



Nunyara Aboriginal Health Service Case Study Report

Shutdown Week - Nunyara's Training and Development Program

2016

Executive Summary

Nunyara Aboriginal Health Service is an Aboriginal Community Controlled Health Organisations (ACCHO) located in Whyalla. Nunyara means 'restored to health' in Barngarla language [1]. Nunyara provides comprehensive primary health care with a range of holistic services and programs to improve the health outcomes of the Aboriginal peoples living within the Whyalla region of South Australia.

This case study sought to reflect on Nunyara's Training and Development Program which are based on providing all staff, both Aboriginal and non-Indigenous with the same information at the same time. The unique approach sees Nunyara close all service delivery over a period of five days while all staff undertake training and development activities.

The Nunyara Case Study was conducted using a mixed method approach between September and October 2016. Data that articulated Nunyara's training and development activities were collected primarily through semi-structured interviews. A content analysis of internal documents (including annual reports) was undertaken and contextually specific descriptive data were collected using a Case Study Tool. Finally, a rapid review of publicly available literature was undertaken to collect service specific information and to build an understanding of the broader context within which Nunyara operates.

Nunyara's Training and Development Program is a significant investment in their staff. The annual week long 'intensive' delivers much more than skills training and capacity building. Nunyara's Training and Development Program is not merely a training week – it builds respectful and equitable relationships between staff and a common meaning and purpose that generates new value for individual staff, teams and the Nunyara community. It offers individual staff members the opportunity to learn, share understandings, link across professional (e.g. clinical and administrative) boundaries, and grow with others across the organisation.

The benefits are wide-ranging for:

- the delivery of patient care, particularly the increase in the number of health checks completed each year;
- strengthened staff relations;
- the creation of a supportive work environment;
- support and shared knowledge for staff through cultural awareness training;
- staff retention; and
- ground-level strategic planning, service planning (e.g. patient flow) and implementation of continuous quality improvement (CQI) activities.

While the benefits of Nunyara's Shutdown Week are significant, participants acknowledged a number of challenges to this approach. It is evident that the Week does not meet all staff training needs, especially for clinical staff.

Staff are critical to the delivery of health services for ACCHOs. There are number of policy implications which stem from this case study:

Recommendations for Nunyara:

- continue to promote client and the community awareness of and benefits of Nunyara's training and development activities in Shutdown Week;
- maintain actions arising from training and development activities throughout the year particularly those related to service planning;
- develop an evaluation framework and undertake a formal evaluation of Nunyara's Shutdown Week, including the length of time of the closure of all services; training and development activities;
- distribute findings to other community controlled health organisations to highlight the benefits, as well as challenges.

Recommendations for other ACCHOs:

- incorporating cultural awareness training to enhance health service staff understanding and knowledge of Aboriginal history and culture, which would contribute to providing culturally safe health services to Aboriginal and Torres Strait Islander peoples.

Recommendations for Policy:

- The peak bodies of state ACCHOs undertake an annual skills audit that identifies the training needs of all staff working in ACCHOs with a particular focus on Aboriginal and Torres Strait Islander staff and lobby governments for additional funding to meeting training needs.
- The Commonwealth Government provides long-term funding to enable ACCHOs to strengthen the capacity of all staff with a particular focus on Aboriginal and Torres Strait Islander staff.
- The Commonwealth Government supports training organisations including ACCHO sector registered training organisations and universities to develop and deliver regionalised courses in partnership with ACCHOs, which strengthen the capacity of all staff working in ACCHOs.
- The Commonwealth Government support ACCHOs by providing resources to backfill positions to allow staff to attend professional development activities.

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1. Introduction

The Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) focuses on translating research to improve health outcomes for Aboriginal and Torres Strait Islander peoples. The Centre is a collaborative enterprise between The National Aboriginal Community Controlled Health Organisation (NACCHO), the Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute (SAHMRI) and the School of Public Health and Joanna Briggs Institute at the University of Adelaide. To ensure that the work of CREATE aligns with priorities and issues affecting ACCHOs, a CREATE Leadership Group was established. The CREATE Leadership Group comprises representatives from the Aboriginal and Torres Strait Islander healthcare sector including NACCHO, their affiliates and member services as well as other ACCHOs.

One of the primary aims of CREATE is to identify the key principles which underpin best practice in ACCHOs. These principles will be incorporated into a **Best Practice Aboriginal Community Controlled Health Organisation Framework** which could be used by services to demonstrate their unique values and advocate for improved resources. The framework could also be used to develop contextually specific best practice service delivery models and to share information between ACCHOs in relation to how these best practice principles have been implemented.

Two of the primary research questions being addressed by this body of work are:

1. What principles underpin best practices in ACCHOs?
2. How do ACCHOs develop and sustain best practice?

In order to answer these two questions the CREATE team are undertaking a number of scoping and systematic reviews to synthesise the existing publicly available research evidence. We recognise however some examples of best practice may not be publicly available. Therefore, this series of **Best Practice Case Studies** has been undertaken to capture practical examples of best practice service delivery within ACCHOs across Australia in order to present and share evidence that is not within the public domain.

A call for **Best Practice Case Studies** first went out through the CREATE Leadership Group and ACCHO peak bodies in April 2016. These organisations in turn sought interest from ACCHOs who believed that their service or at least part of their service encapsulated their own definition of best practice and were interested in sharing their knowledge with others. One of the first organisations to participate in the **Best Practice Case Studies** was Nunyara Aboriginal Health Service (Nunyara).

Nunyara has implemented a Training and Development Program known as Shutdown Week – a week when the service does not deliver client services but instead provides training and development, cultural awareness training, services planning and team building activities for staff and board members. Shutdown Week has resulted in a number of benefits to the service, clients who access the service and the community more broadly. The following report reflects on the development, implementation, outcomes and future of Nunyara's Shutdown Week.

2. Background

There are over 150 ACCHOs across Australia that provide comprehensive primary health care to Aboriginal and Torres Strait Islander communities [2]. Their workforce is a critical success factor in ensuring delivery of services that meet the needs of their communities. The majority of staff, just over half of the 7,000 FTE employed by ACCHOs, identify as Aboriginal and Torres Strait Islander [3]. A large proportion of these staff are Aboriginal and Torres Strait Islander Health Workers and Practitioners [3].

Aboriginal and Torres Strait Islander peoples have been working in health related roles within ACCHOs since the establishment of the first ACCHO in 1971 [4]. ACCHOs recognise the importance of employing Aboriginal and Torres Strait Islander peoples in health related roles, to ensure delivery of culturally appropriate health services. The work of Aboriginal and Torres Strait Islander Health Workers as well as Health Practitioners has been instrumental in the delivery of services and their roles have recently been formally recognised [5].

It's also important to understand the role non-Indigenous staff play within ACCHOs. The presence of non-Indigenous staff has been evident right from the establishment of the first ACCHO [4], to their ongoing role in supporting Aboriginal and Torres Strait Islander staff and in the delivery of services to Aboriginal peoples today.

It is critical that the delivery of services by all staff is both skilled and culturally appropriate [6-9]. To aid this all staff should receive some form of cultural awareness training. The challenge is that no one ACCHO is the same, particularly in terms of context and the communities they serve. Many services will provide some form of cultural awareness training including aspects of the history of colonisation, community protocols and even language classes. The aim is to tailor cultural awareness training within the community the ACCHO is located.

ACCHOs recognise the need to build and strengthen the capacity of all their staff, clinical and non-clinical, Aboriginal and Torres Strait Islander and non-Indigenous staff, and to ensure access to ongoing training and development opportunities [10].

3. Case Study Method

The Nunyara Case Study was conducted using a mixed method approach between September and November 2016. Prior to commencing, the overall Project was approved by seven ethics committees which represented the range of jurisdictions involved – Aboriginal Health Research Ethics Committee (04-16-651), South Australia; The University of Adelaide Human Research Ethics Committee (H-2015-221), South Australia; St Vincent Hospital Melbourne (HREC-A 110/16), Victoria; Aboriginal Health & Medical Research Council Ethics Committee of New South Wales (1123/15), New South Wales; Central Australian Human Research Ethics Committee (HREC-15-352), Northern Territory; Menzies School of Health Research Human Research Ethics Committee (HREC 2015-2481), Northern Territory; Western Australian Aboriginal Human Research Ethics Committee (680), Western Australia.

In the first instance, the CREATE Program Manager together with two researchers spoke over teleconference with the CEO of Nunyara and another senior staff member to discuss the potential inclusion of Nunyara as a case study site. A Memorandum of Understanding detailing the agreed terms and conditions for undertaking the case study was then agreed. The research team consisting of two Aboriginal researchers, both of whom had experience in working with ACCHOs, was formed and arrangements were made to visit Nunyara to begin data collection.

