Aboriginal Health & Medical Research Council
of New South Wales

AH&MRC "Meeting Ground 2014"

WORKSHOP REPORT

Introduction

Meeting Ground is an annual workshop of AH&MRC member services to enable vital feedback and discussions to inform AH&MRC work.

The second AH&MRC Meeting Ground was held on 8-9 April 2014 at the Mercure Hotel in Sydney. The meeting was chaired by the AH&MRC Chairperson Christine Corby, and facilitated by Kerry Arabena, from the University of Melbourne. Meeting Ground 2014 was attended by 38 delegates from 27 AH&MRC member services.

For Meeting Ground 2014, there was a focus on: funding, policy and advocacy; priority health issues; and systems and evidence for ACCHS best practice. A copy of the Meeting Ground 2014 Program is included as Appendix 1.

This report summarises the key point of discussions at Meeting Ground 2014, and provides an update for members on the ways the AH&MRC is using the valuable perspectives members provided at the meeting.

Participant feedback on their attendance at Meeting Ground 2014 is also included in this report, in Appendix 2.

Session 1: AH&MRC Members Sustainability and Support Project

Background

Since Meeting Ground 2013, AHMRC has developed the Members Sustainability and Support Project [the Support Project] in line with the outcomes and recommendations.

The Project aims to support Members to continually improve service management and operations through Organisation Health Checks which assist in re-accreditation as well as the development of organisational plans for improving management systems.

Some issues discussed at Meeting Ground 2013 were the AHMRC Members Support Charter, including the proposal for Membership fees, and fee for service.

Meeting Ground 2014 discussions

Members were invited to discuss possible strengths and weaknesses of the Support Project presented. There was general support for the model under which funded services would be provided where appropriate, and fee for service would apply for services AHMRC is not funded to provide. The Members noted that the introduction of Membership Fees was recommended by the General Members Meeting in October 2013 and endorsed by the Board in November 2013. The scale of Membership Fees was further discussed, the main consideration being around affordability.

Members sought clarity on how the Support Project would work alongside the Aboriginal community controlled health sector governance model and were assured that this project is designed to strengthen this model.

AHMRC Update

The BDU has developed and commenced implementation of Member Service Health Plans for 2014-2015 using a process where Member Services identify the type of support they require in line with the proposed management systems under the AHMRC Organisational Health Check Portal.

The AHMRC Organisational Health Check Portal is being finalised an it is anticipated that Member Services will be able to register at the AHMRC Members Meeting in October 2014.

The BDU has also developed business models that have been endorsed by the AHMRC Board of Directors to reflect the changing financial environment and the scope for Member Services to contribute financially to the cost of some activities and services provided.

Session 2- Funding and Sustainability

Topics 1&2 – NSW and Commonwealth government funding

Background

New funding and performance arrangements recently implemented by the NSW and Commonwealth governments are significantly changing the ways organisations like ACCHSs are funded and how performance is monitored. This session gave members an opportunity to discuss how the ACCHS sector was being affected by the changes to funding arrangements, and to plan for the future.

At the time of Meeting Ground 2014, NSW Health was in the process of amending how it delivers funds by standardising arrangements for contract services, and planning to incorporate all funding streams and reporting requirements into one contract. While the intention was to increase the efficiency of various funding streams, many aspects of the new arrangements remained unclear. In particular, how contracted services will be required to align with NSW Health priorities, and whether funding for Aboriginal health will be contestable or non-contestable.

Federal Government health reforms and the establishment of the Indigenous Advancement Strategy were changing the ways Commonwealth government funding for ACCHSs is structured. Information was not available at the time of Meeting Ground 2014 about whether or not the recently implemented national Key Performance Indicators would be used to inform decisions about funding and resource allocation for ACCHSs and other organisations delivering health care to Aboriginal communities, and whether the National Partnerships Agreements relating to Aboriginal health were going to be replaced with a new structure for investment. The commitment of the Commonwealth government to build capacity of the ACCHS sector, or to provide new investment in Continuous Quality Improvement or other programs was yet to be confirmed.

The AH&MRC was interested in seeking member ACCHS feedback about the challenges and opportunities that these changes to funding arrangements provided, to inform advocacy and support activities.

Meeting Ground 2014 discussions

Members discussed the importance of increased clarity around which services would continue to receive funding and which would be terminated, because of the implications for staffing and job security. Some member ACCHSs noted they were losing skilled employees because of the insecurity associated with the changes. Member ACCHSs were also concerned about the impacts of the changes and uncertainty on planning, as they were uncertain how many staff could be retained under the new arrangements.

Member ACCHS suggestions about strategies to assist could include greater communication within the sector, supporting linkages with Local Health Districts, and pursuing other funding streams to maximise income. Members supported greater advocacy to promote health priorities that affected their communities, so that funding could be matched to ACCHS needs.

AH&MRC update

The AH&MRC wrote to NSW Health after Meeting Ground 2014 requesting clarification of ACCHS funding for 2014/2015 year. Since then, the AH&MRC has continued to advocate for the ACCHS sector in discussions with NSW Health about current and future funding arrangements. Areas of particular focus are current levels of funding being sustained or increased, the importance of Aboriginal health funding to the ACCHS sector not being contestable, and promoting the importance of partnership approaches.

The Federal budget was handed down in May 2014, which clarified some aspects of Commonwealth funding arrangements. The AH&MRC continues to work with NACCHO and other Affiliates to advocate for ACCHS sector funding to be secure and sustained.

