

# Organisational Enablers for the Aboriginal Community Controlled Health Services Sector

Department of Health

Final Report

# Acknowledgement

As a firm, KPMG acknowledges Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia. We pay our respects to Elders past, present and emerging. Our aim is to build a future where all Australians – Indigenous and non-Indigenous – are united by our shared past, present, future and humanity.

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# Contents

<b>Glossary</b>	<b>7</b>
<b>Executive summary</b>	<b>8</b>
Context and background	8
Methodology	8
Summary of findings	9
<b>1. Introduction</b>	<b>13</b>
<b>1.1 Aboriginal Community Controlled Health Services</b>	<b>13</b>
<b>1.2 Project objectives</b>	<b>14</b>
<b>1.3 Purpose of this document</b>	<b>14</b>
<b>1.4 Overview of approach</b>	<b>14</b>
1.4.1 Desktop research	15
1.4.2 Stakeholder interviews	15
1.4.3 Data Analysis	15
1.4.4 Limitations	16
<b>Organisational Enablers</b>	<b>17</b>
<b>1.5 Sustainability in the ACCHS sector</b>	<b>17</b>
1.5.1 Defining Sustainability	17
1.5.2 The importance of sustainable service delivery in the ACCHS sector	18
<b>1.6 What makes a sustainable ACCHS sector</b>	<b>19</b>
1.6.1 Community Engagement	20
1.6.2 Operational Structure	21
1.6.3 Workforce	23
1.6.4 Systems and Process	25
1.6.5 Governance	26
1.6.6 Financial Management	28
1.6.7 Information Management	30
1.6.8 External Factors	31
<b>1.7 Summary</b>	<b>32</b>
<b>Learning from Business Models and Experiences</b>	<b>33</b>
<b>1.8 Developing the optimal business model</b>	<b>33</b>
1.8.1 Business models in the ACCHS sector	33
<b>1.9 Learnings from other jurisdictions</b>	<b>36</b>
1.9.1 Canada	36

1.9.2 New Zealand	40
1.9.3 Key findings from jurisdictional comparison	43
<b>Appendices</b>	<b>44</b>
<b>Appendix A: Stakeholder Engagement List</b>	<b>44</b>
<b>Appendix B: Stakeholder Consultation Themes</b>	<b>46</b>
<b>Appendix C: Desktop research information sources</b>	<b>51</b>
<b>Appendix D: Desktop research key search terms</b>	<b>53</b>

**Tables**

Table 1: Structures of Indigenous organisations” ..... 35  
Table 2: Stakeholders engagement list ..... 44  
Table 3: Key themes from stakeholder consultations regarding the organisational enablers ..... 46  
Table 4: Information sources used to inform desktop research ..... 51  
Table 5: Search terms used for desktop research ..... 53

**Figures**

Figure 1: Organisational Enablers Framework ..... 19  
Figure 2: Business models in the ACCHS sector ..... 34

# Glossary

The glossary below sets out abbreviations and definitions, so that these terms are used consistently throughout this report to ensure continuity in the analysis.

- ACCHS Sector – Aboriginal Community Control Health Service Sector
- ACCO – Aboriginal Community Controlled Organisation
- ACNP – Australian Charities and Not-for-profits Commission
- AIATSIS – Australia Institute of Aboriginal and Torres Strait Islander Studies
- APS – Australia Public Service
- ATO – Australian Taxation Office
- CDNTS – Central Desert Native Title Services
- CIS – Clinical Information System
- Corporations Act – Corporations Act 2001
- CATSI Act – Corporations (Aboriginal and Torres Strait Islander) Act 2006
- CPS – Community Profile Survey
- CQI – Continuous Quality Improvement
- FORGE AHEAD – TransFORMation of IndiGENous PrimAry HEalthcare Delivery
- IAA – Indigenous Accountants Australia
- IAHP – Indigenous Australians Health Programme
- IBA – Indigenous Business Australia
- ICT – Information and Communication Technology
- IT – Information Technology
- MBS– Medicare Benefits Schedule
- NACCHO – National Aboriginal Community Controlled Health Organisation
- NCCI – Noongar Chamber of Commerce and Industry
- ORIC – Office of the Registrar of Indigenous Corporations
- PBI – Public benevolent institutions
- PBS – Pharmaceutical Benefits Scheme
- PHN – Primary Health Network
- SEWB – Social and emotional wellbeing

# Executive summary

## Context and background

The Department of Health engaged KPMG to develop two reports, including the Organisational Enablers Report and the Available Funding Sources and Resources Report, to support the Aboriginal Community Controlled Health Services (ACCHS) sector. ACCHSs play a fundamental role in providing culturally safe access to health care services for Aboriginal and Torres Strait Islander people, including the provision of services in the most remote regions of Australia and in areas where there may be no other mainstream or alternative primary health care services available.

This project aims to strengthen the capacity and effectiveness of the ACCHS sector, as a fundamental provider of primary health care services to Aboriginal and Torres Strait Islander people. Importantly, this project aims to enable the ACCHS sector to continue to provide essential health services and to reinvest in their capacity to continue to provide essential health services and to grow to meet changing community needs. This project represents a continuation of efforts to engage and support services to effectively and sustainably deliver health services, including through attracting diverse revenue streams, to their communities.

KPMG has been tasked with delivering two reports that involves identifying the organisational enablers (this report), as well as the range of support and revenue sources potentially available to ACCHSs (see *Available Funding Sources and Resources Report*).

## Methodology

This report has been separated into three sections. In the first section of the report we test the definition of sustainability for the ACCHS sector, and identify organisational enablers for the ACCHS sector (see Figure 1). This was achieved by performing desktop research, stakeholder consultations (excluding consultation within the ACCHS sector) and analysis of the ACCHSs responses in their Indigenous Australians' Health Programme (IAHP) Primary Health Care Activity Application Form.

In the second section we describe the key components to an ACCHS's business model. The second section also includes learnings that are driving sustainability in community controlled organisations delivering primary health care in Canada and New Zealand, identified through desktop research and a small number of consultations with in-country experts. These countries were included as jurisdictions which face similar challenges in terms of providing sustainable services via community controlled organisations.



## Summary of findings

### Definition of sustainability

Desktop research, stakeholder consultations and analysis of ACCHSs responses in their IAHP Primary Health Care Activity Application Form were used to test and validate the definition of sustainability for the ACCHS sector. Sustainability can be defined as:

- *“the capacity and capability of an organisation delivering primary health care services to withstand environmental changes, whilst delivering primary health care services that are holistic, responsive, comprehensive, and culturally appropriate to the community which controls it”*

### Organisational enablers

Desktop research, stakeholder consultations and analysis of ACCHSs responses in their IAHP Primary Health Care Activity Application Form tested and validated each of the organisational enablers. These enablers support an organisation to operate sustainability. The main findings from this analysis were:

- **Community engagement:** community engagement was considered by stakeholders consulted and ACCHSs (in their IAHP Primary Health Care Activity Application Form responses) to be essential for the sustainability of ACCHSs, as it enables the ACCHS to understand the needs of the community and deliver services based on these needs. This includes engaging with Elders and senior community members to promote health care and preventative health, and ensure that services are being provided in a culturally appropriate manner.
- **Operational structure:** operational structure refers to the processes in an organisation (as opposed to organisational structure, which refers to the human resources or workforce (refer to Section 2.2.3: Workforce)). The operational structure should support ACCHSs to use resources efficiently and effectively, and enable the organisation to meet its objectives and deliver high-quality, safe and culturally appropriate health care. Some ACCHSs noted in their IAHP Primary Health Care Activity Application Form that their operational structure should allow them to be adaptive, and continuous quality improvement (CQI) processes should be embedded within the organisation to ensure best practice in delivery and management of services.
- **Workforce:** the ability to attract and retain skilled and professional staff, especially Aboriginal Health Workers, Aboriginal Health Practitioners and other health care providers such as general practitioners who are able to deliver culturally appropriate and safe primary health services was considered to be essential for sustainable service delivery by stakeholders consulted and ACCHSs (in their IAHP Primary Health Care Activity Application Form responses). Barriers to attracting and retaining a skilled workforce include funding uncertainty, remote settings, and the demanding and challenging nature of the environment.
- **Systems and processes:** effective systems and processes in an ACCHS should support the delivery of culturally safe and appropriate health care in an efficient and effective manner. This includes policies, procedures and controls to support the model of care, a clinical information system, effective ICT

infrastructure and CQI processes. The systems and processes should also support effective data collection and reporting, which is further explored in Section 2.2.7: Information Management.

- **Governance:** strong governance was considered to be crucial, and was considered by many stakeholders who were consulted as part of this project to be the most critical organisational enabler. Many ACCHSs noted in their IAHP Primary Health Care Activity Application Form responses that effective Boards have the right capability, knowledge, experience and training to make informed decisions for the organisation. It should also be noted that the ability to gain and maintain appropriate accreditation is a pre-condition of access to some funding streams.
- **Financial management:** strong financial management practices are recognised as being key to the sustainability of the ACCHS sector. Many stakeholders noted that adequate funding from diverse sources was crucial for sustainability, as it enables ACCHSs to withstand environmental changes, such as changes to policy or funding arrangements. This includes having certainty of funding.
- **Information management:** effective information management is recognised as being important for sustainability as it enables ACCHSs to use information and data to assist with the delivery of primary health care services, and support clinical best practice for the community they are serving. Effective information management relies on effective systems and processes (refer to Section 2.2.4: Systems and processes). Many ACCHSs understand how data can be used to inform service planning and improve the quality of care provided for their community, however lack the capability and capacity to produce and use this data.
- **External factors:** The external factors identified and described that may impact sustainability include geographic location, economic factors, policy considerations (such as changes to funding models and which government has the majority), socioeconomic factors, and climate and weather. Generally speaking, ACCHSs have limited control over these external factors, however some ACCHSs may be able to reduce or manage the impact of external factors, and they should be acknowledged when considering factors that affect sustainability.

## Learnings from business models and experiences

The diversity of ACCHSs in terms of their locations, the services they provide and the communities they serve means that there is no 'one-size-fits-all' business model that will meet the needs of every ACCHS. There are however a number of key components to an ACCHS's business model, specifically the organisational structure; the services delivered; the informal partnerships and collaboration with other organisations; and the service delivery approach. Each of these components should be considered when an ACCHS is developing an appropriate business model that supports the delivery of health care services to the community they serve. These components should reflect the fact that the business is a community controlled organisation, and the organisation's strategic direction. In addition, the organisational enablers should underpin each of these key components.

Desktop research and engagement with a small number of in-country stakeholders demonstrated that, whilst the Canadian and New Zealand experiences are different to that of Australia, these countries face similar

challenges to Australia in terms of implementing community control and addressing the poorer health outcomes experienced by Indigenous people. There are many similarities between Australia, Canada and New Zealand in terms of the characteristics that are critical for sustainability in community controlled organisations. However, a small number of key learnings and experiences were identified:

- **Community engagement:** in addition to Indigenous health care providers, Health Canada is determining ways to empower communities to prevent chronic health issues with Indigenous-specific approaches. These approaches are driven by Indigenous people, focusing on Indigenous autonomy, control and community action. In New Zealand, the major health initiative Whānau Ora (“family health”) is driven by Māori cultural values to empower communities and extended families to support families within the community context, rather than individuals within an institutional context. Placing whānau (family) at the centre of health care service delivery, the initiative enables Māori communities to develop solutions for themselves, shifting the focus to identifying strengths and building on these strengths.<sup>1</sup>
- **Workforce:** stakeholder consultations revealed that Canada has found success in training community members to become Indigenous health care providers for their community. They have found that this increases the retention of these health care providers, as they are more likely to stay within their community and provide care. This is similar to Aboriginal Health Workers and Aboriginal Health Practitioners in Australia.
- **Financial management:** similar to Australia, Canada is transitioning the delivery of primary health services from government to community control. In Canada, the government is developing tailored mechanisms designed to fund First Nation health organisations. For example, the transition to community control is supported by the government with bridge funding, as well as funding to undertake evaluation of their services every five years. Additionally, funding providers in Canada are supporting social procurement through their policies and bidding process, by engaging with local Indigenous communities about opportunities to supply goods or services (health and non-health related), and by leveraging the long-term value of community impact.<sup>2</sup> In New Zealand, primary health organisations are funded based on the number of people enrolled, and their resident population. This system provides an incentive to provide health care to those in the community with the highest needs.<sup>3</sup>
- **Information management:** the Indigenous Primary Healthcare Capacity and Delivery Model Community Profile Survey (CPS) was developed as part of the TransFORMation of IndiGENous PrimARy HEalthcare Delivery (FORGE AHEAD) Research Program.<sup>4</sup> FORGE AHEAD is a national research program that partners with First Nation communities from across Canada to improve primary health care by developing and

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<sup>1</sup> Boulton, A.F., Gifford, H.H. and Potaka-Osborne, M., 2009. Realising Whānau Ora through community action: The role of Māori community health workers. *Education for Health*, 22(2), p.188.

<sup>2</sup> Indigenous and Northern Affairs Canada. [Procurement Strategy for Aboriginal Businesses](#).

<sup>3</sup> Abel, S., Gibson, D., Ehau, T. and Leach, D.T., 2005. Implementing the primary health care strategy: a Maori health provider perspective. *Social Policy Journal of New Zealand*, 25, p.70.

