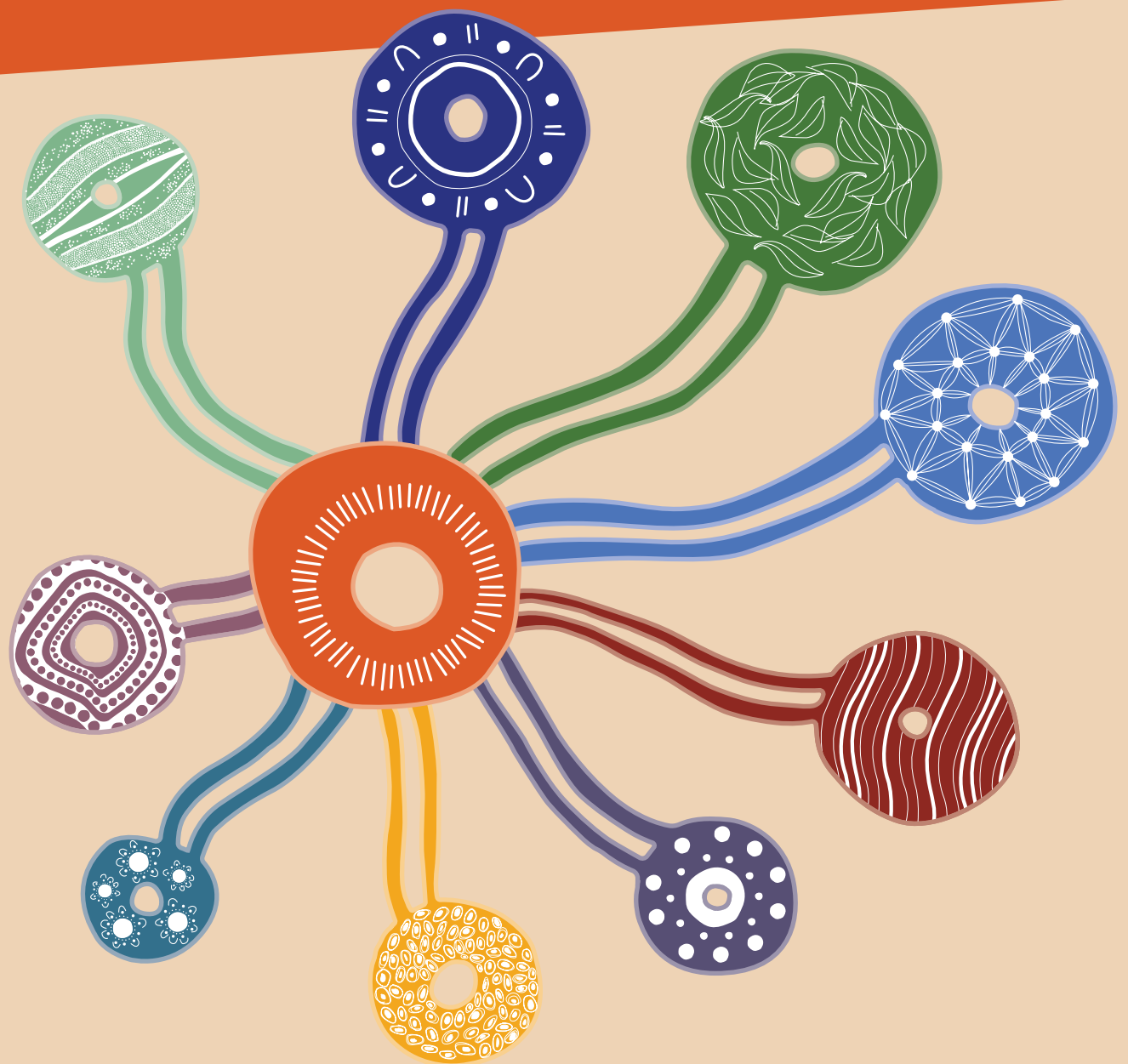


Aboriginal Community Controlled Health Organisations in practice: Sharing ways of working from the ACCHO sector



Version history

Version 1.0	February 2020
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ISBN: 978-0-6487372-9-2

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Suggested citation: The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE). (2020). *Aboriginal Community Controlled Health Organisations in practice: Sharing ways of working from the ACCHO sector*. Wardliparingga Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute, Adelaide.

Cover Image: The cover artwork was collaboratively created by Alex Brown and Ella Brown and applied in the document design by Nicole Scriva.