Session 3a: Chronic Disease

Background

The effective prevention and management of chronic disease is a major component of ACCHS work. The AH&MRC Chronic Disease Program aims to build capacity of NSW ACCHSs to prevent and manage chronic disease, and to foster productive relationships with other NSW stakeholders. The AH&MRC is working with the Agency for Clinical Innovation to develop a NSW Framework for Aboriginal Chronic Disease Prevention and Management. The Framework aims to be a tool to support integration and coordination of efforts to address chronic disease prevention and management by ACCHS, government sector and other organisations. It is planned the Framework will include agreed definitions, and key principles and priorities for action, as well as an overview of the roles of different organisations in this area.

Members were invited to discuss their chronic disease priorities and provide perspectives on how the Framework might assist in addressing the chronic disease burden experienced by Aboriginal people.

Meeting Ground 2014 discussions

Question 1: What are the key priorities for action to address chronic disease in your ACCHS and community?

Members agreed that the definition and approach to chronic disease needed to encompass a holistic approach to health, and not be reduced to a, siloed, narrowly defined disease, 'body parts' approach. In particular, the importance of including mental health and drug and alcohol dependence as chronic diseases, as well as considering their impact on the prevention and management of other chronic diseases, was stressed. This was important, as it could lead to more resources being made available for ACCHSs to better manage 'high risk' clients. A holistic approach to chronic disease would also enable and support long-term management plans with a focus on integration, education, prevention and access. The importance of addressing transport as a key issue was another common theme.

Member ACCHSs noted that the management of chronic disease can occupy the majority of an ACCHS's time, and raised the need to invest more heavily in qualified staff and have funding for additional staff to address the growing need for care and coordination, and to pay staff at adequate levels. Suggestions included:

- a chronic care coordinator in all ACCHSs
- nurses and outreach workers for chronic disease programs, including both male and female
- increased access to tele-health.

Another priority identified by member ACCHSs was the potential to increase efficiency by strengthening partnerships with Local Health Districts and allied health services to reduce duplication and share the burden of care. MOUs and partnerships were seen as useful strategies, to assist with coordination and integration of care externally, and the value of increased integration and coordination within an ACCHS was also recognised.

The importance of building on and sharing the evidence about what is already working, acknowledging the ACCHS model of care and the importance of primary health care, and focussing

more on prevention were each stressed by member ACCHSs. The necessity of adequate sustained funding to support ACCHSs with chronic disease care was seen as critical.

Question 2: What could a NSW Aboriginal Chronic Disease Prevention and Management Framework achieve?

Members made many constructive suggestions for how a NSW Aboriginal Chronic Disease Prevention and Management Framework could address some of the issues they face in managing chronic disease, and help keep chronic disease on the agenda. The Framework could include a flexible, 'gold-standard' model of best practice for chronic disease which encompasses the implementation of care plans including referral pathways, coordination between health services, and effective strategies for prevention and early intervention. Members also suggested the Framework could provide guidance on funding and structural issues, to help prevent system overload and workforce burn-out, as well as to identify and fill service delivery gaps. The Framework should include the ACCHS holistic model of care and coordinated service delivery models, and have a focus on building and sustained a skilled workforce. A need for monitoring and evaluation, and using data effectively, was also discussed.

AH&MRC update

The AH&MRC continues to work with the Agency for Clinical innovation towards developing a Strategic Framework for Aboriginal Chronic Disease Prevention and Management. There have been some delays in making progress with this project, because of changes of personnel at the Agency of Clinical Innovation. The input provided by Member ACCHSs at Meeting Ground 2014 will be used to inform the Framework throughout its development.

Session 3b: Social and Emotional Wellbeing; Alcohol and Other Drugs

Topic 1: Supervision

Background

The AH&MRC has established the Social and Emotional Wellbeing Workforce Support Unit (WSU) to address the high rates of burnout amongst workers in the social and emotional wellbeing (SEWB), and alcohol and other drug use (AOD) sectors. Support is being provided to around 200 workers across NSW, and the program includes opportunities for networking, professional development, exchange programs and resources, including an orientation package for SEWB workers. The latest initiative is to establish a supervision strategy, as well as a pool of culturally endorsed supervisors and guidelines. At Meeting Ground 2014, a DVD aimed at managers of SEWB and AOD workers was shown, and participants were invited to discuss the concept of clinical supervision and whether it will assist to reduce work-place burnout.

Meeting Ground 2014 discussions

Question 1: What do you think are the benefits to the worker, your service and the community of workers receiving clinical supervision?

Participants reported that receiving supervision reduced stress to themselves and the team overall. Some reported that it reduced 'burnout' and allowed staff to talk without judgment in a confidential and supportive setting. Clinical supervision assisted staff in understanding and setting boundaries, giving strategies for managing stress and developing skills in order to cope and perform their duties in a consistent fashion. Staff highlighted that they felt a greater sense of worth and appreciation from their employers when provided with 'a listening ear' and that they felt focused and resilient in their approach with clients.

Question 2: What clinical supervision activities are already happening in your service?

Feedback suggests that there are limited activities in clinical supervision, and in some cases there were no supervision activities.

Some services reported that staffing shortages meant that clinical debriefing during working time, staff performance appraisals and through the employee assistance program were the only opportunities for supervision.

Question 3: What are the barriers to your SEWB and AOD workers receiving clinical supervision?

Members identified two primary issues regarding 'clinical supervision', with the major barrier being a lack of understanding of the overall purpose of supervision and how it should be undertaken. There appears to be a lack of understanding of the role of supervision, with some employees seeing 'supervision' as a negative rather than a positive resource and are consequently hesitant to seek it.

The second issue was a general lack of resources and priority attributed to the role, and difficulty in accessing culturally appropriate supervisors.