<sup>4</sup> Hayward, M.N., Paquette-Warren, J. and Harris, S.B., 2016. Developing community-driven quality improvement initiatives to enhance chronic disease care in Indigenous communities in Canada: the FORGE AHEAD program protocol. *Health research policy and systems*, 14(1), p.55.

evaluating community-driven, culturally-relevant primary healthcare models. In New Zealand, many primary health organisations run independently, however share clinical information and work together.<sup>5</sup>

- **External factors:** legal recognition of Indigenous people’s autonomy and culture, through treaties in Canada and New Zealand, has led to improvements in the delivery of health care services to the Indigenous people in these countries.<sup>6,7,8,9,10</sup> Efforts are also currently underway in Canada to integrate federal and provincial healthcare services and funding, in an effort to achieve better coordination and simpler reporting requirements.<sup>11</sup>

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<sup>5</sup> World Health Organisation. [Primary health care the New Zealand Way.](#)

<sup>6</sup> Ring, I.T. and Firman, D., 1998. Reducing indigenous mortality in Australia: lessons from other countries. *Medical Journal of Australia*, 169(10), pp.528-533.

<sup>7</sup> Central Australian Aboriginal Congress. Treaty and Health, 2002.

<sup>8</sup> Ross, K. & Taylor, J. Improving Life Expectancy and Health: A Comparison of Australia’s Aboriginal & Torres Strait Islander People and New Zealand M.Ori.

<sup>9</sup> Grossman, D., Krieger, J. et al found that urban non-IHS American Indian populations had a growing rate of infant mortality not experienced in rural IHS American Indian population, and lower birth weights. Other indicators, such as life expectancy were the same across both communities.

<sup>10</sup> World Health Organisation. [Primary health care the New Zealand Way.](#)

<sup>11</sup> Health Canada. Health Canada 2015-16 report on plans and priorities. Ottawa:Health Canada; 2016.

# 1. Introduction

## 1.1 Aboriginal Community Controlled Health Services

ACCHSs were established in the 1970's in response to mainstream health services failing to meet the health needs of Aboriginal and Torres Strait Islander people, which was evident from the low life expectancy and high mortality rates.<sup>12</sup> In contrast to mainstream general practice clinics which provide episodic fee-for-service care, local Aboriginal and Torres Strait Islander communities operate ACCHSs and their comprehensive primary health care model is based on the Aboriginal concept of health. The focus of ACCHSs is not only to treat a patients' presenting medical condition, but also acknowledges the interrelated underlying issues that affect a patients' social, emotional and cultural wellbeing.<sup>13</sup> Specifically, the National Aboriginal Community Controlled Health Organisation (NACCHO) defines primary care as *"a holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status. Primary health care is an Aboriginal cultural construct that includes essential, integrated care based upon practical, scientifically sound and socially acceptable procedures and technology made accessible to Communities as close as possible to where they live through their full participation in the spirit of self-reliance and self-determination."*<sup>14</sup>

Through employment, engagement, empowerment and social action, ACCHSs have been identifying ways to reduce inequalities and barriers to accessing health care, progressively improving individual health outcomes for Aboriginal and Torres Strait Islander people.<sup>15</sup> The benefits of ACCHSs should be considered not only in terms of the health benefits, but also the broader intangible social benefits to the Aboriginal community. Not only do ACCHSs improve the health of Aboriginal and Torres Strait Islander people directly, they undertake community development and address some of the social determinants of health that indirectly support health gains. ACCHSs recognise the geographic, social and cultural factors impacting the accessibility and appropriateness of mainstream primary health care services for Aboriginal and Torres Strait Islander people, and are committed to improving the health outcomes of their communities. In 2017-18, 198 organisations were funded by IAHP and provided primary health services to around 483,000 clients, 81% of whom were Aboriginal and Torres Strait Islander people. Of these 198 organisations, 140 were ACCHSs who delivered approximately 85% of episodes of care (3.1 million of total 3.6 million).<sup>16</sup> IAHP is a key mechanism through

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<sup>12</sup> Australian Institute of Health and Welfare, 2009. *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples*. Cat. no. IHW 24. Canberra: AIHW.

<sup>13</sup> Ralph AP, Fittock M, Schultz R, Thompson D, Dowden M, Clemens T, et al. Improvement in rheumatic fever and rheumatic heart disease management and prevention using a health centre-based continuous quality improvement approach. *BMC Health Serv Res*. 2013;13:525.

<sup>14</sup> National Aboriginal Community Controlled Health Organisation, 2009. *Towards a national primary health care strategy: fulfilling Aboriginal peoples aspirations to close the gap*. Canberra: NACCHO

<sup>15</sup> Panaretto, K.S., Wenitong, M., Button, S. and Ring, I.T., 2014. Aboriginal community controlled health services: leading the way in primary care. *Medical Journal of Australia*, 200(11), pp.649-652.

<sup>16</sup> Australian Institute of Health and Welfare, 2019. [Aboriginal and Torres Strait Islander health organisations: Online Services Report — key results 2017–18](#).

which the Commonwealth Government meets its objective to provide Aboriginal and Torres Strait Islander people with access to effective, high quality, comprehensive and culturally appropriate primary care services across Australia. Wherever possible and appropriate, IAHP facilitates Aboriginal and Torres Strait Islander people to access the comprehensive and culturally appropriate health services provided by ACCHSs, as well as mainstream health services (i.e. not Aboriginal and Torres Strait Islander specific).

Funding under the IAHP model allows ACCHSs to deliver a comprehensive model of care that is complemented by other funding sources, such as Medicare Benefits Schedule (MBS) reimbursement.<sup>17</sup> One of the ways to further support the delivery of efficient and effective primary health care by ACCHSs is to strengthen the long-term sustainability of the ACCHS sector, and ensure that ACCHSs are accessing all of the funding available to them (in addition to IAHP funding).

## 1.2 Project objectives

The aim of this project is to strengthen the long-term sustainability of the ACCHS sector as a fundamental provider of primary health care services to Aboriginal and Torres Strait Islander people. The objectives of this project are to:

- support organisations within the ACCHS sector to generate income and improve grant competitiveness;
- support and improve ACCHSs access to appropriate claiming under the MBS;
- strengthen the organisational skills and capabilities of ACCHSs to support long-term sustainability; and
- strengthen the ACCHS sector's ongoing engagement in health system innovation and participation in regional health and workforce initiatives.

## 1.3 Purpose of this document

The purpose of the *Organisational Enablers Report* (this document) is to identify the characteristics and attributes that are essential for long-term sustainability of the ACCHS sector. Additionally, this report identifies relevant business models and experiences which could be adopted more broadly to support sustainability of the ACCHS sector. These organisational enablers, business models and experiences will describe enablers and strategies to support the sustainability of ACCHSs.

## 1.4 Overview of approach

The approach to the development of this report involved mixed methods including desktop research, targeted stakeholder consultations, and data analysis. An iterative approach to defining sustainability and the

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<sup>17</sup> The Department of Health, 2014. Indigenous Australian's Health Programme: Programme Guide.

organisational enablers was taken, reflecting the divergent views of what 'sustainability' means in the context of the ACCHS sector.

### 1.4.1 Desktop research

Desktop research was performed by reviewing published and grey literature. This included the use of multiple information sources (Appendix A, Table 2), the database PubMed, and key search terms (Appendix D, Table 4) to test and validate the definition of sustainability and the organisational enablers. Canada and New Zealand were included in the desktop research as jurisdictions which face similar challenges in terms of providing sustainable services via community controlled organisations. This was enriched through engagement with a small number of in-country experts from our global network, to further inform our understanding of the characteristics that drive sustainability in community controlled organisations.

### 1.4.2 Stakeholder interviews

A total of 66 stakeholders from Federal Government Departments, State and Territory Government Departments, Primary Health Networks (PHNs), Aboriginal Community Controlled Organisations (ACCOs) and Business and Philanthropic Organisations were consulted to gain qualitative input into the definition of sustainability, and the characteristics that drive sustainability in the ACCHS sector. These stakeholder interviews were used to provide additional guidance on the desktop research, as well as validate the findings from the desktop research. At the request of the National Aboriginal Community Controlled Health Organisation (NACCHO), ACCHSs were not consulted in this phase of the project. The list of stakeholders were determined in consultation with the Commonwealth Department of Health and NACCHO, and a summary of stakeholders consulted as part of this project can be found in Appendix 1, Table 1. The themes identified through these stakeholder consultations can be found in Appendix 2, Table 2.

### 1.4.3 Data Analysis

In 2018, ACCHS applying for IAHP funding were required to submit an application form (IAHP Primary Health Care Activity Form), which detailed their Activity Work Plan for the financial year, their Risk Management Plan, and an indicative budget for their activity. The data from the application form for 2019-20 IAHP funding was analysed to help inform the development of this report. The approach for the data analysis for this report involved qualitative analysis of the Activity Work Plans and Risk Management Plans for the ACCHS sector for 2019-20. Analysis was completed over the services self-developed Activity Work Plans and Risk Management Plans for 2019-20. The methodology included:

- thematic analysis of the risks identified for the ACCHSs for 2019-20, and the associated source, impact and treatment strategy; and

- thematic analysis of the Activity Work Plans, including the aims, strategies and performance indicators. This included mapping of the strategies identified by the service to the enablers of sustainability framework (Figure 1).

#### 1.4.4 Limitations

The approach and methodology for this report were impacted by a number of limitations, including:

- the findings of this report are based on desktop research, tested through a limited number of stakeholder interviews (Appendix A) and analysis of ACCHSs responses in their IAHP Primary Health Care Activity Application Form. The robustness of these findings should be strengthened and should be validated through direct engagement with the ACCHS sector and individual services;
- the qualitative data being analysed is data that ACCHSs provided in their application for 2019-20 IAHP funding. The data is reflective of their reported Activity Work Plans and Risk Management Plans for 2019-20, however may not represent the ACCHSs plans for future time periods, or provide a complete view of their plans within time periods;
- the analysis considered themes within the ACCHS sector, and did not provide analysis for individual ACCHSs; and
- the analysis may not identify all themes contained within the ACCHSs application for 2019-20 IAHP Funding, for the risks or the Activity Work Plans.



# Organisational Enablers

## 1.5 Sustainability in the ACCHS sector

### 1.5.1 Defining Sustainability

‘Sustainability’ is a desirable objective, yet its meaning is not always clear and differs depending on context and perspective.<sup>18</sup> Additionally, sustainability is inconsistently defined in literature.<sup>19</sup> Some of the definitions for sustainability include organisations that:

- have the resources to meet the organisation’s objectives;
- have the ability to adapt to changing environments, and do so at a rate that is faster than the rate of change in their surrounding context. This was seen as essential by many of the stakeholders consulted as part of this project;
- pay equal respect to the demands of society, the environment, and financial needs;
- have developed strategies to maintain the balance between resource supply and demand in ways that avoid the need for periodic, reactionary and large structural adjustments; and
- regularly undergo ongoing cycles of reflection, planning and action.<sup>20,21,22,23,24</sup>

Whilst these factors are true for both Indigenous and non-Indigenous organisations, sustainability means something more for Indigenous organisations. A sustainable Indigenous organisation also should balance and acknowledge cultural obligations and drivers, as Indigenous community engagement underpins the success and therefore sustainability of the organisation.<sup>25</sup> This was an attribute that was identified as being key to ACCHSs’ sustainability by many stakeholders consulted as part of this project.

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<sup>18</sup> Markulev, A. and Long, A., 2013. *On sustainability: an economic approach, Staff Research Note Productivity Commission, Canberra.*

<sup>19</sup> Wiltsey Stirman S, Kimberly J, Cook N, Calloway A, Castro F and Charns M, 2012. The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implement Sci.* 7:17

<sup>20</sup> Gruen RL, Elliott JH, Nolan ML, Lawton PD, Parkhill A, McLaren CJ, Lavis JN, 2008. Sustainability science: an integrated approach for health-programme planning. *Lancet.* 2008 Nov 1; 372(9649):1579-89

<sup>21</sup> Coiera E, Hovenga EJ, 2007. Building a sustainable health system. *Yearb Med Inform* 11–18.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Boolarng Nangamai Aboriginal Corporation & Boolarng Nangamai Aboriginal Art & Culture Studio, Submission No. 24, p. 4.

A sustainable organisation delivering primary health care services must also have the ability to provide high-quality, safe and comprehensive health care in a cost-effective and equitable manner, whilst also addressing a range of interlinked factors such as governance, leadership and management, diverse funding sources, infrastructure, control over expenditure, service linkages and workforce.<sup>26</sup> Based on the findings from desktop research, analysis of ACCHSs' responses in their IAHP Primary Health Care Activity Application Form, and testing the definition of sustainability in stakeholder consultations performed as part of this project, sustainability can be defined as:

- *“the capacity and capability of an organisation delivering primary health care services to withstand environmental changes, whilst delivering primary health care services that are holistic, responsive, comprehensive, and culturally appropriate to the community which controls it”*

## 1.5.2 The importance of sustainable service delivery in the ACCHS sector

Australia's primary health care system faces numerous challenges. These challenges include an ageing population, higher prevalence of chronic diseases, complex patients with multiple comorbidities, new technologies creating new models of care, increasing costs of health care, changing patient expectations and needs with a growing 'consumer culture' and demand for patient-centred healthcare models, and an uneven health workforce distribution.<sup>27</sup> As a result, the delivery of primary health services across Australia is under constant strain.<sup>28</sup>

In addition to these pressures, ACCHSs must also navigate a unique set of additional challenges and contextual factors in the delivery of high quality services to their communities such as the fact that they have been established and operate in the context of significant historical, political, social and geographical challenges.<sup>29</sup> The latest update on the Closing the Gap strategy showed a smaller than expected increase in life expectancy for Aboriginal and Torres Strait Islander people, with life expectancy for Aboriginal and Torres Strait Islander people being 10.6 years lower than that of the non-Aboriginal and Torres Strait Islander people for males, and 9.5 years for females.<sup>30</sup>

When considering the concept of sustainability, it is important to note that services were initially established in response to the health needs of Aboriginal and Torres Strait Islander people that were unmet by mainstream primary care. Over time, these services have become a core component of primary health care delivery for Aboriginal and Torres Strait Islander people, and cater for a diverse range of services dependent on the health, social, emotional and cultural needs of the communities in which they serve. In discussion with the

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<sup>26</sup> Kumar P. How to strengthen primary health care. *J Family Med Prim Care*. 2016;5(3):543–546. doi:10.4103/2249-4863.197263

<sup>27</sup> The Royal Australian College of General Practitioners, 2015. *Vision for general practice and a sustainable healthcare system*. Melbourne: RACGP.