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Acronyms

ACAT	Aged Care Assessment Team
ACCCHS	Aboriginal Community Controlled Health Service
ACCCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
AGM	Annual General Meeting
AGPAL	Australian General Practice Accreditation Limited
AHCSA	Aboriginal Health Council of South Australia
AHCWA	Aboriginal Health Council of Western Australia
AH&MRC	Aboriginal Health & Medical Research Council (of NSW)
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance Northern Territory
CDC	Client Directed Care
CHSP	Commonwealth Home Support Program
CPI	Consumer Price Index
CQI	Continuous Quality Improvement
DOH	Department of Health
HCP	Home Care Package
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIDOC	National Aboriginal and Islanders Day Observance Committee
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NHMRC	National Health and Medical Research Council
nKPI	National Key Performance Indicator
ORIC	Office of the Registrar of Indigenous Corporations
PHN	Primary Health Network
QAIC	Queensland Aboriginal and Islander Health Council
QIC	Quality Improvement Council
QMS	Quality Management System
RACGP	Royal Australian College of General Practitioners
RAS	Regional Assessment Service
RTO	Registered Training Organisation
TIS	Tackling Indigenous Smoking
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WHO	World Health Organisation

Acknowledgements

Acknowledgement of Country

The authors of this resource recognise Aboriginal and Torres Strait Islander peoples as the traditional custodians of Country. We respect the spiritual relationship between all Aboriginal and Torres Strait Islander nations and their Country and acknowledge the effects that colonisation has had and continues to have on Australia's First Peoples. We acknowledge the deep feelings of attachment and relationship of Aboriginal and Torres Strait Islander peoples to culture and Country.

Acknowledgement of Contributors

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We acknowledge and thank the Leadership Group of the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) for their valuable time, enormous contribution, thoughtful guidance and ongoing support. Members marked with * have since changed roles.

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Participating Services

We acknowledge and thank the following ACCHOs and peak bodies for contributing to the work of the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange including informing or providing feedback on the content of this resource.

Aboriginal Community Services SA, SA
Aboriginal Health Council of South Australia, SA
Aboriginal Health Council of Western Australia, WA
Aboriginal Medical Services Alliance Northern Territory, NT
Apunipima Cape York Health Council, QLD
Central Australian Aboriginal Congress, NT
Danila Dilba Health Service, NT
Dhauwurd-Wurrung Elderly & Community Health Service Incorporated, VIC
Geraldton Regional Aboriginal Medical Service, WA
Miwatj Health Aboriginal Corporation, NT
Moorundi Aboriginal Community Controlled Health Service Incorporated, SA
Port Lincoln Aboriginal Health Service, SA
National Aboriginal Community Controlled Health Organisation, ACT
Nganampa Health Council, SA
Nunyara Aboriginal Health Service, SA
Nunkuwarrin Yunti of SA Inc., SA
Tasmanian Aboriginal Corporation, TAS
The Institute for Urban Indigenous Health, QLD
Victorian Aboriginal Community Controlled Health Organisation, VIC
Werin Aboriginal Corporation, NSW
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CREATE Research Team

We acknowledge the following researchers and professional personnel who contributed to and supported the project and the development of this resource. The CREATE research team changed over the life of the project. The team members listed below (in alphabetical order) contributed to systematic literature reviews and/or case studies. Those marked with * also contributed to the development of this resource.

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About this resource

About this resource

This resource was developed to share the findings of Aboriginal and Torres Strait Islander led research undertaken during 2014 – 2019 by the Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE), Wardliparingga Aboriginal Health Equity, South Australian Health and Medical Research Institute. The aim of the resource is to showcase the work of Aboriginal community controlled health organisations (ACCHOs) in practice in order to strengthen the ACCHO sector nationwide.

Who is this resource for?

This resource has been developed to support staff working within ACCHOs and other Indigenous primary health care organisations providing services to Aboriginal and Torres Strait Islander communities.

The CREATE team would like to acknowledge that for many ACCHOs, the learnings shared within this resource will be common knowledge and represent long standing practices. The resource highlights the important work of the ACCHO sector in providing essential services to Aboriginal and Torres Strait Islander communities across Australia.

How to use this resource

This resource may be used to support induction of new staff, workforce capacity building, evaluation of existing programs and service delivery models, strategic planning processes, funding applications and future research endeavours.

It is important to consider the unique characteristics of your ACCHO and community before considering whether some of the recommendations and ways of working included in this resource could be adopted to benefit local Aboriginal and Torres Strait Islander peoples.

There are sand coloured boxes throughout each chapter that describe practical examples of ACCHO ways of working. It will be clear from the description whether the ways of working have been drawn from a *Metro ACCHO*, *Regional ACCHO* or *Remote ACCHO*.

