

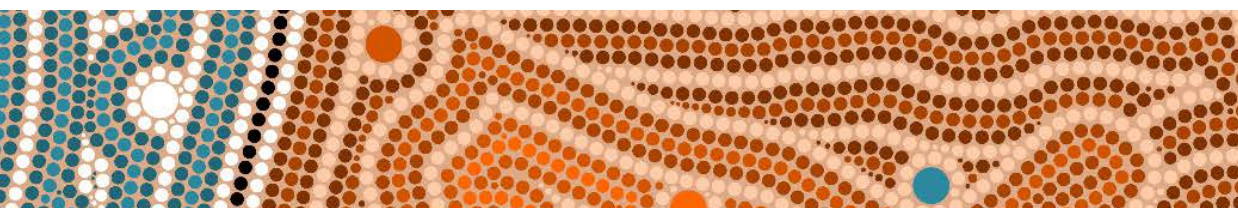


An Australian Government Initiative

# **COMMUNITY ENGAGEMENT WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN ADELAIDE**

**Summary of Workshop December 2017**

*The Adelaide PHN would like to acknowledge the Kaurna peoples who are the traditional custodians of the Adelaide Region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present.*



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## WELCOME

On behalf of the Adelaide Primary Health Network (PHN) I would like to acknowledge the Kaurna peoples who are the traditional custodians of the Adelaide Region. I pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. I pay respect to them, their culture and to Elders past and present.

I am pleased to present this report which describes how the Adelaide PHN has worked with Aboriginal and Torres Strait Islander community members to:

- Explore ways in which the Adelaide PHN can meaningfully engage with the community to understand health and service needs and issues which impact on Aboriginal and Torres Strait Islander people

We are very grateful to the Aboriginal and Torres Strait Islander community members who participated in the workshop in December 2017. We also acknowledge Wayne Oldfield, Aboriginal Elected Board member, John Buckskin of Country SA Primary Health Network, Eric Milera and John McMahon (co-chairs of the Aboriginal Health, Health Priority Group) who attended the workshop. Special thanks to Mark Elliott who facilitated the day.

The Adelaide PHN is committed to improving the efficiency, effectiveness and coordination of primary health services across the Adelaide metropolitan region. Adelaide PHN is not a service provider but is responsible for commissioning services to best address local needs.

Commissioning requires us to understand the experiences of the community to ensure we provide appropriate services. Guided by community, clinical and stakeholder input, Adelaide PHN has a clear goal of improving health outcomes for the community.

We appreciate learning together on this journey as we develop new and innovative services in partnership with stakeholders and the community. We welcome opportunities to collaborate with you, our stakeholders, to improve the cultural safety and quality of primary health care services for Aboriginal and Torres Strait Islander people.

Deb Lee  
Chief Executive Officer, Adelaide PHN

# BACKGROUND

## OUR VISION- CONNECTING YOU TO HEALTH

The Adelaide PHN has a clear goal to improve health outcomes for the people of metropolitan Adelaide, guided by both community and clinical input. The Adelaide PHN is focussed on identifying and contracting the most appropriate local organisations to provide health care services.

As a community-drive organisation we focus on all sector participation and collaboration in contributing to health improvement and better outcomes. Our approach in connecting with a broad range of community stakeholders helps us to ensure we are building solutions for linked up and integrated services across the spectrum. Our priorities are underpinned by the principles of improving the patient journey and experience of health services, ensuring equity of access and supporting and building capacity in the health workforce.

Our Strategic Directions reflect the key objectives and priority areas from the Australian Government and incorporates our core local priority areas determined by our membership groups.

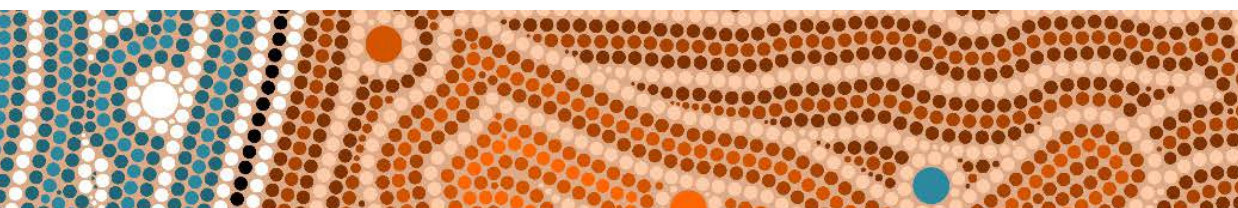
## MEMBERSHIP IDENTIFIED THEMES

- Provide timely, early and equitable access to appropriate services
- Improve health literacy and education for consumers and primary health care providers
- Provide equitable and easy access to primary health services for Aboriginal and Torres Strait communities
- Improve care coordination, integration and navigation of the primary health care sector
- Address mental health, alcohol and other drug and physical health issues