<sup>28</sup> The Royal Australian College of General Practitioners, 2015. *Vision for general practice and a sustainable healthcare system*. Melbourne: RACGP.

<sup>29</sup> Australian Indigenous Health InfoNet. (2014). Summary of Australian Indigenous health, 2013.

<sup>30</sup> Department of the Prime Minister and Cabinet, 2019. [Closing the Gap Report 2019](#).

stakeholders, almost all consultations began with an acknowledgement of the vital role that ACCHSs play within the communities they serve, as key providers of primary health care. Ensuring the long-term sustainability of the ACCHS sector was seen by many stakeholders as essential to facilitating the continuous delivery of safe, efficient and effective primary health care in a way that directly meets, adapts and responds to the health, emotional and cultural needs and service preferences of communities in the future.

## 1.6 What makes a sustainable ACCHS sector

Healthcare is a multi-faceted and diverse industry, and the priorities for any organisation delivering primary health care services will reflect the unique characteristics of the community it serves and the environment it is operating in. However, desktop review performed as part of this project revealed that there are a number of key dimensions that are essential to well-functioning and sustainable ACCHSs.

To develop the organisational enablers framework, these common dimensions were tested and refined through further desktop research, targeted stakeholder consultations, and data analysis (Figure 1). The organisational enablers framework (Figure 1) sets out the eight organisational enablers for the ACCHS sector. The organisational enablers should be further informed and tested in consultation with the ACCHS sector. Each of these organisational enablers are explored in more detail in the following sections. Whilst these enablers are highly interdependent, they can also enable one another (for example, good financial management could enable ACCHSs to obtain the right workforce for their needs), and these important interdependencies and overlaps have been explicitly identified.

**Figure 1: Organisational Enablers Framework**



Source: KPMG

## 1.6.1 Community Engagement

### Why community engagement is an organisational enabler

It is well known that individuals are more likely to actively participate and utilise health services if they are involved in the co-design and delivery of health care services. ACCHSs operate through a community-owned and community-operated model of care, which enables community involvement in the planning and service provision processes. The majority of stakeholders consulted as part of this project agreed that community consultation and engagement is essential for the sustainability of the ACCHS sector, and is a factor that underpins each of the organisational enablers. The majority of stakeholders noted effective community engagement enables the needs and values of the community to be incorporated in the policy development, planning, decision-making and service delivery of ACCHS, as it shapes almost all aspects of the organisation.

- “[We] will respect and engage with traditional Aboriginal forms of authority and decision-making in all activities and extend community involvement to empower them to guide how healthcare is provided” – ACCHS response in IAHP Primary Health Care Activity Application Form.

Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses demonstrated that ACCHSs have a good understanding of why community engagement is a critical factor when delivering primary health care services, as it enables the organisation to understand the needs of the community, and then deliver services based on these needs. ACCHSs also noted that engaging with the community enables health care providers to understand the uniqueness of the community they are providing services for, in order to provide culturally appropriate and safe care<sup>31</sup>.

The board should be representative of the community through, for example, a reference group of community members or Elders.<sup>32,33</sup> This ensures that the needs of the community are understood and being addressed, and community feedback is being captured. In their IAHP Primary Health Care Activity Application Form responses, many ACCHS emphasised the importance of engaging with Elders and senior community members to promote health care and ensure that health services are being provided in a culturally appropriate manner. Stakeholders consulted as part of this project indicated that this feedback from the community should be considered by ACCHS when setting strategic objectives and goals, as well as in the decision making processes.

Community engagement should be utilised as a way to promote health and wellbeing to the community.<sup>34,35</sup> In their responses to the IAHP Primary Health Care Activity Application Form, many ACCHSs noted that engaging

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<sup>31</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

<sup>32</sup> Janet Hunt, 2013. Australian Institute of Health and Welfare and Australian Institute of Family Studies. Engagement with Indigenous communities in key sectors.

<sup>33</sup> Morley S, 2015. Child Family Community Australia. What works in effective Indigenous community-managed programs and organisations.

<sup>34</sup> Markovic M and Haby MM. Community engagement. An evidence summary. Melbourne: Prevention and Population Health Branch, Victorian Government Department of Health; 2011.

<sup>35</sup> Simmons A, Mavoa HM, Bell AC, De Courten M, Schaaf D, Schultz J, Swinburn BA. Creating community action plans for obesity prevention using the ANGELO (Analysis Grid for Elements Linked to Obesity) Framework. Health Promotion International. 2009; 24(4):311-24.

with the community provides an opportunity to promote health and wellbeing, and marketing campaigns can be used to promote targeted health care, focusing on particular health priorities (for example, diabetes).

## Barriers to effective community engagement

ACCHS noted in their responses to the IAHP Primary Health Care Activity Application Form that ineffective or insufficient consultation hinders the development and delivery of culturally appropriate programs and services to the community. They added that ineffective or insufficient consultation could be due to a lack of transparency and accountability to the community to improve health outcomes. This may include the inability to receive and respond to complaints from members in the community, and do so in a way that enables improvement. Additionally, language barriers, transient communities and fly-in-fly out models of care were seen as potential barriers to effective community engagement.

## 1.6.2 Operational Structure

### Why operational structure is an organisational enabler

When considering the structure of an ACCHS there are two different approaches: the organisational structure, which refers to human resources or workforce (further explored in Section 2.2.3: Workforce), and the operational structure, which refers to the processes in the organisation. Specifically, the operational structure of an ACCHS is the backbone of the organisation that supports the internal operations, including the management and administrative operations, and the delivery of primary health care services to the community.<sup>36</sup> This includes workflows, processes and procedures that support both administrative functions and service delivery.

The operational structure of an ACCHS will depend on whether the organisation is registered under the *Corporations Act 2001* (Corporations Act) or the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act), as the structure will reflect the governance rules and reporting requirements specific to each regulator (either the Australian Securities and Investments Commission (ASIC) or Office of the Registrar of Indigenous Corporations (ORIC) respectively).

Within the ACCHS sector, there is no single “best practice” operational structure, with ACCHSs developing arrangements sensitive to their unique operating contexts and community needs. The operational structure of an ACCHS should support the organisation to use resources efficiently and effectively, and enable the organisation to meet its objectives to deliver high-quality, safe and culturally appropriate care and programs to the community it serves. The operational structure should support the types of services the ACCHS delivers. ACCHS that provide a range of services will require a level of expertise for each of those portfolios and an operational structure to support those services. It should also be agile enough to pivot for changes in community needs and support community engagement and capacity building. Additionally, a mature operational structure is one where there are appropriate controls in place to mitigate risks. For example,

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<sup>36</sup> Silburn, K., Thorpe, A. & Anderson, I. 2011, Taking Care of Business: Corporate Services for Indigenous Primary Health Care Services – Case Studies, The Lowitja Institute, Melbourne.

ACCHSs that use outsourced employees should ensure that controls are in place to ensure that these employees are supervised and are following policies and procedures.<sup>37,38,39,40,41</sup>

- *Our organisational structure [should be] fluid and adaptive to meet the needs of the ever changing health culture, and the needs of the community” – ACCHS response in IAHP Primary Health Care Activity Application Form.*

Some ACCHSs noted in their IAHP Primary Health Care Activity Application Form that the operational structure should support effective communication within the ACCHS. They also emphasised the importance of periodically reviewing service delivery models, to ensure they are culturally appropriate and demonstrating better practice. This included developing and embedding CQI within their organisation to ensure best practice in delivery and management of services.

- *[Our aim is to] improve the clinical effectiveness of the health system and [support] sustainable, long term service reform delivery and improvement through Continuous Quality Improvement (CQI) – ACCHS response in IAHP Primary Health Care Activity Application Form.*

Finally, a mature operational structure should also allow for ACCHS to form partnerships with other organisations. Stakeholders consulted as part of this project suggested that, in addition to partnerships between funding providers, this could include partnerships between mature and immature ACCHSs or ACCHSs and mainstream services, to build capacity within the ACCHS and primary health care sector. Many stakeholders consulted as part of this project also suggested that maturity could involve several ACCHS combining their administrative processes with other primary health care organisations to create one single backroom process.

## **Barriers to effective operational structures**

The most significant barrier to maturity in relation to operational structure for ACCHSs is not having an operational structure that matches the specific needs of the organisation and community it serves. Each ACCHS is unique, and therefore the operational structure that effectively supports one ACCHS will not necessarily support another. For example, ACCHS that deliver other community related programs (for example, through the National Disability Insurance Scheme) may require different operational structures to support the different funding sources and delivery of multiple programs.

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<sup>37</sup> National Rural Health Alliance Inc., 2005

<sup>38</sup> National Preventative Health Taskforce, Australia: the healthiest country by 2020 (2009)

<sup>39</sup> Maternity Services Plan (2010)

<sup>40</sup> Fourth National Mental Health Plan (2010)

<sup>41</sup> National Indigenous Reform Agreement (Closing the Gap) (2008).

## 1.6.3 Workforce

### Why workforce is an organisational enabler

Workforce relates to the people and capability that is required to effectively and efficiently run an ACCHS. For ACCHSs this may include relevant health professionals, such as doctors, nurses, Aboriginal Health Workers, Aboriginal Health Practitioners, administrative staff, leadership (CEO, CFO) and community engagement staff. Many ACCHSs rely strongly on Aboriginal Health Workers, Aboriginal Health Practitioners, and nurses to provide the bulk of primary healthcare, especially those in remote locations.<sup>42</sup>

The majority of stakeholders consulted as part of this project noted that ACCHSs require a health workforce that has appropriate clinical, management, community development and cultural capabilities to address the health needs and improve the health outcomes of Aboriginal and Torres Strait Islander people. The stakeholders consulted as part of the project also highlighted the importance of having a workforce with the right mix of skills and capability to deliver the best model of care, and meaningfully engage with the community and respond to their needs. Importantly for ACCHSs, the cultural competence of healthcare professionals is associated with the likelihood that Aboriginal and Torres Strait Islander people will access the services they provide.<sup>43</sup>

A stable workforce is fundamental to the sustainability of ACCHSs, with many stakeholders consulted as part of this project highlighting that a stable workforce is key to the overall appropriateness, continuity and sustainability of the organisation. The loss of health care providers can have an impact on the quality of healthcare provided to the community, due to the loss of staff with institutional and cultural knowledge, and strong relationships with members of the community.<sup>44</sup> In their IAHP Primary Health Care Activity Application Form, some ACCHSs noted that completing workforce planning on a regular basis and having effective succession planning would assist in determining workforce needs and gaps, and ensure that the organisation has the appropriate skills and capacity to deliver services to meet the needs of the community. In this process, consideration should be given to the optimal resource allocation required for meeting the needs of the community. This could include considering the remoteness of the service, and ensuring that the workforce has the appropriate qualifications, training and support to undertake their role. Additionally, ACCHSs and stakeholders consulted as part of this project suggested that the development of a workplace environment that improves the retention of staff is critical to improving workforce capacity and capability<sup>45</sup>. This includes:

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<sup>42</sup> Michael Weightman, 2013. The role of Aboriginal Community Controlled health Services in Indigenous health. *Australian Medical Student Journal*.

<sup>43</sup> Smith JD, O'Dea K, McDermott R, Schmidt B, Connors C. Educating to improve population health outcomes in chronic disease: an innovative workforce initiative across remote, rural and Indigenous communities in northern Australia. *Rural Remote Health* 2006; 6: 606

<sup>44</sup> Buchan J. Reviewing the benefits of health workforce stability. *Hum Resour Health*. 2010;8:29. Published 2010 Dec 14. doi:10.1186/1478-4491-8-29

<sup>45</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

- providing staff with opportunities to further develop their skills, opportunities to complete further study to attain higher qualifications, and completing a performance and development review for employees to grow the capability of the workforce;
- ensuring that the workplace environment recognises the importance of cultural obligations;
- where possible, offering the opportunity for staff to negotiate flexible employment conditions to suit their personal needs;
- recognising and communicating the importance of work health and safety for all employees. This could include implementing processes whereby there are always two staff members attending call outs, which is now a requirement in some jurisdictions under *Health Practitioner Regulation National Law (South Australia) (Remote Area Attendance) Amendment Act 2017*, more commonly referred to as 'Gayle's Law'.
- mentoring employees;
- exploring the potential for implementing appropriate incentives for staff performance, staff qualifications, and years of service; and
- developing a survey to obtain feedback from employees.