Question 4: What are the solutions?

As the peak body, participants would like the AH&MRC to provide access to clinical supervisors including videoconference supervision. Participants suggested further resources could be developed and provided by the AH&MRC such as the Pit Stop DVD.

AH&MRC update

Since Meeting Ground 2014, the WSU has sent 30 DVDs 'Supervision: A Practical Guide to Clinical Supervision' to Managers of the SEWB and AOD workforce. In addition, 160 Supervision Diaries have been distributed to workers across NSW to promote and facilitate workers access to supervision.

The WSU Supervision Strategy has been endorsed by its Aboriginal Clinical Governance Advisory Committee. Advertisements to attract supervisors to register with the AH&MRC will be placed from October 2014 in key sector journals.

The WSU has been running Peer Supervision training across NSW during 2014. Training has been delivered in Dubbo, Wagga Wagga, Sydney and Brewarrina, and future courses will be held in Coffs Harbour and Lismore.

Topic 2: Inquiry into the harmful use of alcohol.

Background

At the time of Meeting Ground 2014, the AH&MRC was preparing a submission for the Standing Committee on Indigenous Affairs' Inquiry into the 'Harmful use of Alcohol in Aboriginal and Torres Strait Islander Communities'. Member ACCHS perspectives were being sought for inclusion in the submission, together with input from the NSW Aboriginal Drug and Alcohol Network, and the NSW Aboriginal Residential Rehabilitation Health and Drug and Alcohol Network and member ACCHSs.

Meeting Ground 2014 discussions

Question 1: Can you highlight any successful strategies, programs or activities to address alcohol misuse from your ACCHS and community, including to address foetal alcohol spectrum disorder?

Members discussed the broad issue of alcohol misuse and the need to engage community perceptions in order to address its harmful effects. Dedicated staffing to AOD, public campaigns and community control were measures suggested to reduce harmful consumption.

It was acknowledged that foetal alcohol syndrome could be difficult to diagnose and manage, and that a whole-of-family approach may be employed to reduce its incidence in future generations. This would include family education programs and specific education for mother and fathers.

Question 2: Can you identify any other points relevant to the inquiry TORs for the AH&MRC submission to consider:

Participants identified a few key points for possible inclusion into the AH&MRC submission:

- The contribution of drug use to alcohol misuse and dependence.
- The development of a holistic and community-based approach to addressing the issue of alcohol and drug use. This would acknowledge the socio-economic and trauma-based reasons for drinking, including intergenerational trauma, mental health and welfare dependence. The community approach would look at attitudes towards alcohol and options for alcohol-free environments.

AH&MRC update

The AH&MRC participated in the Inquiry by preparing a written submission (see Appendix 3) and through appearing before the Inquiry.

Session 4: Health Information

Topic 1: Indicators

Background

National Key Performance Indicators (nKPIs) for the Aboriginal primary health care sector were developed by the Commonwealth government in 2012, and have been implemented progressively since then. The ACCHS sector nationally has had limited substantive input into the selection of indicators, and has expressed ongoing concerns about the potential for nKPIs to be misinterpreted, and used inappropriately by government and others to draw conclusions about ACCHS sector performance. In light of the impending release of the analysis of nKPIs by the

Australian Institute of Health and Welfare (AIHW), member ACCHSs attending Meeting Ground 2014 were invited to give their perspectives on nKPIs.

Meeting Ground 2014 discussions

Question 1: What benefits have your ACCHS experienced as a result of nKPIs?

A range of benefits of nKPIs were identified by member ACCHSs including:

- Better access to client data to use as a management strategy to realign and evaluate service delivery.
- Better understanding of government priorities for funding
- A pathway for community feedback, rewarding staff and promoting the ACCHS
- Streamlined reporting
- Being able to track changes over time

Some questioned the benefits of KPIs, noting that the indicators were not 'asking the right questions'.

The lack of context or information on what ACCHS actions might explain differences between ACCHSs or over time, meant that reporting KPIs may not lead to improvements for ACCHSs or communities. Other issues noted during these discussions were that some ACCHSs had infrastructure limitations, and the challenges of attempting to integrate the top down approach of the KPIs with ACCHS priorities. It was noted that improving data systems to be able to report on KPIs meant the ACCHS could use other data for ACCHS's own purposes.

Question 2: What do you see as potential risks and benefits associated with nKPIs being publically reported?

Members stated that pubic reporting of nKPIs may be beneficial as it could show the good results of ACCHSs, and how they track over time. Public availability could enable more transparency about performance, and may form the basis of future funding proposals.

However, members had reservations about the accuracy of data and reporting and the potential for misleading conclusions and unintended negative consequences for ACCHSs. Members also noted that data currently included in nKPIs failed to show the additional work that ACCHSs do towards delivering holistic health care and services, and does not capture any Aboriginal health narratives. It was raised that other services did not have to report against the nKPIs, and it was felt that ACCHSs may be disadvantaged in competitive funding programs if data was presented without accompanying narratives to capture complexity and context. Issue related to the ownership and governance of ACCHS data were also raised.

Question 3: What qualities of care and services provided by ACCHSs are not captured by the current list of nKPIs?

Members agreed that nKPIs were primarily concerned with quantitative outcomes rather than being inclusive of qualitative or narrative measures. Important areas of ACCHS activity not reflected in any way by the current set of nKPIs identified by member ACCHSs were:

- mental health and social and emotional wellbeing;
- oral health
- sexual health

- other elements of holistic care such as housing and advocacy

It was also raised that ACCHS client behaviour change such as quitting smoking, or losing weight, were not captured.

