Using this understanding we will develop a view on the development of a robust survey, interview and focus group approach. We will engage our Health SME, Dr Mark Wenitong to provide expert analysis of the data, advice on the development of the survey, interview and focus group content. This will be performed in a 'workshop' environment with members from HPC.
- We will engage our focus group facilitator Klynton Wanganeen to provide expert advice on the structure of focus groups and process aligned to survey and data review analysis.
- We will work with HPC and other relevant stakeholders to obtain access to SA Health analytics (if required).
- This qualitative and quantitative research foundation will provide us with a view of design principles and issues to explore through the survey, interviews and focus groups. We will work with HPC to test this view, and work collaboratively on the final design of the survey.
- We will provide a series of tailored surveys by cohort, aligned to post implementation short term outcomes contained within the HPC Indicative Evaluation Plan - Summary Logic Model.
- We will identify and confirm stakeholders for surveys and focus groups.
- We will develop a series of communications by cohort group including an 1800 freecall number for those participants wishing to complete the survey via hardcopy. Surveys would be posted along with a reply paid envelope for responses.
- We will test the surveys with PwC Health team members in Brisbane for usability, readability and content. Following that testing, surveys will be provided to the Project Advisory Group for a similar round of testing before going live for four weeks.
- We will provide input into the required Ethics applications.



## Our Approach

## 2.2.3 Stage 3: Stakeholder Surveys

Deliverables	Due date	Responsibility
<b>Stakeholder surveys</b>		
Undertake surveys with stakeholders (pending approval from ethics committees)	18 April 2018 – 16 May 2018	PIC, CHSA
Consider initial survey results and document review findings and test initial findings with Project Advisory Group	21 May 2018	PIC

*Conduct Surveys*

In order to understand the impacts of the program, validate the desktop data, and fill gaps in the data gathered during the previous stage, we will issue the surveys which have been iterated and co-designed in Stage 2.

The stakeholders that will participate in the survey process will be agreed with HPC through Stage 2 and will include:

- Experts by Experience
- Youth
- External Stakeholders
- CHSA Aboriginal Staff
- CHSA All Staff
- CHSA Executive

A hard copy survey will be made available to stakeholders. We will also use face to face, phone/video conference requests to gather remaining data where appropriate.

Surveys will be distributed for a period of four weeks. The PIC Director will consider surveys responses as they come in 'live' and will advise HPC and the CHSA if responses are slow and follow up is required.

*Survey Response Analysis*

Dr Mark Wenitong will assist our team in reviewing survey results and data themes, from an Aboriginal clinician perspective. We will use the results of the surveys to inform the Focus Group Guide and enrich focus group sessions and interviews. Focus group facilitator Klynton Wanganeen will assist in the development of the Focus Group Guide and structure of focus group sessions.

We will also meet with the Project Advisory Group to provide them the opportunity to test initial survey results and document review findings.

Following this analysis the project will have robustly designed interview and focus group guides.

## Our Approach

## 2.2.4 Stage 4: Focus Groups and Data Analysis

Deliverables	Due date	Responsibility
<b>Interviews/focus groups</b>		
Develop Focus Group Guide based on initial findings of surveys and document reviews	28 May 2018	PIC, CHSA
Undertake 7x focus groups and survey by interview sessions (pending approval from ethics committees)	30 May 2018 – 12 June 2018	
Workshop with Dr Wenitong to consolidate and evaluate findings of surveys, document review and focus groups and frame report structure.	22 June 2018	PIC

*Interview and Focus Group Sessions*

Seven interview and focus group locations and cohorts have been agreed with HPC and the CHSA. We propose to spend 1 day in each of the locations. This allows us to hold several small sessions with different cohorts or a larger session with a mix of cohorts, as to be agreed.

If individuals or specific cohorts are unable to attend a focus group session however desire that their voice is heard, video conferencing will be made available from neighbouring regions as appropriate.

Using the outcomes from the data and project information review, survey, interview and focus group sessions, we will hold a 'workshop' session with Health SME, Dr Mark Wenitong and members of HPC (likely in Western Sydney) to synthesise the information obtained and to shape the final report and findings.

Focus Groups to be held in the following locations. Videoconference sites are yet to be determined.

Date	Location
Wednesday 30 May 2018	Gawler
Friday 1 June 2018	Murray Bridge
Monday 4 June 2018	Point Pearce
Tuesday 5 June 2018	Port Pirie
Wednesday 6 June 2018	Port Augusta/Whylla
Friday 8 June 2018	Mt Gambier
Tuesday 12 June 2018	Ceduna

## Our Approach

## 2.2.5 Stage 5: Reporting

Deliverables	Due date	Responsibility
<b>Reports</b>		
Draft reports to HPC for review including and test findings with Project Advisory Group and community	6 July 2018	PIC, HPC
Receive feedback on reports from HPC	20 July 2018	HPC
Final reports presented to HPC	27 July 2018	PIC, HPC

Upon drafting the outcomes from the interview and focus group sessions we will provide our draft findings to the Project Advisory Group and community members for review and consideration. The format for this session will be determined subsequent to the initial focus groups however will likely be a mix of video conference and face-to-face sessions where appropriate.

We will prepare a report which documents the process of our review. This will include:

- Data review and survey design process;
- Stakeholders consulted;
- Consolidated findings, related directly and indirectly to the short term outcomes of the ACCE Strategy, including findings by cohort and region;
- Provide insight and recommendations related to the short term outcomes of the summary logic model within the ACCE strategy; and
- Provide recommendations related to the medium and long term outcomes of the summary logic model within the ACCE strategy.

A second report will be prepared that is appropriate to the South Australian Aboriginal Community across the 6 Country Health SA regions. This report will detail:

- Why the review was performed;
- How we performed the review; and
- What the results of the review mean.

We will present, in draft, both reports to HPC in order to receive one round of consolidated feedback in which we will incorporate any changes required prior to finalising the reports.

We will present our final reports to HPC to walk through the document and discuss our insights and recommendations.

*Quality Assurance*

Throughout the course of the engagement we will have a process in place to quality assure all deliverables that are submitted to the HPC.

This is to ensure consistency across all of the information collected to inform the scholarship provider reports as part of the interim report.

## Methodology

### 3 Methodology

PIC's project methodology will be achieved through the application of a mixed methodology that includes:

- Co-Design
- Appreciative Inquiry; and
- A Participatory Action Research Approach.

The methodology will be used in the development of the project deliverables to ensure the final products meet the needs of the HPC and accurately reflects the feedback from stakeholders across the surveys and focus groups.

*Co-Design*

Co-design enables stakeholders to work collaboratively toward a common goal; elicit rich, robust and accurate information to inform the consultation findings; and for the HPC, Project Advisory Group and PIC to test and validate conclusions that ensure deliverables are consistent with expectations.

*Appreciative Inquiry*

Aboriginal and Torres Strait Islander program design and development are often problem focused and as such apply a deficit approach to problem solving. It is also often a top down approach whereby those who are directly affected by decisions and outcomes are not actively involved in the design, development, implementation or evaluation of policies and programs.

Appreciative Inquiry applies a strengths based methodology in order to effectively draw out and understand:

- what is working in the implementation of the Strategy;
- what is needed to improve implementation in respective communities;
- a 'possibility space' to promote the development of innovative ideas.

It is expected the findings will focus on the ACCE Strategy continued success in areas that are working well, and identifying specific target points that must be improved to increase health outcomes for Aboriginal people in South Australia.

*Participatory Action Research*

In order to ensure the active and meaningful engagement of all stakeholders in the consultation stage of the project, PIC will apply a participatory action research approach. For example:

- in order to facilitate transparency, openness and a participatory approach, qualitative focus groups will be structured as open conversations, stories and dialogues rather than formal interviews;
- focus groups will be subsequently analysed;
- ensuring that participants in the focus groups are provided an environment that ensures the gathering of honest and accurate data, and manages disclosures;
- informing the appropriate and relevant stakeholders about the project and its proposed outcomes and potential benefits or negative implications; and
- respecting tradition, culture, protocol, community, Elders and individuals.

## 4 Consultation Strategy

Stakeholder	Stakeholder Details	Consultation and Engagement Strategies	Comments
HPC Project Team	<ul style="list-style-type: none"> <li>Project Co-ordinator – Dr Lisa Jackson Palmer AM</li> <li>Project Director – Jane Austin</li> <li>Project Manager – Andrew Wimbey</li> </ul>	<ul style="list-style-type: none"> <li>Face-to-face meeting</li> <li>Teleconference</li> <li>Videoconference</li> <li>Email</li> </ul>	<ul style="list-style-type: none"> <li>Communication to be regular as ongoing throughout the project.</li> <li>Monthly check in meetings.</li> </ul>
CHSA Aboriginal Health Representative Project Team	<ul style="list-style-type: none"> <li>Executive Director – David Tully</li> <li>Principal Project Officer – Annie Salter</li> <li>ASD Team Member – Stewart Mack</li> <li>ASD Team Member – Tashia King</li> <li>ASD Team Member – Lorent Eganara</li> </ul>	<ul style="list-style-type: none"> <li>Teleconference</li> <li>Email</li> <li>Group meetings</li> </ul>	<ul style="list-style-type: none"> <li>Communication to be regular as ongoing throughout the project.</li> <li>Initial meetings to obtain documents/data document</li> <li>Meetings to establish focus group sessions</li> </ul>
CHSA	<ul style="list-style-type: none"> <li>Executive</li> <li>All Staff</li> <li>Aboriginal Staff</li> </ul>	<ul style="list-style-type: none"> <li>Survey/s</li> </ul>	<ul style="list-style-type: none"> <li>Understand project surveys</li> </ul>
Experts by Experience	<ul style="list-style-type: none"> <li>TBC by CHSA</li> </ul>	<ul style="list-style-type: none"> <li>Survey/s</li> </ul>	<ul style="list-style-type: none"> <li>Understand project surveys</li> </ul>
Yorok		<ul style="list-style-type: none"> <li>Focus Groups</li> </ul>	<ul style="list-style-type: none"> <li>Attend Focus Group Sessions (where applicable) in Cusack, Murray Bridge, Point Pearce, Point Pile, Port Augusta, Mt Gambier, Ceduna</li> </ul>
External Stakeholders			

## 5 Project Risk and Management

### 5.1 Purpose of risk management

The purpose of risk management is to ensure areas of risk and uncertainty are identified and then properly managed in a structured way, so any potential threat to the delivery of outputs (i.e. timeliness and quality of consultation findings, development of deliverables, etc) and the realisation of project objectives by relevant stakeholders is appropriately managed to ensure the project is completed successfully.

### 5.2 Project risks and mitigation strategies

Risk ID	Risk	Potential Impact	Owner	Mitigation Action	Escalation Pathways
1	Delayed information not being delivered to PTC in a timely manner	<ul style="list-style-type: none"> <li>Information analysis and interpretation to be robust, potentially affecting quality of deliverables and other outputs generated.</li> <li>Information to be incorrectly interpreted.</li> <li>PTC deliverables to be provided to HPC past initially agreed due date.</li> </ul>	HPC	<ul style="list-style-type: none"> <li>Ensuring information required by PTC is delivered in a timely manner.</li> </ul>	<ul style="list-style-type: none"> <li>PTC Director email and communication with HPC Project Manager in the first instance and then Project Lead.</li> </ul>
2	Attendance at Focus Groups	<ul style="list-style-type: none"> <li>Low attendance/engagement at all Focus Groups due to inadequate preparation/involvement.</li> </ul>	CHSA PTC	<ul style="list-style-type: none"> <li>Access to an adequate number of contacts across all Focus Group locations.</li> <li>Involvement with plenty of lead in time and leading on to other community events such as NAIDOC week.</li> </ul>	<ul style="list-style-type: none"> <li>Changes to arrangements to be communicated between PTC Director and HPC Project Manager and CHSA Director.</li> <li>Agreed arrangements will be communicated to the PTC team and the HPC and CHSA during project meetings.</li> </ul>
3	Lack of participation from an adequate cross section of stakeholders during the surveys	<ul style="list-style-type: none"> <li>Bias in information obtained.</li> <li>Findings are not reflective of all stakeholders' views.</li> <li>Focus Group Guide is not developed from a cross section of stakeholders' views.</li> </ul>	DPT PTC	<ul style="list-style-type: none"> <li>Access to an adequate number of contacts across all survey locations.</li> <li>Comprehensive survey planning and mapping with input from the HPC and CHSA.</li> <li>PTC Director to provide critical quality assurance over stakeholder survey including on time completion rates and follow-up as required.</li> </ul>	<ul style="list-style-type: none"> <li>PTC Director to evaluate survey responses prior to CHSA Director at next best opportunity.</li> <li>PTC Director to communicate issues with HPC Project Manager as required.</li> </ul>
4	Privacy risk/information security	<ul style="list-style-type: none"> <li>Information storage</li> <li>Ensuring confidentiality of information in the case of PTC staff change.</li> </ul>	PTC	<ul style="list-style-type: none"> <li>All PTC project staff made aware of the confidential nature of the information and instructed that it is not to be distributed or used for any purpose outside of the project (all staff are bound by).</li> </ul>	<ul style="list-style-type: none"> <li>Communication with the CHSA Data custodian in order to ensure the Department needs are met.</li> <li>Any breaches or concerns will be communicated directly between the PTC.</li> </ul>

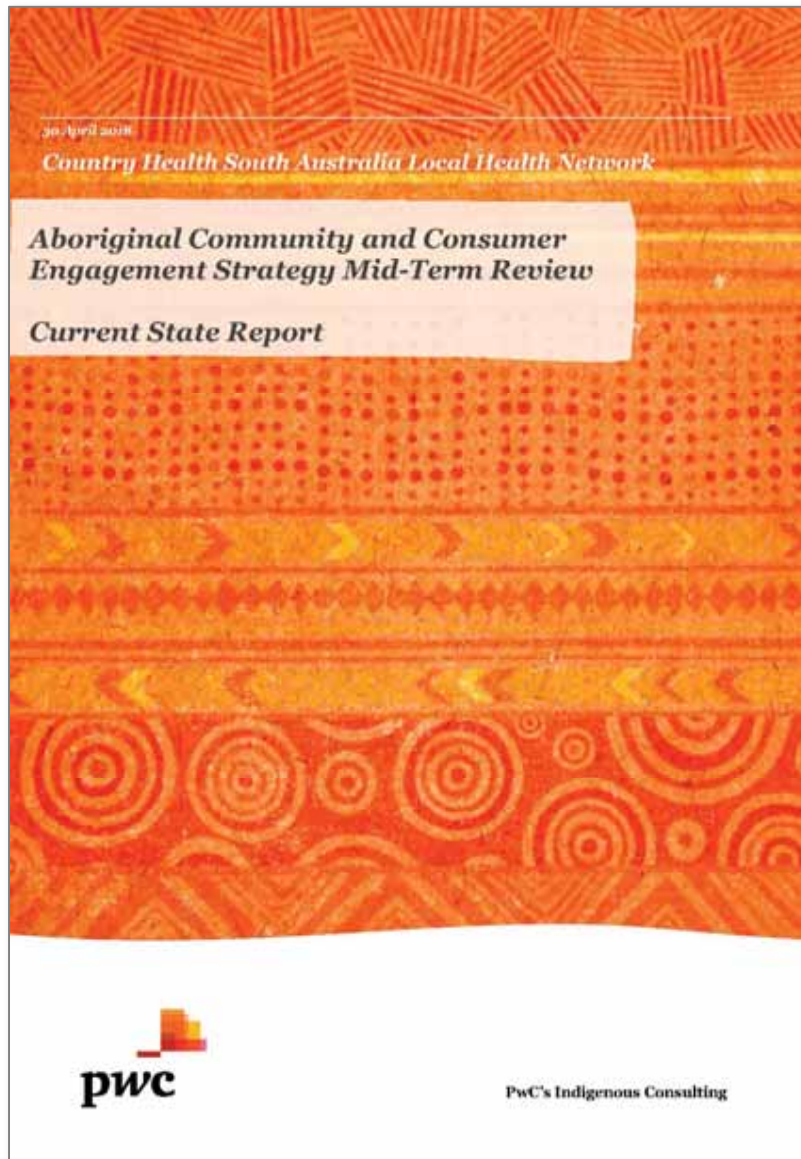


## Project Risk and Management

			<ul style="list-style-type: none"> <li>confidentiality and mode of product evaluation</li> <li>All reporting will be de-identified</li> <li>Data sets will be disposed of at the completion of the project</li> </ul>	<ul style="list-style-type: none"> <li>Director and the HPC Project Manager as a solution developer at this level</li> <li>JTC Director will keep the JTC Principal responsible for Quality Assurance informed at all times.</li> </ul>
6	<p>Conducting a culturally safe engagement space for stakeholders</p> <ul style="list-style-type: none"> <li>Limited engagement from stakeholders</li> <li>Compromise of integrity of consultation as a data collection methodology</li> </ul>	<ul style="list-style-type: none"> <li>JTC</li> <li>HPC</li> <li>CHSA</li> </ul>	<ul style="list-style-type: none"> <li>Open and honest communication between the HPC, CHSA and JTC</li> <li>Maintaining the confidentiality of stakeholders' participation in surveys and focus groups through agreed engagement protocols</li> <li>The capacity for private discussion if required</li> </ul>	<ul style="list-style-type: none"> <li>JTC Director to communicate concerns with HPC Project Manager and JTC Principal</li> </ul>



# Appendix C - Current State Report



Version Control		
Modified by	Date	Version
Preliminary draft Report submitted by PIC Manager to PIC QLD State Director	9 April 2018	V.01
Final Draft Report submitted by PIC Manager to PIC QLD State Director	13 April 2018	V.02
Final Report provided to Client	16 April 2018	V.1.0
Amendments provided by Client	23 April 2018	V1.1
Final Report with amendments provided to client	30 April 2018	V2.0

The Report has been prepared by PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC) in our capacity as advisors to the Health Performance Council South Australia in accordance with our engagement letter dated 8 January 2018.