## ADELAIDE PHN – GOVERNANCE STRUCTURE

The Adelaide PHN has a unique governance structure led by a skill based Board with input into strategic direction and priorities from 3 Clinical Councils, 3 Community Councils and 1 Health Priority Network. Collaboration is a core part of the structure of the Adelaide PHN. The 13 membership groups have been created to provide clinical, community and stakeholder input, to help inform the organisation's decision-making process.

*APHN's Governance Structure Diagram can be found on our About Us document [here](#)*



# ENGAGEMENT ACTIVITIES

The Aboriginal Community Engagement workshop described in this report is an outcome of the three workshops undertaken in June 2017, where the invitation was extended to the Adelaide PHN to have a further workshop to identify opportunities for ongoing engagement and partnership with community. The findings of the June workshops are presented [here](#) and this report follows as a description of further engagement.

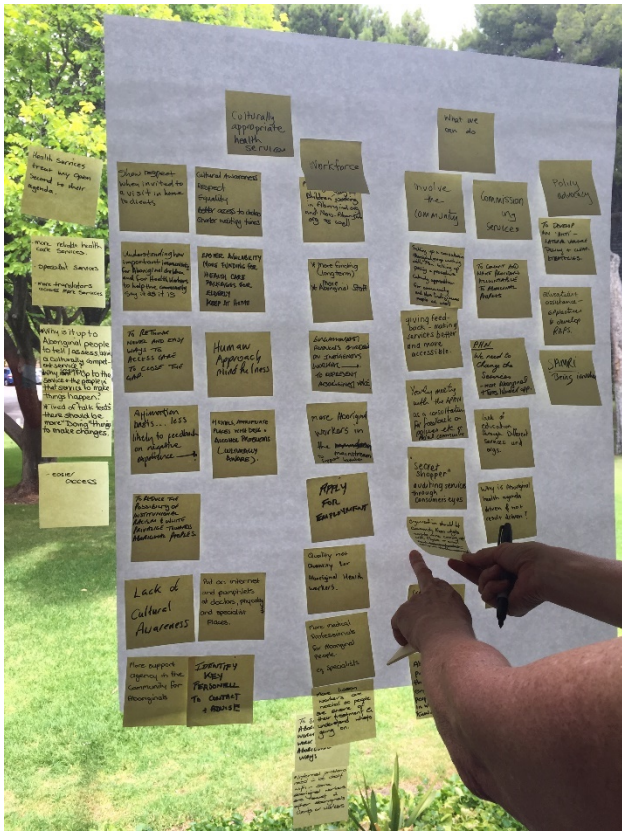
Fifty people attended the workshop at the Adelaide Pavilion in December 2017.



The aim of the workshops was to:

- Work with participants and generate ideas and activities - for engagement with the Aboriginal community, for consideration by the Adelaide PHN





# SUMMARY OF WORKSHOP

The Welcome to Country was given by Mr Frank Wanganeen, recipient of the Premier's NAIDOC Award 2017. Kurna Elder and passionate cultural educator, Mr Wanganeen has made a significant contribution to the lives of Aboriginal South Australians through his commitment to Reconciliation, social justice and the preservation of Kurna heritage, culture and language.

A minute's silence was observed to honour those who have passed away.

Adelaide PHN CEO, Deb Lee provided an overview of the work of the Adelaide PHN, and how it fits in the primary health space. This led to broad discussion from participants about accountability of services to people, through mechanisms such as accreditation which identify the quality and efficacy of health service delivery.

Community Collaborations Executive Manager, Alison Smith provided feedback on the outcomes of the June Workshops. The final report is available [insert here](#).