AH&MRC update

The AH&MRC continues to work with NACCHO and other Affiliates to provide critique and feedback to the AIHW and the Department of Health about current nKPIs and reports based on them.

Topic 2: ACCHS data collection, analysis and uses

Background

NACCHO has recently developed a Health Information Program to undertake work in health information, use of data, and quality improvement. One aspect of this project is the establishment of a NACCHO Data Repository, which stores and manages data from member ACCHSs nationally who have given permission for NACCHO to share and use their data. Only a small number of ACCHSs had taken up the NACCHO invitation to participate in the NACCHO Data Repository.

This Meeting Ground session provided an opportunity for participants to discuss issues relating to the NACCHO data repository of ACCHS data, and other ways in which ACCHS data could be shared and used.

Meeting Ground 2014 discussions

Question 1: What are the key issues regarding enrolment of NSW ACCHS participating in the NACCHO Data Repository?

Meeting Ground participants had varying levels of knowledge about the NACCHO Data Repository, and it was noted that this may reflect levels of communication to, and within, member ACCHSs. Particular areas of uncertainty expressed by member ACCHSs included questions about the security of the data, who would access the data, and what the data would be used for. Participants were concerned about the perception that providing data to the NACCHO Repository represented another level of reporting, and there were also some participants that expressed uncertainty about the benefits. Concerns were expressed about the possibility that data could be used to place ACCHSs in competition with each other, and the importance was stressed of involving local and State level input in decisions about how ACCHS data is used. The question of whether NACCHO data repository outputs should go through the AH&MRC Ethics Committee was also raised.

Some of the proposed benefits were that NACCHO is a trusted organisation, and that the NACCHO Data Repository could enable member ACCHSs to share information while retaining an appropriate level of control. Other benefits were seen as the possibility of the data being used to identify successful ACCHSs and to support advocacy for the ACCHS sector.

Question 2: What sort of health information would be useful for your ACCHS?

Members offered a range suggestions on the types of data which would assist them, including the need for data that could fill gaps left by nKPIs, such as sexual health, oral health and mental health. Broader ranges of information such as demographics, socioeconomic issues, and how services are delivered were also of interest to the group, as it may assist in providing evidence

based submissions and in decisions regarding ACCHS staffing. Other topics of interest were risky behaviours such as drink driving, harm minimisation and prevention, as well as duplication of services and gaps. ACCHS also expressed interest in having access to customised reports to support ACCHS management planning, and to support submissions.

AH&MRC update

The AH&MRC continues to participate in discussions with NACCHO and other Affiliates about the development and implementation of the NACCHO Health Information Program. The AH&MRC is particularly interested in providing member ACCHSs with better access to useful health information, and is currently looking at how AH&MRC capacity to be able to deliver in this area might be expanded.

Session 5a: Child and Family Health

Background

In recent years, the Commonwealth and State governments have made large investments into enhancing Aboriginal child and family services in NSW, and as a result there are a number of programs currently running, such as the Aboriginal Maternal and Infant Health Strategy, New

Directions, and Builder Stronger Foundations. Child and family health programs are operated through Local Health Districts, through ACCHSs, via partnerships between Local Health Districts and ACCHSs, and by other agencies. Many NSW Health child and family programs are currently under evaluation, and to inform AH&MRC input into these evaluations, Meeting Ground participants were invited to give feedback on their experiences with NSW Health child and family health programs.

Meeting Ground discussions

Question 1: What feedback do you have about the NSW Health child and family programs currently being evaluated?

Feedback from participants about their experiences of child and family health programs operated by NSW Health varied across locations. Some ACCHS had a positive appraisal of the New Directions and Building Strong Foundations programs, and said these could be strengthened with further funding. Others felt that the ACCHSs were not being adequately involved or consulted in NSW Health child and family health programs, and that ACCHSs should be enabled to have greater responsibility for the programs as they would provide a culturally appropriate service and it would enable them to coordinate ongoing care for children and families.

Other concerns expressed by participants about NSW Health child and family health programs were:

- the separation of child and family health care from primary health care
- lack of engagement with ACCHSs
- lack of communication, including handover of clients to ACCHSs
- ACCHSs being invited to be on committees but not being invited to be involved 'on the ground'
- funding staying with the Local Health District rather than being allocated to local ACCHSs
- ACCHSs and Local Health Districts competing for funding

- duplication of ACCHS programs and services by others
- ACCHSs being asked for data when they were not involved in a program
- claims for NSW Health programs being effective that don't acknowledge ACCHS activity and effectiveness
- the use of ACCHS data without appropriate permissions
- lack of a cultural governance framework for NSW Health child and family health programs

Question 2: What are the key priorities for action to address child and family health in your ACCHS and community?

There was an overall consensus that additional funding for ACCHSs would be needed in order to properly address child and family health issues. Members were keen to see inefficiencies and duplications due to overlapping programs addressed. There was general support for a shift towards

all NSW Health child and family health programs being operated by ACCHSs, so that families could stay in the ACCHS primary health care system, and continue with preventative health programs and care whilst attending child and family services. This would also help with addressing issues of communication and follow-up among services.

Other priorities for action identified by participants included:

- addressing issues relating to high-risk patients for 'DOCS' referral and removal of children
- fostering a holistic approach, including oral health, drug and alcohol, tobacco use, breastfeeding
- improving discharge planning.
- increasing the number of Aboriginal Health Workers trained and working in child and family health
- increasing the focus on fathers, grandparents and carers
- strengthening partnerships and their effectiveness

AH&MRC update

The AH&MRC continues to promote the role of ACCHSs in child and family health, in its work with NSW Health. This includes raising these issues and ACCHS concerns in meetings with NSW Kids and Families, as well as during interviews and meetings associated with various evaluations of NSW Health child and family health programs.