The development of the resource

The development of this resource was guided by the CREATE Leadership Group that comprised senior representatives from the ACCHO sector. The CREATE Leadership Group identified the following domains as focus areas for the research: health service delivery, governance, workforce, social determinants of health, health promotion, aged care, funding, accreditation, continuous quality improvement and national key performance indicators. These domains were explored through a nationwide series of case studies with ACCHOs in addition to systematic reviews and scoping reviews of the literature. The CREATE Leadership Group reviewed the findings of the case studies and refined the content presented within this resource to represent a broad range of practices across the ACCHO sector.

Where did the information for the resource come from?

The start of each chapter identifies where the information is drawn from such as whether it was one or more case studies undertaken with metropolitan, regional or remote ACCHOs, and whether the information is supported by the findings of a literature review. It is important to remember that the content of the chapters has been informed and sanctioned by the CREATE Leadership Group comprising senior representatives from the ACCHO sector nationwide.

Many people and organisations contributed to content presented in this resource. Further information regarding CREATE, the case study process and the ethical approaches to the research project are provided at the back of this resource (see page 194).

How is the information presented?

There are ten chapters within the resource that each describe ACCHO practices in one domain. Each chapter has a summary and list of contents on the first page. The chapter then provides a detailed description of ACCHO ways of working, outcomes, enablers, challenges and recommendations related to that domain. There is also a brief discussion that describes other relevant research, and a Reflection Tool that summarises key approaches outlined within the chapter.

Let's have a yarn about language

Use of the Term ACCHO

The term ACCHO is used through this resource to describe Aboriginal community controlled organisations providing primary health care to Aboriginal and Torres Strait Islander peoples. There are other commonly used terms such as Aboriginal Community Controlled Health Services (ACCHS), Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Medical Services (AMSs) that could be used interchangeably with ACCHO.

ACCHO ways of working and Western concepts

The strength of this resource is that it uses both Aboriginal and Torres Strait Islander concepts and Western concepts to describe ACCHO ways of working. It is designed to bridge the language gap between ACCHO and Western terminology. Matching both ACCHO concepts and Western concepts can be of benefit in funding applications and tenders. Below are some examples of ACCHO ways of working, and the Western concepts that these approaches relate to.

ACCHO ways of working	Western concepts
<i>We value consensus based decision making founded upon collective cultural values</i>	ACCHOs value Cultural Governance in addition to Strategic Governance and Clinical Governance
<i>Growing and strengthening our ACCHO mob</i>	ACCHOs strengthen Workforce in relation to both capacity building and leadership roles
<i>We do whatever is necessary to support our mob</i>	ACCHOs have a Social Determinants of Health approach
<i>We listen to community and strive to tailor our programs to community needs</i>	ACCHOs practice Continuous Quality Improvement

A Brief Introduction to Aboriginal Community Controlled Health Organisations

What is Aboriginal community control?

The National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak body for all ACCHOs, defines Aboriginal community control in health services as:

*'a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community.'*¹

What is the definition of Aboriginal health?

ACCHOs have long adopted a holistic definition of health as defined in the Constitution of the National Aboriginal Community Controlled Health Organisation (NACCHO):

*"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.'*²

What is an Aboriginal Community Controlled Health Organisation?

An ACCHO is described by NACCHO as:

*'a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.'*³

ACCHOs understand the position and role they play in supporting their local Aboriginal Torres Strait Islander communities to live better lives. The ACCHO approach has evolved out of an inherited responsibility to provide flexible and responsive services that are tailored to the needs of local Aboriginal and Torres Strait Islander communities. ACCHOs provide many services over and above their funded activities to ensure their community members gain the services they need. In line with their holistic health approach ACCHOs support the social, emotional, physical and cultural wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities.

What is the history of ACCHOs?

The first ACCHO was established for local Aboriginal and Torres Strait Islander communities in Redfern in 1971. This was in response to experiences of racism in mainstream health services and an unmet need for culturally safe and accessible primary health care. A national umbrella organisation, the National Aboriginal and Islander Health Organisation, was first established in 1976 and became the National Aboriginal Community Controlled Health Organisation in 1992. There are now more than 140 ACCHOs across Australia with peak representative organisations across all states and territories.

¹National Aboriginal Community Controlled Health Organisation. (no date). *Community Controlled*. Accessed on January 17, 2020 at: naccho.org.au/about/aboriginal-health/definitions/

²National Aboriginal Community Controlled Health Organisation. (no date). *Aboriginal Health*. Accessed on January 17, 2020 at: naccho.org.au/about/aboriginal-health/definitions/

³National Aboriginal Community Controlled Health Organisation. (no date). *Aboriginal Community Controlled Health Services (ACCHSs)*. Accessed on January 17, 2020 at: naccho.org.au/about/aboriginal-health/definitions/