## Barriers to effective workforces

The inability to attract and retain skilled and professional staff is considered by ACCHSs to be a key challenge to having an effective workforce<sup>46,47</sup>. Funding uncertainty across all funding sources is considered, by stakeholders consulted as part of this project, to be a significant barrier to ACCHSs attracting and retaining staff, and thus maintaining a stable workforce. Stakeholders also identified that inadequate funding prevents ACCHSs from offering competitive salaries to staff, and may be required to have staff on non-ongoing or short-term contracts, which can be barriers to both recruiting and retaining staff.<sup>48</sup> Several ACCHSs in their IAHP Primary Health Care Activity Application Form responses, as well as multiple stakeholders consulted as part of this project, suggested that the degree of remoteness may also have an impact on the ability to recruit and retain staff. Additionally, the use of locum doctors to overcome this inability to retain staff within the community was seen by some ACCHSs<sup>49</sup> as a barrier to ensuring the delivery of culturally appropriate and safe care.

There is also a shortage of Aboriginal Health Workers and Aboriginal Health Practitioners in the workforce, due to the difficulties in recruiting and retaining these workers within the health sector. This may be partly due to funding uncertainty, however other factors such as the demanding and challenging nature of the environment, and pressures to leave community to undergo training requirements are also barriers. Stakeholders consulted as part of this project also noted that some roles performed by staff are isolating or emotionally taxing, which

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<sup>46</sup> Online Services Report (OSR) to the Australian Institute of Health and Welfare in 2014-15.

<sup>47</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

<sup>48</sup> Campell MA, Hunt J, Walker D, Williams R. The oral health care experiences of NSW Aboriginal Community Controlled health Services. *Australian and New Zealand Journal of Public Health*. 2015, vol 39, no 1.

<sup>49</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses



not only has an impact on staff mental health and wellbeing, but also on the ability of the organisation to retain these staff.

Finally, despite the increasing enrolment of Aboriginal and Torres Strait Islander people in medical, nursing and midwifery training programs, there is currently a shortage of Aboriginal and Torres Strait Islander doctors and nurses in Australia's medical workforce. This is due to a variety of challenges in both recruiting and retaining Aboriginal and Torres Strait Islander people in these programs. For example, many medical students are required to move away from home and whilst this can be a challenge for all students, Aboriginal and Torres Strait Islander people have unique ties to their land, culture and community and therefore the impact of being away from their homes may be greater. As part of its response to this challenge, Government provides funding through IAHP to organisations dedicated to creating pathways for Aboriginal and Torres Strait Islander people to undertake careers in healthcare.

## 1.6.4 Systems and Process

### Why systems and processes are organisational enablers

Systems and processes are the essential “building blocks” that support day-to-day operations of the organisation, ensuring that operations are performed in a manner that is consistent with the ACCHSs objectives. This may include:

- ICT infrastructure to automate processes;
- policies, procedures and controls that support risk management and meeting regulatory or legislative requirements; and
- clearly defined roles and responsibilities for key positions.

Effective systems and processes are important for sustainability as they can promote the efficient delivery of high-quality, safe and coordinated services to the community. This could include:

- a clinical information system that supports the model of care, as well as effective data collection and reporting to support delivery of care for the community (the use of data will be explored further in Section 2.2.7: Information Management);
- ICT infrastructure that is stable and accessible to support service delivery, for example using mobile tablets during the conduct of outreach services rather than manual processing;
- documented policies and procedures across a range of domains, including human resource, finance, delivery of care, work health and safety, which are accessible and followed by staff;
- an effective financial management information system; and

- simple and consistent CQI frameworks with efficient reporting systems and appropriate training in CQI, to allow for regular CQI.<sup>50,51,52</sup>

Some ACCHSs noted in their IAHP Primary Health Care Activity Application Form that policies and procedures should be reviewed and updated on a regular basis, and regular internal audits should be conducted to assess compliance. ACCHSs also noted that the ICT system should support service delivery outcome by, for example, utilising recall and reminder systems to increase the uptake of services.

- *“[Our aim is to] build the resources, systems and processes required to support effective use of data for the purposes of planning, development and delivery of health services; continuous quality improvement; and expansion of the knowledge base underpinning service delivery for urban Indigenous populations”* – ACCHS response in IAHP Primary Health Care Activity Application Form

## Barriers to effective systems and processes

ACCHSs that experience workforce shortages, and have limited local capacity, are less likely to be able to support effective systems and processes, and continually update them to ensure they are meeting the needs of the organisation. Additionally, analysis of IAHP Primary Health Care Activity Application Form responses revealed that staff sometimes lack the understanding of how to use systems and processes effectively to, for example, claim MBS properly, due to ambiguous roles, responsibilities and processes. There are also significant costs associated with implementing and maintaining the building infrastructure and ICT infrastructure to support efficient and automated systems, for example clinical information systems, and some ACCHSs noted that insufficient funding prevents them from investing in systems that support their model of care.

ACCHS delivering health care services in remote settings may also be unable to access a stable ICT environment, and may experience disruptions to essential services such as power, water, and communication systems due to weather conditions. Some ACCHSs noted in their IAHP Primary Health Care Activity Application Form responses that this is a barrier to effective service delivery and outreach services. Additionally, ACCHS who experience more outages often require manual workarounds, adding additional time to re-enter information.

## 1.6.5 Governance

### Why governance is an organisational enabler

Governance is the rules, structures, practices, values and relationships that an organisation puts in place to collectively guide how the organisation will achieve its strategic objectives and goals. Governance involves

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<sup>50</sup> NSW Health. Accounting Manual for Public Health Organisations.

<sup>51</sup> Tomasi E, Facchini LA, Maia MF, 2004. Health information technology in primary health care in developing countries: a literature review. Bull World Health Organisation. 2004 Nov;82(11):867-74.

<sup>52</sup> Higgins TC, Crosson J, Peikes D, McNellis R, Genevro J, Meyers D. Using Health Information Technology to Support Quality Improvement in Primary Care. AHRQ Publication No. 15-0031-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2015.

having the processes and institutional capacity to be able to exercise control and authority by making and applying rules and managing resources through sound decision making.

ACCHSs maintain both *corporate governance* and *community governance*, with corporate governance encompassing factors such as authority, accountability, stewardship, leadership, direction and risk management which are used to make operational decisions in the organisation, and community governance encompassing factors such as community participation, engagement, addressing community needs and building community capacity and wellbeing.

ACCHSs are more sustainable when there is strong governance in place, as it ensures that the functions, responsibilities and strategic objectives of the organisation are accomplished.<sup>53</sup> Strong governance shapes their ability to respond demographic changes, epidemiological changes, economic changes, political changes and social changes, shaping their ability to produce equitable, sustainable and quality health care that is responsive to their community. Good governance should also include:

- a diverse Board with the right capability which meets regularly, with individuals who work collaboratively, understand their roles and responsibilities, undergo regular training to increase their capability;
- management of community expectations;
- development of strategic plans;
- effective financial management and reporting to ensure transparency and accountability to funding providers; and
- risk-recognition and management.<sup>54,55,56,57</sup>

Of these factors outlined above, ACCHSs and stakeholders consulted as part of this project emphasised the importance of having a board with the right capability<sup>58</sup>. This capability could include board members or sub-committees with health sector-specific knowledge, risk and advisory skills, an understanding of how to grow a business, an understanding of legislative processes, accounting and financial management skills, human resource management skills, risk management skills, and legal skills. Additionally, the board should have strategic business management skills to set, execute, monitor and evaluate strategies to ensure they are aligned with community expectations, and have advocacy and networking capability to develop partnerships and promote the organisation. ACCHSs and stakeholders consulted as part of this project noted the importance of training Board members to ensure they are adequately skilled and understand their roles and

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<sup>53</sup> Department of the Prime Minister and Cabinet, 2014. [Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report](#).

<sup>54</sup> Australian National Audit Office, 2014. *Public Sector Governance Better Practice Guide*. Canberra: ANAO

<sup>55</sup> Office of the Registrar of Indigenous Corporations. *Corporate Governance*. Accessed from <http://www.oric.gov.au/run-corporation/corporate-governance> [Accessed on 28 June 2019]

<sup>56</sup> Jones A and Killion S, 2017. Clinical governance for primary health networks.

<sup>57</sup> Tsey, Komla, McCalman, Janya, Bainbridge, Roxanne, and Brown, Cath (2012) Improving Indigenous community governance through strengthening Indigenous and government organisational capacity. External Commissioned Report. Australian Government, Melbourne, VIC, Australia.

<sup>58</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

responsibilities<sup>59</sup>. ACCHS also noted that Board members should be elected, undertake annual planning and strategic planning, and engage with the community to ensure that the community needs are identified and heard<sup>60</sup>. This includes engaging with Elders and senior community members.

- “[Our aim is to] ensure management decision-making is informed by cultural inputs from community leaders and underpinned by effective two-way communication with community, including input from homelands”. – ACCHS response in IAHP Primary Health Care Activity Application Form

Additionally, in their IAHP Primary Health Care Activity Application Form responses, ACCHSs emphasised the importance of good clinical governance, to ensure safe and quality care for patients. They suggested the use of a clinical governance framework, which outlines the responsibilities and accountability of leadership and employees, as well as the use of a clinical governance committee, to monitor and evaluate clinical services and perform regular audits. It should also be noted that the ability to gain and maintain appropriate accreditation is a pre-condition of access to some funding streams.

## Barriers to effective governance

A Board without the right capabilities, experience and training was identified as a barrier to effective governance by ACCHSs in their IAHP Primary Health Care Activity Application Form responses, as well as with stakeholders consulted as part of this project. Boards that do not understand their role within an organisation, the roles of the individual Board members, and how their functions impact and drive execution in an organisation, was seen by ACCHS and stakeholders consulted as a barrier to effective governance<sup>61</sup>.

- “Board decisions could negatively impact on the [ACCHS] if the decisions are uninformed [and] if the Board Members do not have relevant training and experience to make decisions” – ACCHS response in IAHP Primary Health Care Activity Application Form

Some ACCHS also noted in their IAHP Primary Health Care Activity Application Form responses that inadequate succession planning for the Board is a barrier to good governance, and this is often further exacerbated when there is an aging membership within the Board, or when the ACCHS is located in a regional or remote area.

## 1.6.6 Financial Management

### Why financial management is an organisational enabler

Financial management is the planning, organising, directing and controlling of financial activities within an ACCHS. It includes management of income, expenditure, financial reporting, budgeting, and managing financial risk. Ultimately, financial management directs the ACCHS’s financial resources to ensure that there is enough cash flow to cover day-to-day costs, and allow ACCHSs to deliver health care services to the community.<sup>62</sup>

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<sup>59</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

<sup>60</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

<sup>61</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

<sup>62</sup> First Nations Foundation, 2011. Enhancing Indigenous Financial Capability Programs.

Analysis of the IAHP Primary Health Care Activity Application Form responses and consultation with stakeholders revealed that the ability to maintain a financially viable organisation is considered to be fundamental to the success of the organisation. ACCHSs emphasised the importance of maintaining a financial management and reporting system to enable informed decisions, and ensure that the organisation complies with all legislative and regulatory requirements, as well as obligations to funding bodies. Good financial management processes also includes:

- strong financial accountability, with a good understanding of activity and cost drivers;
- systems and processes for MBS billing aligned to the model of care;
- financial planning and budgeting, with regular (at least annual) forecasting and budgeting; and
- policies and processes to support risk management and prevent fraud.<sup>63, 64</sup>

Stakeholders consulted as part of this project noted that the development of an effective funding strategy should be a priority of ACCHSs, as it enables the organisation to balance finances with organisational mission and innovation, and be adaptive to changing environments. The majority of stakeholders highlighted that the sustainability of an ACCHS depends on their ability to access new and diverse sets of funding sources, in addition to IAHP funding, as well as their ability to access MBS income appropriately. This is because diversification of funding sources increases financial sustainability as the probability of all sources being affected by the same factor is reduced. This was also seen as a priority by some ACCHSs in order to maintain a strong financial position.

- “[Our aim is to] diversify income streams, maximise collection of Medicare income and develop commercial opportunities” – ACCHS response in IAHP Primary Health Care Activity Application Form.

## Barriers to effective financial management

Funding for ACCHSs is through a mix of block funding from Commonwealth (primarily IAHP funding), State / Territory Governments, PHNs and MBS items, as well as contracts for individual services and programs. These funding sources are often associated with multiple contractual reporting requirements, performance indicators and databases, creating administrative burdens on ACCHS staff due to these onerous requirements.<sup>65</sup> Whilst some ACCHSs have the capability to operate in this complex environment, some stakeholders consulted as part of this project suggested that many ACCHS may not have the in-house expertise. Additionally, stakeholders also advised that reporting requirements are often appropriate for mainstream, larger and mature primary health care organisations, however are not scaled for smaller and immature organisations. These stakeholders

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<sup>63</sup> Elkin, R. 1985. “Paying the piper and calling the tune: Accountability in the human services.” *Administration in Social Work*, 9(2): 1-13.

<sup>64</sup> First Nations Foundation, 2011. Enhancing Indigenous Financial Capability Programs.

<sup>65</sup> Central Australian Aboriginal Congress, Aboriginal Corporation. [\*Response to the Productivity Commission’s Reforms to Human Services Issues Paper February 2017.\*](#)

suggested that more effective funding and reporting arrangements are required to enhance partnerships and capacity in the ACCHS sector.