3.1 Collecting Contextual Data

Contextually specific descriptive data was collected using the Case Study Tool (Appendix A) which was completed by the CEO of Nunyara.

A rapid review of the following publicly available documents was also undertaken to collect service specific information and to build an understanding of the broader context within which Nunyara operates. Search terms used to undertake this rapid review included:

- Nunyara Aboriginal Health Service
- Whyalla

The following documents were sourced through this rapid review or provided by Nunyara.

1. 2016 Shutdown Week Report
2. 2015 Shutdown Week Report
3. 2014 Shutdown Week Report
4. 2012 Shutdown Week Report
5. Nunyara Annual Report 2011-2012
6. Nunyara Annual Report 2012-2013
7. Nunyara Annual Report 2013-2014
8. Nunyara Annual Report 2014-2015
9. Nunyara Annual Report 2015-2016
10. Nunyara: working together to promote a healthy and vibrant community [11]

All of the retrieved documents were imported into NVivo® (QSR International Pty Ltd. Version 11) for analysis.

3.2 Collecting Best Practice Data

Data which articulated Nunyara's Shutdown Week was collected through semi-structured interviews (Appendix B). Two Aboriginal researchers conducted interviews at Nunyara. In total nine people including staff and board members participated in seven interviews. Six people identified as Aboriginal and three were non-Indigenous (Table 1).

Table 1: Participant Demographics

Participants	
Manager - Non Clinical	1
Female	
Clinical	
Female	2
Administrative	
Female	2
Other	
Male	1
Board Members	
Female	3
Totals	9

The researchers responsible for data collection provided information about the study to Nunyara staff. Interested staff were provided with a written information sheet (Appendix C) and consent form (Appendix D) for consideration and invited to participate in an interview at a convenient time. All participants agreed to have their interviews audio recorded. Interviews were transcribed and participants were provided with the opportunity to review and then clarify or add to the original interview transcript. None of the participants took the opportunity to review their transcripts or provide additional feedback. After de-identification, the transcripts were imported into NVivo in readiness for analysis and interpretation.

3.3 Analysing and Interpreting Data

The following framework was initially used by all members of the research team to code the contextual documents and interview transcripts which had been imported into NVivo.

1. A description of the communities served by Nunyara and the organisational context within which the Nunyara Shutdown Week was implemented including:
 - An historical overview
 - The current environment within which Nunyara operates
 - A description of Nunyara today
2. The description of the Nunyara's training and development activities including:
 - What does it consist of?
 - When was it developed/implemented?
 - Why was it developed/implemented?
 - How has it changed overtime?
 - Who is it for?
3. The contributing factors which were considered necessary for Nunyara's training and development activities to be implemented and sustained including:
 - Organisational culture
 - Internal policies and practices
 - Community members
 - External partners
4. The challenges associated with implementing and maintaining Nunyara's training and development activities including:
 - Staff attitudes
 - Community expectations
 - Resource implications

5. The types of outcomes resulting from Nunyara's training and development activities including any:
 - Health outcomes
 - Health practices
 - Accessibility (acceptability, affordability, awareness etc.) for community members
 - Community participation etc.
6. Recommendations for maintaining and building upon Nunyara's training and development activities
7. Implications for other ACCHOs who may wish to consider developing and implementing similar training and development activities

An analysis was then undertaken to identify the key themes within each of the seven framework components. The entire research team then met to consider and agree upon the interpretation of the themes that had been identified.

3.4 Identifying Data Sources

The following sections present published information as well as interpretation of data collected from Nunyara. Normally, speaking tags would have been added to the end of each quote to contextualise the characteristics of the participants. However, given the small numbers of case study participants and to maintain privacy, it was more appropriate to use the interview tag: case study site number, interview number, initials of interviewer, e.g. [03 01 SGH].

4. The Context

Whyalla is South Australia's second largest regional centre, with a population of over 22,000 people living in the region [12]. Aboriginal people comprise over four percent of the population, or just over 900 people [12]. Whyalla has a public hospital with a 24-hour accident and emergency service, resident medical officers and specialist, and visiting specialist services [13]. In addition, Whyalla has a number of general practices and other health services including dental and allied health services.

Nunyarra Aboriginal Health Service is an ACCHO located in Whyalla. Nunyarra means 'restored to health' in Barngarla language [1]. Nunyarra provides comprehensive primary health care with a range of holistic services and programs to improve the health outcomes of the Aboriginal peoples living within the Whyalla region of South Australia. Although Whyalla is home to many other language and family groups from South Australia, Northern Territory and Western Australia, the Barngarla people are the traditional custodians of Whyalla and the surrounding region [11].

4.1 Nunyarra

Nunyarra Wellbeing Centre Inc. was established in 2003 in response to growing concerns about Aboriginal peoples' access to primary health services in Whyalla and broader concerns about the health status of Aboriginal peoples (Ref). Originally, Nunyarra was set up under the auspices of Pika Wiya Port Augusta Health service [11]. In 2012 Nunyarra changed their name to the Nunyarra Aboriginal Health Service [14]. Today, Nunyarra provides a range of holistic services and programs to improve the health outcomes of the Aboriginal peoples living within the Whyalla region of South Australia [15]. Nunyarra provides health services from Monday to Friday, with a Aboriginal Health Worker led clinic supported by a general practitioner three days a week [15].

Nunyarra's approach to health care delivery incorporate both Indigenous and western perspectives of health care [16]. Nunyarra has a strong link to its community, with representation on Nunyarra's board.

Nunyarra's vision is to '*Strengthen cultural partnerships to improve the health and wellbeing of our community through empowerment*' [15]. They discuss achieving this by:

Encouraging RESPONSIBILITY for people to take ownership of their own wellbeing

Being an ACCESSIBLE service by providing a culturally appropriate environment and location

Increasing AVAILABILITY of primary health care and wellbeing services

Offering CHOICE through flexibility of programs and service delivery

Providing ADVOCACY through support and advice to overcome cultural barriers

Strengthening PARTNERSHIPS by developing and maintaining diverse relationships

4.1.1 Governance

Nunyarra is an Aboriginal Community Controlled Health Organisation. All Board members identify as Aboriginal peoples. They meet regularly and are heavily involved in strategic planning and priority setting for the health service. Board members also take an active role in assessing the performance of the service and have some input into relevant operational matters, particularly with respect to staff recruitment.

4.1.2 Provision of services

In the 2014/15 financial year, Nunyarra provided over 4300 episodes of care to just over 1000 people. Approximately, 86% of these clients identified as Aboriginal or Torres Strait Islander and just under 15% were considered to be transient in that they did not reside in Whyalla but had received at least two services from Nunyarra in the past year.

4.1.3 Funding

Nunyara received income during the 2014/15 financial year from over ten separate funding streams, all of which were from either the State or the Commonwealth government. In the same year, Nunyara produced over 30 reports for external funding organisations and had applied for and won at least one additional external grant.

4.1.4 Types of services provided

Nunyara provides a range of services at its clinic including:

- General medical services
- Prevention and health promotion
- Maternal and child health
- Chronic disease

Regular specialist visits are conducted by a chronic disease nurse, diabetes educator, dietician, occupational therapist, ophthalmologist, optometrist and a podiatrist.

4.1.5 Workforce

As at the end of 2014/15 financial year, Nunyara employed a total of 19 (13 FTE) staff, 16 of whom identified as Aboriginal and Torres Strait Islander persons and three of whom were non-Indigenous. Most people employed by Nunyara were in clinical roles (n=10) and the remainder in management (n=5), administration (n= 3), or as a driver (n=1).

The average retention rate for all staff is two years. There were no positions that remained unfilled for a period of more than two months during the 2014/15 financial year. Generally, Nunyara finds it difficult to recruit general practitioners and financial officers to the service.

4.1.6 Quality Improvement

Nunyara is accredited under Australian General Practice Accreditation Limited. Staff are generally supportive of the accreditation process.

4.1.6.1 Clinical Decision Support

On site general practitioners are available two days a week to support Aboriginal Health Workers and nurses. Specialists are also available from time to time to advise and support clinical staff. Staff also have access to evidence based guidelines.

5. Nunyara's Training and Development Program

Nunyara Training and Development Program is based on providing all staff, both Aboriginal and non-Indigenous with a range of training and development activities. The aim is to provide all staff with the same information at the same time. The type of training and development activities staff receive vary depending on identified needs and mandatory training requirements. Training and development activities include cultural awareness, service planning and team building activities.

Nunyara's unique approach to providing training and development to staff is that the majority of training and development activities are provided over a single period of three to five days, and that Nunyara closes its service during that period. This is known as 'Shutdown Week' to Nunyara's staff and board members, and is promoted as such to the community.

In the following sections we describe the impetus for the implementation of Nunyara's Training and Development Program, how it has evolved over time and the benefits and challenges in ensuring this program is sustained. We have incorporated data from Nunyara staff and documents as well as findings from the broader literature as appropriate.