Session 5b: Sexual Health and Blood Borne Infections

Introduction

The AH&MRC has a number of sexual health initiatives which support member services to deliver sexual health and blood borne virus health promotion activities, and provide direct support to health workers. ACCHSs are a preferred service for many Aboriginal people seeking sexual health and blood borne virus information and care. Given Aboriginal people are over-represented for sexually transmissible diseases and hepatitis B and C, it is important that healthcare services are delivering a range of sexual health services to meet community need.

While the plan for Meeting Ground was to first discuss the HIV strategy (Topic 1), because of time constraints, discussions were focused on harm minimisation (Topic 2).

Topic 2: Harm minimisation

Background

The AH&MRC has a number of initiatives which seek to address the high rate of Hepatitis C among Aboriginal people. A particular focus is supporting members in managing Hepatitis C patients and preventing further transmission. A key national strategy to prevent transmission is the needle and syringe program. Through this Harm Minimisation Project, the AH&MRC supports ACCHSs in the delivery of needle and syringe programs and encourage other members to adopt harm minimisation practices. In this session, Meeting Ground 2014 participants were invited to discuss the challenges and obstacles to adopting harm minimisation practices.

Meeting Ground discussions

Members agreed that injecting drug use, particularly among young Aboriginal people, was an issue for all communities. The use of 'ice' was identified as being of particular concern. Not all members agreed that a harm minimisation approach was an appropriate response for their service.

Members identified the following issues that related to providing services for Aboriginal people who inject drugs: boards and staff being resistant to having needle and syringe programs; issues of staff safety; ACCHSs already having a full health agenda; and needle and syringe programs being the responsibility of mainstream health services. A few ACCHSs identified the potential transmission of HIV through sharing injecting drug use as a concern for community members.

AH&MRC update

Since Meeting Ground 2014, the AH&MRC has hosted two regional forums on harm minimisation strategies in Ballina and Griffith, and a third is planned for Dubbo in November. Better linkages between the Local Health District Harm Minimisation Coordinators and ACCHSs are being facilitated. Over the year, ACCHSs workers have been provided with professional development opportunities in the harm minimisation field. A Harm Minimisation Summit is being planned for May 2015, for all ACCHSs to discuss issues around injecting drug use and appropriate responses.

Session 6: Ethics, Research, CRIAH 2015 conference

Topic 1: Ethics

Background

This session involved discussions about ethics review by the AH&MRC, in its capacity as the Human Research Ethics Committee for research into Aboriginal health in NSW. The discussions reviewed the requirements to satisfy Aboriginal Community Consent, which is usually demonstrated through a letter of support by the Aboriginal Community. Three scenarios were presented to participants, which explored concepts such as Aboriginal 'control' of research and alternatives to the required letter of support.

Meeting Ground discussions

Discussions about the scenarios highlighted examples of the dilemmas ACCHSs reported regarding the provision of letters of support for research. Member ACCHSs clearly distinguished

what constituted Aboriginal community control in a research context, as well as identifying other issues that can affect an ACCHSs involvement in, and support of, a research project – these issues have been compiled below:

The involvement of ACCHSs in research projects was confirmed as an important and vital part of ensuring Aboriginal community control in research, and there was general agreement that the 'support letter' was necessary. Members considered there were potential opportunities for roles and responsibilities to be more comprehensively detailed through agreements rather than 'support letters', and noted that this may be more effective in ensuring the project is conducted with the support of the ACCHS.

Participants indicated that ACCHSs needed to be kept informed on the policies related to principles of 'community control' and how this relates to their support of research projects. ACCHSs also need to know about complaint and/or reprimand procedures relating to researchers and research projects – where to direct complaint, resolution and outcomes – as well as ensuring protection of ACCHSs and communities in this process.

Other issues arising during discussions were:

- The importance of the roles of the Ethics Committee and Ethics Committee Secretariat being promoted within the ACCHS sector.
- The ongoing need to build capacity and expertise of ACCHSs staff and Boards to review research proposals, including determinations about quality improvement activities.
- Researchers needing to be more educated and aware of culturally appropriate consultation processes when working with ACCHSs and in their decision making processes.

AH&MRC update

Members feedback from Meeting Ground 2014 discussions was provided to the AH&MRC Ethics Committee who agreed that the role of the Committee and Secretariat, as well as the principles of Aboriginal community control and complaint procedures, needs to be disseminated to the sector on an ongoing basis. Actions to be taken are:

The Ethics Committee Secretariat to draft a complaints procedure and disseminate to sector.

The Ethics Committee Secretariat to promote the role of the Ethics Committee to the sector.

The Ethics Committee Secretariat to draft an information sheet or similar that is targeted to researchers and promotes ways of consulting with ACCHSs for support of research projects.

The Ethics Committee will seek ways of building the research and review capacity of ACCHSs staff and Board through training and education opportunities.

Topic 2: AH&MRC, ACCHSs and Research

Background

The AH&MRC and member ACCHSs are receiving increasing requests from state and national bodies to support or become involved in research. It remains a constant challenge to maintain control over Aboriginal research within the limited resources available. The AH&MRC is

developing tools to assist ACCHSs with research requests, and to support staff engaged in research. Members discussed ways to retain community control over research.

Meeting Ground discussions

Question 1: What are some of the ways that Aboriginal community control/ governance of research and evaluation can be exercised for state wide projects?