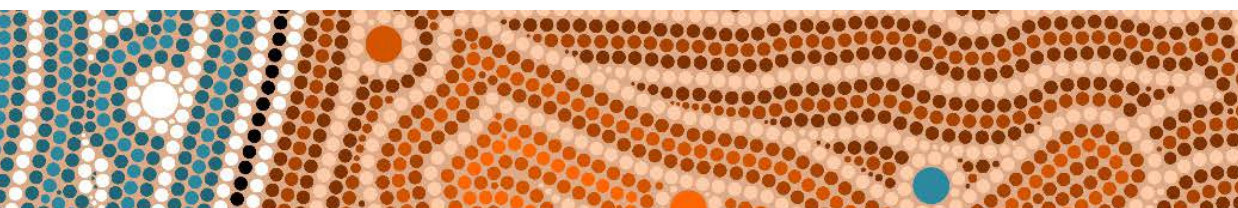
CEO Deb Lee then described the importance of engagement with community to improve health outcomes and individual's experience of health services, so people get the right service in the right place at the right time.

## *Reflections*

Participants were invited to note their first thoughts and reflections about why engagement with the Adelaide PHN is important to them. They wrote their comments on sticky notes and these were gathered and sorted into the following themes: (These are not presented in any order of importance).

## **Workforce**

This theme encompasses the desire for a quality workforce and participants' acknowledgement that input is needed from community to support Aboriginal workers to *work in Aboriginal ways*. Additionally, broader community engagement reduces the burden on Aboriginal workers feeling like they are a lone voice. Advocacy through engagement for strategies to build workforce capacity include; supporting the younger workforce; support for non-Aboriginal managers to access advice from Aboriginal people; more Aboriginal liaison and co-worker roles; more positions in mainstream services and mechanisms to ensure a quality service by Aboriginal Health Workers where they treat others with respect.





## Culturally appropriate health service

This theme highlights the rich and diverse views and experience of health services that people can bring to the conversation with the Adelaide PHN. Comments reflect a level of fatigue with 'talk fests': *There should be more 'doing' things to make changes*. Comments included: participating in rethinking *novel and easy ways* to access care to close the gap; identifying ways people can feel safe enough to provide feedback on services through improved cultural competence and providing advice on how information about services could be communicated and information about available services.

## What can we do – engagement is essential

This theme is about ways to improve primary care services for Aboriginal people through engagement with individuals and community. Engagement provides the 'space' for people to *identify positive and negative experiences* of services and to advocate for improvements.

Examples of engagement include: Providing input into policy and advocacy; developing strategies for service accountability such as monitoring and auditing services from a consumer perspective. Suggested methods of engagement include *setting up a consultative Aboriginal group working with Adelaide PHN* and *yearly meeting with the Adelaide PHN as a consultation for feedback on policies etc.*

Opportunities for Adelaide PHN staff to engage with the broader community include attending reconciliation day events, NAIDOC events, holding BBQs, formally through Advisory Boards and other community based processes.

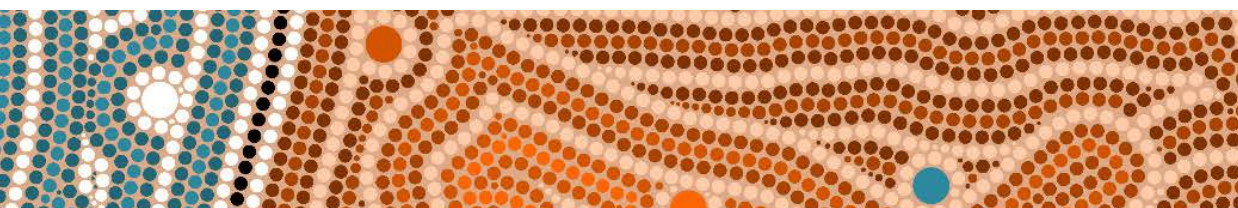
Ideas for authentic engagement emphasise a 'call to action' and accountability to community through only committing to things that will be carried through. Communication needs to be genuine; people need to be able to voice their opinion and know that their culture is respected.

## World Café

After lunch workshop participants were guided through a **world café** exercise in small groups.

Participants worked in small groups and talked about how they would like to engage with the Adelaide PHN. Each group moved through three conversations based on the levels of engagement:

- Participation
- Engagement
- Partnership



These levels are drawn from the International Association for Public Participation (IAP2) Spectrum.