5.1 Historical Background

Nunyara is a small ACCHO with a 19 staff (13 FTE). The idea to a Training and Development Program for all staff over a single period came from the CEO, as a way of allocating more time to training and development activities, in particular mandatory training for staff, while minimising the impact on clinical services. Previously training and development activities would occur on a more ad hoc basis, particularly with individual staff going off on their own or to Adelaide for training, which would put additional pressure on other staff and impact upon the delivery of clinical services.

Shutdown Week was a bit of a[n] initiative that I thought of maybe five or six years ago to be able to bulk up the time available to do training with staff and some of it, of course, is, you know, your mandatory training that all services have a duty of care to do with their employees. [03 06 SGH]

Before the implementation of a single training and development period where Nunyara would be closed – Shutdown Week, staff and the Board discussed other alternatives but determined that closing the service and not providing services to clients during this period would be the most suitable approach for Nunyara.

We – yeah we talked about it because it was the whole week and we had to, stop, you know, delivering clinical services to clients. So we had to get approval from the board. [03 06 SGH]

[We] look[ed] at these options and there were a few options that were thrown around but we decided as a whole service that this would be the best approach, or we thought would be the best approach to ensure that everybody, like you said before, is that everyone is on that same page and that everybody is getting the same information at the same time and having that cohesiveness and working together and the expectation of the community is that we work together, and upskilling everybody at the same time is very important. [03 01 SGH]

Staff generally supported Shutdown Week, particularly the format of holding training and development over a single period.

[T]he organisation might have been shut for a week but I think it's better that they do it all in that one week rather than, you know, spreading it out a day here and a day there because essentially you're still going to be shut for that time. So it's better just to do it all at – all at once and at least then you know everyone's going to be there. [03 03 SGH]

Initially Shutdown Week occurred over a two day period but more recently increased to five days. Shutdown Week provides the opportunity to deliver training and development activities and other important information to all staff at the same time in a supportive environment.

So that people feel a bit more supported when they do training as well. So they're not isolated going off, say, for example, to St John's to do the first aid training, that two or three people, four people, can go and all do it together. So, you know, they're with people they know and they've got some peer support as well. [03 06 SGH]

The agenda for Shutdown Week is dependent on mandatory training requirements, staff needs and the plan for the year.

So we might do, planning in terms of, if we've got a clinical accreditation cycle coming up. Or some strategic planning with the board. It just depends what's on the agenda for that particular year. [03 06 SGH]

Previous training and development – Shutdown Weeks would occur in the first half of the year, usually in the new year, at a time when the service is not busy, in order to minimise impact on the community. In 2016, due to conflicting obligations and community needs, Shutdown was held in July. As a result of feedback, it was proposed that future Shutdown weeks revert back to the first quarter of the year [17].

5.2 What does Nunyara's Training and Development Program currently look like?

Nunyara's Training and Development Program is distinguished by the complete closure of service delivery for up to a week to allow all staff to participate. The key aims are to provide all staff the same information at the same time and a range of training and development including cultural awareness, service planning and team building activities. The majority of training and development activities are provided over a single period of five days. During this period Nunyara is closed and no services, including clinical services, are provided to clients. This period is known as 'Shutdown Week' to Nunyara's staff and board, as well as the community.

The location of Nunyara in Whyalla, a large regional city, means that implications of the service closure for clients are reduced as people are able to access other health services including the local hospital and other mainstream health services including general practitioners.

Nunyara's board are also invited to participate in training and development activities. The training and development activities staff receive vary depending on identified need and mandatory training requirements but typically include cultural awareness, service planning and team building activities.

5.2.1 Planning of the Training and Development Program

The planning of the Training and Development Program is organised by the CEO and staff with assistance from Board. Activities for the week are identified, and any specialist training coordinated and booked.

It certainly allows for that planning and ensuring that we get specialists in, in those particular areas rather than just looking it up and getting some literature on it and discussing it as a team. [03 01 SGH]

When a date for Shutdown Week is confirmed clients and the community are notified well in advance.

[W]e pre-warn people and we do that by putting a – what's known as a cash classified on TV and we do some radio advertising. [03 06 SGH]

We also put it in our transport car so, you know, and flyers - we give community flyers and a process on if they should need a service throughout that week, what they could access, what services they could access locally. So we put those plans in place as well. [03 01 SGH]

5.2.2 Training and Development

A range of training and development activities are provided to Nunyara staff during Shutdown week. Training depends on identified staff needs, including meeting mandatory training requirements. Previously, training has included occupational health and safety, fire safety, manual handling, first aid, hand washing and food handling and other training related specifically to accreditation, continuous quality improvement and key performance indicators.

So it's a week where we can just shut the office and everyone gets their training up that they – the mandatory training that they need to do, in terms of, accreditation activities and that sort of thing. [03 04 SGH]

The activities for the week differ each year, with the aim of providing a range of different activities and scenarios.

[W]e make sure that the contents always different. So, for example, we might have a guy come in and facilitate manual handling training one year but the next year he might do some work with us around, you know, getting us all to understand where the legislation comes from, that you know all the safety standards are attached to. Or we might do, you know, some really practical exercises, like in terms of an evacuation or an emergency in the clinic, that kind of thing one year and we'll do something different the next year. It might be that, I don't know, you've got a patient that falls over in the car park, and how do you respond to that, and what you do. And so we run through all those different scenarios. [03 06 SGH]

For some staff it provides an opportunity to refresh their knowledge and skills. Staff are able to learn from one another.

Everyone is all on the same page. I just find that – like afterwards we had really good discussions about the training, you know, because we were all there, we were able to learn off one another. So we were allowed to say, you know, you understand? You're sure? Like, you know? So then if we didn't understand, you had someone else there to say, "Can you explain that to me?" So that was one good thing about training together. [03 08a ENK].

In addition, staff are supported and provided time during the week to complete online training or other mandatory training related specifically to their qualifications.

[W]e may do some – there's quite often opportunity for online training as well. We do some online training during that week as well that we support staff to be able to do that during that time and but leading up to it we may require some training such as the online stuff prior to the week. [03 01 SGH]

Staff who are required to attend training and development outside of Shutdown Week are supported to attend and share the information gained with all staff.

[T]hroughout the year there are some training and particular staff will attend but, ah, there is a process where they come back and give that information throughout the year. [03 01 SGH]

5.2.3 Cultural Awareness

Cultural awareness provides an opportunity for all staff, both Aboriginal and non-Indigenous, to learn and share their own experiences and understandings and any concerns that they may have. Shutdown Week provides a safe space for that to occur.

Yeah. Sometimes you have the – you know, quite often Aboriginal people won't want to confront the non-Aboriginal person, possibly because they're in a higher position but once we're in this Shutdown, everyone is on an equal path. And it allows those Aboriginal people to support each other to give feedback and to give their experiences as well. [03 01 SGH]

Staff are exposed to cultural and Aboriginal history.

Aboriginal culture and, yeah, and it's, well it's very interesting and he showed a couple of films on people being taken away from their homes, towns and that. And that was an eye opener for the people that were sitting around the table. So that was really good. So we all sat down and took it all in. [03 02 SGH]

For non-Indigenous staff who have had minimal exposure to Indigenous peoples and culture, it provides an opportunity to learn about Aboriginal history and culture, it can be eye opening but also emotional to learn about.

[W]e had an Aboriginal cultural awareness afternoon which was a bit of an eye opener for me because, you know, I've never really sort of looked into that stuff. You know, I knew all about the Stolen Generation and that but never – never as much sort of detail as what – as what (name of presenter) went into. So it was rather interesting for me. [A] bit emotional, yeah, but very much an eye opener of what the families and the children went through then and are still going through now. Which is a bit sad. [03 03 SGH]

Aboriginal staff were also able to support non-Indigenous staff by sharing their own experiences and understanding.

[G]iving the staff members who are Aboriginal an opportunity to perhaps provide support to that non-Aboriginal person by saying this is how we do it. And for them to have numbers to be able to express their concerns or how they can better educate or support that non-Aboriginal person. [03 01 SGH]

Cultural awareness was seen as a benefit to the community.

And I think it was a benefit to the wider community - like you've got a white worker come in that doesn't really understand Aboriginal people and that's like a communication - ah, get together and it's making them aware of where they're working and how they understand Aboriginal people better. [03 01 SGH]

5.2.4 Service Planning

The Training and Development Program provides the opportunity for the service to allocate time to whole of service planning, allowing staff to consider the services Nunyara provides including outlining the patient flow within the service and the implementation of continuous quality improvement (CQI) activities.