Members agreed that control of research should be retained with the Aboriginal community and suggested that guidelines be developed for researches to educate them on the how to involve local communities, and to approach them early in the research process. ACCHSs could nominate community members (including elders) to participate in the governance of state-wide projects, and it was also suggested that AH&MRC could be externally funded to provide this service.

Question 2: What ways could the AH&MRC involve Members in the Aboriginal community with control/governance of state-wide research?

Members identified a general need to educate and train more Aboriginal people to take on key research and evaluation roles to assist with the large volume of requests. Some also suggested shifting the onus to researchers, who could build capacity of ACCHS representatives to enable them to participate meaningfully in the project. The issue of capacity varied between member ACCHSs; some felt participation in research was beyond the resources of their service, whilst others were interested in developing ACCHS staff skills in research, and supported the AH&MRC establishing state-wide networks and providing support for this upskilling.

AH&MRC update

The AH&MRC is finalising a set of Research Assessment Tools that aim to support ACCHSs with decision making about whether or not to support or participate in research. These will be distributed to all member ACCHSs. Further activities to build capacity of researchers about Aboriginal health research and evaluation are being planned.

Topic 3: Planning CRIAH 2015 conference

Background

The Coalition for Research to Improve Aboriginal Health (CRIAH) is a partnership between AH&MRC and Sax institute. CRIAH has hosted three conferences and a fourth was being planned for May 2015. AH&MRC sought feedback from Meeting Ground 2014 participants on core topics and themes for inclusion in conference planning.

Meeting Ground discussions

Question 1: What are you suggested topics and themes for CRIAH 2015?

Participants contributed valuable suggestions for inclusion, such as:

- How to embed a research philosophy into a primary health service.
- Capacity building; building local agendas, knowledge, Board's input.
- Debate: Should ACCHs Boards be making decisions on research?
- Family and child health.
- Skills workshop for writing and publishing research.

Question 2: How could CRIAH 2015 be designed to maximise ACCHS interest and participation in the conference?

To increase member participation, participants suggested engaging a wide section of the community, include case studies for discussion and use language which was meaningful and appropriate to the audience.

AH&MRC update

The CRIAH conference has been postponed as, in light of the many issues and challenges currently facing the ACCHS sector, AH&MRC capacity to undertake planning has had to be directed towards other priorities. Member ACCHS input will be used to inform CRIAH conference planning, once this is recommenced.

Appendix 1: Program for Meeting Ground 2014

Program Day 1

Welcome and Introductions

8.30	Gathering and Registration	
9.00	Welcome to Country	Metropolitan Local Aboriginal Land Council
	Chairperson AH&MRC	Christine Corby, OAM
	CEO AH&MRC	Sandra Bailey

Session 1 | AH&MRC Business Development Unit [BDU]

9.30	Session 1 outlines some AH&MRC initiatives for members resulting from Meeting Ground 2013	Topic 1 : **AH&MRC Members Support Project**
10.30	Morning Tea	

Session 2 | Funding and Sustainability

11.00	This session will discuss recent changes to funding arrangements with state and federal governments	Topic 1 : **State Level** Topic 2 : **Federal Level**
12.30	Lunch	

Session 3a | Chronic Disease

1.30	Session 3a is a discussion about strategic responses to addressing chronic disease	Topic 1 : **Strategic discussion**

Session 3b | Social & Emotional Wellbeing

2.15	Session 3b explores ACCHS perspectives about clinical supervision and the impacts of alcohol	Topic 1 : **Supervision** Topic 2 : **Inquiry into the harmful use of alcohol**
3.00	Afternoon Tea	

Session 4 | Health Information

3.30	Session 4 explores indicators, and the collection, analysis and use of ACCHS data	Topic 1 : **Indicators** Topic 2 : **Data Collection, Analysis and Uses**
4.30	Facilitator to provide overview of Day 1	
5.00	Close	

Program Day 2

Welcome and Introductions

8.30 Gathering and Registration

8.55 Welcome to Day 2 — Professor Kerry Arabena

Session 5a | Child & Family Health

9.00 Session 5a is a discussion about strategic responses to improving child and family health

Topic 1 : **Strategic discussion**

Session 5b | Sexual Health & Blood Borne Infections

9.45 Session 5b explores strategic responses to blood borne viruses and harm minimisation strategies in ACCHS settings

Topic 1 : **Strategic discussion**
Topic 2 : **Harm minimisation**

10.30 Morning Tea

Session 6 | Ethics, Research, CRIAH 2015 conference

11.00 Session 6 is a discussion about Aboriginal community control of research, and the upcoming CRIAH 2015 conference

Topic 1 : **Ethics**
Topic 2 : **AH&MRC and Research**
Topic 3 : **Planning CRIAH 2015 conference**

12.30 Lunch

Session 7 | Wrap up and where to from here?

1.30 This session will discuss issues that have emerged throughout MG2014 and ongoing communications

3.00 Wrap up of Day 2

3.15 Close and Afternoon Tea

Appendix 2: Participant feedback from Meeting Ground 2014

Feedback from Meeting Ground 2014

Meeting Ground 2014 was evaluated through distribution of an evaluation form, asking delegates to rate each session and whether the workshop was informative and thought provoking. Participants were also asked to share any other relevant comments or suggestions.

Thirty five feedback forms were received from Day 1 of the workshop. Overall, 91% of participants considered the day to be mostly or completely informative, up-to-date and useful. 99% of participants felt comfortable contributing ideas, asking questions and sharing knowledge.