The information, statements, statistics, material and commentary (together the 'information') used in this Report have been prepared by PIC from publicly available material, from information provided by the Health Performance Council South Australia (HPC) and the Country Health South Australia Local Health Network (CHSALHN) and from discussions held with a range of HPC and CHSALHN stakeholders. PIC has relied upon the accuracy, currency and completeness of the information provided to it by HPC and CHSALHN and its stakeholders and takes no responsibility for the accuracy, currency, reliability or correctness of the information and acknowledges that changes in circumstances after the time of publication may impact on the accuracy of the information. The information may change without notice and PIC is not in any way liable for the accuracy of any information used or relied upon by a third party.

Furthermore PIC has not independently validated or verified the information provided to it for the purpose of the Report and the content of this Report does not in any way constitute an audit or assurance of any of the information contained herein.

PIC has provided this advice solely for the benefit of HPC and disclaims all liability and responsibility (including arising from its negligence) to any other parties for any loss, damage, cost or expense incurred or arising out of any person using or relying upon the information.

PwC's Indigenous Consulting |

## Definitions

Terms, abbreviations and acronyms	Meaning
Aboriginal	For the purposes of this report and consistent with CHSALHN terms, Aboriginal refers to Aboriginal and Torres Strait Islander people residing in South Australia
ACCE	Aboriginal Community and Consumer Engagement Strategy
AHD	Aboriginal Health Directorate
AHIS	Aboriginal Health Impact Statement
AHSSG	CHSALHN Aboriginal Health Services and Strategy Group
CCLDP	Competency Learning and Development Program
CHSA	Country Health South Australia
CHSALHN	Country Health SA Local Health Network
EbyE	Experts by Experience
HAC	Health Advisory Council
HPC	Health Performance Council (SA)
NSQHSS	National Safety and Quality Health Service Standards
PIC	PwC Indigenous Consulting
PMP	Presiding Member Panel
the Minister	Minister for Health (SA)
the Project	ACCE Strategy Review

### Acknowledgement

PIC Acknowledges the Aboriginal people of the many traditional lands and language groups of South Australia. We honour the wisdom of Aboriginal Elders past and present and embrace those Elders who are yet to come.

### Aboriginal Peoples' Right to Health

This report discusses the livelihoods of Aboriginal people of South Australia, including the wellbeing, cultural and socio-economic factors contributing to the health situation, impacts and outcomes of Aboriginal people. The right to health is a fundamental human right affirming that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. In applying the Right to Health and the core principles underpinning the Declaration on the Rights of Indigenous Peoples, we support CHSALHN's core aim to facilitate Aboriginal self-determination wherever possible to empower Aboriginal people to make decisions about their own health and wellbeing outcomes.

*PwC's Indigenous Consulting ii*

## Contents

Version Control	i
Definitions	ii
Contents	1
1 Introduction	2
1.1 Background	2
1.2 Our approach and methodology	3
1.3 Further context relevant to the mid-term review	4
2 Summary of key findings	7
3 Current State: Information and Data Analysis	13
3.1 Individual, Community and Consumer Engagement	14
3.2 Directorates, Programs and Services	17
3.3 Network: Aboriginal Community and Consumer Engagement	20
3.4 System: Aboriginal Community and Consumer Engagement	23
Appendices	25
Appendix A Key documents reviewed for current state analysis	26



# 1 Introduction

## 1.1 Background

On 8 January 2018, the Health Performance Council (HPC) South Australia engaged PwC's Indigenous Consulting (PIC) to work with them to conduct a mid-term implementation review of the Country Health South Australia Local Health Network's (CHSALHN) *Aboriginal Community and Consumer Engagement Strategy* (ACCE Strategy).<sup>1</sup>

The ACCE strategy was developed in 2015 after nearly two years of community consultation and sits under the overarching CHSALHN Community and Consumer Engagement Strategy.

The overall purpose of the ACCE Strategy is to: 'assist CHSALHN implement culturally respectful and meaningful community and consumer engagement strategies and build a platform to increase Aboriginal community participation in health service delivery, design and decision-making'.<sup>2</sup>

Given the implementation phase of the ACCE Strategy has now been in place for three years, the HPC has prioritised this mid-term strategy review; which is one of seven reviews being conducted within their four year review cycle 2015-2018.<sup>3</sup>

It is understood that HPC will include the findings from this review, and others conducted in the HPC four yearly review 2015 – 2018 report to advise the Minister for Health by December 2018.

The purpose and scope of the work PIC is contracted to deliver is set out in the ACCE Strategy review project plan under a five staged approach, namely:

- Stage 1: Participate in ACCE Strategy review planning and project inception
- Stage 2: Review ACCE Strategy framework
- Stage 3: Conduct and analyse stakeholder surveys
- Stage 4: Conduct and analyse focus groups
- Stage 5: Report on findings.

This report sets out the current state analysis findings outlined in the deliverables in Stage 2 of the project plan. This Report will be incorporated as a chapter in the Final Mid-Term Review Report.

The purpose of this analysis is to understand the current environment, draw out issues and themes and identify any information gaps. This qualitative and quantitative research approach provides a view of design principles and issues to explore through stakeholder engagement with the survey, interviews and focus groups planned in the latter stages of this review.

<sup>1</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015.

<sup>2</sup> Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy*, 2015; *Indicative evaluation plan*, October 2017; PwC Indigenous Consulting, Country Health South Australia Local Health Network: *Aboriginal Community and Consumer Engagement Strategy Review - Project Plan*, Health Performance Council Australia, March 2018.

<sup>3</sup> Health Performance Council, 2015-18 review. At: <https://www.hpcsa.com.au/reviews> (viewed on 23 April 2018).

## 1.2 Our approach and methodology

### Governance of the ACCE Strategy mid-term implementation review

Two Senior Project teams within HPC and the Aboriginal Health Directorate have been established to guide and oversee the ACCE Strategy mid-term implementation review.

Throughout this review PIC has worked directly to the HPC Project Team, whilst working closely with the Country Health South Australia (CHSA) Directorate Project Team.

### Information materials and data received

In order to understand the progress achieved to date on the implementation of the ACCE Strategy, PIC conducted a preliminary review of information and data provided by the HPC and the CHSALHN as set out in Appendix A.

A number of meetings were held with the HPC advisory group to plan and ascertain the specific information required to conduct this review. In some cases, PIC requested further information to deepen our understanding of current and future planned activities under the ACCE Strategy.

### ACCE Strategy logic model

Using the ACCE Strategy logic model<sup>4</sup> identified by the HPC advisory group as the framework for analysis, PIC conducted a current state analysis on the information materials and data provided to us by the HPC and CHSALHN.

The ACCE Strategy logic model framework is built around four key engagement strategy pillars and goals:

Strategy Pillar	Goal
<b>I. Individual Community and Consumer Engagement</b>	Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all CHSALHN regions
<b>II. Directorates, Programs and Services</b>	Goal 2: Embed a philosophy and create practices in CHSALHN that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement
<b>III. Network: Aboriginal Community and Consumer Engagement</b>	Goal 3: CHSALHN to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS)
<b>IV. System: Aboriginal Community and Consumer Engagement</b>	Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services

<sup>4</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015; Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy*, 2015; *Indicative evaluation plan*, October 2017.

### Assessment Criteria

The ACCE Strategy provides the following three point assessment criteria for monitoring and evaluation:

1. Not Met
2. Satisfactorily Met
3. Met with Merit.

However given the purpose of this review is to monitor and evaluate mid-term progress, we have proposed a traffic light criteria:

**Green** = on track to meet anticipated outcomes

**Yellow** = progress being made - needs minor adjustments to meet anticipated outcomes

**Red** = not on track - needs major adjustments to meet anticipated outcomes

**Grey** = not fully assessed - need further information.

### Identified review questions

The following broad review questions were identified by the HPC Advisory Group:

1. How successful has the ACCE Strategy been in influencing change in the short term?
2. What are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?
3. What are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?

### Aboriginal Impact Statement

The use of feedback provided by community on health service design and delivery through 'Aboriginal Health Impact Statements' (AHIS), that identified proposed future approaches and aims of CHSALHN.<sup>6</sup> It is noted that the community input and feedback is reflected within the Strategy and underpins the actions within.

Throughout this review process, we have embedded the core values of Ethical Conduct in Aboriginal and Torres Strait Islander Health Research and applied a strength based methodology to analyse the ACCE Strategy goals, actions and progress against anticipated outcomes.

### 1.3 Further context relevant to the mid-term review

Aspiring to be the best health service provider to people living in rural and remote South Australia, CHSALHN is one of the largest local health networks in Australia. They deliver acute, residential aged care, community health, mental health and emergency health care services to 63 hospital sites and over 240 health unit sites across six identified CHSALHN regions in the state.

As one of five local health networks in South Australia, CHSALHN was established under the *Health Care Act 2008 (SA)* and is supported by a Governing Council, known as the CHSALHN Health Advisory Council.

The CHSALHN Health Advisory Council (established in 2012) has specific functions and powers as defined in the *Health Care Act 2008 (SA)* and its Constitution as determined by the Minister. Essentially the CHSALHN Health Advisory Council undertakes an advocacy role on behalf of the

community and, among other functions, provides advice to South Australian government health ministers. It is relevant to note that at the time of conducting this review, recruitment for appointment of members to the Governing Council were publically advertised on South Australia Health's website.

Key management personnel of the CHSALHN Health Advisory Council includes, the Minister (Minister for Health SA), the Chief Executive of the Department (SA Health), Chief Executive Officer of Country Health SA Local Health Network and the members of the Advisory Council.

The CHSALHN Health Advisory Council is further supported by a Presiding Members Panel (PMP) and 39 regional Health Advisory Councils (HACs) associated with regionally located health units.

In 2017, a partnership framework for Health Advisory Councils and CHSALHN 2017-2022 was established to strengthen the existing governance structure, bring clarity to roles and responsibilities and enable greater communication and engagement processes.

CHSALHN employs almost 9,000 staff across South Australia, which includes 159 Aboriginal staff (1.77% of CHSALHN workforce). As at January 2018, employee numbers for each CHSALHN region<sup>6</sup> are:

Region	Aboriginal Staff	Total Staff	Aboriginal %
Corporate and Mental Health (CHSALHN wide)	14	724	1.93%
Barossa, Hills, Fleurieu Region	35	1932	1.81%
Eyre, Flinders and Far North – East Region	29	847	3.42%
Eyre, Flinders and Far North – West Region	18	974	1.85%
Riverland Mallee Coorong Region	32	1537	2.08%
South East Region	14	1358	1.03%
Yorke and Northern Region	17	1606	1.06%
<b>TOTAL</b>	<b>159</b>	<b>8978</b>	<b>1.77%</b>

### Population and health of Aboriginal people within the Country Health SA Local Health Network regions<sup>7</sup>

The geographical reach of CHSALHN covers 99.8% of South Australia. According to the Australian Bureau of Statistics Census 2016, the Aboriginal population equates to 2 percent of the total South Australian population, with an estimated 48% of South Australia's Aboriginal population living in country South Australia. There are currently 36 different language groups within the CHSALHN service regions with the Aboriginal population percentage within each CHSALHN region being:

<sup>6</sup> Country Health SA Local Health Network, workforce data as received from the AHD on 3 April 2018.

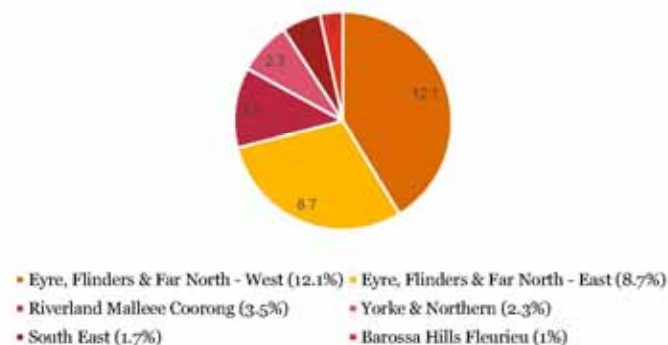
<sup>7</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, Appendix 4, pp 19-25; Australian Bureau of Statistics, 2016 Census Quick Stats: South Australia, 23 October 2017. At:

[http://www.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/4](http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/4) (viewed on 8 April 2018).

<sup>6</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, p 4.



Percentage of Aboriginal population in CHSALHN Regions



Overwhelmingly, Aboriginal South Australians experience a higher prevalence of a range of chronic diseases, biomedical risk factors, behavioural risk factors and psychological distress than the non-Aboriginal population. Chronic disease is particularly prevalent requiring ongoing and high level health care and service support.<sup>8</sup>

<sup>8</sup> Country Health SA Local Health Network, Aboriginal Community & Consumer Engagement Strategy, 2015, Appendix 4, pp 19-25.

## 2 Summary of key findings

In order to understand the progress achieved to date on the implementation of the ACCE Strategy PIC conducted a preliminary review of information and data provided by the HPC and the CHSALHN as set out in Appendix A.

The following provides a high level assessment of the current state across the Four Strategy Pillars. From this preliminary assessment areas that may require further consideration as part of the mid-term review process have been identified.

### Individual Community and Consumer Engagement

**Goal 1:** Build and maintain relationships and strong partnerships with Aboriginal community members across all Country Health SA Local Health Network (CHSALHN) regions

Strategy	Current State Assessment	Areas for consideration
<b>Strategy 1.1</b> Establish an Aboriginal Health Experts by Experience Register (the Register) that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs.		<p><b>Staff Training and Resourcing</b> CHSALHN staff currently deliver expert member induction training on top of their existing workload. If expert member inductions are to be delivered in the regions in the future, further consideration should be given to the possibility of regional staff being trained to deliver the induction package.</p> <p><b>Experts by experience</b> It appears the approach to communication and developing individual development plans for experts is to be further considered.</p> <p><b>Register</b> The Register is currently being managed in an Excel spreadsheet. An appropriate data management system needs to be considered to manage participation, induction, confidentiality and human error.</p>
<b>Actions</b>		
<b>Action 1:</b> Establish and maintain a register of Aboriginal people to contribute in their areas of preferred interest, expertise and training requirements.		
<b>Action 2:</b> Implement the Register. Develop and implement an orientation and induction process for Experts nominated on the Register.		
<b>Action 3:</b> Ensure Register participants nominating as Experts have the opportunity to engage in individual development plans.		
<b>Action 4:</b> Develop, in consultation with Register participants, an Exit interview process		

Strategy		
<b>Strategy 1.2</b> Create local opportunities and pathways for Aboriginal communities, carers, patients and consumers to be orientated on CHSALHN business.		
Actions		
<b>Action 1:</b> Engage communities, consumers and carers in CHSALHN at the local rural region level.		
<b>Action 2:</b> Develop a marketing strategy specifically aimed at engaging the 52% Aboriginal youth population across Country SA.		
<b>Action 3:</b> Develop a marketing strategy to attract Aboriginal people to; and be engaged with CHSALHN.		
Strategy		
<b>Strategy 1.3</b> Target the engagement of Youth & Elders		<b>Youth and Elders</b> It appears marketing and communication to youth and elders across all CHSALHN Regions is to be further considered.
Priority 1: Youth Engagement Strategy Priority 2: Aboriginal Elders Engagement Strategy		
Actions		
<b>Action 1:</b> Encourage identified Youth and Elders to participate on the Register.		