Stakeholders also suggested that a lack of understanding of the income sources which are available, and not having the capacity and capability to apply for these other funding sources, is a barrier to sustainability. These stakeholders noted that this could include not having the capacity and capability to respond to corporate requirements, or under claiming against MBS items. Inefficient and poor financial management processes were also identified by some ACCHSs in their IAHP Primary Health Care Activity Application Form responses as a significant barrier to mature financial management, as it can hinder an ACCHS's ability to access funding.

## 1.6.7 Information Management

### Why information management is an organisational enabler

Information management is the collection, storage, management, maintenance and effective use of information and data amongst individuals, organisations and information systems. Effective information management is important for sustainability as it enables ACCHSs to use information and data to assist with the delivery of primary health care services, and support clinical best practice for the community they are serving. Specifically, effective information management assists ACCHSs with decision making, achieving their outcomes, planning for the future, allocating resources for the present and future, identifying other opportunities and predicting and anticipating future trends. This was emphasised by many stakeholders consulted as part of this project, as well as ACCHSs in their IAHP Primary Health Care Activity Application Form responses.

- *"[Our aim is to undertake] regular clinical audits to improve data collection and documentation to inform service delivery and workforce needs and credentialing and training requirements*

Mature ACCHS have a sophisticated understanding of the data required to determine community need and to measure their impact. They will typically demonstrate high levels of commitment to collecting and using data to plan, deliver, monitor and evaluate service delivery. Analysis of the IAHP Primary Health Care Activity Application Form responses revealed that many ACCHSs understand how data can be used to inform service planning, and improve the quality of care provided for their community, however lack the capability or capacity to produce and use this data. Strategies identified by ACCHS to assist with this included educating and training staff of the importance of collecting data, and putting in place controls and regular audits to ensure that data is entered accurately<sup>66</sup>.

### Barriers to effective information management

Key barriers to maturity in relation to information management, many of which were identified by stakeholders consulted as part of this project, relate to:

- capacity issues in the local workforce;

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<sup>66</sup> Analysis of ACCHSs IAHP Primary Health Care Activity Application Form responses

- not being able to retain workforces;
- difficulty attracting the right capability to understand and use information to improve service delivery arrangements in the community;
- complex and incompatible systems and lack of automation (this is further explored in Section 2.2.4: Systems and Processes);
- inconsistent workflows;
- inconsistent orientation and training of new staff;
- limited resources that have the ability to effectively use information management practices; and
- a lack of standardised practices to enable effective information management.

## 1.6.8 External Factors

ACCHSs operate within a national policy environment and also sit within separate state / territory jurisdictions. This broader environment influences the way ACCHSs develop and operate, and will therefore influence the support required at different times. This broader environment is characterised by health system reform processes, increasing administrative complexity, the number and range of services in a region, and workforce issues.

External factors are the range of local circumstances that can inhibit sustainability. Generally speaking, ACCHSs have limited control over external factors, however they should be acknowledged when considering factors that affect ACCHSs sustainability.

External factors which may impact the sustainability of ACCHSs include:

- **Geographic location:** the location of the organisation, its degree of remoteness, and its proximity to resources, suppliers and transportation can all have an effect on the sustainability of an ACCHS. The effects of geographic location on the organisational enablers have been described in detail above.
- **Economic factors:** consumer behaviour and demand / supply, employment factors, interest rates, exchange rates, taxes and inflation can have an effect on the sustainability of an ACCHS. This is because economic factors play a large part in how the ACCHS makes its decisions, especially those to do with finances.<sup>67</sup>
- **Policy considerations:** factors such as funding cycles, changes to funding models, and legislative requirements may have an impact on the sustainability of an ACCHS. This is because changes to policy can create funding uncertainty, and may have an impact on the organisation's ability to access funding or reporting requirements, which may impact other factors, such as the organisation's ability to attract and

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<sup>67</sup> Hansen, G.S. and Wernerfelt, B., 1989. Determinants of firm performance: The relative importance of economic and organizational factors. *Strategic management journal*, 10(5), pp.399-411.

retain staff.<sup>68</sup> Additionally, high turnover of Australian Public Service (APS) staff was seen as a barrier by some stakeholders consulted as part of this project, as it can impact the relationships built between APS staff and ACCHSs, and can then undermine confidence and trust.

- **Socioeconomic factors:** factors such as the level of education, income, financial security, and employment in the community can have an effect on the sustainability of an ACCHS. This is because these factors affect the behaviours of the community as consumers of the ACCHS's services, and ACCHSs need to be aware of these factors in order to deliver care that is relevant for their community and therefore be sustainable. Additionally, these factors may affect ACCHSs ability to access a skilled workforce.
- **Climate and weather:** Australia is prone to many and varied seasonal weather events, and some stakeholders consulted as part of this project noted that ACCHSs in rural areas which are subject to Australia's wet season can therefore be impacted in ways that have an effect on their sustainability. For example, ACCHSs that are difficult to access during the wet season may not receive patients during this period of time, which would affect their overall sustainability.

## 1.7 Summary

A sustainable ACCHS will have community engagement at its core, as it enables the needs and values of the community to be incorporated in the policy development, planning, decision-making and service delivery, shaping almost all aspects of the organisation. Community engagement is then supported by each of the six organisational enablers: operational structure, workforce, systems and processes, governance, financial management and information management. A sustainable ACCHS will demonstrate maturity with respect to each of these characteristics, and be able to maintain maturity within the context of their external environment, and the external factors that may influence their environment.

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<sup>68</sup> Department of the Prime Minister and Cabinet. Consultation Paper: Indigenous business sector strategy – supercharging Indigenous business start-up and growth



# Learning from Business Models and Experiences

The purpose of this section is to identify key enablers and strategies for supporting or incentivising improvements in the sustainability of ACCHSs, and identify better practice models from within and outside the ACCHS sector, which could be adopted more broadly to support sustainability of ACCHSs.

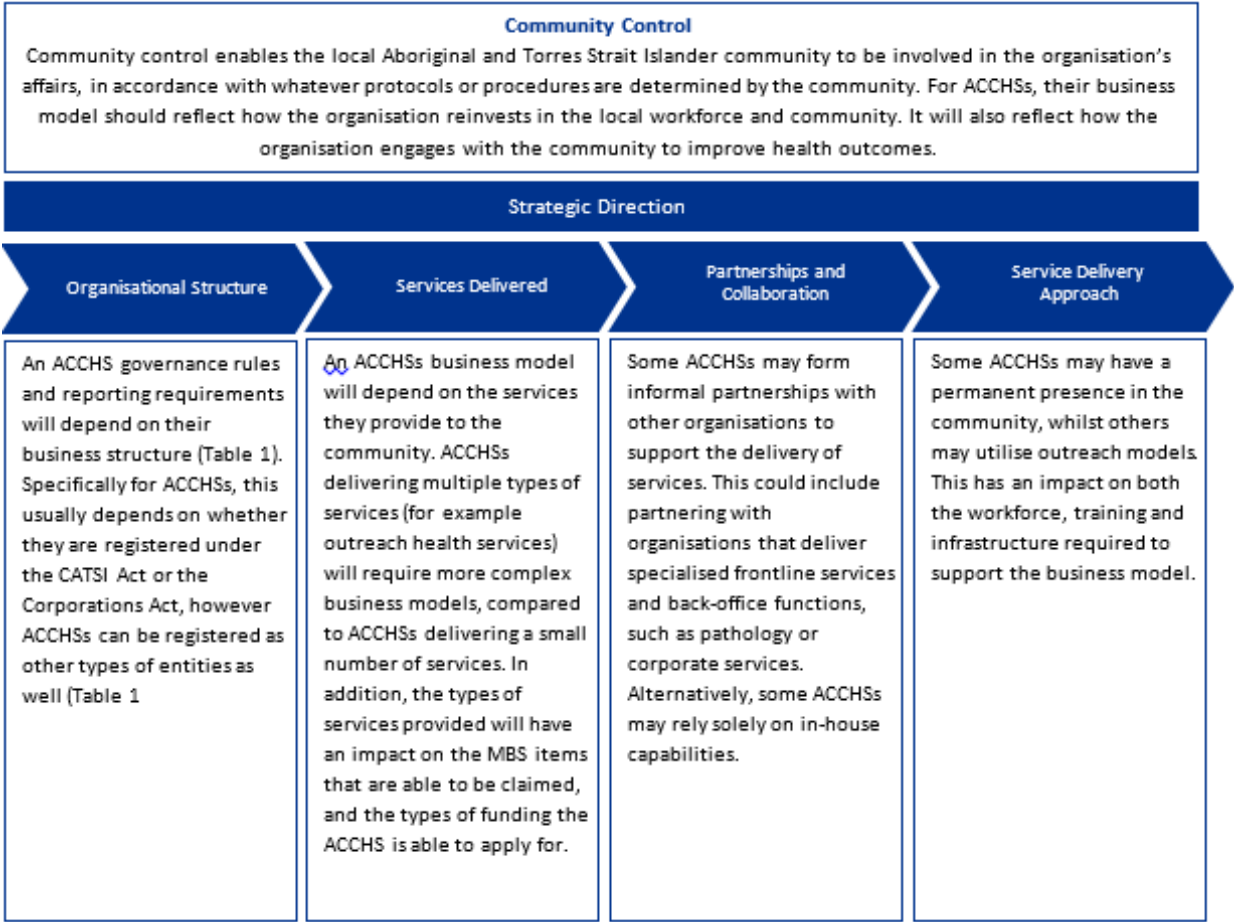
## 1.8 Developing the optimal business model

A business model is the conceptual structure that supports the viability of an organisation, including its purpose and goal. The business model also describes how the organisation will fulfil its purpose and achieve these goals, and how it will create and deliver value to the consumers or customers of the business.

### 1.8.1 Business models in the ACCHS sector

The diversity of ACCHSs in terms of their locations, the services they provide and the communities they serve means that there is no 'one-size-fits-all' business model that will meet the needs of every ACCHS. There are however a number of key components to an ACCHS's business model, specifically the organisational structure; the services delivered; the informal partnerships and collaboration with other organisations; and the service delivery approach (see Figure 2). Each of these components should be considered when an ACCHS is developing an appropriate business model that supports the delivery of health care services to the community they serve. These components should reflect the fact that the business is a community controlled organisation, and the organisation's strategic direction. In addition, the organisational enablers should underpin each of these key components to ensure that the business model supports the organisation to be sustainable. The business model should be established early, and should align with the strategic direction of the organisation. It should however be noted that once a business model is established, changing to an alternative model can be challenging and often requires changes to the constitution and Board agreement.

**Figure 2: Business models in the ACCHS sector**



**Table 1: Structures of Indigenous organisations**<sup>69,70,71,72</sup>

Organisation structure	Description
<b>Sole traders</b>	A sole trader is a person who operates in a personal capacity, and is solely responsible for all aspects of the business. These individuals are usually self-employed, without any employees. Whilst ACCHSs are unlikely to be sole traders, they may utilise clinical staff who are sole traders (for example, a locum doctor).
<b>Partnership / joint venture (unincorporated)</b>	Usually two or more individuals or organisations working together. Each party shares ownership, returns, risks and governance. In the ACCHS sector, a partnership or joint venture could be formed between two or more ACCHSs, or ACCHSs and a mainstream primary health services.
<b>Corporation registered with ORIC under the CATSI Act</b>	The corporation is owned and controlled by Aboriginal and Torres Strait Islander people under the CATSI Act, and registered with ORIC.
<b>Corporation registered with ASIC under the Corporations Act</b>	Entities incorporated under the Corporations Act including Pty Limited or Limited liability organisations.
<b>Co-operatives</b>	Often characterised as a democratic organisation that is owned and controlled by its members for a common benefit. These entities are incorporated under the <i>Co-operatives National law Application Act 2013</i> and various state based legislation.
<b>Associations</b>	Each state and territory provides a mechanism to register incorporated associations.
<b>Trusts</b>	A trust is an obligation imposed on the trustee to hold property or assets for the benefit of others (the beneficiaries). This could include trusts established under state and territory land rights legislation (usually not registered or incorporated) and native title trusts incorporated under the CATSI Act.

As highlighted in Table 1, there are a number of different structures that an ACCHO can adopt. While there are a number of different structures, we note that approximately half of Indigenous organisations are incorporated under the CATSI Act, and the other half are incorporated under other forms of legislation.<sup>73</sup>

Organisations that are incorporated under the CATSI Act are classified into three registration categories, small, medium, and large. A technical review of the CATSI Act found that there were opportunities to reduce

<sup>69</sup> Definition of Sole Trader: [Australian Government, 'Sole Trader'](#).

<sup>70</sup> Australian Securities and Investments Commission, ['Laws we administer', 2016.](#)

<sup>71</sup> [Definition of Partnership: Australian Government, "Partnership"](#).

<sup>72</sup> PwC, 2018. The contribution of the Indigenous business sector to Australia's economy

<sup>73</sup> [Indigenous Governance Toolkit](#). Governance in Aboriginal and Torres Strait Islander Corporations.

regulatory burden and better align the regulation of CATSI organisations with similar entities regulated by the Corporations Act<sup>74</sup>.