Session	Percentage rated from very good to excellent	Percentage rated good
1: AH&MRC Business Development Unit	75	25
2: Funding and Sustainability	53	31
3a: Chronic Disease	67	27
3b: Social and Emotional Wellbeing	64	28
4: Health Information	64	28

Results from the survey about AH&MRC staff showed:

AH&MRC Staff demonstrated	Percentage rated mostly – completely
Cultural appropriateness	100
Sectoral knowledge	99
Subject expertise	99

AH&MRC received 14 feedback forms from day two of the workshop, and 100% of the participants stated that the work-shop was completely or mostly informative and they all felt it encouraged them to share knowledge, ask questions and contribute ideas.

Session	Percentage rated excellent to very good	Percentage rated good
5a: Child and family health	86	14
Sexual Health & Blood Borne Infections	86	14
Ethics, Research, CRIAH 2015	85	15
Wrap up	90	10

100% of participants felt that the AH&MRC staff completely or mostly demonstrated cultural appropriateness, sector knowledge and subject expertise.

Participants provided some valuable suggestions and comments about things they liked and how to improve for next session:

- "Have gained an immense amount of knowledge. Really enjoy the format, it made us keep alert and focused."
- "It was a great conference; very informative"

- "It would be good to know what will be addressed at the meeting so participants…can research relevant information from their services to share at the meeting".
- "Please make the Data and Information sessions first, not the last of the day. AH&MRC to advise of their roles on advocacy on ACCHSs."
- "Having representatives from funding agencies would have been good to get additional information".
- Would have preferred some solutions given in the "Funding and Sustainability" Session.

Appendix 3: AH&MRC alcohol inquiry submission

Aboriginal Health & Medical Research Council of NSW
Submission to the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

April 2014

Introduction and background

The Aboriginal Health & Medical Research Council of New South Wales (AH&MRC) is the peak representative body and voice of Aboriginal communities on health in NSW. The AH&MRC represents member Aboriginal Community Controlled Health Services (ACCHS) that deliver culturally appropriate and high quality comprehensive primary health care to their communities throughout NSW.

The ACCHS model of comprehensive primary health care is based on an Aboriginal definition of health (National Aboriginal Health Strategy 1989), and can be defined as essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination (AH&MRC 2008). The provision of primary health care for Aboriginal communities requires knowledge of the community and its health problems, with the community itself providing the most effective and appropriate way to address its main health problems including promotive, preventative, curative and rehabilitative services. Primary health care provided by ACCHS provides a sound structure to address all aspects of health, including those arising from social, emotional and physical factors.

AH&MRC counts amongst its members six Aboriginal residential rehabilitation services, and forty ACCHS that include a range of drug and alcohol teams, workers and programs as components of a comprehensive primary health care service. The AH&MRC also hosts the Aboriginal Drug & Alcohol Network of NSW (ADAN) and the NSW Aboriginal Residential Rehabilitation Healing and Drug & Alcohol Network (NARHDAN) and auspices the Social Emotional Wellbeing (SEWB) Workforce Support Unit (WSU) in which many of the targeted workforce are drug and alcohol staff.

The AH&MRC has strong working relationships with the Ministerially appointed National Indigenous Drug and Alcohol Committee (NIDAC), and the Mental Health Drug and Alcohol Office (MHDAO) of the NSW Ministry of Health.

The AH&MRC is well placed to inform this Inquiry about relevant health issues and priorities from an Aboriginal community perspective.

The focus of this submission is providing information relevant to the following two terms of reference of the Inquiry:

- Best practice treatments and support for minimising alcohol misuse and alcohol-related harm
- Best practice strategies to minimise alcohol misuse and alcohol-related harm

Aboriginal community controlled services as best practice models

In NSW, AH&MRC member services, including Aboriginal community controlled residential rehabilitation services and ACCHS delivering a broad range of primary health care services, provide best practice models of treatment and support services for minimizing alcohol misuse and alcohol-related harm, that are delivered by Aboriginal communities for Aboriginal communities.

Services delivered by AH&MRC member services include, but are not limited to:

- **Client case management and counselling**: Many AH&MRC member organisations provide services to Aboriginal people dealing with alcohol (and other substance misuse) issues. Generally these services offer a holistic, regular and ongoing, case management approach to addressing substance misuse and some involve family centered approaches. Linkages and referrals to internal and external services are key to dealing with the complexities of case managing clients with alcohol and substance use issues, as well as housing, welfare, mental health and legal issues. Approaches such as strength based, motivational, behavioural change and client centered models are employed.

- **Outpatient withdrawal management and treatment**: A number of ACCHS provide outpatient withdrawal management options to Aboriginal people as well as alcohol treatment pathways and care management. This includes services that have over a decade of experience offering alcohol treatment programs to their communities, and these services have been used as the basis for other ACCHS to develop similar programs and models.

- **Outreach**: Outreach workers who primarily work within rural and remote regions of NSW engage communities with minimal or no drug and alcohol services. Community engagement is an important facet of this work.

- **Aboriginal residential rehabilitation**: These organisations provide specialist and culturally specific programs to Aboriginal clients. Different models are utilized across NSW. Two out of the six services are inclusive of women and or couples and one service is inclusive of families. Service delivery models vary from therapeutic community modelling to abstinence based models. All of these services have identified alcohol as a primary drug of concern with alcohol misuse related referrals dominating bed occupancy. The AH&MRC has established and supports a state wide network for these services, known as the NSW Aboriginal Residential, Healing and Drug and Alcohol Network (NARHDAN), described in more detail below.

Several networks are facilitated by the AH&MRC and members, and enable opportunities for networking, peer support, information and expertise sharing and cultural mentoring. These

workforce support initiatives have been identified by the workforce as an invaluable support for Aboriginal drug and alcohol workers (AH&MRC 2012a)(AH&MRC 2012b)(ADAN 2012).