So we might be able to, in that week, get all of the health workers together - and all of the health workers – there's only four people and sit down and work out, you know, something like patient flow. How does the patient flow through from the minute they walk through the door to talk to the receptionist, sit on the seat, wait for the doctor, see the doctor, see the – how does that all work? And get that a bit more coordinated because the place is so small that there's no room really for anything else to be able to occur. So we have to have a flow and it has to be a good flow, so the pathway from in the door to out the other end has to be managed and managed well. [03 06 SGH]

Nunyara's approach to CQI implementation has allowed staff to consider how CQI fits within existing structures.

So CQI [continuous quality improvement] is a relatively new concept for services and we had to combine it with our annual action plan. And so it was a little bit difficult this year, and instead of trying to get people up to speed with it really quickly we wanted to do it, you know, we'll put it in the action plan and we won't actually do anything about it. [03 06 SGH]

The Training and Development Program also enables staff to plan for future needs and events as they arise throughout the year.

I think over time we'll look at any sort of further training that we'll be needing for the next Shutdown and it's about gathering that information and whilst we do certain things, [...]. We would be looking at throughout the year what is it that we need? You know, our funding or our agreements change a lot; the accreditation, we need to be keeping up with that so we would be looking at incorporating that into the next one as well. It's a working document – it's a working, it's almost that live in working document we're

forever putting things into it and the possibilities of maybe – like a wish list, I guess, and then when it comes a bit closer to the time we'll be going through that and looking at what is the most requested from staff, may be needed through service agreements or such. [03 01 SGH]

So we might do planning in terms of, if we've got a clinical accreditation cycle coming up. Or some strategic planning with the board. It just depends what's on the agenda for that particular year. [03 06 SGH]

The Training and Development Program also allowed staff to revisit issues such as the implementation of a needle exchange program, enabling staff to raise concerns held by staff and the community.

We've been talking about needle exchange at these Shutdown meets for three years I reckon. And this year was the best conversation that we've had because over the prior two years it keeps coming up, what are we going to do and the – the work group was undecided. Do we want to implement this or not? And there was those usual barriers about people not wanting it because you'd be promoting drug use and that kind of thing. [03 06 SGH]

5.2.5 Team Building

The Training and Development Program provides an opportunity for Nunyara staff to come together and build relationships between staff by spending time together and engaging in team building activities. The team building component of the week has evolved over the years, with the original idea steaming from a cultural camp staff attended a number of years ago, and wanting to incorporate a similar experience for staff into Shutdown Week.

It was good this year, but it's also been, we've also done it before in the past and we had an overnight trip and it was a facilitated, camp at (name of cultural camp site) and, you know, so that – I think it was two or three nights or something. So that was really good for the whole group to do and it's probably part of where, you know, some of this idea came from, to be able to incorporate it. Of course you can't go, you know, back there every year. But, I think it's a way of, you know, introducing people to – to new things, whether they be Aboriginal or non-Aboriginal. There's always something new that you can find out about somebody else. So I think – I think that people appreciate it – appreciate doing it, yep. [03 06 SGH]

Staff are able to recognise the benefits of spending time together.

I think that week was probably good for that sense because we were all together all the time and we sort of got to know each other a bit more and a bit more comfortable, you know. Because it is a good team building – a team building exercise as well as the information you get out of it for what's required for the job. [03 03 SGH]

I think that it builds a better relationship between all workers in that week they're off because it's more understanding for them. They're not just coming to work and going home, it's you know, they're all together. Otherwise if you can't work together, why be here? That's when you get conflict and things like that develop. But keep that out, have that time out, that way you're working together. [03 01 SGH]

Recent team building activities include day and overnight trips to nearby towns, to areas of interest and other activities that bring the team together.

One year we had, like, almost like a treasure hunt so you had to work together as a team to be able to gather the local information around town and such like that so it's working together. [03 01 SGH]

We had a trip to Port Augusta on the Friday and sort of went for lunch. Went to Wadlata, Arid Land Gardens for, sort of, a bit of a bonding, you know, a bit of a fun – but even sort of through – yeah, through the week I guess it was – we were all together all the time. [03 03 SGH]

5.3 Benefits

Nunyara's The Training and Development Program has many benefits for both staff and the organisation as a whole.

5.3.1 For Staff

Nunyara's Training and Development Program provide a supportive environment for staff to undertake training and development activities.

[P]eople feel a bit more supported when they do training as well. So they're not isolated going off, say, for example, to St John's to do the first aid training, that two or three people, four people, can go and all do it together. So, you know, they're with people they know and they've got some peer support as well. [03 06 SGH]

A number of staff highlighted the added benefits of spending the week together. It allowed staff to build and strengthen relationship with each other and grow as a team.

I think – I think it is a good – a good thing. Because it helps build relationships which helps build the working environment which, you know, people feel more comfortable working and it – yeah – it sort of – yeah – no – it was good. [03 03 SGH]

Individual staff felt more comfortable to engage with other staff.

I didn't think it really impacted on my daily work. I just used to sit in my office and do what I had to do and that was it. So probably since – since Shutdown Week is where your conversations have become more – more apparent through the day. Whereas before that I'd just sort of sit in my own little corner and not – not want to attach myself to – to people. Simply because I knew it was only a temporary position. But Shutdown Week kind of made that impossible as such [laughs]. [03 03 SGH]

Staff were able to learn from one another and clarify each other's understanding.

Everyone is all on the same page. I just find that – like afterwards we had really good discussions about the training, because we were all there, we were able to learn off one another. So we were allowed to say you understand? You're sure? Like, you know? So then if we didn't understand, you had someone else there to say, "Can you explain that to me?" So that was one good thing about training together. [03 08 ENK]

The format and the delivery of training and development activities benefited staff particularly the Aboriginal staff.

I think, yeah I think that we're able to have the staff come together and working in a group rather than individually to do some of that training is very beneficial for our people, that's how they work, hands on certainly is a better, better way of doing it than just writing it up or doing it online, it's so much better to have a group of people who you're comfortable with being able to go through those training together and hands on is certainly how Aboriginal people learn better and accept things a lot better as well. [03 01 SGH]

For new staff it gives an opportunity to bring them 'up to speed' [03 06 SGH] and assist with adjusting to working at Nunyara.

Staff also benefited from having the time allocated to complete training activities, which in turns helps the organisation.

Well it was excellent yeah, I mean from an individual point of view obviously you – you get more qualifications yourself, which I guess in turn helps the organisation. [03 04 SGH]

Additionally, staff who are required to undertake certain training as a part of their registration as a health professional were able to do so.

Shutdown Week for me, because I'm so busy, it's cool because it allows me to get, my CPD points to re-register with APHRA. So I know that I don't have to worry about that practitioner. [03 08a ENK]

5.3.2 For Nunyara

The flow-on effect of staff building and the strengthening relationships has clear benefits for Nunyara as a workplace. Staff described the benefits as creating a calm and happy environment [03 01 SGH], and feeling closer as a team.

[W]e felt closer as a team, too, after we had that, that week. [03 08a ENK]

Nunyara's training and development activities also brings together the clinical and administration sides of the services as they don't always have the opportunity to come together as a whole of organisation.

I think they really enjoyed it. Because we don't get a lot of time, like clinic staff, we yarn all the time. But the mob over there, we don't get a lot of chance to – to yarn with them and sit down. [03 08a ENK]

I think that it builds a better relationship between all workers in that week they're off because it's more understanding for them. They're not just coming to work and going home, it's you know, they're all together. [03 01 SGH]

It was also noted that the Training and Development Program provided the opportunity to discuss 'bigger issues'.

I think also it's a calm environment where they can discuss things if they have issues and there's a correct process to go about it. If there are slightly bigger issues, we have processes that we go through and discuss those. [03 01 SGH]

For example, the training program provided an opportunity to discuss the potential implementation of a needle exchange program, and this allowed staff to increase their clinical knowledge and understanding about needle exchange and blood-borne viruses.

The clean needle program, so, you know, having the background information about that as well and, you know, again increasing your own understanding of – of issues. It's like, you know, some people might think well why are they doing that it's just encouraging drug use, but it's not, it's preventing – they're going to do it whether you have it or not. So it's preventing the viruses in the community, blood borne viruses, so, that was a good, you know – understanding that as well. Yeah, no, I don't think I can think of anything else, yeah. [03 04 SGH]

Building and maintaining a positive workforce culture through staff engaging in training and development activities has led to improved staff retention.

I think as I said – keep saying it but the team building, getting together, I think that's really important. Staff relations, you know, staff that you – 'cause the clients are obviously a priority but you – happy staff you retain staff, so, you know, if – if everyone's getting together and getting to know each other. And understanding each other's backgrounds a bit more and what makes them unique and – probably more harmonious workplace, which is obviously important and leads to staff retention, yeah. [03 04 SGH]

5.3.2.1 Cultural Awareness

For non-Indigenous staff cultural awareness training has provided them with a great understanding of Aboriginal culture such as kinship and sorry business.