Throughout the conversations, participants reflected on the following statement:

*It is about a year from now and you are very happy with your level of engagement with the Adelaide PHN. You can engage in a way, or number of ways that most suits you.*

Below is a summary description of each conversation at each engagement level:

## **Participation:**

**In what ways would you like to be informed about what the Adelaide PHN is doing? What would it look like for you?**

**In what ways would you like to be asked about your concerns and issues with regards to primary health care services? (community day, bbq, surveys, questionnaires, on line feedback)**

## **Communication – methods**

Suggested methods for the Adelaide PHN to use in communicating with local Aboriginal and Torres Strait Islander communities included: social media; text messages; emails; community newsletter; flyers; lunches; attending community events; developing partnerships with sporting bodies to connect; social websites especially for youth; going to schools; engaging the right people – elders, aunties, uncles (to talk with community groups; making sure the communication gets across the whole region; one to one; face to face; informal conversation; regular community events to have a yarn; use existing groups such as the Grannies Group; roadshow – information ‘van/bus’ going to each community; Aboriginal app about services and simple feedback methods (smiley face) poster series.

## **Communication - content**

Suggestions include: Community education and forums covering topics such as the impact of drug and alcohol issues, and prevention of violence in community and mental health; information from service providers about programs, health topics and who to contact in services; youth forums to address health access issues, programs and health messages; more information about Adelaide PHN commissioned programs; advertising successes, certificates on website of high performing commissioned service; grass roots community road map; feedback of events and notification of any service changes such a names of services or programs.

## **Things to consider:**

- Support for transport to meetings should be offered – mainly for elders
- Include everyone, not just some groups
- Work with the Aboriginal Health Council SA
- Include young people – to support Elders and raise their awareness of things
- Written information can be misinterpreted
- Not everyone has access to electronic media
- Need to think about how to maximise information distribution and how the message gets to community as well as particular groups (men's and women's business)

## **Engagement:**

**In what ways would you like to be involved and work with the Adelaide PHN to provide advice, support and help us understand your concerns? What would it look like for you? (Examples – forums, one off events, workshops, short term advisory panel, focus groups, one to one meetings, on line discussions)**

Suggestions included: regular community consultations; workshops including with service provider; forums where people can give anonymous feedback about services; feedback boxes in clinics and sharing feedback with other clinics; Aboriginal people on consultation groups; advisory committees etc.; sharing information and successes with other organisations.

## **Things to consider**

- Communication needs to be two way
- Young people need a different approach – they understand health issues differently (like drug and alcohol issues)
- Successful groups in the past such as the Men's group at Clovelly/Noarlunga focused on 'all of life' not just health issues and met in different places close to where people live
- An informal approach will generate more engagement and collaborative actions
- Importance of reaching beyond mechanisms like workshops, to the broader community and other organisations
- Need to consider our accountability to community and how this is demonstrated
- How do we advocate for traditional/regional and remote communities (connected across the state)? Need to recognise the difference between urban and traditional/remote communities



## Partnership:

### In what ways would you like to be a part of a formal connection/partnership with the Adelaide PHN?

Suggestions include:

#### Aboriginal Community Advisory Council (CAC)

- Add on to elected board member position and Health Priority Group (HPG) – adds value from community's perspective
- Provide advice to Adelaide PHN re what needs to be addressed internally and for commissioned services
- Per region –north, west, south and meet per quarter.
- Min 5 and Max 10 consumers/carers – acknowledge family issues/clan differences
- Should be part of a strategy that has lots of engaging community – surveys, workshops etc
- Specific role in communication, with a feedback component (with Aboriginal Adelaide PHN employee whose function is as a community liaison)
- Identity/proof that they are from Aboriginal/Torres Strait Islander (family background/community agreeance, council of elders)
- Some Elders to be on the CAC, +/- younger person to learn
- Council would comprise of one to three people from each area (north, south, central and west) so each group talks and feeds back to the representative council
- Mix of generations/gender – more consultations re gender issues – women's business, men's business
- Provide information on both programs and specific work in the space – around culture, safety and workforce development
- Service providers attend occasionally to ask for advice
- Tier system of being member of the CAC – while Aboriginality being confirmed