The Aboriginal Drug & Alcohol Network of NSW (ADAN) was established in 2003 and aims to provide a forum for Aboriginal drug and alcohol workers to network, share information and resources, provide professional, cultural support, and other opportunities for Aboriginal drug and alcohol workers to further develop their skills. ADAN supports Aboriginal drug and alcohol workers from across NSW, facilitates an annual symposium, coordinates an elected Leadership Group, facilitates a Forum for Managers of Aboriginal drug and alcohol workers, and shares information and resources through an email network.

ADAN members consist of Aboriginal drug and alcohol workers from ACCHS, Aboriginal residential rehabilitation services, Local Health Districts and non-government organisations. Since 2003, the network has expanded from some 20 members to almost 100 members. The ADAN Leadership Group also provides external organisations an opportunity to consult key stakeholders on policy development and state-wide projects aimed at the Aboriginal drug and alcohol sector. The Leadership Group aims to strengthen and build local, regional, state and national networks and advocates for enhanced drug and alcohol services for Aboriginal people.

The NSW Aboriginal Residential, Healing and Drug and Alcohol Network (NARHDAN) meets quarterly and shares experience and knowledge on culturally specific best practice within the residential rehabilitation sector. NARHDAN is planning to develop a NSW best practice framework and model of care to establish best practice standards specific to Aboriginal residential rehabilitation in NSW.

Strategies recommended to minimize alcohol misuse and alcohol related harm

Self-determination, autonomy and community control

Any strategies to address the harmful use of alcohol within Aboriginal communities should be underpinned by the principles of self-determination, autonomy and community control (UN Declaration on the Rights of Indigenous Peoples, 2007). Aboriginal people have the right to determine and develop the priorities and appropriate strategies to address the issue of harmful alcohol use within their communities and administer these programs as far as possible through their own ACCHS. Aboriginal people and their organizations should be involved in the planning and delivery of health services for Aboriginal people, as they are aware of the issues within their communities and are best placed to advise on the community's needs and priorities.

Improved integration of drug and alcohol services with primary health care

Alcohol treatment programs for Aboriginal people that are holistic in their approach and that are integrated with primary health care services are more likely to be successful and effective. People with alcohol related disorders often have significant medical comorbidities that require ongoing care, in a similar way to patients with other chronic diseases. Liaising with ACCHS will also allow for clients' other primary health care needs to be identified and effectively managed. This will have significant benefits to Aboriginal clients with comorbid health issues.

Enhanced integration of drug and alcohol treatments within primary health care services will enable a more coordinated and patient-centered approach to engaging and managing clients with alcohol issues. This will also ensure that clients receive continuity of care that is critical to people with substance use issues, particularly prior to entering, and on leaving a detoxification or rehabilitation facility. Well defined care pathways significantly benefit Aboriginal people who often encounter difficulties accessing specialized services. Improved integration of ACCHS with drug and alcohol treatment services can play a substantial role in ensuring that the typical barriers to entering alcohol treatment programs for Aboriginal clients are minimized. This would require the coordination of funding streams for primary health care services and drug and alcohol services.

Improved access to the spectrum of drug and alcohol services

People with alcohol issues often require care across the spectrum of drug and alcohol services, including prevention and early intervention services (specifically access to pharmacotherapies), harm minimisation services, non-residential treatment services, residential treatment and rehabilitation services, as well as ongoing care. It is vital that Aboriginal people are able to access appropriate care across the range of services that best meets their needs.

Improved access to high quality mainstream programs and services

Many Aboriginal people seeking treatment of their drug and alcohol problems may not have the option of accessing an Aboriginal specific drug and alcohol service. Aboriginal clients are therefore likely to have contact with non-Aboriginal service providers. It is critical that all drug and alcohol services and drug and alcohol workers, including those working in mainstream services, are capable of appropriately responding to and providing a high level of accessible and culturally appropriate care to Aboriginal clients with drug and alcohol issues.

Drug and alcohol workforce development, clinical mentorship, training and advisory support

Networks such as ADAN and NARHDAN, described above, provide important supports for Aboriginal drug and alcohol workers, and should be supported. Mainstream services and government drug and alcohol services in particular may have a role in providing clinical mentorship and greater clinical and advisory support to drug and alcohol workers, particularly those working within the Aboriginal Community Controlled Health Sector.

Appropriate resourcing and funding

Substance use issues and the harmful use of alcohol in particular are a priority issue for Aboriginal communities in New South Wales, although this is not reflected in current health service funding arrangements. Many ACCHS and their communities have independently initiated activities aimed at improving the wellbeing of their communities and reducing the harm from alcohol misuse. The AH&MRC is committed to ensuring that ACCHS delivering drug and alcohol programs are better supported and appropriately resourced in their endeavours to assist Aboriginal people seeking treatment for an alcohol related problem, as well as supporting Aboriginal community initiatives to address alcohol misuse.

Conclusions

The AH&MRC is committed to ensuring that Aboriginal communities and Aboriginal Community Controlled Health Services are better acknowledged and supported in their endeavours to assist Aboriginal people seeking treatment for alcohol related problems and to address the harmful impacts of alcohol in Aboriginal communities. The AH&MRC would like to reinforce the importance of the Inquiry acknowledging the role, experience and knowledge of the Aboriginal Community Controlled Health sector in addressing the harmful use of alcohol within their communities. Partnership approaches are vital to improving health outcomes for Aboriginal people and the expertise of the Aboriginal Community Controlled Health sector can play a significant role in addressing this issue.

The AH&MRC is happy to expand on any information provided in this submission and looks forward to the results of the inquiry.

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