#### Directorates, Programs and Services

Goal 2: Embed a philosophy and create practices in Country Health SA Local Health Network (CHSALHN) that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement

Strategy	Current State Assessment	Areas for consideration
<b>Strategy 2.1</b> Promote and encourage genuine and meaningful engagement in primary and acute health settings		<b>Identification and elevation of existing engagement programs</b> It appears that identification of existing programs and the gaps in consumer and engagement with Aboriginal people requires further consideration, including the best way to support these programs under the ACCE Strategy.
Actions		<b>Reporting</b> Current reporting frameworks are ad-hoc with limited governance structures and management.
<b>Action 1:</b> Engage with local Aboriginal communities and consumers through strategies such as:		
<ul style="list-style-type: none"> <li>Expand on existing CHSALHN Nunga luncheon model across all regions</li> <li>Consumer participation in the development and delivery of local programs for example, Keeping it Corka, Renal Dialysis Mobile Unit, AMIC, Mental Health Units</li> <li>Participation in CHSALHN Aboriginal Health Services and Strategy group</li> </ul>		
<b>Action 2:</b> Report on activities regularly to share good practice and contribute to CHSALHN planning		

Strategy		
<b>Strategy 2.2</b> Implement the Cultural Respect & Awareness training programs across CHSALHN		
Actions		
<b>Action 1:</b> Implement the CHSALHN Cultural Competency Learning and Development program		
<b>Action 2:</b> Monitor through Workforce Services and the PDR process the uptake of the mandatory on-line cultural orientation training.		
<b>Action 3:</b> Monitor the development of stages 2 and 3 of the Cultural Competency Learning and Development Program.		
Strategy		
<b>Strategy 2.3</b> Implement the CHSALHN Reconciliation Action Plan		<b>CHSALHN RAP</b> It appears that the CCLDP is a core component of both the ACCE Strategy and the CHSALHN Innovate RAP 2016 – 2017, indicating potential duplication.
Actions		
<b>Action 1:</b> Establish RAP reference/focus groups across directorates and regions and set targets that meet the three outcome areas of the CHSALHN Reconciliation Action Plan		The overall timeframe of the CHSALHN Innovate RAP 2016 – 2017 has now lapsed and is under a process of review and refresh to develop a new Stretch RAP.
Strategy		
<b>Strategy 2.4</b> Implement a community engagement and customer satisfaction staff training program to improve the level of service		<b>Engagement training</b> Limited information was provided in relation to existing CHSALHN staff training on engagement. It appears further consideration is required on how to increase Aboriginal participation or develop a separate Aboriginal engagement training session.
Actions		
<b>Action 1:</b> Create and modify training sessions and resources for staff on consumer centred care and customer satisfaction.		
<b>Action 2:</b> Invite community, patients and carers to speak to staff about their experience of healthcare provision.		
Strategy		
<b>Strategy 2.5</b> Schedule quarterly meetings between regional directorates and key Aboriginal Health stakeholders		<b>Meetings with Aboriginal stakeholders</b> It appears that AHD already have strong relationships and engagement with key Aboriginal stakeholders however building relationships with Aboriginal health stakeholders across regions remains a challenge for CHSALHN.
Action		
<b>Action 1:</b> Implement meeting schedule, including: <ul style="list-style-type: none"> <li>Country Health Executive <ul style="list-style-type: none"> <li>AHCSA</li> <li>SA Health Policy and Intergovernmental Relations</li> </ul> </li> <li>Clinical Planning <ul style="list-style-type: none"> <li>SAMHRI</li> <li>Lowitja O'Donoghue Institute</li> <li>Public Health – AHCSA</li> </ul> </li> <li>Operations <ul style="list-style-type: none"> <li>Regional Aboriginal Community Controlled</li> </ul> </li> </ul>		



Health Organisations Relevant local regional Aboriginal community groups.	
---	--

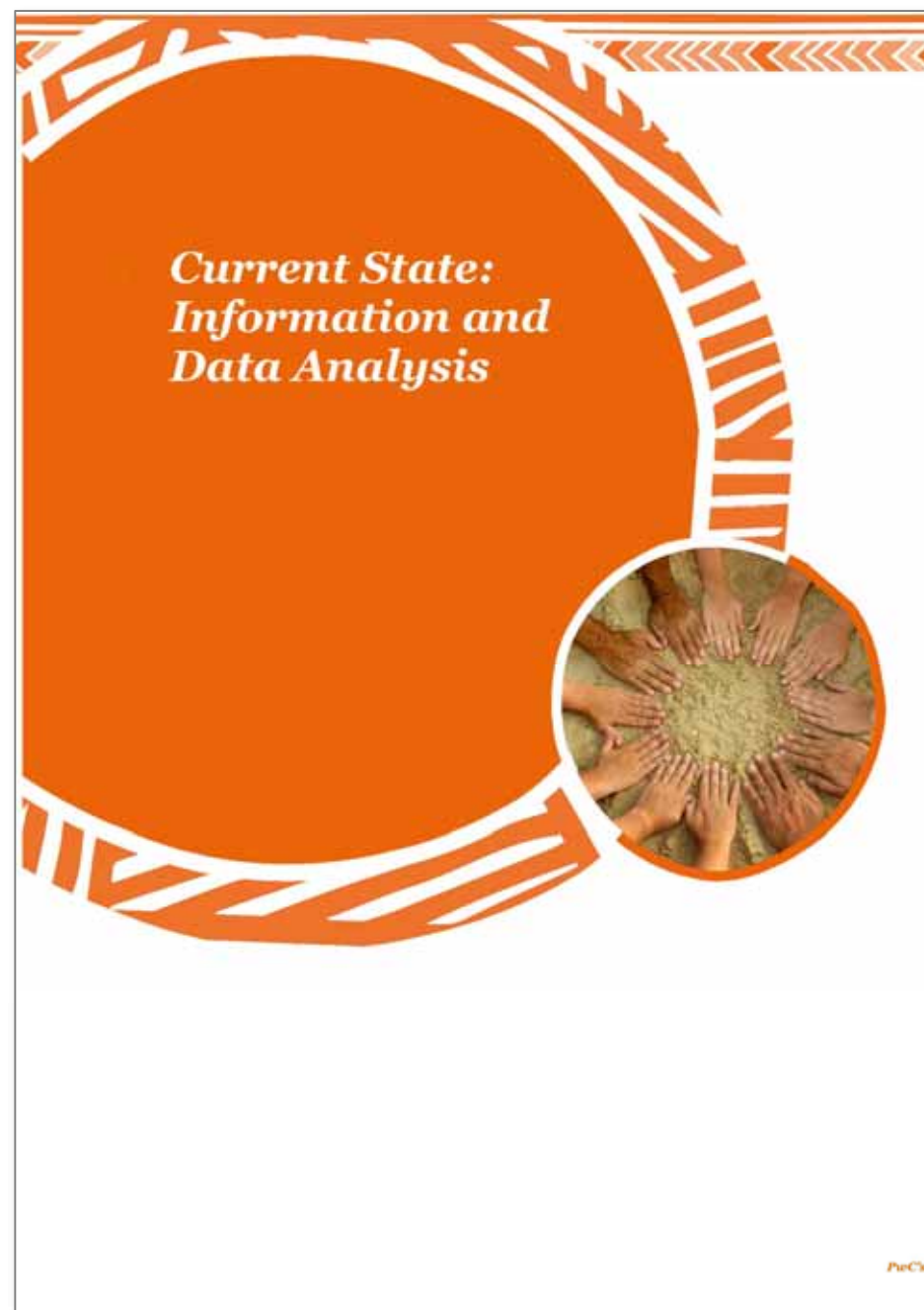
#### Network: Aboriginal Community and Consumer Engagement

Goal 3: Country Health SA Local Health Network (CHSALHN) to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHS)

Strategy	Current State Assessment	Areas for consideration
<b>Strategy 3.1</b> Establish a discrete council of Aboriginal leaders to provide advice to the CEO on hospital and local health service delivery across CHSALHN		<b>Elevating Aboriginal community voice</b> It appears that further consideration is needed to establish a model that genuinely allows Aboriginal community voices to be heard. In the current structure, Aboriginal members on the CHSALHN Governing Council do have direct access to the CEO and the Experts by Experience members provide regional advice.
<b>Actions</b>		
<b>Action 1:</b> Identify effective spokespeople to provide input on consumer patient care.		
<b>Action 2:</b> Develop Terms of Reference to include strategies to meet legislative and accreditation standards.		
<b>Action 3:</b> Undertake Orientation, induction and training on health consumer advocacy for the council.		<b>Training on health consumer advocacy</b> It appears that orientation and induction training on health consumer advocacy has been identified however it is unclear whether this training will fully enable CHSALHN committees to engage the communities effectively.
<b>Strategy</b>		
<b>Strategy 3.2</b> Introduce regional CHSALHN Aboriginal Community, Consumers and Carers Sounding Board to explore and keep abreast of community concerns		<b>Regional strategies for engagement</b> It appears the purpose, role and description of sounding boards and monitoring and reporting on progress with the regions requires further consideration. It also appears there could be more opportunity for the Aboriginal Health Directorate Events Committee to assist with planning and coordination of events that develop regional strategies for engagement.
<b>Actions</b>		
<b>Action 1:</b> Establish regular Sounding Board Schedule in each operational region.		
<b>Action 2:</b> Engage with local communities to develop local strategies from the issues raised		
<b>Strategy</b>		
<b>Strategy 3.3</b> Establish a CHSALHN Aboriginal Health Services & Strategy Group, representatives from all Directorates & Regions to assist in the advancement of Aboriginal health priorities in CHSALHN		<b>Governance of ACCE Strategy</b> It appears that establishing a CHSALHN AHSSG is a core governance structure of the ACCE Strategy, to facilitate implementation and reporting on progress of actions.
<b>Actions</b>		
<b>Action 1:</b> All Directorates and Regions to nominate a participant from their leadership team to the Aboriginal Health		As CHSALHN is accountable to the South Australian Government for performance management and

Services and Strategy group to monitor and report on Aboriginal health activities/business.		planning, it could be assumed that, once established, the roles responsibilities and reporting of the AHSSG would contribute to the 'whole-of-strategy and organizational purpose', taking in consideration of: <ul style="list-style-type: none"> <li>new adjustments to the governance structures of CHSALHN itself (arising from the revisit review of country HACs governance arrangement and the recent accord bringing clarity on roles, responsibilities and communication between CHSALHN Governing Council, PMP and HACs)</li> <li>the Governance structure of the Consumer and Community Engagement Governance Model – consumer and community advisory groups</li> <li>the governance of the CHSALHN RAP Advisory Group</li> <li>the governance of the overarching CHSALHN Community and Consumer Engagement Steering Group</li> <li>the opportunity to refresh following the recent State election</li> </ul>
<b>Strategy</b>		
<b>Strategy 3.4</b> Increase Aboriginal consumer participation on all CHSALHN committees		<b>ACCE Strategy standards</b> Since the ACCE Strategy was established, a second edition of the National Safety and Quality Health Service Standards was released, a core framework of the ACCE Strategy, which addresses gaps in the first edition, including the specific needs of Aboriginal and Torres Strait Islander people.
<b>Actions</b>		
<b>Action 1:</b> Review all existing committees and examine Aboriginal community/consumer participation and compliance in relation to AHIS processes and NHSS-QS-Standard.		It appears significant guidance on future actions and standards for Aboriginal engagement are set out in the Australian Commission on Safety and Quality in Health Care released the <i>National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health</i> , 2017.

System: Aboriginal Community and Consumer Engagement		
Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services		
Strategy	Current State Assessment	Areas for consideration
<b>Strategy 4.1</b> Implement the roll-out of the Aboriginal Health Impact Statement (AHIS) process		<b>Aboriginal Health Impact Statement process</b> It appears further information is required to assess what progress has been made on establishing a CHSALHN AHIS triage and assessment process.
<b>Actions</b>		
<b>Action 1:</b> Identify and train relevant staff on AHIS process, including QIPPS users.		
<b>Action 2:</b> Establish and implement a CHSALHN AHIS triage and assessment process.		
<b>Strategy 4.2</b> Develop and implement a culturally respectful consumer/patient/carer-centred approach to care		<b>Aboriginal Health Employment Priorities</b> It appears the CHSALHN Aboriginal Health Employment Priorities Plan 2017 – 2020 was mentioned in the draft ASSG terms of reference however it is unclear from initial information provided if this plan has been established.
<b>Actions</b>		
<b>Action 1:</b> Develop a clinician engagement strategy including the use of Aboriginal Health Practitioners, Aboriginal Health Workers and Aboriginal consumers, carers, patients.		
<b>Action 2:</b> Develop a communication strategy describing the process for disseminating information on patient centred care to the community.		
<b>Action 3:</b> Input from the Experts on the Register is actively sought to ensure Aboriginal consumer input is obtained in the development of policy and procedures.		





The following provides a high level analysis of the current state, and activities to date, of the ACCE Strategy. The analysis provided below is structured according to the four key Strategy pillars and goals and has applied a traffic light criteria to assess progress, as outlined above:

**Green** = on track to meet anticipated outcomes  
**Yellow** = progress being made - needs minor adjustments to meet anticipated outcomes  
**Red** = not on track - needs major adjustments to meet anticipated outcomes  
**Grey** = not fully assessed - need further information

### 3.1 Individual, Community and Consumer Engagement

**Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all Country Health SA Local Health Network (CHSALHN) regions.**

<b>Strategy 1.1</b> Establish an Aboriginal Health Experts by Experience Register (the Register) that promotes and encourages Aboriginal participation in the planning and delivery of health services and programs.	
<b>Action 1:</b> Establish and maintain a register of Aboriginal people to contribute in their areas of preferred interest, expertise and training requirements.	
<b>Action 2:</b> Implement the Register. Develop and implement an orientation and induction process for Experts nominated on the Register.	
<b>Action 3:</b> Ensure Register participants nominating as Experts have the opportunity to engage in individual development plans.	
<b>Action 4:</b> Develop, in consultation with Register participants, an Exit interview process	

#### Current state analysis:

Progress overall on **Strategy 1.1** is yellow indicating progress is being made however adjustments are required to meet anticipated outcomes.

The Aboriginal Experts by Experience Register (the Register) was established in 2015, the same year the ACCE Strategy was released. It was intended that the Register provide a core engagement and communication tool for CHSALHN.

In relation to **Action 1**, the AHD currently lead engagement with experts, and their intention is to increase focus on regional staff having greater engagement with experts in the near future.

The current process for individuals wishing to nominate themselves is through the completion of a one page application form.

As at January 2018, a total of 168 experts were registered, numbers by region are listed below:

- 28 Eyre, Flinders & Far North – West Region
- 46 Eyre, Flinders & Far North - East Region
- 37 registered experts in the Riverland Mallee Coorong Region
- 14 registered experts in the York & Northern Region

- 13 registered experts in the South East Region
- 28 registered experts in the Barossa Hills Fleurieu Region.

The Register is currently an excel spreadsheet providing limited usability however there are plans to move this register to a more user friendly Microsoft Access database, also allowing options to run data reports.

In relation to **Action 2**, the AHD has been conducting orientation and induction sessions in Adelaide since 2015; approximately four times per year. To date, there are 40-50 expert members out of the 168 who have been through the induction process.<sup>9</sup> CHSALHN staff currently deliver expert member induction training in addition to their existing workload.