Organisations incorporated under the CATSI Act are able to receive assistance from ORIC through an appointed special administrator if they are experiencing issues, however organisations incorporated under the Corporations Act have limited access to regulatory assistance. In addition, ASIC charges fees for the lodgement of some forms and documents, however ORIC does not charge any fees.<sup>75</sup> In addition to incorporating under the CATSI Act or the Corporations Act, Indigenous organisations can register as a public benevolent institution (PBI), which is a classification of 'charity' that is separately recognised by the Australian Charities and Not-for-profits Commission (ACNC) and the Australian Taxation Office (ATO) for the role it plays. A PBI must provide benevolent relief as its main purpose and it must specifically target that relief to people in need. Many Indigenous organisations are registered as a PBI as it allows the organisation to access a number of tax concessions available to not-for-profit entities which are registered as a PBI. Most notably, this includes an exemption of fringe benefits tax on benefits provided to employees. For ACCHSs, this may assist in attracting and retaining staff, which is a critical organisation enabler.

## 1.9 Learnings from other jurisdictions

This section outlines learnings from the implementation of community control in Canada and New Zealand that inform the organisational enablers. Desktop research and stakeholder consultations with in-country experts unfortunately did not reveal any business models relevant to this project.

Australia, Canada and New Zealand share many similarities, including the fact that Indigenous people in all three countries have experienced marginalisation, exclusion, and discrimination, leading to Indigenous people experiencing substantially poorer health outcomes than non-Indigenous people. One important difference between the three countries is that Canada and New Zealand have legally recognised the autonomy and culture of their Indigenous people through treaties, however Australia does not have a treaty with its Aboriginal and Torres Strait Islander people.

### 1.9.1 Canada

#### Background

Indigenous people in Canada includes three politically and culturally distinct groups – First Nations, Inuit and Métis. First Nations, Inuit and Métis people have poorer health outcomes than non-Indigenous people on almost every measurable health indicator, and face challenges in receiving adequate health care from

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<sup>74</sup> DLA Piper Australia, 2017. [Technical Review of the Corporations \(Aboriginal and Torres Strait Islander\) Act 2006.](#)

<sup>75</sup> Office of the Registrar of Indigenous Corporations. [The CATSI Act and the Corporations Act – some differences.](#)

mainstream primary healthcare services due to factors such as geographical location, discrimination and racism<sup>76</sup>.

Section 35 of the *Constitution Act 1982* recognises the pre-existing Aboriginal and treaty rights negotiated since colonisation and contemporary land claim agreements with the Indian, Inuit and Métis people of Canada. Subsequent to a number of Supreme Court decisions, the Crown also has a duty to consult and, where appropriate, accommodate in situations where actions of the Crown may cause adverse impacts on potential or actual treaty or Aboriginal rights.<sup>77</sup>

Primary health care services in Canada for on-reserve First Nations are under federal jurisdiction, while primary health care for other Canadians and all other Indigenous people are under provincial jurisdiction. The enactment of the Health Transfer Policy in the late 1980's initiated the transfer of existing community-based and regional health services into First Nation and Inuit control, and more recently the establishment of First Nations and Inuit Health Authorities. After more than 20 years of sustained effort, over 89% of eligible communities in Canada are engaged in the planning, management and provision of community controlled health services<sup>78</sup>, demonstrating the success of sustained commitment.

Canada's current national health care system is a publicly-financed, publicly-delivered system, managed by the provinces under the umbrella of the *Canada Health Act 1984*. This heterogeneous structure has led to a fairly complicated service delivery system with jurisdictional gaps and overlaps<sup>79</sup>. However, evidence suggests that primary health care delivered by Canadian community controlled organisations is able to deliver on health outcomes, with community controlled organisations achieving a 30 per cent reduction in hospital utilisation rates compared to those which were not community controlled.<sup>80</sup>

## Characteristics that drive sustainability in community controlled organisations delivering primary health care in Canada

### Community engagement

Health Canada is trending towards a participatory and collaborative model to understand community priorities and needs, in order to achieve positive health outcomes for Indigenous people. In Canada, traditional knowledge and cultural practise to play fundamental roles underpinning promising practice.<sup>81,82</sup> Like Australia, Canadian community controlled organisations use trained Indigenous health care providers to deliver primary

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<sup>76</sup> Hutchison, B., Levesque, J. F., Strumpf, E., & Coyle, N. (2011). Primary health care in Canada: systems in motion. *The Milbank quarterly*, 89(2), 256–288. doi:10.1111/j.1468-0009.2011.00628.x

<sup>77</sup> AANDC 2011. [Aboriginal consultation and accommodation: updated guidelines for Federal officials to fulfill the duty to consult](#). Ottawa: Government of Canada. Viewed 7 January 2013,

<sup>78</sup> Health Canada. *Transfer of health programs to First Nations and Inuit communities, handbook 1: an introduction to three approaches*. Ottawa: Health Canada; 2004.

<sup>79</sup> Hutchison, B., Levesque, J. F., Strumpf, E., & Coyle, N. (2011). Primary health care in Canada: systems in motion. *The Milbank quarterly*, 89(2), 256–288. doi:10.1111/j.1468-0009.2011.00628.x

<sup>80</sup> Lavoie JG, Forget EL, Prakash T, Dahl M, Martens P, O'Neil, 2010. Have investments in on-reserve health services and initiatives promoting community control improved First Nations' health in Manitoba? *JD Soc Sci Med*. 71(4):717-24.

<sup>81</sup> Indigenous Services Canada, 2018. *Preventing and Managing Chronic Disease in First Nations Communities: A Guidance Framework*.

<sup>82</sup> Harfield SG, Davy C, McArthur A, Munn Z, Brown A, Brown N, 2018. Characteristics of Indigenous primary health care serviced delivery models: a systemic scoping review. *Globalisation and Health* 14 (12).

health care services to their own communities. This has ensured that culture is embedded throughout primary health care service delivery, incorporating Indigenous cultural values, customs and beliefs, as well as traditional healing practices.<sup>83</sup>

An excellent example of Canada's approach to community engagement is their efforts for suicide prevention and community mental health. Health Canada has identified suicide prevention among its priority objectives for improving the health of Aboriginal Canadians, and are determining ways to empower communities in order to prevent mental illnesses and suicide. Numerous reports have been published on how community engagement can identify Inuit-specific approaches to healing, as well as strategies for intervention for mental health issues, such as the sharing of life stories in a healing circle, and identifying origins of pain.<sup>84</sup> These prevention methods take a strength-based approach focused on Indigenous autonomy, control and community action.

### **Workforce**

Stakeholder consultation revealed that training members of a community to become Indigenous health care providers for their community increases the retention of these health care providers, as they are providing care to their own community. This is similar to Aboriginal Health Workers and Aboriginal Health Practitioners in Australia.

### **Financial management**

Similar to Australia, Canada is transitioning the delivery of primary health to community control, and is supporting this transition with tailored mechanisms designed to fund First Nation health organisations. These mechanisms include having multiple options, such as multidepartment funding agreements (MDFA), block funding agreements (BFA) and flexible funding agreements (FFA).<sup>85</sup> Additionally, organisations transitioning to community control are supported by the government with bridge funding, allowing the community to undertake a needs assessment and develop a community health plan, as well as funding to undertake evaluation of their services every five years. Funding for community health services is based on historical expenditures in that community, and this is, for the most part, non-negotiable. Furthermore, communities can choose to sign a funding agreement alone or as part of a multi-community consortium. Other funding supports to build First Nation and Inuit capacity in the management and implementation of health programs and services, and support the integration of healthcare services, are provided to community controlled organisations.

Funding providers in Canada are supporting social procurement through their policies and bidding process, by engaging with local Indigenous communities about opportunities to supply goods or services (health and non-

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<sup>83</sup> Harfield SG, Davy C, McArthur A, Munn Z, Brown A, Brown N, 2018. Characteristics of Indigenous primary health care serviced delivery models: a systemic scoping review. *Globalisation and Health* 14 (12).

<sup>84</sup> Kral, M.J., Wiebe, P.K., Nisbet, K., Dallas, C., Okalik, L., Enuaraq, N. and Cinotta, J., 2009. Canadian Inuit community engagement in suicide prevention. *International Journal of Circumpolar Health*, 68(3), pp.292-308.

<sup>85</sup> Lavoie, J.G. and Dwyer, J., 2016. Implementing Indigenous community control in health care: lessons from Canada. *Australian Health Review*, 40(4), pp.453-458.

health related), and by leveraging the long-term value community impact.<sup>86</sup> Initiatives and programs, such as the Procurement Strategy for Aboriginal Businesses<sup>87</sup> and the Aboriginal Entrepreneurship Training Program<sup>88</sup>, are working to create strategic partnerships between Indigenous organisations owners, industry sectors and the Government of Canada. These programs support and strengthen the long-term viability of Indigenous organisations by helping them develop strategies to fully participate in economic opportunities and compete for and win procurement opportunities.

### **Information management**

There is a significant lack of culturally relevant and consistent data for Indigenous people in Canada, however this type of information is crucial to understanding the priorities and needs of Indigenous people, and informing health services, programs and best practices to address health inequities. Recognising the lack of Indigenous health data to inform primary healthcare service delivery, the Indigenous Primary Healthcare Capacity and Delivery Model Community Profile Survey (CPS) was developed as part of the TransFORMATION of IndiGENous PrimARy HEalthcare Delivery (FORGE AHEAD) Research Program.<sup>89</sup>

FORGE AHEAD is a national research program that partners with First Nations communities from across Canada to improve primary health care and access to available resources by developing and evaluating community-driven, culturally-relevant primary healthcare models using quality improvement theory, tools and processes. The results are designed to inform successes and to identify areas for improvement. Whilst this study is still in its initial phases, and is currently focused on diabetes, the type of information gained from this study will be important to inform decision making, strengthen health service delivery and infrastructure, and allocate funding and resources to build capacity for Indigenous communities across Canada.<sup>90</sup>

### **External Factors**

#### *Constitution Act 1982*

The *Constitution Act 1982* embeds Aboriginal people's rights in the constitution and requires the federal and provincial governments to consult with Aboriginal people prior to making any legislation that relate directly to them. Indigenous health care has been influenced by historical treaty recognition of First Nations' rights and associated Indian Acts and amendments that require registration as 'Indian'. The Inuit were also recognised under the *Indian Act 1876* more recently.

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<sup>86</sup> Indigenous and Northern Affairs Canada. [Procurement Strategy for Aboriginal Businesses.](#)

<sup>87</sup> Indigenous and Northern Affairs Canada. [Procurement Strategy for Aboriginal Businesses.](#)

<sup>88</sup> [The Canadian Centre for Aboriginal Entrepreneurship.](#)

<sup>89</sup> Hayward, M.N., Paquette-Warren, J. and Harris, S.B., 2016. Developing community-driven quality improvement initiatives to enhance chronic disease care in Indigenous communities in Canada: the FORGE AHEAD program protocol. *Health research policy and systems*, 14(1), p.55.

<sup>90</sup> Hayward, M.N., Paquette-Warren, J. and Harris, S.B., 2016. Developing community-driven quality improvement initiatives to enhance chronic disease care in Indigenous communities in Canada: the FORGE AHEAD program protocol. *Health research policy and systems*, 14(1), p.55.

## *Jurisdictional constraints*

In the study performed by the Health Council of Canada, many participants agreed that the ongoing jurisdictional issues between multiple levels of government, and the lack of coordination between the federal, provincial, territorial, or municipal governments, health authorities, and band councils was a barrier to the success of the sector. Practices that were not constrained by a jurisdiction were shown to be more successful, as they are sustainable with secure funding and are community owned and driven, however have all levels of government working together towards a common goal in partnership with the community. This mutual understanding, trust and respect among different governments, non-government agencies, and Indigenous and non-Indigenous people was considered one of the most important characteristics of successful care models. As part of a broader effort and long-term policy goal of Health Canada, funding (\$421 million in 2015-16) is provided for tripartite health governance (federal government, British Columbia government, and British Columbia First Nations) to integrate federal and provincial healthcare services, initially in B.C.<sup>91</sup>

## 1.9.2 New Zealand

### Background

The term Māori refers to the multiple tribes of Indigenous residents of New Zealand<sup>92</sup>. Since the 1980s, the principle of biculturalism required all organisations delivering health services to give effect to the principles of the Treaty of Waitangi in their operations and be responsive to Māori priorities in their policy and practice.<sup>93</sup> Māori people however have challenged the concept of mainstream primary health services, arguing that they were better placed to manage and deliver their own programmes and act as guardians for their own people. This led to the development of Māori health providers, resulting in a combination of national and locally controlled Māori led initiatives and health promotion programs that are committed to improving Māori health, including the appointment of Māori health inspectors to work within Māori communities.<sup>94</sup> The structure and governance arrangements of Māori health providers vary from community-based entities (with directors being both Māori and non-Māori members of the local community), to tribally based services operating under the ownership of government-recognized Rūnangas (tribal authorities).<sup>95</sup> A study in New Zealand demonstrated a lowering of ambulatory care-sensitive admissions through primary health care and that improvements in access to care for Māori were most marked for the population served by Māori controlled providers.<sup>96</sup>

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<sup>91</sup> Health Canada. Health Canada 2015-16 report on plans and priorities. [Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status](#). Ottawa:Health Canada; 2016.

<sup>92</sup> Ellison-Loschmann, L. and Pearce, N., 2006. Improving access to health care among New Zealand's Maori population. *American journal of public health*, 96(4), pp.612-617.

<sup>93</sup> Palmer, M.S., 2008. The Treaty of Waitangi in New Zealand's law and constitution.