The presenter talked about the family – family structures of Aboriginal people. So, that made it a bit more aware of, like, they see their aunty as their mother. And you know, the – the cultural awareness for – for when – when a person dies in the community it really does affect everyone. Because it's a very close knit family structure which I didn't know, I found that very interesting and I found – we watched a video about the stolen generation. [03 04 SGH]

Cultural awareness is important for new non-Indigenous staff, particularly for staff who may have not worked in an Aboriginal organisation before or have had minimal contact with Aboriginal people before.

It was good because we just had a lot of non-Aboriginal staff start within the service, so giving them a taste, I suppose. We haven't really all sat down together, so that was a good thing getting to know the new staff. But also letting them know a bit about – a lot of them haven't gone through the cultural awareness stuff. So, that was probably good for the non-Aboriginal staff to be able to deal and, you know, like, just – just to understand. [03 08a ENK]

5.3.2.2 Improvements to Practice

An example of how changes to practice have had an ongoing effect on the service is patient flow.

So we have to have a flow and it has to be a good flow, so the pathway from in the door to out the other end has to be managed and managed well. And we've made some significant improvements and we can see that from our data last year. We had you know, 45% more, we did 45% more, 715 health checks last year than on the prior year and we had 1200 more episodes of care last year than on the prior year. So when we talk about you know, Shutdown Week and what do we do all week even if we met all week about how do we make improvements to our clinical service, then I think that we've demonstrated that you can see that. [03 06 SGH]

5.3.2.3 Quality Improvement

Participants identified a number of improvements to clinical and non-clinical practice, and how these improvements could benefit the organisation as a whole.

[O]ther important things as well like CQI training and quality improvement and how we can improve. And we think about what we can do to – to help the organisation as well as get some, you know, important training that we need to – to do on a yearly basis. [03 04 SGH]

Nunyara's training and development activities encourages staff to think about ongoing improvements and how they might be addressed.

So it's all about the quality improvement as well which is obviously what we're aiming for and to always be improving. So, you know, just getting together and talking about different things you can get a plan of attack and were still doing things from shut down week. [03 04 SGH]

The implementation of quality improvement activities was seen as important to improving services.

I need to look at how we're doing this, you know, identify things that can be improved. So it's all about the quality improvement as well which is obviously what we're aiming for and to always be improving. [03 04 SGH]

The development and implementation of a register for CQI activities has led to the development of health checklist for clinical staff.

I think, like when we had (Name of presenter) here from AHCSA talk about quality CQI and I think that's flowed on definitely, like, we've started a register for CQI activities that we do. So one day I was talking in a meeting about Communicare and they wanted a – a list in case it was down, like a health checklist. So, you know, I've typed that up for them based on Communicare so they've got a manual resource if the computers not working or they can't get in. Or, you know, we had some – we have contractors come in so

we've got a lot of issues with passwords and things, so, that's just an example based on – and we made a register this is what I've done. So we can show that when it comes to accreditation time, well this is what we've done to – to work on CQI activities so I think that's important. [03 04 SGH]

5.3.2.4 Human Resources

Participants identified that there was a greater awareness of Nunyara's policies and procedures. Staff were also clear about their expectations and requirements particularly in terms of working within an Aboriginal community controlled health service.

So staff, ah – we provide our policies and procedures, we have that available there and we discuss what the requirements of staff members, such as the occupational health and safety sort of stuff. [03 01 SGH]

Staff were involved in the development of staff norms around respectful behaviour, which led to a new policy.

We've come up with some – we did some work with HR (Firm) I think they're called now. Some years ago around respectful behaviour and developing some group norms. And so we – we actually developed a policy out of that and some posters around how we wanted to be treated and how we thought we should treat other people. I think that's one of them on the wall up there. [03 06 SGH]

5.3.2.5 Post Training and Development Activities

Flowing on from Nunyara's training and development activities a number of staff alluded to the planning of ongoing or other activities to organise or implement.

As I said I think it just helps with – with the accreditation, because, you know, it's a week of reflection. You look at, right this is the training we need to do – they get training, you get where you need to be. And then, you know, me as the HR person look at okay, well we've done this this and this what didn't we get around to? And now I've identified a couple of things, so, you know, we've already gone and done one of them we're going to arrange the other one soon, within the span of a few months. [03 04 SGH]

Nunyara's training register is updated to reflect the training staff received including keeping copies of training certificates.

We also keep a register of all the training that people do. That's a little bit easier to manage it that way when everybody's done something on the same date. [03 06 SGH]

5.4 Challenges

While the benefits of Nunyara's Training and Development Program have been significant, participants acknowledged a number of challenges to this approach, particularly in relation to clients and the community, such as not providing services to clients during the week when Nunyara is closed.

I mean, you know, I don't know how much it impacted our clients with the clinic being closed in terms of not being able to get into the doctor. I suppose, you know, the administration side it didn't – it probably affected the staff more in the clinic because – probably super busy the next week getting people into the doctor and that sort of thing. [03 04 SGH]

Staff identified a number of issues related to not providing services to clients during Nunyara's training and development activities particularly from the clients point of view.

When we're closed, on the Shutdown Week, they just had to find their own way. It was simple as, easy. Yeah. They would've found it hard I suppose. I don't know whether they find it hard or not, but it's just supplying the transport and makes it hard on them I suppose, without the ring-up and sort out the things themselves and which they do when the – they do it on the weekends, so. [03 02 SGH]

The community have an expectation that Nunyara is open and that they are able to receive the same services they regularly would receive.

The only thing is, from the community perspective, I think, because everyone is so used to us being open, that they struggled that week. Yeah, not having a doctor here and having the service closed. So even though it was well advertised, they knew about it well in advance, the Webster Pack, all that sort of stuff, it was all done in advance, so they knew then. But, you know, people are like that, they want to see the service open all the time. [03 08a ENK]

Some community members are also not sure about the purpose and the reasons for why Nunyara closes for its training and development activities.

There is always some community members who question why we would shut down for a whole week, you know, that's – it's a huge thing but once we explain the reason behind it, they're very supportive of the Shutdown Week because we're speaking to the them about the fact that this shutdown week is ensuring a better service for the community. [03 01 SGH]

While Nunyara's Training and Development Program is able to meet requirements for mandatory training, it does not meet the individual training needs of all staff particularly clinical staff, who are required to maintain a certain level of skill and knowledge.

Shutdown Week is – is good for mandatory training for all staff, it doesn't really address the training needs of individual staff and particularly individual staff who are working in the clinic. [03 08b ENK]

Staff also expressed that allocating an entire week to training and development activities, is a significant amount of time away from their usual work duties.

In all honesty, we're probably sitting here thinking that we've got so much work that needs to be done. [03 08a ENK]

5.5 Sustainability

Various factors have contributed to the sustainability of Nunyara's Training and Development Program , the most noticeable is the size of Nunyara and its location.

5.5.1 Nunyara

The size and location of Nunyara has helped contribute to the sustainability of Nunyara's Training and Development Program . As mentioned earlier, Nunyara is a relatively small service, with 19 staff (13 FTE), and provide services to 1031 people or 4348 services in 2014-15. It is located in Whyalla, South Australia's second largest regional centre so clients and the community have access to a public hospital with a 24-hour accident and emergency service. In addition there are other health services including general practices, which are able to provide services m when Nunyara is closed.

While the size and location of Nunyara was not discussed in any great detail during the interviews, it was evident from discussions that clients have access to other alternatives when Nunyara is closed, such as on weekends and during Shutdown Week.

5.5.2 The Evolution of Nunyara's Training and Development Activities

Nunyara has now held five Shutdown Week's over last five years, with each year Nunyara's training and development activities evolving and adapting to the needs of clients and staff. The first Shutdown Week occurred over two days, then grew to three and now five days, each year incorporating a new or different aspect of training and development, cultural awareness, service planning and team building activities.

We always do – make sure that we have a team building activity. The first year or two they were only for a day or half a day. One – one year was like an Amazing Race and we had somebody – a facilitator come in that didn't participate, but had set some instructions for teams of people to go out in cars, so that was only for half a day. So over the years that's actually grown to going away overnight and spending a night, maybe a Thursday or a Friday night away with people and going somewhere that's close enough of course to drive to but going to do, look at some different areas and for example how services and people operate their services, or anything to do with history and culture and that kind of thing so that people hopefully will get a better understanding of the diversity throughout South Australia. [03 06 SGH]

6. Transferability

Participants consider that other ACCHOs could learn from having a similar Training and Development Program . The benefits of staff spending time together and growing as a team were seen as important as it builds respectful and equitable relationships between staff.