There is an intention to hold these sessions in the regions in the near future. At the time of collecting information for this current state analysis, regional induction sessions were scheduled to be held in March 2018.

Progress is being made to further communicate the register through regional staff however the expert member induction training package is currently under review. No terms of engagement has been reviewed in relation to engagement of Expert members however they are paid an hourly rate for their time and reimbursement of travel expenses.

While the application form for the Register provides a number of ways experts could utilise and participate, experts have expressed varied ways in which they wish to participate on the Register. It appears that **Action 3** is not on track given the approach to developing individual development plans for experts has not yet been fully considered.

An exit interview process for expert members wishing to no longer be involved in the Register as outlined in **Action 4**, is not on track as it has not yet been considered. While only one individual has chosen to exit off the register, concerns have been raised by some experts on the register that communication to them is poor indicating a need to better understand the needs and expectations of expert members.

#### Areas for consideration

As part of this review, consideration should be given to the process of promoting the register to ensure greater uptake.

With regard to **Action 2**, if expert member inductions are to be delivered in the regions into the future, further consideration should be given to the possibility of regional staff being trained to deliver the induction package and that this responsibility is built into their position descriptions.

Experts are paid an hourly fee for their knowledge and time, including any travel expenses incurred in their engagement however it appears delays in CHSALHN financial processes are causing some frustration to individuals.

<sup>9</sup> Information received during meeting with CHSA.

<b>Strategy 1.2</b> Create local opportunities and pathways for Aboriginal communities, carers, patients and consumers to be orientated on CHSALHN business.	
<b>Action 1:</b> Engage communities, consumers and carers in CHSALHN at the local rural region level.	
<b>Action 2:</b> Develop a marketing strategy specifically aimed at engaging the 52% Aboriginal youth population across Country SA.	
<b>Action 3:</b> Develop a marketing strategy to attract Aboriginal people to; and be engaged with CHSALHN.	

**Current state analysis:**

Progress overall on **Strategy 1.2** is yellow indicating progress is being made however adjustments are required to meet anticipated outcomes.

The need to focus on engaging youth and elders is identified in both this strategy and Strategy 1.3.

A number of engagement activities are planned throughout the year across regions, some activities were initiated before the development of the ACCE Strategy, such as Nunga lunches mentioned in Strategy 2.1.

Some progress is being made on **Action 1** however some adjustments are required to meet anticipated outcomes. While Aboriginal engagement activities already exist across regions, it is anticipated that regional engagement and action plans will be developed to embed a process for AHD staff to monitor, and all regions to track and report on progress on Aboriginal engagement.

**Action 2** is not on track as the development of a marketing strategy for youth is currently on hold until the media and communications team finalise the development of a CHSALHN wide branding guideline and marketing strategy for Aboriginal engagement, outlined in **Action 3**.

**Areas for consideration:**

As each region is different covering regional, remote and very remote locations, it has been recognised that a CHSALHN wide marketing strategy will need to consider the diversity of people and the geographical location of people, including level of understanding of the cultural and family relationships that exist within communities.

<b>Strategy 1.3</b> Target the engagement of Youth & Elders	
Priority 1: Youth Engagement Strategy Priority 2: Aboriginal Elders Engagement Strategy	
<b>Action 1:</b> Encourage identified Youth and Elders to participate on the Register.	

**Current state analysis:**

Progress overall on **Strategy 1.3** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

The need to focus on engaging youth and elders is identified in both this strategy and Strategy 1.2.

South Australia has a high population of Aboriginal youth and an increasing aging population. CHSALHN understand the prevalence of health factors and the demographic and geographical spread of Aboriginal people in South Australia; and they recognise that early intervention, education,

and early detection and prevention of health issues are the key to addressing the specific health and wellbeing needs of Aboriginal youth and elders across South Australia.

CHSALHN have developed a Youth Engagement Strategy (2017) following a number of workshops across the regions with 169 young people engaged. Youth representatives have been identified from each region and CHSALHN, and are considering approaches to increase youth engagement in a number of very remote Aboriginal communities (Yalata, Oak Valley and APY Lands) in the near future.

The Youth Strategy is scheduled to be launched in April 2018<sup>10</sup> on Tarpai (wellbeing day). It is a positive initiative received well by youth themselves, and is a nominated finalist in the 2018 Country Health Award.<sup>11</sup>

While a fact sheet has been created to initiate communication, an Elders Engagement Strategy has not yet been drafted. In the first instance, CHSALHN intends to engage with Elders living in aged care facilities.

**3.2 Directorates, Programs and Services**

**Goal 2: Embed a philosophy and create practices in Country Health SA Local Health Network (CHSALHN) that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement.**

<b>Strategy 2.1</b> Promote and encourage genuine and meaningful engagement in primary and acute health settings	
<b>Action 1:</b> Engage with local Aboriginal communities and consumers through strategies such as: <ul style="list-style-type: none"> <li>Expand on existing CHSALHN Nunga luncheon model across all regions</li> <li>Consumer participation in the development and delivery of local programs for example, Keeping it Corka, Renal Dialysis Mobile Unit, AMIC, Mental Health Units</li> <li>Participation in CHSALHN Aboriginal Health Services and Strategy group</li> </ul>	
<b>Action 2:</b> Report on activities regularly to share good practice and contribute to CHSALHN planning	

**Current state analysis:**

Progress overall on **Strategy 2.1** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

CHSALHN is in the early stages of identifying the existing programs, the gaps in consumer and engagement with Aboriginal people in all its programs listed at **Action 1**, and the best way to support these programs under the ACCE Strategy.

<sup>10</sup> Country Health SA Local Health Network, Aboriginal Youth Engagement Strategy 2017 (draft).

<sup>11</sup> Information received during meeting with CHSA.



Input received indicates that the Nunga luncheon event provides a positive local community engagement model for CHSALHN, however, it appears that the Nunga luncheon event model is still in design phase. It is also unclear from information received to date how many luncheons have been held, the number of attendees, and the demographics of attendees.

It is an identified priority for CHSALHN to expand the Nunga luncheon event model across all regions as they are currently only held in the Barossa, Hills and Fleurier regions.

In relation to both **Action 1** and **Action 2**, oversight of planning and communication of events are led by a CHSALHN Aboriginal Directorate events committee, with input from regional teams. A calendar of significant events is prepared each year and communicated to regions.

#### Areas for consideration:

With regard the Nunga luncheon under Action 1, further information is required to assess the level of engagement with the event, giving particular consideration to how many luncheons have been held, the number of attendees, the demographics of attendees (men, women, elders, youth, local stakeholders), costs involved and the level of community support for this event.

<b>Strategy 2.2</b> Implement the Cultural Respect & Awareness training programs across CHSALHN	
<b>Action 1:</b> Implement the CHSALHN Cultural Competency Learning and Development program	
<b>Action 2:</b> Monitor through Workforce Services and the PDR process the uptake of the mandatory on-line cultural orientation training.	
<b>Action 3:</b> Monitor the development of stages 2 and 3 of the Cultural Competency Learning and Development Program.	

#### Current state analysis:

Progress overall on **Strategy 2.2** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

The national Cultural Respect Framework 2016-2026<sup>22</sup> is one of the overarching frameworks for this strategy item, committing the Commonwealth Government and all states and territories to embedding cultural respect principles into their health system.

Led by the CHSALHN People and Culture Team, this strategy item enables the implementation of the Competency Learning and Development Program (CCLDP) and is also a core component of the CHSALHN RAP.

**Action 1** and **Action 2** are on track to meet anticipated outcomes as the CCLDP has been developed and is now in its second of three phases.

- phase one is now complete which was to ensure all CHSALHN staff completed online cultural competency training and,

<sup>22</sup> Department of Health, Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health, Australian Government, 2016.

- phase two objective is to develop and implement a regional specific cultural education program.

Progress is being made on **Action 3** with phase three commitment to develop specialised training for CHSALHN executive and leadership.

#### Areas for consideration:

It appears that the objectives of this strategy item may overlap with the CHSALHN Innovate RAP 2016 – 2017, particularly with regard to the CCLDP. Further consideration may be given to ensuring that there is alignment between actions and commitment. For example, the CHSALHN RAP provides a clear value and commitment statement to Aboriginal peoples, including the importance of culture and identity being integral to Aboriginal health and well-being.

<b>Strategy 2.3</b> Implement the CHSALHN Reconciliation Action Plan	
<b>Action 1:</b> Establish RAP reference/focus groups across directorates and regions and set targets that meet the three outcome areas of the CHSALHN Reconciliation Action Plan	

#### Current state analysis:

Progress overall on **Strategy 2.3** is green indicating progress is on track to meet anticipated outcomes.

The SA Health website indicates they became the first government agency nationally, to produce a Statement of Reconciliation, which then became a policy directive in 2014. The CHSALHN RAP outlines a long term commitment to building stronger relationships, respect and opportunities with Aboriginal peoples.

The governance and oversight of implementation and monitoring of the CHSALHN RAP is established under an operational RAP Committee. The CHSALHN-Aboriginal Health Directorate has a critical role to implement and monitor progress of the RAP with clear: actions, responsibility sponsor, responsible staff member, timeline, measurable deliverables and strategies.

Regional RAP groups have not been established however regions have been reporting on their progress on implementation of RAP activities.

#### Areas for consideration:

The overall timeframe of the CHSALHN Innovate RAP 2016 – 2017 has now lapsed and is under a process of review and refresh to develop a new Stretch RAP. It appears that a number of strategies and actions in the ACCE Strategy link to the CHSALHN Innovate RAP 2016 – 2017 and in some cases seem to double up on objective. There is an opportunity to assess and address and overlap or inconsistency in the development of the new Stretch RAP and as part of the ACCE Strategy mid-term review.

<b>Strategy 2.4</b> Implement a community engagement and customer satisfaction staff training program to improve the level of service.	
<b>Action 1:</b> Create and modify training sessions and resources for staff on consumer centred care and customer satisfaction.	
<b>Action 2:</b> Invite community, patients and carers to speak to staff about their experience of healthcare provision.	

**Current state analysis:**

Progress overall on **Strategy 2.4** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

Limited information was provided in relation to **Action 1** and **Action 2**, however CHSALHN do currently deliver a 'Service Matters' training session to staff and are considering how to draw Aboriginal participants to this training, or whether a separate Aboriginal engagement training session should be developed.

It is also unclear at this stage, where, how often, and who the usual target demographic of participants are for the 'Service Matters' training and if community members, patients and carers are invited to speak about their experience of healthcare provision.

<b>Strategy 2.5</b> Schedule quarterly meetings between regional directorates and key Aboriginal Health stakeholders	
<b>Action 1:</b> Implement meeting schedule, including: <ul style="list-style-type: none"> <li>Country Health Executive               <ul style="list-style-type: none"> <li>AHCSA</li> <li>SA Health Policy and Intergovernmental Relations</li> </ul> </li> <li>Clinical Planning               <ul style="list-style-type: none"> <li>SAMHRI</li> <li>Lowitja O'Donoghue Institute</li> <li>Public Health – AHCSA</li> </ul> </li> <li>Operations               <ul style="list-style-type: none"> <li>Regional Aboriginal Community Controlled Health Organisations</li> <li>Relevant local regional Aboriginal community groups.</li> </ul> </li> </ul>	

**Current state analysis:**

Progress overall on **Strategy 2.5** is red indicating progress is not on track with major adjustments required to meet anticipated outcomes.

While AHD regularly engage with key Aboriginal stakeholders, building relationships with Aboriginal health stakeholders across regions remains a challenge for CHSALHN.

**Areas for consideration:**

Initial conversations held with AHD, raise questions as to whether such quarterly meetings would be meaningful if held. This is something that should be tested further throughout the mid-term review.

### 3.3 Network: Aboriginal Community and Consumer Engagement

**Goal 3: Country Health SA Local Health Network (CHSALHN) to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS).**

**Strategy 3.1** Establish a discrete council of Aboriginal leaders to provide advice to the CEO on hospital and local health service delivery across CHSALHN

**Action 1:** Identify effective spokespeople to provide input on consumer patient care.

**Action 2:** Develop Terms of Reference to include strategies to meet legislative and accreditation standards.

**Action 3:** Undertake Orientation, induction and training on health consumer advocacy for the council.

**Current state analysis:**

This strategy item and actions are currently on hold. Progress overall on **Strategy 3.1** is red indicating progress is not on track with major adjustments required to meet anticipated outcomes.

However, some progress has been made in relation to **Action 1** and **Action 2** with the identification of key Aboriginal persons and the development of a Terms of Reference.

It is assumed that the overall objective of establishing a discrete council of Aboriginal persons is to have a direct community voice to the CHSALHN CEO. Under the current structure, Aboriginal members on the CHSALHN Governing Council do have direct access to the CEO and the Experts by Experience members provide regional advice.

In relation to **Action 3**, orientation and induction training on health consumer advocacy for the council has been identified however CHSALHN have indicated they are unclear whether committees will engage communities effectively.

**Areas for consideration:**

As part of the mid-term review, consideration may be given as to whether establishing this council will ensure the model genuinely allows Aboriginal community voices to be heard; and whether 'committees' provide the right mechanism for effective community engagement.

**Strategy 3.2** Introduce regional CHSALHN Aboriginal Community, Consumers and Carers Sounding Board to explore and keep abreast of community concerns

**Action 1:** Establish regular Sounding Board Schedule in each operational region.

**Action 2:** Engage with local communities to develop local strategies from the issues raised.

**Current state analysis:**

Progress overall on **Strategy 3.2** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

Progress is being made on **Action 1** and **Action 2** as most regions have established Sounding Boards which predate the ACCE Strategy. Sounding Boards provide a mechanism through which services can promote health engagement and are delivered in various ways, including through what is known as Nunga lunches.

**Areas for consideration:**

From initial conversations, CHSALHN are considering how best to describe these sounding boards and establish a monitoring and reporting on progress with the regions.



It appears there could be more opportunity for the Aboriginal Health Directorate Events Committee to assist with planning and coordination of events that develop regional strategies for engagement.

**Strategy 3.3** Establish a CHSALHN Aboriginal Health Services & Strategy Group, representatives from all Directorates & Regions to assist in the advancement of Aboriginal health priorities in CHSALHN

**Action 1:** All Directorates and Regions to nominate a participant from their leadership team to the Aboriginal Health Services and Strategy group to monitor and report on Aboriginal health activities/business.

#### Current state analysis:

Progress overall on **Strategy 3.3** is red indicating progress is not on track with major adjustments required to meet anticipated outcomes.

An Aboriginal Health Services and Strategy Group (AHSSG) was initially established in 2016 to support and oversee the development and implementation of the ACCE Strategy, and report to the overarching CHSALHN Community and Consumer Engagement Steering Group.

A draft Terms of Reference has been developed for the AHSSG nominating senior representatives to oversee and guide the ACCE Strategy, comprising the following membership:

- CHSALHN Executive Director Aboriginal Health Directorate (Chairperson)
- CHSALHN Aboriginal Health Experts by Experience
- CHSALHN Workforce
- CHSALHN Allied Health & Community
- CHSALHN Nursing and Midwifery
- CHSALHN Mental Health
- CHSALHN Aged Care
- CHSALHN Regional Representatives:
  - Barossa, Hills, Fleurieu
  - Flinders & Upper North
  - Eyre & Far North
  - Yorke & Northern
  - South East
  - Riverland, Mallee, Coorong.

At the time of writing, the AHSSG was not operational and no meetings had been held since its initial establishment in 2016.

#### Areas for consideration:

The CHSALHN AHSSG is a core governance structure of the ACCE Strategy, with a role in facilitating the implementation of the Strategy, and reporting on progress against actions.

As CHSALHN is accountable to the South Australian Government for performance management and planning, there is an opportunity for the the roles responsibilities and reporting of the AHSSG to contribute to the 'whole-of-strategy and organisational purpose', taking into consideration:

- new adjustments to the governance structures of CHSALHN itself (arising from the revisit review of country HACs governance arrangement and the recent accord bringing clarity of roles, responsibilities and communication between CHSALHN Governing Council, PMP and HACs)

- the Governance structure of the Consumer and Community Engagement Governance Model – consumer and community advisory groups
- the governance of the CHSALHN RAP Advisory Group
- the governance of the overarching CHSALHN Community and Consumer Engagement Steering Group.