<sup>94</sup> Smylie, J., Anderson, I., Ratima, M., Crengle, S. and Anderson, M., 2006. Indigenous health performance measurement systems in Canada, Australia, and New Zealand. *The Lancet*, 367(9527), pp.2029-2031.

<sup>95</sup> Dwyer, J., Boulton, A., Lavoie, J.G., Tenbenschel, T. and Cumming, J., 2014. Indigenous peoples' health care: new approaches to contracting and accountability at the public administration frontier. *Public Management Review*, 16(8), pp.1091-1112.

<sup>96</sup> Carr J and Lee T 2009, [Primary health care in Capital and Coast District Health Board: monitoring of Capital and Coast District Health Board's primary care framework](#).



# Characteristics that drive sustainability in community controlled organisations delivering primary health care in New Zealand

## Community engagement

### *Whānau Ora*

Whānau Ora (“family health”) is a major Indigenous health initiative in New Zealand that is jointly implemented by the Ministry of Health, Te Puni Kōkiri and the Ministry of Social Development. The initiative is driven by Māori cultural values to empower communities and extended families to support families within the community context, rather than individuals within an institutional context. Placing whānau (family) at the centre of health care service delivery, the initiative enables Māori communities to develop solutions for themselves, shifting the focus to identifying strengths and building on these strengths.<sup>97,98,99</sup> Whānau Ora has become a key driver for many Māori health and social service delivery organisations, and involves facilitating positive and adaptive relationships with whānau and recognising the interconnectedness of health, education, housing, justice, welfare, employment and lifestyle as elements of whānau wellbeing. Organisations achieving Whānau Ora focus on:

- whānau and community development;
- Māori participation, including supporting Māori health providers and a highly skilled Māori health workforce;
- the delivery of culturally safe, appropriate and efficient health care; and
- working across a range of social sectors to effect change.<sup>100,101,102</sup>

## Financial management

New Zealand’s Primary Health Organisations are funded based on the number of people enrolled, and their resident population. This system provides an incentive to provide health care to those in the community with the highest needs. Primary Health Organisations with registers that met the high-need criteria (registered populations where 50% or more were Māori, Pacific and / or of NZDep deciles 9 and 10) qualified for more funding.<sup>103</sup>

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<sup>97</sup> Boulton, A.F., Gifford, H.H. and Potaka-Osborne, M., 2009. Realising Whānau Ora through community action: The role of Māori community health workers. *Education for Health*, 22(2), p.188.

<sup>98</sup> Boulton, A., Tamehana, J. and Brannelly, T., 2013. Whanau-centred health and social service delivery in New Zealand. *Mai journal*, 2(1), pp.18-32.

<sup>99</sup> Kidd, J., Gibbons, V., Lawrenson, R. and Johnstone, W., 2010. A whanau ora approach to health care for Maori. *J. Prim. Health Care*, 2(2), pp.163-164.

<sup>100</sup> Boulton, A.F., Gifford, H.H. and Potaka-Osborne, M., 2009. Realising Whānau Ora through community action: The role of Māori community health workers. *Education for Health*, 22(2), p.188.

<sup>101</sup> Boulton, A., Tamehana, J. and Brannelly, T., 2013. Whanau-centred health and social service delivery in New Zealand. *Mai journal*, 2(1), pp.18-32.

<sup>102</sup> Kidd, J., Gibbons, V., Lawrenson, R. and Johnstone, W., 2010. A whanau ora approach to health care for Maori. *J. Prim. Health Care*, 2(2), pp.163-164.

<sup>103</sup> Abel, S., Gibson, D., Ehau, T. and Leach, D.T., 2005. Implementing the primary health care strategy: a Maori health provider perspective. *Social Policy Journal of New Zealand*, 25, p.70.

In addition to providing funding for Indigenous organisations, the New Zealand government also publishes grants and support services for Indigenous organisations on the [business.govt.nz](https://business.govt.nz) website. This includes various government and non-government agencies that can provide funding and grants, as well as agencies to provide mentoring and support. This page also includes a number of online resources, such as templates for business plans.<sup>104</sup>

### **Information management**

Following a change in national government in 1999, The Primary Health Care Strategy was developed to reduce the disease burden and rising costs of secondary care in New Zealand. Following the launch of the Primary Health Care Strategy, Primary Health Organisations were established across New Zealand, to deliver primary health care in a region or to a group of people, bringing together nurses, Maori health workers, health promotion workers, dietitians, pharmacists, physiotherapists, psychologists and midwives. Primary Health Organisations deliver primary health care in line with both the Primary Health Care Strategy and the He Korowai Oranga: The Māori Health Strategy<sup>105,106</sup>. Whilst many of these organisations are run independently, they share information and systems and work together. These systems enable the identification of high-risk patients (for example, those who smoke or have high blood pressure), and a team of nurses work together to phone these patients to recommend they come for a check-up. These Primary Health Organisations measure performance indicators, helping health service providers see how the organisation is performing as a whole.<sup>107</sup>

### **External Factors**

#### *The Treaty of Waitangi*

The Treaty of Waitangi has become a significant document of moral, political and cultural force in the national imagination. The bicultural foundation that the Treaty of Waitangi established seems to be one of the clearest ways the Treaty of Waitangi has helped positively shift the national mindset, elevating the status of Maori heritage such that it continues to move towards a position of equality alongside the country's British heritage. The Treaty of Waitangi is regarded as the foundation of good health in New Zealand, and is integrated into health services to ensure that concepts of health are firmly based in Māori culture, and that Māori people have the right to appropriate services funded through New Zealand's health system. Health Boards are also required to recognise and respect the principles of the Treaty of Waitangi, by ensuring Māori participation in decision making and in the delivery of health services. This has led to a number of improvements in the delivery of health care services to Māori people, such as some primary health care facilities being located on the *marae* (the sacred meeting place), to make Māori people feel more at ease.<sup>108</sup>

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<sup>104</sup> [Business Government NZ.](#)

<sup>105</sup> [Ministry of Health NZ](#)

<sup>106</sup> Abel, S., Gibson, D., Ehai, T. and Leach, D.T., 2005. Implementing the primary health care strategy: a Maori health provider perspective. *Social Policy Journal of New Zealand*, 25, p.70.

<sup>107</sup> World Health Organisation. [Primary health care the New Zealand Way.](#)

<sup>108</sup> World Health Organisation. [Primary health care the New Zealand Way.](#)

### 1.9.3 Key findings from jurisdictional comparison

In all three countries – Australia, New Zealand and Canada – the health status of Indigenous populations is significantly poorer than that of their non-Indigenous counterparts. The gap between non-Indigenous and Indigenous people however is likely to be largest in Australia, although it is difficult to draw firm conclusions due to issues relating to concepts, data and methods behind the estimates.<sup>109</sup> Additionally, Indigenous people make up a smaller percentage of the total population in Australia, compared to Canada and New Zealand.

Whilst the Canadian and New Zealand experiences are different to that of Australia, these countries face similar challenges to Australia in terms of implementing community control and addressing the poorer health outcomes experienced by Indigenous populations. Desktop research and engagement revealed many similarities between Australia, Canada and New Zealand, in terms of the characteristics that are critical for the sustainability of community controlled organisations.

On a comparative basis overall, these three countries are employing a number of similar strategies to support sustainability of Indigenous community controlled health services. However, a few key learnings and experiences were identified that were not already identified in the Australian context. Like Australia, Canada and New Zealand are using effective and unique approaches to improve community engagement and encourage Indigenous autonomy and empowerment to improve health outcomes. Learnings from these successful approaches, some of which have been outlined above, may help to strengthen and focus community engagement in the Australian context. Additionally, both Canada and New Zealand have recognised and are addressing the need for simplified funding, as well as the importance of supporting Indigenous organisations through the procurement process. Both countries are investigating the effectiveness of various funding mechanisms and supports that are tailored to the need of community controlled organisations, as well as innovative ways to collect and share data, which could be adapted to the Australian context. Finally, Australia is currently considering the creation and implementation of treaties, and the Canadian and New Zealand experiences could help inform how treaties can be used to improve the delivery of health care services to Indigenous people.

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<sup>109</sup> Australian Institute of Health and Welfare 2011. Comparing life expectancy of indigenous people in Australia, New Zealand, Canada and the United States: conceptual, methodological and data issues. Cat. no. IHW 47. Canberra: AIHW.

# Appendices

## Appendix A: Stakeholder Engagement List

The stakeholders interviewed as part of this project to inform the findings of this report has been captured in Table 2.

**Table 2: Stakeholders engagement list**

Organisation	Date of consultation
The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS)	Wednesday 24 July
Brisbane South Primary Health Network	Monday 1 July
Broadspectrum	Monday 1 July
Central Desert Native Title Services (CDNTS)	Thursday 4 July
Department of Health	Tuesday 19 June and Friday 21 July
Department of Social Services	Monday 8 July and Friday 12 July
Department of Veterans' Affairs	Wednesday 17 July
Eastern Melbourne Primary Health Network	Friday 26 July
Hunter New England Central Coast Primary Health Network	Thursday 4 July
Indigenous Accountants Australia (IAA)	Tuesday 16 July
Noongar Chamber of Commerce & Industry (NCCI)	Friday 5 July
Northern Territory Primary Health Network	Monday 1 July
Office of the Registrar of Indigenous Corporations (ORIC)	Thursday 4 July
Indigenous Business Australia (IBA)	Friday 5 July
Perpetual	Friday 26 July
Central Queensland, Wide Bay and Sunshine Coast Primary Health Network	Friday 19 July
Queensland Health	Thursday 18 July

Organisation	Date of consultation
South Australia Health	Thursday 11 July
Services Australia	Wednesday 3 July and Tuesday 16 July
Social Ventures Australia	Thursday 18 July
Victoria Department of Premier and Cabinet	Tuesday 16 July
Victoria Department of Health and Human Services	Wednesday 10 July
Wentwest Primary Health Network	Wednesday 17 July
Western Australia Primary Healthcare Alliance	Friday 12 July

# Appendix B: Stakeholder Consultation Themes

Table 3 represents a summary of the outputs of stakeholder consultation. This includes themes regarding the definition of sustainability, as well as themes corresponding to each of the organisational enablers. Given the small sample size and the inability to engage directly with the ACCHS sector, no attempt at thematic analysis of these outputs has been made.

**Table 3: Key themes from stakeholder consultations regarding the organisational enablers**

Key themes	Definitions
Definition of Sustainability	<ul style="list-style-type: none"> <li>• Understanding the needs of the community, and providing for these needs.</li> <li>• Having the structures and systems in place to use funding appropriately and withstand fluctuations in the environment.</li> <li>• Understanding the limitations of funding, and not providing services that are not required by the community or are unable to be funded.</li> <li>• Thinking long term and planning for the future.</li> </ul>
Operation Structure	<ul style="list-style-type: none"> <li>• The organisation should have an overall focus on delivering holistic primary health care, utilising individuals who are specialised, as opposed to expecting each individual to deliver all types of care.</li> <li>• Bringing the administrative processes of multiple smaller organisations delivering primary health care together, to create one single backroom process.</li> <li>• Using models of care and service delivery models that are up to date and are meeting the requirements of complex clients and demands, whilst also allowing for agility within the organisation.</li> <li>• Primary health care providers working together in partnership, and participate in peer to peer learning. This could include partnerships between mature and immature ACCHSs, or ACCHSs and mainstream services.</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Attracting, recruiting and retaining the right staff with the right capabilities, cultural awareness, and understanding of the community’s needs can be difficult, as often the staff are not paid very well and they leave to places with better management, service direction, leadership and funding. However it is critical to the sustainability of ACCHSs.</li> <li>• Need to develop the Aboriginal health workforce</li> </ul>

Key themes	Definitions
	<ul style="list-style-type: none"> <li>• Medical Liaison Offers (MLOs) are building capacity and awareness within ACCHSs, especially to do with processes such as how to maximise MBS claiming. These relationships were deeply valued by ACCHSs, however there is a shortage of MLOs.</li> <li>• There is an absence of planning and investment in workforce development, as well as education (especially for the Aboriginal workforce)</li> <li>• Needs to be a focus on hiring quality people who are strategic, will stay within their role and are good at their roles, rather than hiring many people to simply fill a role. This however can be difficult.</li> <li>• High staff turnover in ACCHSs is a barrier to sustainability, as relationships are lost with the community, as well as capability.</li> </ul>
Systems and Processes	<ul style="list-style-type: none"> <li>• There should be some understanding of MBS claiming, what can and cannot be claimed, (including claiming for follow up consultations) as there is currently an assumption that ACCHSs understand what they are doing.</li> <li>• The software sometimes used supports clinical information and data input does not always support all the follow up care that ACCHSs deliver (via Aboriginal Health Workers and Aboriginal Health Practitioners).</li> </ul>
Governance	<ul style="list-style-type: none"> <li>• The composition of the Board is a key element in financial sustainability, with the right mix of skills and experience, and the ability to work cooperatively, and subcommittees to support meaningful discussions. This includes having both Aboriginal and Torres Strait Islander people and independent directors on Boards.</li> <li>• There should be regular, but not too frequent (approximately every 5-6 years), turnover of CEOs and other members on Boards, with good succession planning to ensure new ideas are brought into the organisation, and that factors (such as example corruption) do not stay within the organisation. Frequent turnover of leadership however hinders sustainability.</li> <li>• Government should support ACCHSs in developing their governance and leadership capability, as many community controlled organisations fail due to poor governance (as opposed to malpractice or poor clinical procedures). The capability of Boards is critical for sustainability.</li> <li>• There are only a small number of certified practicing accountants of Aboriginal or Torres Strait Islander background in Australia, and this is a barrier to sustainability.</li> </ul>