It was a benefit for us and we're only small getting together as a team. So a large organisation for everyone to know everyone else and what everyone else is doing, I think that would be really helpful and get an appreciation of everyone else as well. You know, what they – what they – what they're job role is and what they – they have to do in day to day and much appreciate them more as well. [03 04 SGH]

Another ACCHO has already trialled their own version based on the Nunyara model.

We've got a pretty good relationship with, another ACCHO and they've had their own little mini Shutdown so they – they did it this year for a couple of days just, you know, they're five or six times bigger than what we are, but I think that they found it really useful to be able to get all of their staff together, well 90% of them, at one time and do some activities with everybody in the same room. [03 06 SGH]

Large services considering holding their own version of a training and development week could either do so over a number of days or develop a format which is more suitable.

You'd probably have to put on a – a skeleton staff of some kind and, you know, reduce your services rather than shut down entirely. Or do it in two halves maybe. [03 06 SGH]

It must be noted while the concept of Nunyara's Training and Development Program may suit a service such as Nunyara, it may not be possible for other ACCHOs to replicate the same structure and format, particularly the closure of the service when the ACCHO is the only health service in the community. Services may be able to take particular aspects of Nunyara's Training and Development Program , such as implementing a formalised and structured program or an annual Training and Development Program for all staff.

7. Conclusion

Nunyara's Training and Development Program provides staff with a range of training and development activities, aiming to provide all staff with the same information at the same time. The type of training and development activities staff receive vary depending on identified needs and mandatory training requirements, but they include cultural awareness, service planning and team building activities.

There were many benefits to the Training and Development Program. Staff and the service itself have been the greatest beneficiaries, in particular through the way in which the program supported staff to build respectful and equitable relationships with each other. This was facilitated in a number of ways. Staff identified that the format of Nunyara approach to training and development provided a supportive environment for staff to undertake training and development activities; provided a space where staff felt comfortable to participate and engage in activities; and ensured that staff could learn from one another. The flow-on effects have clear benefits for or Nunyara as a workplace. Staff also described the benefits as creating a calm and happy environment, and feeling closer as a team. Staff also appreciated that Nunyara allocated time for training and development activities. In addition, the Training and Development Program has benefited staff and the service across a number of areas particularly with regards to improvements to practice, quality improvement, and human resources management.

While Nunyara's experience of its Training and Development Program is overall positive, a number of challenges were noted. Shutdown Week does not meet all the training and development requirements of all staff, particularly clinical staff. The community also expects Nunyara to be open so that clients and the community are able to receive the same services they regularly would receive.

A number of factors have contributed to the success of Nunyara's Training and Development Program. These include the gradual development of Shutdown Week from two days to five days over a period of six years and the size and location of Nunyara. The Training and Development Program has grown based on identified demand and staff training and development needs and requirements. The gradual growth has allowed the service, staff and the community to adjust to the change, particularly the closure of the service during this period. In addition, Nunyara is situated in a town with a public hospital and a number of general practices and other health services, which can be used by clients when Nunyara is closed during Shutdown Week. Both of these factors have contributed to the sustainability of Nunyara's Training and Development Program. For Nunyara to continue Shutdown Week, the challenge will be balancing staff needs and requirements with the expectations of the community.

Given the diversity between ACCHOs, translating Shutdown Week into other services will require considerable thought. Accounting for the key contextual factors that support or hinder training and development activities for staff of ACCHOs will be crucial. A key factor will be a service's capacity to adjust to change and implement Training and Development Program that not only build staff's capacity but also builds respectful and equitable relationships between staff. Services may also consider whether or not it is a viable option to take the same unique approach as Nunyara of closing the service during periods of training and development. This option is likely only to be possible for services that are located in towns or communities where other health services are available to their clients. While it is clear that variations between health services and settings must be considered, this case study has demonstrated the importance of having a formal Training and Development Program that promotes professional development, team building and service planning, which is critical for the service, staff and the community.

8. Recommendations

8.1 Recommendations for Nunyara

In addition to the work that Nunyara is already undertaking, we recommend that Nunyara:

- continue to promote client and the community awareness of and benefits of Nunyara's training and development activities in Shutdown Week;
- maintain actions arising from training and development activities throughout the year particularly those related to service planning;
- develop an evaluation framework and undertake a formal evaluation of Nunyara's Shutdown Week, including the length of time of the closure of all services; training and development activities;
- distribute findings to other community controlled health organisations to highlight the benefits, as well as challenges.

8.2 Recommendations for other Primary Healthcare Services

For many ACCHOs, the training and development of staff is critical to their ongoing success. All primary health services providing care for Aboriginal peoples may benefit from:

- incorporating cultural awareness training to enhance health service staff understanding and knowledge of Aboriginal history and culture, which would contribute to providing culturally safe health services to Aboriginal and Torres Strait Islander peoples.

8.3 Recommendations for Policy

The policy implications which stem from this case study are numerous including:

- The peak bodies of state ACCHOs undertake an annual skills audit that identifies the training needs of all staff working in ACCHOs with a particular focus on Aboriginal and Torres Strait Islander staff and lobby governments for additional funding to meeting training needs.
- The Commonwealth Government provides long-term funding to enable ACCHOs to strengthen the capacity of all staff with a particular focus on Aboriginal and Torres Strait Islander staff.
- The Commonwealth Government supports training organisations including ACCHO sector registered training organisations and universities to develop and deliver regionalised courses in partnership with ACCHOs, which strengthen the capacity of all staff working in ACCHOs.
- The Commonwealth Government support ACCHOs by providing resources to backfill positions to allow staff to attend professional development activities.

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Appendix A – Case Study Tool

CREATE – CASE STUDY

Case Study Tool

Date profile completed	d/m/y numerical field 23/9/2016 & 7/10/16	
Interviewer	first name, last name	
Staff interviewed	position CINDY ZBIERSKI CEO	
Unique study code assigned to service		
1. HEALTH SERVICE FEATURES at end of the 2014/15 Financial Year		Source
How long has the service been operating?	<input type="checkbox"/> <2 years <input type="checkbox"/> 2 – 5 years <input type="checkbox"/> 6 – 10 years <input checked="" type="checkbox"/> > 10 years	
Service type - Australian Standard Geographical Classification - (ASGC-RA) ¹⁸	<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Regional <input type="checkbox"/> <input type="checkbox"/> Remote <input type="checkbox"/> Very Remote	
Postcodes covered by service	5600, 5608, 5609	
Geographic description of area covered by service	Whyalla & surrounding	
Number of Aboriginal and Torres Strait Islander peoples living within this area ^a as at end 2014/15 financial year. June 15	928	USE ABS Stats 2011
Name of nearest hospital	WHYALLA HOSPITAL	
Number of kilometres to nearest hospital	numerical 15km	
Client numbers – total on books at end of 2014/15 Financial Year	numerical 1031	pencat
Aboriginal and Torres Strait Islander clients – total at end of the 2014/15 financial year	numerical 895	pencat

CREATE – CASE STUDY

Percentage of transient Aboriginal clients How was this calculated: _____	Approximate percentage (%) 132 people	communicate data.
Episodes of care for Aboriginal and Torres Strait Islander clients for the 2014/15 financial year	numerical 4348	communicate Data
Funding received for the 2014/15 financial year	Numerical (\$s) + 1m	
Number of different funding streams accessed for the 2014/15 financial year	<input type="checkbox"/> 1 to 10 <input checked="" type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 30 <input type="checkbox"/> > 30	
What proportion of your total funding in 2014/15 came from Commonwealth and/or State governments (Government Funding)?	Approximate percentage (%) 100%	
What proportion of this Government Funding in 2014/15 came from Medicare (MBS or PBS)?	Approximate percentage (%) 20%	
What proportion of this Government Funding in 2014/15 came from a State and/or Territory government?	Approximate percentage (%) 10%	
How many reports were produced for external organisations written in the 2014/15 financial year?	<input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 30 <input checked="" type="checkbox"/> > 30	
How many grant applications were written in the 2014/15 financial year?	<input checked="" type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> > 15	
How many grant applications were successful in the 2014/15 financial year?	<input checked="" type="checkbox"/> 1 to 5 <input type="checkbox"/> 6 to 10 <input type="checkbox"/> 11 to 15 <input type="checkbox"/> > 15	

CREATE – CASE STUDY

2. Types of Services Available to Patients		Source
General medical services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Prevention and health promotion	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Social and emotional wellbeing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Maternal and child health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Chronic disease	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pharmaceutical services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CREATE – CASE STUDY