**Strategy 3.4** Increase Aboriginal consumer participation on all CHSALHN committees

**Action 1:** Review all existing committees and examine Aboriginal community/consumer participation and compliance in relation to AHIS processes and NHS&QS-Standard.

#### Current state analysis:

Progress overall on **Strategy 3.4** is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.

This strategy item also relates to Strategy 4.1, in its objective of compliance of AHIS processes.

At the time of this review, Aboriginal representation exists on the CHSALHN Governing Council, the Presiding Members Panel and the Reconciliation Committee. From initial conversations, it appears that increasing Aboriginal representation on governing committees is a priority for CHSALHN and beginning to increase in regional representative committees.

#### Areas for consideration:

It is important to note that since the ACCE Strategy was established, a second edition of the National Safety and Quality Health Service Standards (a core element of the ACCE Strategy) was released. This second edition addresses gaps in the first edition, including the specific needs of Aboriginal and Torres Strait Islander people.

To assist organisations with compliance with the service standards, the Australian Commission on Safety and Quality in Health Care released the *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health*, 2017<sup>3</sup>.

### 3.4 System: Aboriginal Community and Consumer Engagement

**Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services.**

**Strategy 4.1** Implement the roll-out of the Aboriginal Health Impact Statement (AHIS) process

**Action 1:** Identify and train relevant staff on AHIS process, including QIPPS users.

<sup>3</sup>Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health*, 2017.

<p><b>Action 2:</b> Establish and implement a CHSALHN AHIS triage and assessment process.</p>	
<p><b>Current state analysis:</b> Progress overall on <b>Strategy 4.1</b> is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.</p> <p>With regard to Action 1, a CHSALHN AHIS procedure and form has been in place for some time. The process is well embedded into service delivery and staff are becoming more aware of why and how to use the AHIS, particularly as more staff are inducted into the CHSALHN cultural capability program.</p> <p>It is unclear what progress has been made on establishing a CHSALHN AHIS triage and assessment process due to insufficient access to information, <b>Action 2</b>. This is an area that should be given further consideration in future stages of this review.</p>	
<p><b>Strategy 4.2</b> Develop and implement a culturally respectful consumer/patient/carer-centred approach to care</p>	Yellow
<p><b>Action 1:</b> Develop a clinician engagement strategy including the use of Aboriginal Health Practitioners, Aboriginal Health Workers and Aboriginal consumers, carers, patients.</p>	Grey
<p><b>Action 2:</b> Develop a communication strategy describing the process for disseminating information on patient centred care to the community.</p>	Yellow
<p><b>Action 3:</b> Input from the Experts on the Register is actively sought to ensure Aboriginal consumer input is obtained in the development of policy and procedures.</p>	Grey
<p><b>Current state analysis:</b> Progress overall on <b>Strategy 4.2</b> is yellow indicating progress is being made however minor adjustments are required to meet anticipated outcomes.</p> <p><b>Action 1</b> is grey indicating further information is required to assess this action. It is unclear whether progress has been made to develop a clinician engagement strategy, however job profiles are being developed for Aboriginal identified positions within CHSALHN to provide a contact for clinical staff in the regions.</p> <p>In relation to <b>Action item 2</b>, it appears the quarterly CHSALHN Aboriginal Community and Consumer Engagement Newsletter is the main source of communication used at this stage for the ACCE Strategy.</p> <p><b>Action 3</b> is grey indicating further information is required to assess this action.</p> <p><b>Areas for consideration</b> It is relevant to note that a CHSALHN Aboriginal Health Employment Priorities Plan 2017 – 2020<sup>14</sup> was mentioned in the draft ASSG terms of reference, however it is unclear from initial information provided if this plan has been established.</p>	
<p><sup>14</sup> Country Health SA Local Health Network, Aboriginal Health Services and Strategy Group: Terms of Reference (draft).</p>	

## Appendices

Appendix A Key documents reviewed for preliminary information and data analysis

26



## Appendix A Key documents reviewed for current state analysis

Key Documents	Source (received from)
CHSALHN Aboriginal Community and Consumer Engagement Strategy 2015	HPC
Utilising the CHSALHN Aboriginal Health 'Expert by Experience' Register, Application Form	CHSALHN
Country Health SA Local Health Network, Aboriginal Youth Engagement Strategy 2017 (draft), SA Health, Government of South Australia.	CHSALHN
Country Health SA Local Health Network, Aboriginal Elders Engagement Strategy, Fact Sheet	CHSALHN
Country Health SA Local Health Network Reconciliation Action Plan 2016 – 2017, updated April 2017, (Innovate RAP), SA Health, Government of South Australia	CHSALHN
Health Performance Council, <i>Revisit Review of Country Health Advisory Councils Governance Arrangements: A Health Performance Council report as part of the 4 yearly review (2015-2018)</i> , Government of South Australia, 8 August 2017.	HPC
South Australian Health & Medical Research Institute (SAHMRI) (2014), <i>Wardliparingga: Aboriginal research in Aboriginal hands</i> , South Australian Aboriginal Health Research Accord Companion Document, September 2014.	HPC
PwC and Consult Australia (2015), <i>Valuing better engagement: An economic framework to quantify the value of stakeholder engagement for infrastructure delivery</i> , November 2015.	HPC
Australian Commission on Safety and Quality in Health Care (September 2011), <i>National Safety and Quality Health Service Standards</i> (NSQH Standards 1 and 2)	HPC
ACCE Implementation worksheet	CHSALHN
Aboriginal Health Impact Statement (AHIS)	CHSALHN
CHSA regional ACCE Status Report and Action Plan - South East	CHSALHN

CHSA regional ACCE Status Report and Action Plan - Upper North	CHSALHN
Directory of Aboriginal Health Council of South Australia members	CHSALHN
Stakeholder list - Aboriginal organisations, services and council	CHSALHN
Excerpt from CHSALHN Strategic Plan 2015 – 2020, Country Health <i>River of life</i> flow chart diagram	CHSALHN
Example Running Sheet for CHSALHN Yorke & Northern Nunga Youth Gathering – Mid North	CHSALHN
Health Performance Council (2017), <i>Aboriginal health in South Australia: 2017 case study</i> , Government of South Australia.	HPC
HPC post implementation review – initial scoping document	HPC
Draft CHSALHN Terms of Reference for Aboriginal Health Services and Strategy Group (AHSSG)	CHSALHN
CHSALHN Terms of Reference for Aboriginal Health Directorate Events Committee	CHSALHN
CHSALHN, Governance and Accountability Framework 2016 – 2018	CHSALHN
Other Key Documents	Comments
Country Health SA Local Health Network Strategic Plan 2015 – 2020	
Australian Commission on Safety and Quality in Health Care (2017), <i>National Safety and Quality Health Service Standards (second Edition)</i> , November 2017.	This edition addresses gaps in the previous edition including the specific needs of Aboriginal and Torres Strait Islander people
Australian Commission on Safety and Quality in Health Care (2017), <i>National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health</i> , 2017.	This guide was developed by the Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute, and contribution made by the Aboriginal and Torres Strait Islander Health Project Working Group
National Aboriginal and Torres Strait Islander Health Standing Committee of the Australian Health Ministers' Advisory Council. Cultural respect framework 2016–2026 for	Commits the Commonwealth government and all states

Aboriginal and Torres Strait Islander health. Canberra: AHMAC; 2016.	and territories to embed cultural respect principles into their health system
Department of Health, National Aboriginal and Torres Strait Islander Health Plan and, Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023, Australian Government.	
South Australia Health Reconciliation Framework for Action 2013 - 2016	
South Australia Health Aboriginal Health Care Plan 2010 - 2016	
Country Health SA Local Health Network Health Advisory Council Inc (Governing Council), 2016-17 Annual Report	
SA Health, A Framework for Active Partnership with Consumers and the Community 2013	

PwC's Indigenous Consulting 28

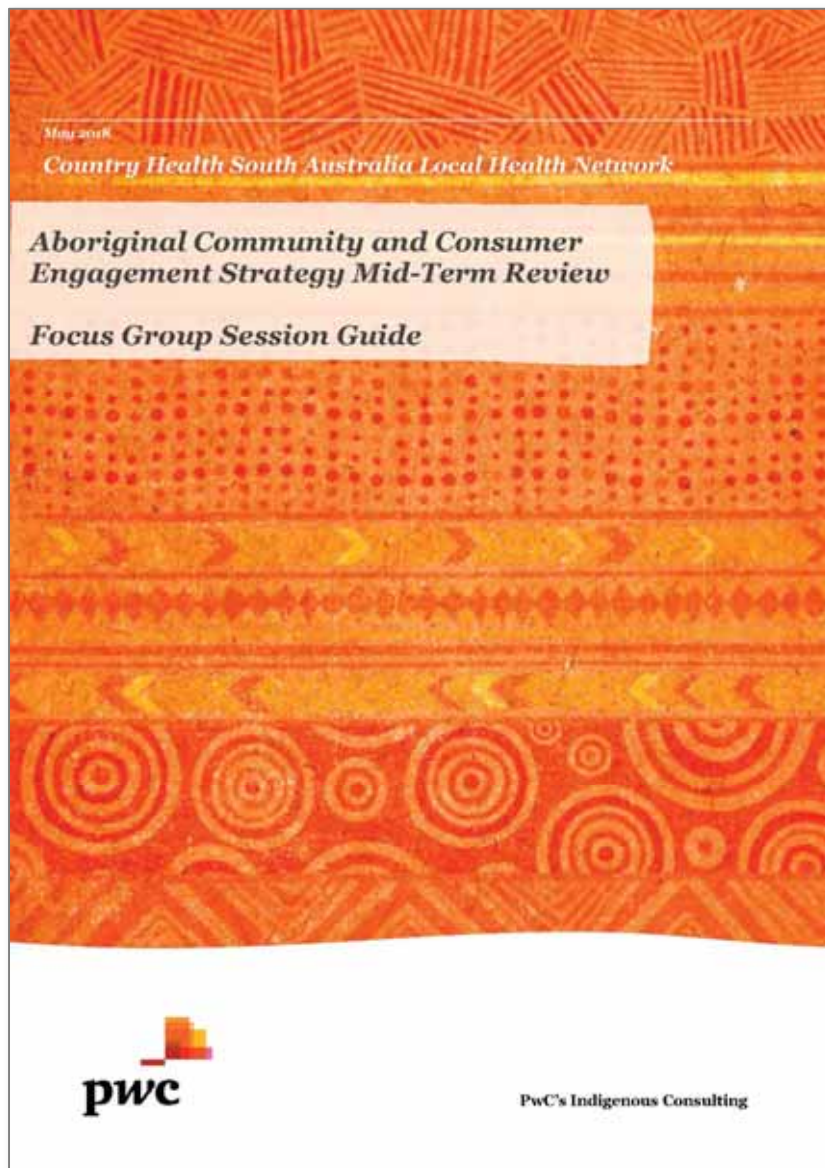
[www.pwc.com.au/pic](http://www.pwc.com.au/pic)

© 2015 PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC). All rights reserved.  
PwC refers to the Australian member firm, and may sometimes refer to the PwC network.  
PIC refers to the PwC member firm. PwC refers to the PwC network.  
Each member firm is a separate legal entity. Please see [www.pwc.com/structure](http://www.pwc.com/structure) for further details.

Liability limited by a scheme approved under Professional Standards Legislation



# Appendix D - Focus Group Guide



Version Control		
Modified by	Date	Version
Preliminary draft Focus Group submitted by PIC Manager to PIC QLD State Director	18 May 2018	V.01
Final Focus Group Guide provided to Indigenous Expert Facilitator	23 May 2018	V.02

This Focus Group Guide has been prepared by PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC) in our capacity as advisors to the Health Performance Council South Australia in accordance with our engagement letter dated 5 January 2018.

The information, statements, opinions, material and commentary (together the "information") used in this Focus Group Guide have been prepared by PIC from publicly available material, from information provided by the Health Performance Council South Australia (HPC) and the Country Health South Australia Local Health Network (CHSALHN) and from discussions held with a range of HPC and CHSALHN stakeholders. PIC has relied upon the accuracy, currency and completeness of the information provided to it by HPC and CHSALHN and its stakeholders and takes no responsibility for the accuracy, currency, reliability or completeness of the information and acknowledges that changes in circumstances after the time of publication may impact on the accuracy of the information. The information may change without notice and PIC is not in any way liable for the accuracy of any information used or relied upon by a third party.

Furthermore PIC has not independently validated or verified the information provided to it for the purpose of the Focus Group Guide and the content of this Guide does not in any way constitute an audit or assurance of any of the information contained herein.

PIC has provided this advice solely for the benefit of HPC and disclaims all liability and responsibility (including arising from its negligence) to any other parties for any loss, damage, cost or expense incurred or arising out of any person using or relying upon the information.

PwC's Indigenous Consulting 1

## Definitions

Terms, abbreviations and acronyms	Meaning
Aboriginal	For the purposes of this Focus Group Guide and consistent with CHSALHN terms, Aboriginal refers to Aboriginal and Torres Strait Islander people residing in South Australia
ACCE	Aboriginal Community and Consumer Engagement Strategy
AHD	Aboriginal Health Directorate
AHIS	Aboriginal Health Impact Statement
AHSSG	CHSALHN Aboriginal Health Services and Strategy Group
CCLDP	Competency Learning and Development Program
CHSA	Country Health South Australia
CHSALHN	Country Health SA Local Health Network
EbyE	Experts by Experience
HAC	Health Advisory Council
HPC	Health Performance Council (SA)
NSQHSS	National Safety and Quality Health Service Standards
PIC	PwC Indigenous Consulting
PMP	Presiding Member Panel
the Minister	Minister for Health (SA)
the Project	ACCE Strategy Review

### Acknowledgement

PIC Acknowledges the Aboriginal people of the many traditional lands and language groups of South Australia. We honour the wisdom of Aboriginal Elders past and present and embrace those Elders who are yet to come.

### Aboriginal Peoples' Right to Health

PIC Acknowledges the focus group discussions will include information about the livelihoods of Aboriginal people of South Australia, including the wellbeing, cultural and socio-economic factors contributing to the health situation, impacts and outcomes of Aboriginal people. The right to health is a fundamental human right affirming that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. In applying the Right to Health and the core principles underpinning the Declaration on the Rights of Indigenous Peoples, we support CHSALHN's core aim to facilitate Aboriginal self-determination wherever possible to empower Aboriginal people to make decisions about their own health and wellbeing outcomes.

## Contents

Version Control	i
Definitions	ii
Contents	1
1 Background and context	2
1.1 About the ACCE Strategy mid-term review project	2
1.2 Purpose of this focus group guide	4
2 Focus Group Agenda	7
3 Focus Group Run Sheet	8
4 Focus Group Questions	11
4.1 General Questions	12
4.2 Expert by Experience Member Questions	16
4.3 External Stakeholder Member Questions	18
4.4 Aboriginal Youth Questions	20
4.5 CHSALHN Staff Questions	22
4.6 CHSALHN Aboriginal Staff Questions	25
4.7 CHSALHN Executive Questions	28
Appendix A Further context relevant to the mid-term review	30



# 1 Background and context

## 1.1 About the ACCE Strategy mid-term review project

On 8 January 2018, the Health Performance Council (HPC) South Australia engaged PwC's Indigenous Consulting (PIC) to work with them to conduct a mid-term implementation review of the Country Health South Australia Local Health Network's (CHSALHN) *Aboriginal Community and Consumer Engagement Strategy (ACCE Strategy)*.<sup>1</sup>

The ACCE strategy was developed in 2015 after nearly two years of community consultation and sits under the overarching CHSALHN Community and Consumer Engagement Strategy.

The overall purpose of the ACCE Strategy is to: *'assist CHSALHN implement culturally respectful and meaningful community and consumer engagement strategies and build a platform to increase Aboriginal community participation in health service delivery, design and decision-making'*.<sup>2</sup>

Given the implementation phase of the ACCE Strategy has now been in place for three years, the HPC has prioritised this mid-term strategy review; which is one of seven reviews being conducted within their four year review cycle 2015-2018.<sup>3</sup>

It is understood that HPC will include the findings from this review, and others conducted in the HPC four yearly review 2015 – 2018 report to advise the Minister for Health by December 2018.