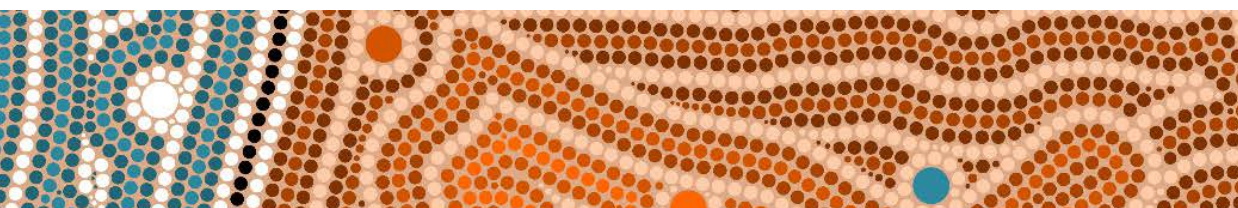
#### Employment of Aboriginal workers within the Adelaide PHN

- Look at recruitment and retention strategies. Have 'protected' permanent and ongoing positions for Aboriginal and Torres Strait Island people within the Adelaide PHN and commissioned services
- Breaks down discriminatory barriers internally and externally – creates trust and awareness

More of these types of events (today's workshop) - June to December, with a process connected to a monthly report

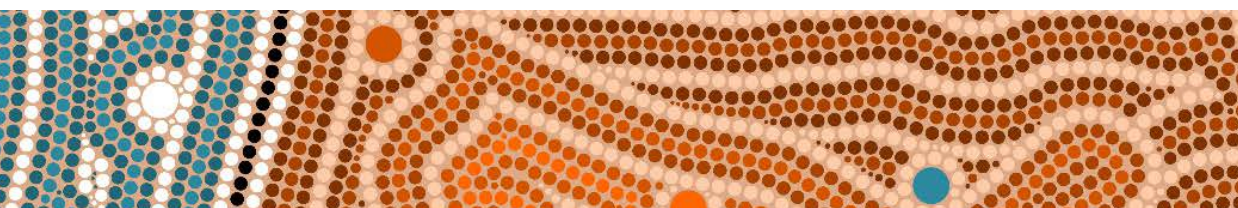
Have problem solving forums

Aboriginal youth strategy – Aboriginal youth action committee



## Things to consider

- Younger and older people have different needs and need to be engaged differently
- Reaching communities who are not connected / not going to services – this is important
- Elders and young people need different communication styles – Elders – papers, newsletters, communicate through young people to the Elders
- Partnerships need to be genuine. The group should be *laid back/yarning/weaving*.
- Need a range of communication methods apart from electronic – like using notice boards, mail outs, use simple plain language
- Suggestion to meet every three months, provide a voice for people, have good food
- Adelaide PHN to support mentoring for younger people to become more senior in 'health' services
- Ensure a high-level input into the Reconciliation Action Plan, from the beginning – and take leadership, by asking the Kaurna if they want us to use the model/template of Reconciliation before commencement, or if there is anything different
- Develop a Partnership logo – reflective of Reconciliation
- The Aboriginal Community Advisory Council provides a representative voice of the community to the Adelaide PHN.



# ADELAIDE PHN – NEXT STEPS

Identified next steps for action in response to this workshop include:

- Adelaide PHN is developing an Aboriginal community engagement framework in response to the December workshop.
- Adelaide PHN will continue to engage with workshop participants and the broader community. The next key step is the formation of an Aboriginal Community Advisory Council, as a significant outcome identified from the December workshop. The group will take a key role in providing advice and support to implement the community engagement framework.
- Workshop participants will be invited to future meetings to continue to provide feedback and progress with the outcomes identified in the workshops.

Other work undertaken by the Adelaide PHN includes:

- The Adelaide PHN is developing a Reconciliation Action Plan (RAP) as a commitment to working towards the organisation's vision for reconciliation: to respect and acknowledge the unique connection that Aboriginal and Torres Strait Islander people have, to the land on which Adelaide PHN is situated and to build genuine, respectful relationships with Aboriginal and Torres Strait Islander communities and peoples.
- Adelaide PHN continues to work with all commissioned service providers to support the provision of culturally safe services. Commissioned services include targeted services for chronic condition management, mental health and alcohol and other drugs services.
- Adelaide PHN are commissioning a cultural learning program: An introduction to cultural safety. Face to face sessions will be delivered to Adelaide PHN commissioned services providers, and more broadly to primary health care providers across the Adelaide PHN region
- Further information about our work can be [found here](#)