3. Onsite workforce at end of 2014/15 Financial Year	Aboriginal and/or Torres Strait Islander Staff		Non-Indigenous Staff		Source
	FTE Equivalent	Number	FTE Equivalent	Number	
Total Workforce	10	16	3	3	Annual Report
Aboriginal or Torres Strait Islander Health Practitioner		.			↓
Aboriginal or Torres Strait Islander Health Worker		3			
Aboriginal or Torres Strait Islander Maternal and Infant Care Worker	1	1			
Administration	1.8	2	0	0	
Aged care worker	—	—	—	—	
Allied health	—	—	—	—	
Diabetes educator	—	—	—	—	
Enrolled nurse	—	—	—	—	
General Practitioners	—	—	—	—	
GP Registrars	—	—	—	—	
Manager	—	—	1	1	
Registered midwife	—	—			
Registered nurse	—	—	1	1	
SEWB staff (specify) _____	—	—	—	—	
Other clinical (specify) _____	—	—	—	—	
Other non-clinical (specify) _____	—	—	—	—	↓

CREATE – CASE STUDY

4. Regular visiting services in the 2014/15 Financial Year		If Yes, how many visits occurred in the 2014/15 financial year	Source
Alcohol/tobacco worker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cardiologist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Chronic disease nurse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12	
Counsellor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Dentist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Diabetes educator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	24	
Dietician	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	24	
Endocrinologist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
General Practitioner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bockhill GP 10	
Mental health nurse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Mental health worker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Nephrologist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Occupational Therapist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6	
Ophthalmologist or Optometrist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2	
Paediatrician	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Physiotherapy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Podiatrist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	24	
Psychiatrist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

CREATE – CASE STUDY

Psychologist	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Social worker	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other (please specify) _____			

5. Cultural safety/accessibility		Source
Are there separate men and women entrances and spaces?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> When requested <input type="checkbox"/> Never	
Are Traditional Healers accessible within or through the clinic? E.g Ngangkari	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> When requested <input type="checkbox"/> Never	
Are Traditional Healers paid for their consultations?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> When requested <input type="checkbox"/> Never	
Are there Cultural leave provision for Aboriginal staff?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> When requested <input type="checkbox"/> Never	
Do patients have access to interpreter services other than Aboriginal and Torres Strait Islander Health Practitioner or Worker?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> When requested <input type="checkbox"/> Never	
Is there cultural safety training and on-going support provided to the onsite staff and visiting workforce?	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> When requested <input type="checkbox"/> Never	

CREATE – CASE STUDY

Are non-Indigenous staff provided with an Aboriginal or Torres Strait Islander mentor?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> When requested <input type="checkbox"/> Never <i>NO</i>	
Does the organisation display Aboriginal or Torres Strait Islander artwork?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is transport provided to the service for patients?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> When requested <input type="checkbox"/> Never	
Does your service provide transport to other services?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> When requested <input type="checkbox"/> Never	
How many of the onsite staff speak local language/s?	<input type="checkbox"/> > 2 <input type="checkbox"/> 1 to 2 staff <input checked="" type="checkbox"/> None	
Other (please specify) _____		

CREATE – CASE STUDY

6. Community linkages		Source
Are you an Aboriginal Community Controlled Health Service?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does your organisation have a Governing Board?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What percentage of the Governing Board identifies as Aboriginal or Torres Strait Islander?	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> > 50%	
	<input type="checkbox"/> 10 to 50% <input type="checkbox"/> < 10%	
How often does the Governing Board meet?	<input checked="" type="checkbox"/> Regularly <input type="checkbox"/> Irregularly <input type="checkbox"/> Never	
Does the Governing Board have input on operational matters – e.g. Staff recruitment?	<input type="checkbox"/> High input <input checked="" type="checkbox"/> Some input <input type="checkbox"/> No input	
Is the Governing Board actively involved in health service strategic planning, priority setting and health service performance?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Does the broader Community participate in health service planning?	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Does your service provide community activities as a way of engagement?	<input type="checkbox"/> Always <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Are patients provided with a formal opportunity to assess their satisfaction with health service? e.g. through surveys	<input checked="" type="checkbox"/> Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

CREATE – CASE STUDY

7. Staff Support and Human Resources		Source
Are staff roles well defined and reflected in job descriptions	<input checked="" type="checkbox"/> Yes in all cases <input type="checkbox"/> For some staff <input type="checkbox"/> Not at all	
Are staff offered external professional development opportunities?	<input checked="" type="checkbox"/> Yes in all cases <input type="checkbox"/> For some staff <input type="checkbox"/> Not at all	
Are staff offered in-service training opportunities?	<input checked="" type="checkbox"/> Yes in all cases <input type="checkbox"/> For some staff <input type="checkbox"/> Not at all	
Are there support structures in place for staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	
What is the average time for clinical staff to remain with the service?	<input checked="" type="checkbox"/> >2 years <input type="checkbox"/> 1 to 2 yrs <input type="checkbox"/> < 1 year	
What is the average time for management staff to remain with the service?	<input checked="" type="checkbox"/> >2 years <input type="checkbox"/> 1 to 2 yrs <input type="checkbox"/> < 1 year	
What is the average time for administration and reception staff to remain with the service?	<input checked="" type="checkbox"/> >2 years <input type="checkbox"/> 1 to 2 yrs <input type="checkbox"/> < 1 year	
Were there any unfilled vacancies for more than 2 months during the 2014/15 year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CREATE – CASE STUDY

Are there any positions you find particularly difficult to fill? If so which:	Finance general practitioner	
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8. Quality improvement		Source
Is your service involved in a formal quality process in the 2014/15 financial year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where in the quality improvement cycle is your service currently?	<input type="checkbox"/> Just started <input type="checkbox"/> Mid cycle <input checked="" type="checkbox"/> Accredited	
Is there senior staff support for quality improvements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Does the service use its own data to review clinical practice?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If so is the service able to move from identifying needs to implementing practice improvements?	<input checked="" type="checkbox"/> Yes all the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at all	
Does the service use its own non-clinical information to review organisational effectiveness?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If so, is the service able to move from identifying needs to operational improvements?	<input checked="" type="checkbox"/> Yes all the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Not at all	

CREATE – CASE STUDY

9. Systematic follow up		Source
Is there a system for generating and actioning patient recalls and reminders?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a system in place for following up abnormal pathology and other test results?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a system to ensure that staff are registered or credentialed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Continuity of care		Source
Are there clear internal referral pathways?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>not yet</i>	
Are there clear external referral pathways?	<input type="checkbox"/> Always <input type="checkbox"/> No <i>maybe</i>	
Are staff available to support patients when they need to access mainstream specialist services?	<input checked="" type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Is the service notified when a patient is discharged from hospital?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <i>rarely</i>	

CREATE – CASE STUDY

11. Patient information systems		Source
Do you have an electronic information system? If yes, what is the system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>communicare</u>	
Is there a current electronic list of clients that is regularly reviewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a system for ensuring patient diagnoses are routinely recorded on the client health summary?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do new clinical staff receive training on the information system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CREATE – CASE STUDY

12. CLINICAL DECISION SUPPORT		Source
Are evidence based guidelines availability and accessible electronically?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	carpa manual ptp manual
Are they used as routine practice?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	
Is training/orientation provided to the use of these resources integrated into in-service training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	
Is there GP support for nurses and Aboriginal and Torres Strait Islander Practitioners and Health workers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	
If yes, is this support available on site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	
Is there specialist support for GPs and other clinical staff	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> No	

Appendix B – Semi Structured Interviews

Phase 3 Semi Structured Interview Guide

Part One – Introduction

Prior to commencing the interview ensure that:

- **you introduce yourself;**
- **participant has received, read and fully understood the information brochure; and**
- **participant has voluntarily consented to participate and has signed a copy of the consent form.**

Then ensure that:

- **you ask permission to turn on the tape recorder; and**
- **highlight that participants may ask for the tape recorder to be turned off at any time.**

Part One – Obtaining Background Information to Interview/Focus Group

(Provide a general introduction to focus for the discussions)

This study aims to develop a Best Practice Service Delivery Framework for Aboriginal and Torres Strait Island peoples. In the first instance we would like to talk to you about << insert name used of best practice >>. Afterwards we would like to talk about your understandings of what best practice does or should look like for the Aboriginal Community Controlled Health Sector.

Part Two - Data Collection

2.1 Tell us about your current role.

2.2 Tell us how <<insert name used for best practice>> came about from the very beginning.

In particular, the following questions should be asked if not covered as part of 2.1:

- Why was it developed/implemented?
- For whom was it developed/implemented?
- When was it developed/implemented?
- What was crucial for ensuring the development/implementation?

2.3 Tell us about how <<insert name used for best practice>> currently works.

In particular, the following questions should be asked if not covered as part of 2.2:

- How has it changed overtime?
- What currently works really well and for whom?
- What currently doesn't work so well?
- Given no resource limitations, what improvements would you make?
- show What is crucial for ensuring its sustainability overtime?

(then)

2.4 Tell me about your understanding of what best practice does or should look like in Aboriginal Community Controlled Health Sector.