The purpose and scope of the work PIC is contracted to deliver is set out in the ACCE Strategy review project plan under a five staged approach, namely:

- Stage 1: Participate in ACCE Strategy review planning and project inception
- Stage 2: Review ACCE Strategy framework
- Stage 3: Conduct and analyse stakeholder surveys
- Stage 4: Conduct and analyse focus groups
- Stage 5: Report on findings.

### Governance of the ACCE Strategy mid-term implementation review

Two Senior Project teams within HPC and the Aboriginal Health Directorate have been established to guide and oversee the ACCE Strategy mid-term implementation review.

Throughout this review PIC has worked directly to the HPC Project Team, whilst working closely with the Country Health South Australia (CHSA) Directorate Project Team.

### ACCE Strategy logic model

The HPC advisory group identified the following ACCE Strategy logic model<sup>4</sup> as the framework for this Mid-Term ACCE Strategy Review. The framework is built around four key ACCE Strategy engagement pillars and goals:

Strategy Pillar	Goal
<b>I. Individual Community and Consumer Engagement</b>	Goal 1: Build and maintain relationships and strong partnerships with Aboriginal community members across all CHSALHN regions
<b>II. Directorates, Programs and Services</b>	Goal 2: Embed a philosophy and create practices in CHSALHN that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement
<b>III. Network: Aboriginal Community and Consumer Engagement</b>	Goal 3: CHSALHN to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS)
<b>IV. System: Aboriginal Community and Consumer Engagement</b>	Goal 4: Implement effective processes and practices that support culturally safe environment for delivering quality services

### Identified review questions

The following broad review questions were identified by the HPC Advisory Group:

1. How successful has the ACCE Strategy been in influencing change in the short term?
2. What are the remaining gaps in consumer and community engagement activities that would be expected to achieve the ACCE Strategy's stated aims in the short term?
3. What are the key emerging areas for future focus that will improve the chances of achieving medium and long-term outcomes?

### Current State Assessment

As outlined in *Stage 2 of the Project Plan*, PIC conducted a preliminary review of information and data provided by the HPC and the CHSALHN to understand the progress achieved to date on the implementation of the ACCE Strategy.

A high level assessment of the current state across the four Strategy areas was conducted identifying preliminary areas that may require further consideration as part of the mid-term review process.

### Stakeholder surveys

As outlined in *Stage 3 of the Project Plan*, a series of surveys were conducted to seek the views and experiences of those who have direct involvement with actions and initiatives of the ACCE Strategy. The survey opened on **4 May 2018** and closes on **23 May 2018**.

In order to identify initial survey findings on the implementation of the ACCE Strategy for the purposes of designing the Focus Group Sessions and Questions, PIC conducted an initial review of respondent survey responses from each cohort group identified by HPC, including

- Country Health SA Aboriginal Staff
- Country Health SA Staff
- Country Health SA Executive
- External Stakeholders

<sup>1</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015.

<sup>2</sup> Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy*, 2015; *Indicative evaluation plan*, October 2017; PwC Indigenous Consulting, *Country Health South Australia Local Health Network: Aboriginal Community and Consumer Engagement Strategy Review - Project Plan*, Health Performance Council Australia, March 2018.

<sup>3</sup> Health Performance Council, 2015-18 review. At: <https://www.hpcsa.com.au/reviews> (viewed on 23 April 2018).

<sup>4</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015; Health Performance Council, *Post-implementation review of the Country Health SA LHN (CHSALHN) Aboriginal Community and Consumer Engagement (ACCE) Strategy*, 2015; *Indicative evaluation plan*, October 2017.

- Expert by Experience members
- Youth

As at 10 May 2018, responses had been received by all cohort groups.

## 1.2 Purpose of this focus group guide

The purpose of this focus group guide is to provide a framework and questions for the facilitator and team collecting information in each of the seven regional Focus Group discussions.

### Focus Group Session and Question Design

The objective of the Focus Group Sessions is to both validate information received to date and test initial findings.

PIC have designed the Focus Group Sessions and Questions using the four pillars of the ACCE Strategy logic model and built upon preliminary findings from:

- (Stage 2 of the Project Plan) the ACCE Strategy Mid-term Review Current State Analysis Report
- (Stage 3 of the Project Plan) ACCE Strategy Mid-term Review Survey (as at 10 May 2018), noting that the survey officially closes on 23 May 2018.

As outlined in the project plan the aim of Focus Group sessions are to receive direct feedback on the short term outcomes of the ACCE Strategy, with a line of sight to achieve medium term (8years) and long term (up to 10+ years) outcomes.

#### Anticipated Short, Medium and Long Term Outcomes of the ACCE Strategy

The **'Post Implementation Short Term up to 3 years'** Outcomes identified in the review logic model include:

1. Individuals have increased awareness of how to engage with health services
2. Individuals – community and consumers – feel supported to engage
3. Community and consumers participate in the Expert by Experience Register
4. Staff take part in training and professional development about Aboriginal community and consumer engagement
5. Staff are aware of benefits of community and consumer engagement
6. Health services form partnership/s with communities and consumers that make change and innovate

The **'Medium Term to 8 years'** Outcomes identified in the review logic model include:

1. Improved Aboriginal consumer experience
2. Increase in regional SA Aboriginal participation in health service delivery, design and decision-making
3. Aboriginal workforce experience
4. High quality culturally competent and efficient health staff and services for regional SA Aboriginal people
5. Reduced institutional racism
6. Increased health system use by regional SA Aboriginal people

The **'Long Term up to 10+ years'** Outcomes identified in the review logic model include:

1. Integrated approach to ensure workforce is culturally fit for purpose
2. Improved health outcomes for regional SA Aboriginal people
3. Ensure data sovereignty and integrity
4. Increased consumer health literacy

### Focus Group Session Locations

As outlined in the project plan, focus group discussions will be held in seven regional locations in South Australia – one Focus Group Session will be held in each of CHSALHN Service Regions.

A list of these seven locations and scheduled dates is listed below:

Date	Region	Comments
Friday 25 May 2018	Barossa, Hills, Fleurieu (BHF)	Gawler Health Service Conference Room 1 10:00 - 5:00pm  Southern Fleurieu Health Service Hospital Board Room 9:00am - 5:00pm
Fri 1 June 2018	Riverland, Mallee, Coorong (RMC)	Murray Bridge Community Health room 29 9:00am - 5:00pm  Meningie Hospital Room H323 9:00am - 5:00pm  Barmera Hospital Board Room 9:00am-5:00pm
Mon 4 June 2018	York, North (YN)	Point Pearce Health Centre 10:00am - 4:00pm
Tue 5 June 2018	York, North (YN)	GP Plus Port Pirie 10:00am - 5:00pm
Wed 6 June 2018	Flinders, Upper North (FUN)	Port Augusta Boardroom 10:00am - 4:00pm  Whyalla Gargna Room 10:00am - 4:00pm  Hawker Community Room 10:00am - 4:00pm  Quorn Hospital V/C room 10:00am - 4:00pm
Fri 8 June 2018	South East (SE)	Mount Gambier Hospital Conference Room 2. Hospital address is 276-300 Wehl Street North, Mount Gambier. 9:00am - 5:00 Pm
Thursday 14 June 2018	Eyre, Far North (EFN)	Ceduna Hospital Conference Room 9am - 5pm  Port Lincoln Health Service PLH Emergency Department V/C F163 Conference Room



## Focus Group Agenda and Run Sheet



## 2 Focus Group Agenda

Time	Topic	Content	Objective	Facilitator/s
9.30 am – 10.00 am		<b>Arrival, registration, tea &amp; coffee</b>		
10.00 am – 10.15 am	Welcome	Welcome and introductions <ul style="list-style-type: none"> <li>Acknowledgement of country</li> <li>Introductions – what is the review and why it is important.</li> <li>Today's Agenda</li> <li>Housekeeping</li> </ul>	Introductions for participants and anticipated outcomes	Klynton Wanganeen  PIC representative
10.15 am – 12.00 pm	Focus Group	<ul style="list-style-type: none"> <li>Objectives of the focus group session</li> <li>Facilitation of conversations around ACCE strategy</li> </ul>	Understand the ACCE strategy outcomes, benefits and opportunities from your perspective	Klynton Wanganeen
12.00 pm – 12.45 pm		<b>Lunch break</b>		
12.45 pm – 2.30 pm	Break out groups	<ul style="list-style-type: none"> <li>Larger focus group is split out into smaller break out groups – specific to cohort.</li> <li>Split into small groups to discuss ACCE ie Youth, Experts by Experience, External stakeholders etc.</li> </ul>		Klynton Wanganeen  PIC representatives
		<b>Afternoon tea</b>		
2.30 pm – 3 pm	Wrap up	Recap on key points Discussion regarding key points Conclusion: <ul style="list-style-type: none"> <li>Where to from here, including process for review of final outcomes?</li> <li>What are the next steps?</li> </ul> Closing comments		Klynton Wanganeen  PIC representatives

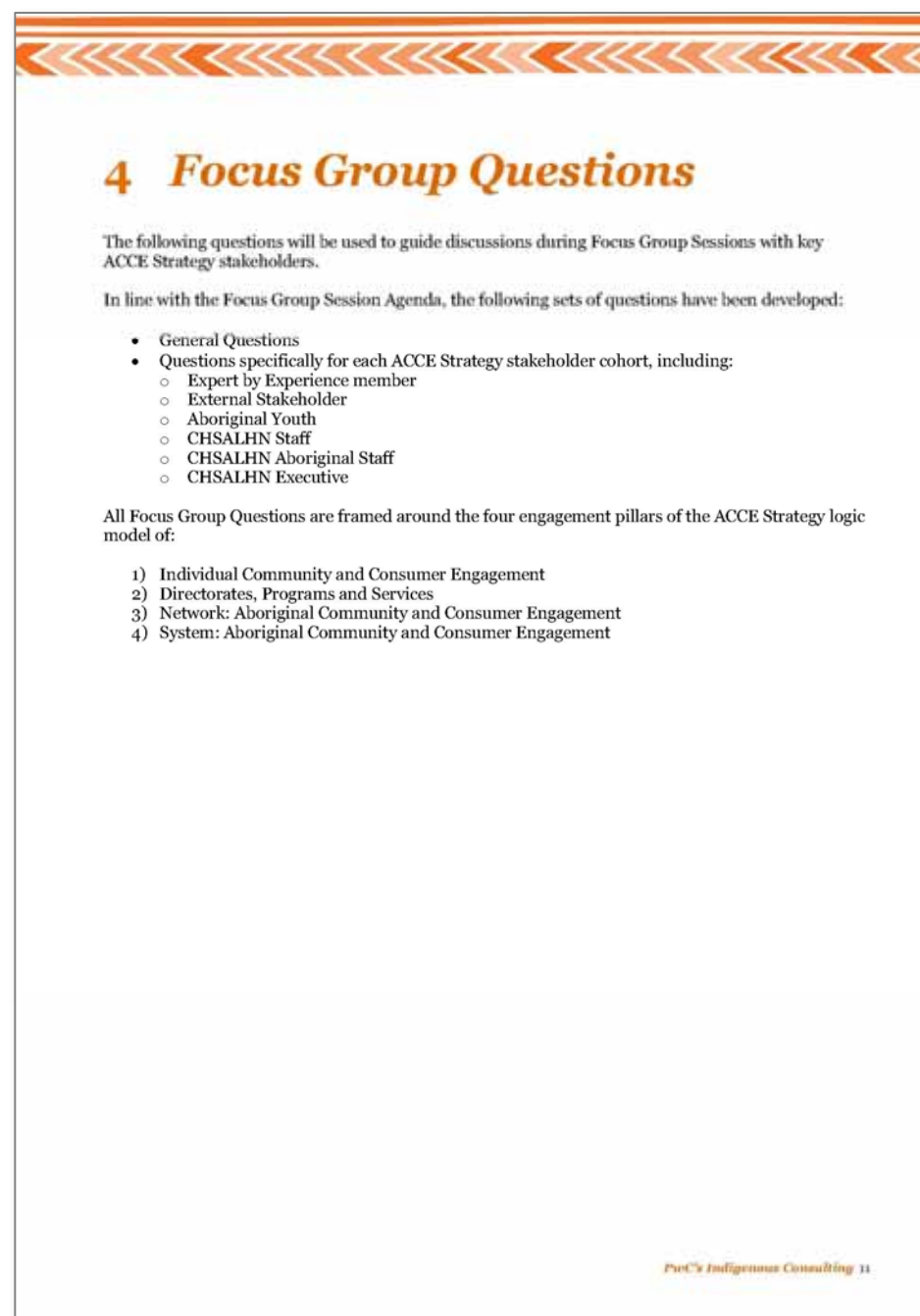
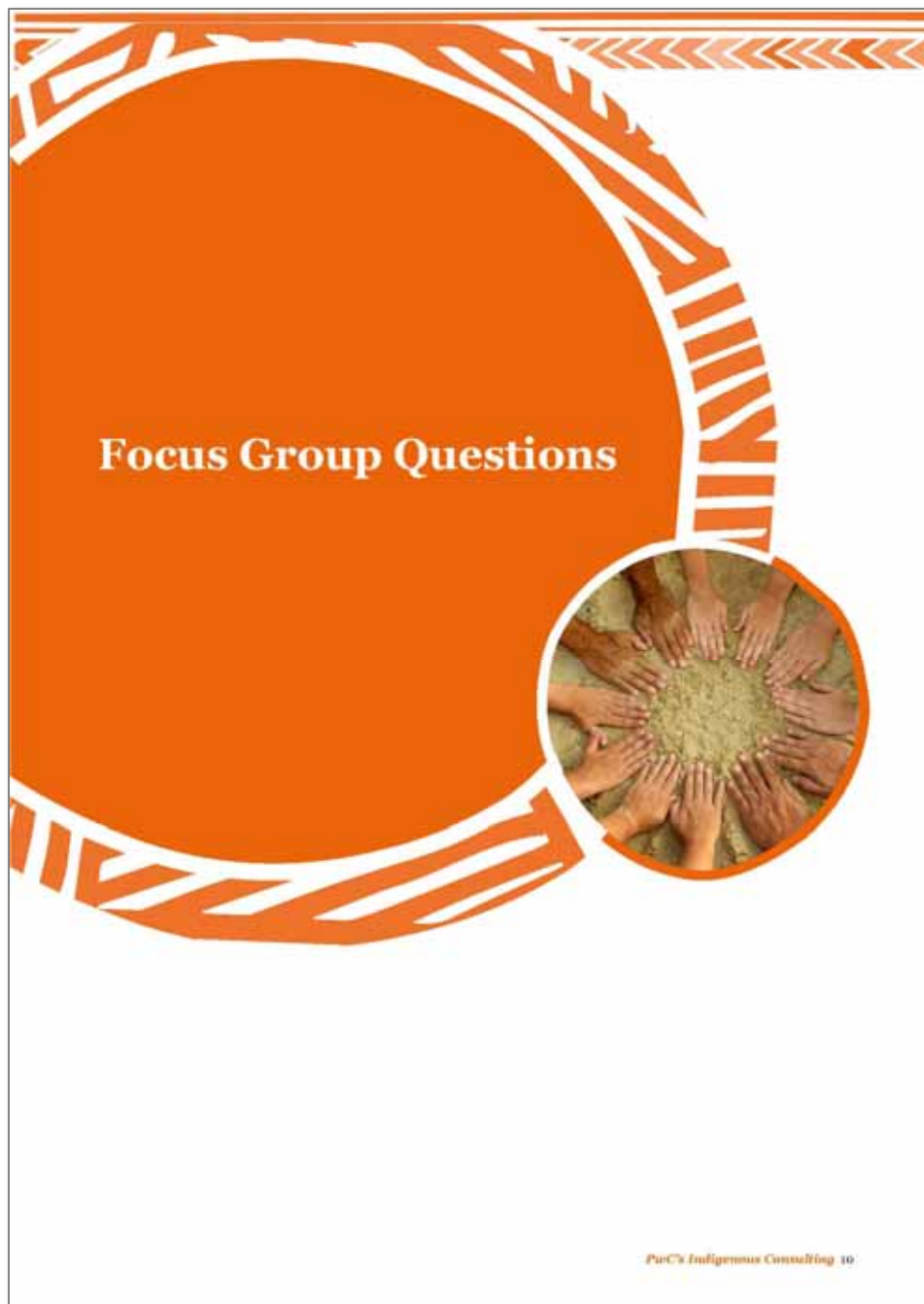
### 3 Focus Group Run Sheet

