

Learning from Action:

Management of Aboriginal and
Torres Strait Islander Health Services

SUMMARY REPORT

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This is a short summary of a full report about a combined learning and research project that explores the challenges facing managers of Aboriginal and Torres Strait Islander Health Services. The project was based on the idea that health service managers are the ones who know their own practice best, and that their stories can tell us a lot about what works and what needs to work better.

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1 The approach

Thirteen managers of Aboriginal and Torres Strait Islander health services in Queensland met with the project team four times during 2005 for 2–3 day workshops. Each workshop involved a formal seminar, a ‘learning set’ meeting, data collection and discussion of the research. All participants agreed to keep their discussions confidential, so that there was a safe environment for sharing and learning. Participants could also enrol in a postgraduate subject at La Trobe University and have the workshops count as classes. Three people enrolled, undertook written work related to the problems they discussed at meetings and received academic credit. Everyone who participated in the workshops also received a certificate from La Trobe University and the Queensland Aboriginal and Islander Health Council (QAIHC), the peak body for community-controlled health services in Queensland.

2 How we ran the workshops

Formal seminars took about half a day, were conducted by members of the project team and some guest lecturers, and covered the following topics:

- Managing money
- Managing people
- Managing strategy
- Thinking for the system and ‘reading’ policy

Learning set meetings took a full day and involved two ‘sets’ of about six people each working with a facilitator. During these meetings, managers were asked to bring to the group a current problem at work that they were trying to resolve. The other members helped to define and solve the problem by asking questions, discussing it and offering ideas. The person who told the story would then say what they planned to do on their return to the workplace. At the next meeting, this person would report back on what they did and what happened. During these discussions, a member of the project team took detailed notes.

Discussion of the research happened at the end of each workshop. After each learning set meeting, the project team summarised the stories, the reasons why the problem happened, what the manager planned to do, and the things that would help or hinder them in solving the problem. The ideas from each story were grouped and sorted, and the project team fed back to the group the main ideas coming out of the material from the workshop before. The participants discussed whether the team was right and told them if they had got it wrong. The team also gave each person their own story summary to check and amend if needed.

3 The participants valued the experience

Participants rated the seminars as very good (giving them an average of 87.5%), but claimed to have learned the most from the learning set meetings (giving them an average of 96%). As far as we know, this is the first time that formal learning set methods have been used in Aboriginal and Torres Strait Islander health. The approach worked well in this project, which suggests that it could be used to support and develop the skills of other managers.

4 What we learned

All the ideas from the stories were entered into a spreadsheet and then grouped in different ways to see what they were telling us about underlying conditions in the health services.

The main problem areas

The table below shows the main problem areas raised by the managers and the number of stories that were mainly about each one. It also shows a comparison with a mainstream learning set run by one of the project team. The results highlight that although the participants and the mainstream managers had similar problems, the Aboriginal health managers had to deal with a broader range of issues.

Issues raised in this project and in a mainstream learning set

This project		Mainstream	
Problem area	No. of stories	Problem area	No. of stories
Managing staff	8	Managing staff	9
Managing the organisation	6	Organisation strategy or structure	4
Managing the board	6	[Only one member worked to a board]	–
External partners	5	External relationships	1
Managing job/career	4	Managing job/career	5
Managing money	3		–
Managing Aboriginal Health Worker roles	2	Workforce	2
Managing non-Indigenous staff	2		–
Valuing culture	1		–
TOTAL	37		21

We analysed what helped or hindered managers in fixing the problems

When we analysed the underlying reasons behind these problem areas, and the factors that would help or hinder managers in addressing them, we came up with seven main headings:

Workforce and people (HR) management

HELPING FACTOR:

- Support with HR management provided by QAIHC.

HINDERING FACTORS:

- The shortage of Aboriginal and Torres Strait Islander people who are qualified health professionals.
- There aren't enough mainstream health professionals both willing and able to provide good healthcare to Aboriginal and Torres Strait Islander people.
- Aboriginal Health Workers need more support as their roles are changing. They are sometimes required to work without expert backup on projects that are above their current skill levels, for example, to design, plan and run health programs.
- Managers need more preparation and support. The managers were sometimes working at the edge of their knowledge and ability. Although many of them are good leaders and strong people, their training and experience are not always at the right level and they do not have enough backup.
- The health services need good staff, and one way to attract and keep them is to give them satisfying jobs and good conditions. Most of the managers in this project did not have their own HR staff and systems, but they did understand the needs and had policies in place.

Making organisations strong

HELPING FACTOR:

- Peak bodies, like QAIHC, can be of great assistance to health services through their work on issues such as making standards for good quality care, giving expert advice in managing staff, and speaking for the services about funding matters.

HINDERING FACTORS:

- Rapid growth. Some of the organisations in this project were small but growing fast. Growth is good but hard to manage, and development often takes longer than expected.
- Lack of backup for executive roles. Boards need support when the CEO is not available. Mostly boards can rely on the CEO to carry out their policies, but when, for example, the CEO is sick or getting into difficulty it can be hard for boards to manage.