In particular, the following questions should be asked if not covered as part of 2.3:

- What do you believe is needed for the Aboriginal Community Controlled Health Sector as a whole to consistently provide best practice service delivery?
- Are there any other issues which you believe we should consider in relation to the development of a Best Practice Service Delivery Framework for Aboriginal Community Controlled Health Organisations?

Part Three – COMPLETION

Thank you very much for agreeing to participate in this interview today. Please do not hesitate to contact either the Chief Investigator Professor Alex Brown or the lead researcher Dr Carol Davy if you would like a copy of the transcript.

Appendix C – Information Sheet

Information sheet for Phase 3 interviews with staff at Aboriginal Health Services.



NHMRC Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE)

Wardliparingga Aboriginal Research Unit
South Australian Health and Medical Research Institute
PO Box 11060
ADELAIDE SA 5001
Telephone: +61 8 8128 4262
Email: infocreate@sahmri.com

Information Sheet – Phase 3 Interviews

THIS IS FOR YOU TO KEEP

Developing a Best Practice Service Delivery Framework Study

Aim: In order to improve the delivery of healthcare, researchers and service providers have developed new models which describe the way in which healthcare should be provided. The majority of these models, however, have been developed for use in mainstream services, many of which operate in countries other than Australia. This study aims to develop a Best Practice Service Delivery Framework which will describe the characteristics (systems, services and components of care) underpinning best practice service delivery within Australian Aboriginal Health Services. The study will also capture examples of how Aboriginal Healthcare Services have implemented best practice within their particular context.

Who is Involved in the Research Project: This research project is being conducted by the Centre of Research Excellence in Aboriginal Health Knowledge Translation and Exchange (CREATE). CREATE is a collaboration between Wardliparingga Aboriginal Research Unit at South Australian Health and Medical Research Institute (SAHMRI), National Aboriginal Community Controlled Organisation and School of Public Health and Joanna Briggs Institute, University of Adelaide. Professor Brown is the principal investigator on this study.

Benefits to Participants: A Best Practice Service Delivery Framework which can be modified to suit a particular context could be used to evaluate existing service delivery models and as an advocacy tool when discussing the unique benefits that Aboriginal Health Services bring to healthcare. The Framework will also provide opportunities to share information about what best practice means in an Aboriginal Healthcare Service.

What Will Participation Involve: You will be contacted by a researcher who will invite you to participate in an interview at a time and place most suitable to you. It is anticipated that the interview will take approximately one hour and you will be able to stop and/or reschedule at any time.

What Information are We Seeking: We will ask you for your views on:

- what ideal service delivery would look like for the broader Aboriginal health sector,
- what do you believe your service is doing really well,
- what facilitated excellence in this area/s,
- what do you believe could be improved given an ideal world with no resource limitations; and
- what do you believe is needed for the sector as a whole to consistently provide excellent service delivery.

Information Will be Used To: The information you provide will only be used for the purposes of this study and no other, without your express permission. Information from this study may be published in journals, conferences and/or books.

Potential Risks and Participant Rights: We do not envisage that there will be any risks associated with participating in this study. However, the proceedings of the interview will be tape recorded. If you wish to stop the recording you may ask for the tape recorder to be turned off at any time. You may also stop participating in the interview at any

time and may withdraw your consent at any time, with no repercussions including those related to your current employment.

Confidentiality: We have a number of stringent processes in place to protect your privacy. This includes but is not limited to ensuring the confidentiality of all information including the tape recordings of interviews. To ensure your privacy, you will be given a study ID and:

- Any information you provide to us will be de-identified with this study ID.
- Your information will only be accessed by research staff.
- Your hardcopy information will be stored in a secured facility by Wardliparingga Aboriginal Research Unit, SAHMRI for a minimum of 5 years.
- A tape recording of the interview will be stored electronically on a secure, password and firewall protected computer at Wardliparingga Aboriginal Research Unit, SAHMRI until destroyed.
- Tape recordings of interviews will be kept for a minimum data retention period of 5 years and not destroyed beforehand,
- You will not be personally identified in any reports or articles; and
- The information you provide will only be used for the purposes of this study and no other, without your express permission.

This Research Project has Been Approved by: The study has been approved by

- the Human Research Ethics Committee at the University of Adelaide (approval number H-2015-221). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. Contact the Human Research Ethics Committee's Secretariat on phone +61 8 8313 6028 or by email to hrec@adelaide.edu.au. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.
- Aboriginal Health Research Ethics Committee (Protocol number 04-16-651)
- Aboriginal Health & Medical Research Council Ethics Committee of New South Wales (Protocol number 1123/15)
- Menzies School of Health Research Human Research Ethics Committee (Protocol number HREC 2015-2481)
- Central Australian Human Research Ethics Committee (Protocol number HREC-15-352)
- Western Australian Aboriginal Human Research Ethics Committee (Protocol number 680)
- University of Adelaide Human Research Ethics Committee (Protocol number H-2015-221)
- St Vincent Hospital Melbourne (HREC-A 110/16 and HREC/16/SVHM/136)
- University of Queensland Human Research Ethics Committee A (Approval number: 2017000181)

If You Wish to Discuss the Study in More Detail: Please contact Professor Alex Brown, Chief Investigator, Centre of Excellence Aboriginal Chronic Disease Knowledge Translation and Exchange on phone: 08 8128 4210 or alternatively email: alex.brown@sahmri.com.

Appendix D – Consent Form



**NHMRC Centre of Research Excellence in Aboriginal
Chronic Disease Knowledge Translation and Exchange
(CREATE)**
Wardliparingga Aboriginal Research Unit
South Australian Health and Medical Research Institute
PO Box 11060
ADELAIDE SA 5001
Telephone: +61 8 8128 4262
Email: infocreate@sahmri.com

Consent Form

Study Title: Developing a Best Practice Service Delivery Framework Study

Researcher's name: _____

THIS MEANS YOU CAN SAY NO

- I have received information about this study and the research project has been explained to me.
- I have had a chance to ask questions and I am comfortable with the answers I have been given.
- I understand the purpose and my involvement in the research study.
- I have volunteered to participate in the study.
- I understand that I do not have to answer any questions I don't like.
- I understand that I may withdraw from the research study at any stage without any negative impact.
- If I withdraw from the study, none of the information I have been given can be used in the research.
- I understand that I may not directly benefit or be paid for taking part in the study.
- I understand that this study may be published in journals, conferences and/or books.
- I will not be identified and my personal information will remain confidential.
- I understand that I may be audiotaped and the researcher will turn off the tape if I ask them to.
- The tapes will be destroyed once they are summarised and at completion of the study.
- I understand that I will retain ownership of all information (intellectual property) that I provide to the study.
- I understand that I can have a copy of my transcript sent to me by emailing carol.davy@sahmri.com.
- I give South Australian Health and Medical Research Institute permission (an irrevocable royalty free licence) to use the information I have provided in order to further the aims of the study as specified in the information brochure and for teaching purposes.

Name of participant: _____

Signed: _____ **Date:** _____

Name of Witness: _____

Signed: _____ **Date:** _____

I have explained the research project to the participant and believe that he/she understands what is involved.

Researcher's name: _____

Researcher's signature and date: _____

If you would like to participate, please complete the above information and return the form:

- Scanned copy via email to carol.davy@sahmri.com
- Via mail in the reply paid envelope provided
- You can decline this invitation by emailing carol.davy@sahmri.com or ph: 08 8128 4220.

If you would like more information, have any concerns or complaints about this research project, you can speak to:

- Professor Alex Brown, Chief Investigator, South Australian Health and Medical Research Unit (SAHMRI) Wardliparingga Aboriginal Research Unit ph: 08 8128 4210 email: alex.brown@sahmri.com
- Dr Carol Davy, lead researcher, SAHMRI ph: 08 8128 4220 email: carol.davy@sahmri.com
- Privacy Commissioner in your state
- Aboriginal Health Research Ethics Committee (Protocol number 04-16-651) Ph: (08) 8273 7200
- Aboriginal Health & Medical Research Council Ethics Committee of New South Wales (Protocol number 1123/15) Ph: (02) 9212 4777
- Menzies School of Health Research Human Research Ethics Committee (Protocol number HREC 2015-2481) Ph: (08) 8946 8687
- Central Australian Human Research Ethics Committee (Protocol number HREC-15-352) Ph: (08) 8951 4700
- Western Australian Aboriginal Human Research Ethics Committee (Protocol number 680) Ph: (08) 9227 1631
- University of Adelaide Human Research Ethics Committee (Protocol number H-2015-221) Ph: (08) 8313 6028
- St Vincent Hospital Melbourne (HREC-A 110/16 and HREC/16/SVHM/136) Ph: (03) 9231 3924
- University of Queensland Human Research Ethics Committee A (Approval number: 2017000181) Ph: (07) 3365 3924.