Time	Activity	Detail	Outcomes for participants	People	Materials required
<b>PRE-FOCUS GROUP</b>					
Lead in	Invite participants	AHD will invite participants from all cohorts to attend Focus Groups across all sites and VC locations. Agenda will be prepared by PIC and approved by HPC.	Invitation and agenda of Focus Group	AHD PIC	Agenda
	Book venues	AHD will book all venues and VC facilities for all dates of Focus Groups	Venue for attendance	AHD	
	Travel and accommodation	HPC to work with PIC and book all travel and accommodation for all Focus Group sessions	Facilitators to attend	HPC PIC	
0800-0900 day of each FG	Venue set up	To be confirmed once venues are agreed.	Make the space feel different and culturally safe	Team	Attendance register Handcopy surveys Artifacts
<b>FOCUS GROUP</b>					
0900-1000	Registration – Meet and Greet	Invited attendees to register attendance and sign attendance register	Start off on a positive tone	Rotated	Attendance Register
	Tea and coffee on arrival	Issue Name Tags – each name tag to have a number on the back that correlates to a table. Attendees will be asked to sit at the assigned table. These tables will be by Elder, Youth etc.  Ask participants if they have completed an online survey, if not, ask if they would like to complete a handcopy and collect at end of session in envelope provide. Ensure survey for coxarc cohort based.	Familiarisation and Preparation of Participants	Google	Numbered Name Tags Artifacts

PwC's Indigenous Consulting 8

Complete participant information sheets, consent forms, claim forms (for eligible participants)					
1000-1015	Welcome	<ul style="list-style-type: none"> <li>• Acknowledgement of country</li> <li>• Introduction – what is the review and why it is important.</li> <li>• Today's Agenda</li> <li>• Housekeeping</li> </ul>	Cultural Protocol	Local Elder/s	
1015-1200	Focus Group	Objectives of the focus group session  Facilitation of group conversations around the ACCE strategy	Ensure participants know what the session is about	KW	
1200-1245	<b>LUNCH</b>				
1245-1430	Break out sessions	Largest focus group to split out into smaller break out groups – specific to cohort.  Split into small groups in different ACCE to Youth, Experts by Experience, External stakeholders etc.	Ensure participants know what the sessions are about.  Depending on number of groups, rely on AHD for assistance	KW PSC	Distribute paper/poster Questions
<b>AFTERNOON TEA</b>					
1430-1500	Wrap up and Close	Run up on key points Discussion regarding key points  Conclusions: <ul style="list-style-type: none"> <li>• Where is from here, including process for review of final outcomes?</li> <li>• What are the next steps?</li> </ul> Closing remarks	Next steps to discuss validation process.  Collect handcopy surveys (if distributed)  Collect payment forms  Thank you	KW PSC	

PwC's Indigenous Consulting 9



## 4 Focus Group Questions

The following questions will be used to guide discussions during Focus Group Sessions with key ACCE Strategy stakeholders.

In line with the Focus Group Session Agenda, the following sets of questions have been developed:

- General Questions
- Questions specifically for each ACCE Strategy stakeholder cohort, including:
  - Expert by Experience member
  - External Stakeholder
  - Aboriginal Youth
  - CHSALHN Staff
  - CHSALHN Aboriginal Staff
  - CHSALHN Executive

All Focus Group Questions are framed around the four engagement pillars of the ACCE Strategy logic model of:

- 1) Individual Community and Consumer Engagement
- 2) Directorates, Programs and Services
- 3) Network: Aboriginal Community and Consumer Engagement
- 4) System: Aboriginal Community and Consumer Engagement



## 4.1 General Questions

The purpose of this Focus Group today is to verify information received to date and test initial findings with key stakeholders of CHSALHN.

- 1) What involvement have you had with CHSALHN in relation to the Aboriginal Community and Consumer Engagement Strategy?

### 4.1.1 Individual, Community and Consumer Engagement

#### ACCE Strategy Goal 1 – building and maintaining Aboriginal community relationships and partnerships

The overarching Goal 1 of the ACCE Strategy is to: *Build and maintain relationships and strong partnerships with Aboriginal community members across all Country Health SA Local Health Network (CHSALHN) regions.* With this particular Goal in mind:

- 2) Would you say that CHSALHN fosters meaningful relationships and partnerships with Aboriginal community members in this region?

If not, could you provide an example of why you don't think CHSALHN fosters meaningful relationships and partnerships?

If yes, could you provide an example of why you think CHSALHN fosters meaningful relationships and partnerships?

- 3) What could be done to improve CHSALHN's relationships and partnerships with Aboriginal community members in this region?

#### Experts by experience register

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears CHSALHN orientation and induction training, communication approach and developing individual development plans for experts requires further consideration.

The Register is also currently being managed in an Excel spreadsheet. An appropriate data management system is being considered to manage participation, induction, confidentiality and human error.

- 4) Are you aware CHSALHN have a register of Aboriginal health experts who they engage with for advice about Aboriginal health matters in the region?

For those of you who are aware, what do you think CHSALHN can do to improve the effectiveness of the experts by experience strategy?

For those of you who are not aware and are interested to find out more, please speak with the AHD.

#### Engagement with Youth and Elders

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears marketing and communication to youth and elders across all CHSALHN Regions requires further consideration.

- 5) A key objective of the ACCE Strategy is to better communicate and engage Aboriginal youth and elders in health services. Do you think CHSALHN communicate and engage well with Aboriginal youth and elders in this region?

If no, what makes you believe CHSALHN are not communicating or engaging well?

If yes, can you provide an example of how CHSALHN has engaged with youth or elders well?

- 6) What could be done to improve CHSALHN's communication and engagement with youth and elders in this region?

### 4.1.2 Directorates, Programs and Services

#### ACCE Strategy Goal 2 – values participation and demonstrates meaningful Aboriginal community engagement

The overarching Goal 2 of the ACCE Strategy aims to: *Embed a philosophy and create practices in Country Health SA Local Health Network (CHSALHN) that values Aboriginal Community and consumer participation and supports genuine and meaningful engagement.* With this particular Goal in mind:

- 7) Would you say that CHSALHN meaningfully engages and values Aboriginal community participation in this region?

If not, could you provide an example?

If yes, could you provide an example?

- 8) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation in this region?

#### Identification and elevation of existing engagement programs

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears that identifying existing programs and the gaps in consumer and engagement with Aboriginal people requires further consideration, including the best way to support these programs under the ACCE Strategy.

- 9) CHSALHN hold a number of events and programs across South Australia to engage with Aboriginal community members and key Aboriginal health stakeholders. Have you participated in any CHSALHN events or programs in your region?

If yes, what particular event or program was this? How do you usually hear about CHSALHN events?

- 10) What is the best way CHSALHN can improve their communication about events and programs to Aboriginal community members and key Aboriginal health stakeholders in this region?

#### CHSALHN Reconciliation Action Plan (RAP)

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears that the CCLDP is a core component of both the ACCE Strategy and the CHSALHN Innovate RAP 2016 – 2017, indicating potential duplication.

The overall timeframe of the CHSALHN Innovate RAP 2016 – 2017 has now lapsed and is under a process of review and refresh to develop a new Stretch RAP.



- 11) In addition to the ACCE Strategy, are you aware CHSALHN have a Reconciliation Action Plan?

If yes, are you noticing improvement in CHSALHN's approach to building respectful relationships and providing opportunities with Aboriginal people in your community?

#### 4.1.3 Network: Aboriginal Community and Consumer Engagement

##### ACCE Strategy standards

*Facilitator Note:* Since the ACCE Strategy was established, a second edition of the National Safety and Quality Health Service Standards was released, a core framework of the ACCE Strategy, which addresses gaps in the first edition, including the specific needs of Aboriginal and Torres Strait Islander people.

Significant guidance on future actions and standards for Aboriginal engagement are set out in the Australian Commission on Safety and Quality in Health Care released the *National Safety and Quality Health Service Standards: User guide for Aboriginal and Torres Strait Islander Health*, 2017.

##### ACCE Strategy Goal 3 – deliver best practice health services and lead health services engagement with Aboriginal community

The overarching Goal 3 of the ACCE Strategy aims for: Country Health SA Local Health Network (CHSALHN) to lead systemic reform in the area of Aboriginal Community engagement and meet the National Safety and Quality Health Service Standards (NSQHSS). With this particular Goal in mind:

- 12) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?
- 13) CHSALHN are required to comply to the *National Safety and Quality Health Service Standards* which has a particular focus on the health needs of Aboriginal and Torres Strait Islander peoples. What could CHSALHN do to improve their delivery of health services to Aboriginal people in this region that follows a model of best practice?

##### Elevating Aboriginal community voice

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears that further consideration is needed to establish a model that genuinely allows Aboriginal community voices to be heard. In the current structure, Aboriginal members on the CHSALHN Governing Council do have direct access to the CEO and the Experts by Experience members provide regional advice.

- 14) What do you think CHSALHN could do to improve their governance structure to allow for Aboriginal community voices to be heard in relation to their own and community wide health needs?
- 15) What could be done to elevate Aboriginal community voices and perspectives in the governing operations of CHSALHN?

##### Regional strategies for engagement

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears the purpose, role and description of sounding boards and monitoring and reporting on progress with the regions requires further consideration. It also appears there could be more opportunity for the Aboriginal Health Directorate Events Committee to assist with planning and coordination of events that develop regional strategies for engagement.

- 16) CHSALHN currently engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

#### 4.1.4 System: Aboriginal Community and Consumer Engagement

##### ACCE Strategy Goal 4 – culturally safe processes and practices in delivery of health services

The overarching Goal 4 of the ACCE Strategy aims to: Implement effective processes and practices that support culturally safe environment for delivering quality services. With this particular Goal in mind:

- 17) In your engagement with CHSALHN to date, would you say that CHSALHN processes and practices provide culturally safe delivery of health services in this region?
- If not, could you provide an example?  
If yes, could you provide an example?
- 18) What do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in the region?

##### Aboriginal Health Impact Statement process

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears further information is required to assess what progress has been made on establishing a CHSALHN AHIS triage and assessment process.

- 19) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' process?
- If yes, what involvement have you had? Do you think this process has been effective in assisting CHSALHN to understand and assess the health impacts of Aboriginal people?

##### Aboriginal health employment priorities

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears the CHSALHN Aboriginal Health Employment Priorities Plan 2017 – 2020 was mentioned in the draft ASSG terms of reference however it is unclear from initial information provided if this plan has been established.

- 20) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

## 4.2 Expert by Experience Member Questions

### 4.2.1 Individual, Community and Consumer Engagement

#### ACCE Strategy Goal 1 – building and maintaining Aboriginal community relationships and partnerships

##### Expert by experience register

- 1) As an Expert by Experience member, do you feel that CHSALHN approach to having an expert by experience register is effective to build and maintain relationships/partnerships with Aboriginal community members in this region?

- 2) Have you participated in the Orientation and Induction training delivered by CHSALHN for registered experts by experience members?

If not, why?

If yes, was the quality and content of the training useful to understand your role as an expert by experience member?

##### Expert by experience Orientation and Induction

- 3) To date, Orientation and Induction training for experts is held in Adelaide. In terms of CHSALHN providing the best access for experts to this training, do you feel the location of this training is accessible and held often enough?

### 4.2.2 Directorates, Programs and Services

#### ACCE Strategy Goal 2 – values participation and demonstrates meaningful engagement with Aboriginal community

- 4) As an Expert by Experience member, do you feel that CHSALHN meaningfully engages with you and values your participation/contribution?

If not, why?

If yes, why?

- 5) What could be done to improve CHSALHN's engagement activities to encourage greater expert member participation/contribution?

### 4.2.3 Network: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 3 – deliver best practice health services and lead health services engagement with Aboriginal community

- 6) As an Expert by Experience member, what do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with yourselves as experts and Aboriginal community members in this region?

##### Elevating Aboriginal community voice

- 7) As an Expert by Experience member, do you think that the governance structure of CHSALHN allows for Aboriginal community voices to be heard in relation to their own and community wide health needs?

If no, why?

If yes, why?

- 8) What could be done to elevate Aboriginal community voices within CHSALHN?

##### Regional strategies for engagement

- 9) CHSALHN currently engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

### 4.2.4 System: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 4 – culturally safe processes and practices in delivery of health services

- 10) In your engagement with CHSALHN as an Expert by Experience member, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in the region?

##### Aboriginal Health Impact Statement process

- 11) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

##### Aboriginal health employment priorities

- 12) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?



### 4.3 External Stakeholder Member Questions

#### 4.3.1 Individual, Community and Consumer Engagement

##### ACCE Strategy Goal 1 – building and maintaining Aboriginal community relationships and partnerships

- 1) As an identified External Stakeholder to CHSALHN, does your organisation partner with CHSALHN in this region?

If yes, what is the nature of this partnership?

- 2) What do you think could be done to improve CHSALHN's relationships with Aboriginal stakeholders and Aboriginal community members in the region?

#### 4.3.2 Directorates, Programs and Services

##### ACCE Strategy Goal 2 – values participation and demonstrates meaningful engagement with Aboriginal community

- 3) As an identified External Stakeholder to CHSALHN, do you feel that CHSALHN meaningfully engages with you and values your participation?

If no, could you provide an example why?

If yes, could you provide an example about how CHSALHN engages with you/your organisation? Do you meet with CHSALHN regularly? Do you share information about health services and practices in the region?

- 4) What could be done to improve CHSALHN's engagement activities to encourage greater partnerships with key Aboriginal stakeholders?

##### Meetings with Aboriginal stakeholders

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears that AHD have strong relationships and engagement with key Aboriginal stakeholders however building relationships with Aboriginal health stakeholders across regions remains a challenge for CHSALHN.

#### 4.3.3 Network: Aboriginal Community and Consumer Engagement

##### ACCE Strategy Goal 3 –deliver best practice health services and lead health services engagement with Aboriginal community

- 5) As an External Stakeholder, what do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with key Aboriginal stakeholders and Aboriginal community members in this region?

##### Regional strategies for engagement

- 6) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

#### 4.3.4 System: Aboriginal Community and Consumer Engagement

##### ACCE Strategy Goal 4 – culturally safe processes and practices in delivery of health services

- 7) In your engagement with CHSALHN as an External Stakeholder, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in the region?

##### Aboriginal Health Impact Statement process

- 8) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

##### Aboriginal health employment priorities

- 9) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

## 4.4 Aboriginal Youth Questions

### 4.4.1 Individual, Community and Consumer Engagement

#### ACCE Strategy Goal 1 – building and maintaining Aboriginal community relationships and partnerships

- 1) As a young Aboriginal person, do you feel you have a good relationship with CHSALHN?  
If not, why?  
If yes, why?
- 2) What could be done to improve your relationship with CHSALHN?

### 4.4.2 Directorates, Programs and Services

#### ACCE Strategy Goal 2 – values participation and demonstrates meaningful engagement with Aboriginal community

- 3) As a young Aboriginal person, do you feel that CHSALHN meaningfully engages with you and values your participation?  
If not, why?  
If yes, why?
- 4) What could be done to improve CHSALHN's engagement activities to encourage greater youth participation?

### 4.4.3 Network: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 3 – deliver best practice health services and lead health services engagement with Aboriginal community

- 5) As a young Aboriginal person, what do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal youth in this region?

#### Elevating Aboriginal community voice

- 6) As a young Aboriginal person, do you think CHSALHN allows for Aboriginal youth voices to be heard in relation to their own and community wide health needs?  
  
If no, could you provide an example of why not?  
If yes, could you provide an example?
- 7) What could be done to increase youth voice in relation to identifying their health needs?

### 4.4.4 System: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 4 – culturally safe processes and practices in delivery of health services

- 8) In your engagement with CHSALHN as a young Aboriginal person, do you feel that CHSALHN provide culturally safe delivery of health services to youth?

If not, could you provide an example of why not?  
If yes, could you provide an example?

- 9) What do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services to youth in this region?