Key themes	Definitions
	<ul style="list-style-type: none"> <li>Funding should be provided so that CEOs can be paid appropriately. Funding providers providing funding that is only for service delivery does not support this.</li> <li>The Board should produce strategic plans that align with the objective of both the funding body and the organisation, and that facilitate planning for the future and community engagement.</li> <li>Boards that are solely made of up members of the community often need additional support as they don't have the skills required, or have healthcare experience.</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>Government should be investing in helping ACCHSs write grant applications.</li> <li>Sufficient funding that takes into account the specific situations of ACCHS, such as the nature of their clients, location and costs of service delivery.</li> <li>Diverse funding that is long-term to enable ACCHSs to continue delivering services if funding sources change, and mitigate the risks associated with the reliance on a single source of funding.</li> <li>Adequate funding that supports ACCHSs being responsive to policy changes, and supports the organisation to grow e.g. more clients should mean more funding, but in a sustainable way.</li> <li>Often reporting requirements are the same for both mainstream and ACCHSs, and do not take into account the size of the organisation. Reporting for ACCHSs should be more about the clients and community the ACCHS is serving, including case studies of how they are developing accountability to the community, rather than data. This is "outcomes-based funding), with ACCHSs having a say in what these outcomes are. This could negotiated as part of the contract. This is because some ACCHSs do not have the in-house expertise to produce this data. Reporting should also be tailored to the size of the organisation, and shouldn't be just about performance. This should be done whilst acknowledging that taxpayers or trustees want to see where their money is going.</li> <li>Funding should be pooled between Commonwealth and State and Territory governments (and possibly other sources such as Primary Health Networks), to reduce reporting burden and build capacity within the ACCHS sector.</li> <li>Training could be provided to ACCHSs around funding sources, appropriate claiming of MBS, and grant application writing. Many ACCHSs cannot afford hire someone whose role it is to source other funding.</li> </ul>



Key themes	Definitions
	<ul style="list-style-type: none"> <li>• The relationships between funding providers and ACCHSs should be collaborative, and be a partnership.</li> <li>• Funding providers should be approaching ACCHSs, rather than requiring them to go through the procurement process, as the competitive approach to obtaining funding is a barrier. ACCHSs often don't have the capacity and capability to respond to corporate procurement requirements. Additionally, ACCHSs should be approaching funding providers to see if they can provide services to businesses.</li> <li>• Some ACCHSs are reluctant to accept funding that requires them to change how they deliver their services, if this change would mean they no longer meet the needs of the community.</li> <li>• Funding bodies should have an understanding of the communities that the funding is being provided for.</li> <li>• It can be difficult for ACCHSs to deliver to their communities if they are restricted by guidelines and reporting structures dictated by funding providers who may not understand the needs of the community. Funding should be provided with flexibility - without this it is challenging to meet the needs of the community. Funding that is provided for specific purposes or services also means that it cannot be utilised in areas which are required e.g. leadership and governance building.</li> <li>• Cannot just provide more funding to ACCHSs to extend their services, as they get to big and don't develop the other parts of their organisation that are required to be sustainable</li> <li>• Funding that comes through at the last minute, as well as one off funding, is a barrier to sustainability, as it prevents ACCHSs making long-term strategic plans.</li> <li>• Funding is often provided to the bigger ACCHSs which are delivering more services, rather than the smaller ACCHSs.</li> </ul>
Information Management	<ul style="list-style-type: none"> <li>• Back of house processes are essential to support the reporting requirements funding providers have, however many do not have the funding to build capability in this area. As the collection of quality data is important, the government should play a greater leadership role to provide support to ACCHSs to capture and collect the relevant data.</li> <li>• IT infrastructure is key for is crucial for sustainability.</li> </ul>
Community Engagement	<ul style="list-style-type: none"> <li>• Community respect and engagement is paramount to sustainability. There needs to be a high level of trust based around similar values and understanding what the</li> </ul>

Key themes	Definitions
	<p>community needs. This involves knowing what is happening within the local community, and listening to them. ACCHS then need to deliver services based on these needs.</p> <ul style="list-style-type: none"> <li>• Elders are key personnel to build capability within the community, but it can be hard to manage and utilise this factor.</li> <li>• Engaging with the community also enables the service providers to understand the uniqueness of the community they are providing services for, in order to provide culturally appropriate and safe care.</li> <li>• Fly in fly out models of care can be a barrier to effective community engagement.</li> </ul>
External Factors	<ul style="list-style-type: none"> <li>• High turnover of leadership in the public service can have an impact on the relationships the contract managers and administrators have with ACCHSs. This is critical, as these relationships with are critical, and high turnover can undermine confidence and trust.</li> <li>• When ACCHSs have questions about MBS claiming, sometimes the information they receive is not standardised, and the people providing the advice are not trained in cultural competency.</li> <li>• Transient communities can be a barrier to sustainability, as it makes building relationships with the community difficult.</li> <li>• Remoteness impacts ACCHSs for a variety of reasons such as attracting and retaining workers due to lower incomes.</li> </ul>
Other Comments	<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander people should be involved in decision making processes.</li> <li>• Lack of communication between the Commonwealth departments, State and Territory departments, PHNs and other funding providers is considered to be a barrier to sustainability. This has led to a fragmented approach to grow and support the ACCHS sector.</li> <li>• There is an assumption that the ACCHS sector is mature and will operate like mainstream services, when really the majority of ACCHSs are still developing and in their infancy.</li> </ul>

## Appendix C: Desktop research information sources

The information sources in Table 4 were used to inform the desktop research performed as part of this project. These information sources are specific to the content produced in this report (the Organisational Enablers Report). Other information sources not listed below may have been included as part of the desktop research.

**Table 4: Information sources used to inform desktop research**

Information sources	Reason for including this data source
Grey literature available online	To identify characteristics that drive sustainability in community controlled organisations and health services.
Peer reviewed academic literature	To identify characteristics that drive sustainability in community controlled organisations and health services.
Australian Institute of Aboriginal and Torres Strait Islander Studies	To identify characteristics that drive sustainability in services that are specifically for Aboriginal and Torres Strait Islander Australians including characteristics of governance, workforce recruitment and retention, service design, program management and service delivery.
Lowitja Institute - Australia's National Institute for Aboriginal and Torres Strait Islander Health Research	To identify characteristics that drive sustainability in services that are specifically for Aboriginal and Torres Strait Islander Australians including characteristics of governance, workforce recruitment and retention, service design, program management and service delivery.
Australian Indigenous Governance Institute	To identify characteristics that drive sustainability in services that are specifically for Aboriginal and Torres Strait Islander Australians including characteristics of governance, workforce recruitment and retention, service design, program management and service delivery.
National Indigenous Research and Knowledges Network	To identify characteristics that drive sustainability in services that are specifically for Aboriginal and Torres Strait Islander Australians including characteristics of governance, workforce recruitment and retention, service design, program management and service delivery.
The Institute of Indigenous Issues and Perspectives (Canada/Australia/New Zealand)	To identify characteristics of organisations or services that may be considered critical for appropriate and effective service delivery to Indigenous people in Canada, Australia and New Zealand.

Information sources	Reason for including this data source
First Nations Information Governance Centre	To identify characteristics that drive sustainability in community controlled or non-government and Indigenous organisations in Canada, which may be relevant for services in the Australian context.
Canadian Council for Aboriginal Business	To identify characteristics that drive sustainability in community controlled or non-government and Indigenous organisations in Canada, which may be relevant for services in the Australian context.
New Zealand Ministry for Maori Development	To identify characteristics that drive sustainability in community controlled or non-government and Indigenous organisations in New Zealand, which may be relevant for services in the Australian context.
New Zealand Ministry of Internal Affairs	To identify characteristics that drive sustainability in community controlled or non-government and Indigenous organisations in New Zealand, which may be relevant for services in the Australian context.
World Economic Forum	To identify characteristics for economic sustainability in non-government organisations, including Indigenous organisations, which may be relevant for services in the Australian context.
State and Territory Government guidance for NGOs	To identify guidance provided to NGOs to make them market ready and economically sustainable. This will enable identification of key characteristics that are considered critical for sustainability from the perspective of state and territory government funders.
Centre for Aboriginal Economic Policy Research	To further understand and inform strategies for building capacity against the organisational enablers.

## Appendix D: Desktop research key search terms

The search terms in Table 5 were used to inform the desktop research performed as part of this project. These search terms are specific to the content produced in this report (the Organisational Enablers Report). Other search terms not listed below may have been included as part of the desktop research.

**Table 5: Search terms used for desktop research**

Key search terms*	Reason for including this search term
Community controlled organisations	To capture all those organisations which may be trying to sustainably deliver services (health or otherwise) to Aboriginal and Torres Strait Islander or Indigenous people in the geographies selected for the environment scan.
Non-government organisations	To capture all those organisations which may be trying to sustainably deliver services (health or otherwise) to Aboriginal and Torres Strait Islander or Indigenous people in the geographies selected for the environment scan.
First nation's communities	To capture all those organisations which may be trying to sustainably deliver services (health or otherwise) to Aboriginal and Torres Strait Islander or Indigenous people in the geographies selected for the environment scan.
Civil society organisations	To capture all those organisations which may be trying to sustainably deliver services (health or otherwise) to Aboriginal and Torres Strait Islander or Indigenous people in the geographies selected for the environment scan.
Indigenous organisations	To capture all those organisations which may be trying to sustainably deliver services (health or otherwise) to Aboriginal and Torres Strait Islander or Indigenous people in the geographies selected for the environment scan.
Remote service delivery	To capture all those organisations which may be trying to sustainably deliver services (health or otherwise) to Aboriginal and Torres Strait Islander or Indigenous people in the geographies selected for the environment scan.

Key search terms*	Reason for including this search term
Fiscal sustainability	To capture publicly available information about how community controlled organisations may be working to identify stable, sustainable funding sources. Also, to identify characteristics which drive fiscal sustainability in community controlled organisations.
Funding stability	To capture publicly available information about how community controlled organisations may be working to identify stable, sustainable funding sources. Also, to identify characteristics which drive fiscal sustainability in community controlled organisations.
Revenue model	To capture publicly available information about how community controlled organisations may be working to identify stable, sustainable funding sources. Also, to identify characteristics which drive fiscal sustainability in community controlled organisations.
Grant applications	To capture publicly available information about how community controlled organisations may be working to identify stable, sustainable funding sources. Also, to identify characteristics which drive fiscal sustainability in community controlled organisations.
Grant management	To capture publicly available information about how community controlled organisations may be working to identify stable, sustainable funding sources. Also, to identify characteristics which drive fiscal sustainability in community controlled organisations.
Philanthropic	To capture publicly available information about how community controlled organisations may be working to identify stable, sustainable funding sources. Also, to identify characteristics which drive fiscal sustainability in community controlled organisations.
Social impact investing	To capture publicly available information about how community controlled organisations may be working to identify stable, sustainable funding sources. Also, to identify characteristics which drive fiscal sustainability in community controlled organisations.
Good governance	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify

Key search terms*	Reason for including this search term
	characteristics which drive sustainable or effective governance in community controlled organisations.
Governance models	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify characteristics which drive sustainable or effective governance in community controlled organisations.
Organisational structure	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify characteristics which drive sustainable or effective governance in community controlled organisations.
Board structure	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify characteristics which drive sustainable or effective governance in community controlled organisations.
Board arrangements	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify characteristics which drive sustainable or effective governance in community controlled organisations.
Governance awards	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify characteristics which drive sustainable or effective governance in community controlled organisations.
Governance toolkit	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify characteristics which drive sustainable or effective governance in community controlled organisations.

Key search terms*	Reason for including this search term
Reconciliation	To capture publicly available information about how community controlled organisations may be structured, or governed, in order to maintain longevity and sustain service delivery. Also, to identify characteristics which drive sustainable or effective governance in community controlled organisations.
Recruitment	To capture publicly available information about how community controlled organisations may be recruiting and retaining quality staff to deliver sustainable services.
Retention	To capture publicly available information about how community controlled organisations may be recruiting and retaining quality staff to deliver sustainable services.
Workforce strategies	To capture publicly available information about how community controlled organisations may be recruiting and retaining quality staff to deliver sustainable services.
Workforce models	To capture publicly available information about how community controlled organisations may be recruiting and retaining quality staff to deliver sustainable services.
Employment models	To capture publicly available information about how community controlled organisations may be recruiting and retaining quality staff to deliver sustainable services.
Operating model	To capture publicly available information about how community controlled organisations may be recruiting and retaining quality staff to deliver sustainable services.
Professional development	To capture publicly available information about how community controlled organisations may be recruiting and retaining quality staff to deliver sustainable services.
Information technology	To capture publicly available information about how community controlled organisations may be effectively collecting and managing data to deliver sustainable services.



Key search terms*	Reason for including this search term
Information management	To capture publicly available information about how community controlled organisations may be effectively collecting and managing data to deliver sustainable services.
Data management	To capture publicly available information about how community controlled organisations may be effectively collecting and managing data to deliver sustainable services.

\*note that these key search terms may have be used in combination and in many permutations as part of the search strategy

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