Communities and board capacity

HELPING FACTORS:

- Access to governance training and skill development for community members.
- Respecting the principle of community control. Community control helps to ensure that the right kinds of healthcare are provided, in a way that is culturally safe and supportive. Community control means more than just having an Aboriginal and Torres Strait Islander board.

HINDERING FACTORS:

- Family and community dynamics. The services rely on community members, and they make a huge contribution. But the networks of family, community and organisational relationships can also be a source of problems for the manager.
- Inability to get people with the necessary skills for the board. Sometimes, especially in small communities, boards cannot find the people with the skills they need. And sometimes community tensions spill over into the organisations. Changes, such as having longer terms for board members (within limits), can also help to keep the knowledge.
- Small size and capacity. Some communities are just too small to be able to support all of the activities a health service needs to do. Good ways of dealing with this problem need to be found, for example, by health services working together in a regional structure.

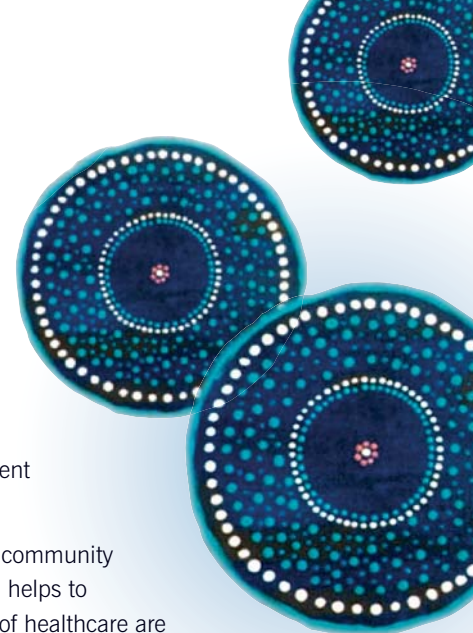
Managers' capacity to manage

HELPING FACTORS:

- Good working rapport with the board, endorsement of the manager's activity.
- Effective support from the peak body.
- Opportunities for development and time to consolidate skills and expertise.

HINDERING FACTOR:

- Managers often feel they need more authority. They need to know what they can and can't do and get support from their boards.



Funding arrangements and working with funding bodies

HELPING FACTOR:

- Strong government policies. The managers talked about the ways that government can help them deal with problems. For example, strong policies can support the managers in dealing with mainstream organisations.

HINDERING FACTORS:

- Short-term funding and lots of reporting. Managers had too many different kinds of funding, with too many of them lasting only a short time. The Office for Aboriginal and Torres Strait Islander Health is working on this, but the funding also comes from many other sources.
- Funding-body staff don't always work well with Aboriginal organisations and people. It is normal for a certain amount of tension to exist between those who give funding and those who receive it. But, in this project, the managers highlighted some major differences in the attitudes of funding-body staff, differences that may not have occurred with a mainstream health service.

Managing partnerships and external relationships

HELPING FACTOR:

- Everyone taking responsibility for building good partnerships. It takes time to make a good partnership and the 'rules' need to be clear. Both sides have to take responsibility for this and allow enough time for trust and good will to develop.

HINDERING FACTOR:

- Having to manage differences in power. The health system is highly complex, and the managers talked about the challenge of working with other agencies, many of which are larger and more powerful, and still being able to maintain their own values and interests.

Working with culture and with racism

HINDERING FACTORS:

- Lack of cultural respect and safety. Managers sometimes had problems working with mainstream agencies, whose staff were either not interested or simply hostile. Mainstream staff often make wrong assumptions about Indigenous health services. Working against this is a struggle, and more needs to be done by the mainstream services to deal with the effects of racism on healthcare for Aboriginal and Torres Strait Islander people.
- Poor cross-cultural relationships. There are also problems between Aboriginal managers and staff and some of the non-Indigenous staff who are hired for their particular expertise (like finances), as they do not always work well together.

5 Conclusion

In this project, we successfully demonstrated that the learning set method can be used for Aboriginal and Torres Strait Islander health managers. The project also met the ethical requirement for participants to gain a real benefit from the research, both for themselves and for their services. Involving them in the research activity meant that their stories could be used in the right way—with respect and confidentiality.

Many of the problems outlined here and in the longer report are well known. Through this project, we have given an overview of these problems from the managers' point of view, as well as evidence that supports the need for improvements in these areas. We hope that services, peak bodies, universities, and government departments will use this information to inform their thinking about how to improve the management, education and funding arrangements of Aboriginal and Torres Strait Islander health services. The Cooperative Research Centre for Aboriginal Health is using the results of this research to assist with the design of other projects on primary healthcare services. We hope that others might also use the learning set method for the development of health services, and for carrying out research about the real experiences of managers and other health professionals.



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For a copy of the full report, please go to the publications page on the Cooperative Research Centre for Aboriginal Health's website and follow the links.