## 4.5 CHSALHN Staff Questions

- 1) In your words, how would you describe the objectives of the ACCE Strategy and how they relate to CHSA and CHSALHN overall strategic organisational objectives?

### 4.5.1 Individual, Community and Consumer Engagement

#### ACCE Strategy Goal 1 – building and maintaining Aboriginal community relationships and partnerships

- 2) As a CHSALN Staff member, what could be done to improve CHSALHN's relationships with Aboriginal community members in this region?

#### Staff capability and resourcing to deliver training

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears CHSALHN staff currently deliver expert member induction training on top of their existing workload.

If expert member inductions are to be delivered in the regions in the future, the possibility of regional staff being trained to deliver the induction package and related financial commitment will require further consideration.

- 3) As a CHSALHN staff member, have you had responsibility to deliver/facilitate Orientation and Induction Training to experts on the experts by experience register?

If yes, how was your experience facilitating this training? Was the content appropriate for purpose, particularly in engaging expert members who have a diverse range of skills in all regions, and was this work manageable with other responsible tasks of your role?

If no, would you like to receive training to deliver Orientation and Induction training to experts on the experts by experience register?

### 4.5.2 Directorates, Programs and Services

#### ACCE Strategy Goal 2 – values participation and demonstrates meaningful engagement with Aboriginal community

- 4) As a CHSALN Staff member, do you feel that CHSALHN meaningfully engages and values Aboriginal community member participation in this region?  
If not, why?  
If yes, why?
- 5) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation?

#### ACCE Strategy monitoring and reporting

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, current reporting frameworks are ad-hoc with limited governance structures and management.

- 6) As a CHSALHN staff member, do you have responsibility or have been involved in reporting on ACCE Strategy deliverables in either the national office or regional offices?

- 7) What do you think could improve CHSALHN regional monitoring and reporting on the deliverables of the ACCE Strategy?

#### Staff engagement training

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, limited information was provided in relation to existing CHSALHN staff training on engagement. It appears further consideration is required on how to increase Aboriginal participation or develop a separate Aboriginal engagement training session for staff.

**Note:** Cultural capability training is an action in the CHSALHN RAP.

- 8) In your role, do you regularly engage with Aboriginal people in South Australia?

If yes, have you received formal training on how to best engage in health related matters with Aboriginal people in a way that is appropriate and culturally respectful?

If yes, how was the training delivered, how effective was the training and how long ago did you receive this training?

If no, are you interested to receive training on how to engage with Aboriginal people in a culturally respectful and appropriate way, such as cultural capability training?

### 4.5.3 Network: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 3 –deliver best practice health services and lead health services engagement with Aboriginal community

- 9) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?

#### Staff training on health consumer advocacy

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears that orientation and induction training for staff on health consumer advocacy has been identified however it is unclear whether this training will fully enable CHSALHN committees to engage the communities effectively.

- 10) As a CHSALHN Staff member, what do you think could be done to improve staff capability around health consumer advocacy specifically focused for Aboriginal peoples and communities?

#### Regional strategies for engagement

- 11) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

### Governance of ACCE Strategy

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears that establishing a CHSALHN AHSSG is a core governance structure of the ACCE Strategy, to facilitate implementation and reporting on progress of actions.

As CHSALHN is accountable to the South Australian Government for performance management and planning, it could be assumed that, once established, the roles responsibilities and reporting of the AHSSG would contribute to the 'whole-of-strategy and organizational purpose', taking in consideration of:

- new adjustments to the governance structures of CHSALHN itself (arising from the revisit review of country HACs governance arrangement and the recent accord brining clarity on roles, responsibilities and communication between CHSALHN Governing Council, PMP and HACs)
- the Governance structure of the Consumer and Community Engagement Governance Model – consumer and community advisory groups
- the governance of the CHSALHN RAP Advisory Group
- the governance of the overarching CHSALHN Community and Consumer Engagement Steering Group
- the opportunity for refresh following the recent State election

- 12) A number of governance structures exist to deliver community and consumer engagement and Aboriginal community engagement within CHSA and CHSALHN. Given the CHSALHN Aboriginal Health Service Strategy Group (AHSSG) has not yet been established, what do you think could improve the effective implementation of the ACCE Strategy and reporting on progress of actions?

### 4.5.4 System: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 4 – culturally safe processes and practices in delivery of health services

- 13) As a CHSALN Staff member, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in this region?

#### Aboriginal Health Impact Statement process

- 14) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

#### Aboriginal health employment priorities

- 15) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

## 4.6 CHSALHN Aboriginal Staff Questions

### 4.6.1 Individual, Community and Consumer Engagement

#### ACCE Strategy Goal 1 – building and maintaining Aboriginal community relationships and partnerships

- 1) As an Aboriginal CHSALN Staff member, do you feel CHSALHN have good relationships with Aboriginal community members in this region?  
If not, why?  
If yes, why?

#### Experts by experience register

- 2) Given Aboriginal CHSALN Staff members are able to be listed on the experts by experience register, do you feel that CHSALHN approach to having an expert by experience register is effective to build and maintain relationships/partnerships with Aboriginal community members in this region?
- 3) Have you participated in the Orientation and Induction training delivered by CHSALHN for registered experts by experience members?

If not, why?

If yes, was the quality and content of the training useful to understand your role as an expert by experience member?

#### Staff capability and resourcing to deliver training

**Facilitator Note:** From preliminary findings from the current state analysis and stakeholder surveys, it appears CHSALHN staff currently deliver expert member induction training on top of their existing workload.

If expert member inductions are to be delivered in the regions in the future, the possibility of regional staff being trained to deliver the induction package and related financial commitment will require further consideration.

- 4) As a CHSALHN staff member, have you had responsibility to deliver/facilitate Orientation and Induction Training to experts on the experts by experience register?

If yes, how was your experience facilitating this training? Was the content appropriate for purpose, particularly in engaging expert members who have a diverse range of skills in all regions, and was this work manageable with other responsible tasks of your role?

If no, would you like to receive training to deliver Orientation and Induction training to experts on the experts by experience register?

### 4.6.2 Directorates, Programs and Services

#### ACCE Strategy Goal 2 – values participation and demonstrates meaningful engagement with Aboriginal community

- 5) As an Aboriginal CHSALN Staff member, do you feel that CHSALHN meaningfully engages and values Aboriginal community member participation in this region?



If not, could you provide an example of why not?  
If yes, could you provide an example?

- 6) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation?

#### **Staff engagement training**

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, limited information was provided in relation to existing CHSALHN staff training on engagement. It appears further consideration is required on how to increase Aboriginal participation or develop a separate Aboriginal engagement training session for staff.

*Note:* Cultural capability training is an action in the CHSALHN RAP.

- 7) In your role, have you received formal training on how to best engage in health related matters with Aboriginal people in a way that is appropriate and culturally respectful?
- If yes, how was the training delivered, how effective was this training and how long ago did you receive this training?
- If no, are you interested to receive job specific training on engaging with Aboriginal people, such as cultural capability training?

#### **4.6.3 Network: Aboriginal Community and Consumer Engagement**

**ACCE Strategy Goal 3 – deliver best practice health services and lead health services engagement with Aboriginal community**

- 8) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?

#### **Elevating Aboriginal community voice**

- 9) As an Aboriginal CHSALN Staff member, what do you think CHSALHN could do to improve their governance structure to allow for Aboriginal community voices to be heard in relation to their own and community wide health needs?
- 10) What could be done to elevate Aboriginal community voices and perspectives in the governing operations of CHSALHN?

#### **Staff training on health consumer advocacy**

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears that orientation and induction training for staff on health consumer advocacy has been identified however it is unclear whether this training will fully enable CHSALHN committees to engage the communities effectively.

- 11) As an Aboriginal CHSALHN Staff member, what do you think could be done to improve staff capability around health consumer advocacy specifically focused for Aboriginal peoples and communities?

#### **Regional strategies for engagement**

- 12) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to

improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

#### **4.6.4 System: Aboriginal Community and Consumer Engagement**

**ACCE Strategy Goal 4 – culturally safe processes and practices in delivery of health services**

- 13) As an Aboriginal CHSALN Staff member, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in this region?

#### **Aboriginal Health Impact Statement process**

- 14) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

#### **Aboriginal health employment priorities**

- 15) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?

## 4.7 CHSALHN Executive Questions

### 4.7.1 Individual, Community and Consumer Engagement

#### ACCE Strategy Goal 1 – building and maintaining Aboriginal community relationships and partnerships

- 1) As a member of CHSALHN Executive team, do you feel CHSALHN have good relationships with Aboriginal community members in this region?  
If not, why?  
If yes, why?
- 2) What could CHSALHN do to improve relationships with Aboriginal community members in this region?

#### Staff capability and resourcing to deliver training

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears CHSALHN staff currently deliver expert member induction training on top of their existing workload.

If expert member inductions are to be delivered in the regions in the future, the possibility of regional staff being trained to deliver the induction package and related financial commitment will require further consideration.

- 3) Given expert members on the 'experts by experience register' are a key engagement stakeholder for CHSALHN, as a CHSALHN Executive member, have you participated or been involved in the Orientation and Induction Training to experts on the experts by experience register?

If yes, what role did you have in this training session? Do you believe the content was appropriate for purpose, particularly in engaging expert members who have a diverse range of skills in all regions?

If no, would you consider participating or being involved in this training to experts on the experts register in the future? If no, why?

### 4.7.2 Directorates, Programs and Services

#### ACCE Strategy Goal 2 – values participation and demonstrates meaningful engagement with Aboriginal community

- 4) As a member of the CHSALHN Executive team, do you feel that CHSALHN meaningfully engages and values Aboriginal community member participation in this region?  
If not, could you provide an example of why?  
If yes, could you provide an example?
- 5) What could be done to improve CHSALHN's engagement activities to encourage greater Aboriginal community participation?

### 4.7.3 Network: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 3 – deliver best practice health services and lead health services engagement with Aboriginal community

- 6) What do you think CHSALHN could do to take a more coordinated and holistic approach to how health services engage with Aboriginal community members in this region?

#### Staff training on health consumer advocacy

*Facilitator Note:* From preliminary findings from the current state analysis and stakeholder surveys, it appears that orientation and induction training for staff on health consumer advocacy has been identified however it is unclear whether this training will fully enable CHSALHN committees to engage the communities effectively.

- 7) As a member of the CHSALHN Executive team, what do you think could be done to improve staff capability around health consumer advocacy specifically focused for Aboriginal peoples and communities?

#### Regional strategies for engagement

- 8) CHSALHN engage with regional offices and communities in various ways, including through events and regional engagement strategies. What do you think CHSALHN could do to improve their regional engagement, monitoring and reporting on Aboriginal health matters in their regions?

### 4.7.4 System: Aboriginal Community and Consumer Engagement

#### ACCE Strategy Goal 4 – culturally safe processes and practices in delivery of health services

- 9) As a member of the CHSALHN Executive team, what do you think could be done to improve CHSALHN processes and practices to deliver culturally safe health services in this region?

#### Aboriginal Health Impact Statement process

- 10) Have you had any involvement in designing or contributing to CHSALHN's internal 'Aboriginal Health Impact Statement' reporting process?

If yes, what involvement have you had and do you think this approach is assisting CHSALHN to effectively understand and address health impacts of Aboriginal people and communities?

#### Aboriginal health employment priorities

- 11) CHSALHN Aboriginal employment is currently 1.77% of the total number of employees. Could you provide any suggestions that may contribute to increasing Aboriginal employment within CHSALHN and across its regions?



## Appendix A Further context relevant to the mid-term review

Aspiring to be the best health service provider to people living in rural and remote South Australia, CHSALHN is one of the largest local health networks in Australia. They deliver acute, residential aged care, community health, mental health and emergency health care services to 63 hospital sites and over 240 health unit sites across six identified CHSALHN regions in the state.

As one of five local health networks in South Australia, CHSALHN was established under the *Health Care Act 2008 (SA)* and is supported by a Governing Council, known as the CHSALHN Health Advisory Council.

The CHSALHN Health Advisory Council (established in 2012) has specific functions and powers as defined in the *Health Care Act 2008 (SA)* and its Constitution as determined by the Minister. Essentially the CHSALHN Health Advisory Council undertakes an advocacy role on behalf of the community and, among other functions, provides advice to South Australian government health ministers. It is relevant to note that at the time of conducting this review, recruitment for appointment of members to the Governing Council were publically advertised on South Australia Health's website.

Key management personnel of the CHSALHN Health Advisory Council includes, the Minister (Minister for Health SA), the Chief Executive of the Department (SA Health), Chief Executive Officer of Country Health SA Local Health Network and the members of the Advisory Council.

The CHSALHN Health Advisory Council is further supported by a Presiding Members Panel (PMP) and 39 regional Health Advisory Councils (HACs) associated with regionally located health units.

In 2017, a partnership framework for Health Advisory Councils and CHSALHN 2017-2022 was established to strengthen the existing governance structure, bring clarity to roles and responsibilities and enable greater communication and engagement processes.

CHSALHN employs almost 9,000 staff across South Australia, which includes 159 Aboriginal staff (1.77% of CHSALHN workforce). As at January 2018, employee numbers for each CHSALHN region<sup>5</sup> are:

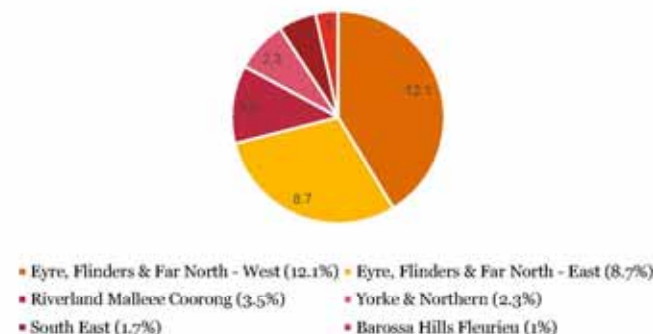
Region	Aboriginal Staff	Total Staff	Aboriginal %
Corporate and Mental Health (CHSALHN wide)	14	724	1.93%
Barossa, Hills, Fleurieu Region	35	1932	1.81%
Eyre, Flinders and Far North – East Region	29	847	3.42%
Eyre, Flinders and Far North – West Region	18	974	1.85%
Riverland Mallee Coorong Region	32	1537	2.08%
South East Region	14	1358	1.03%
Yorke and Northern Region	17	1606	1.06%
<b>TOTAL</b>	<b>159</b>	<b>8978</b>	<b>1.77%</b>

<sup>5</sup> Country Health SA Local Health Network, workforce data as received from the AHD on 3 April 2018.

### Population and health of Aboriginal people within the Country Health SA Local Health Network regions<sup>6</sup>

The geographical reach of CHSALHN covers 99.8% of South Australia. According to the Australian Bureau of Statistics Census 2016, the Aboriginal population equates to 2 percent of the total South Australian population, with an estimated 48% of South Australia's Aboriginal population living in country South Australia. There are currently 36 different language groups within the CHSALHN service regions with the Aboriginal population percentage within each CHSALHN region being:

Percentage of Aboriginal population in CHSALHN Regions



Overwhelmingly, Aboriginal South Australians experience a higher prevalence of a range of chronic diseases, biomedical risk factors, behavioural risk factors and psychological distress than the non-Aboriginal population. Chronic disease is particularly prevalent requiring ongoing and high level health care and service support.<sup>7</sup>

<sup>6</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, Appendix 4, pp 19-25; Australian Bureau of Statistics, 2016 Census Quick Stats: South Australia, 23 October 2017, A1: <https://www.censusdata.abs.gov.au/census-products/data/quickstats/tables/qslsa01a01> (Viewed on 8 April 2018).

<sup>7</sup> Country Health SA Local Health Network, *Aboriginal Community & Consumer Engagement Strategy*, 2015, Appendix 4, pp 19-25.







***[www.pwc.com.au/pic](http://www.pwc.com.au/pic)***

© 2018 PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC). All rights reserved.  
PwC refers to the Australian member firm, and may sometimes refer to the PwC network.  
PIC refers to the PwC member firm. PwC refers to the PwC network.  
Each member firm is a separate legal entity. Please see [www.pwc.com/structure](http://www.pwc.com/structure) for further details.

Liability limited by a scheme approved under Professional Standards Legislation

