Dreaming for self-determination: flipping the focus using appreciative inquiry and yarning

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The title of this paper is based on a milestone reached in a partnership in a five-year project to consider the access and experience of health services by members of the Aboriginal and Torres Strait Islander peoples in one community. It could have be presented academically as a case study, but without the permission of the Elders or participants, no details will be shared other than some of the process learning that might guide others who wish to make a difference themselves. Respecting the cultural traditions of knowledge holders is important and integral to the respectful partnership that exists. Some background to explain how the partnership began, and what was entailed, will be presented first before addressing the significance of the title.

The what

The 2019 Closing the Gap Targets Report[1] reports little progress on the targets to be met. Indeed the foreword comments note: "While progress has been made over the past decade [in the detail much is not statistically significant], only two of the **ambitious** [author emphasis] targets are on track. … It shows we need to change the way we work ... I believe that the progress needed can only be accelerated through a deeper **partnership** ... with Aboriginal and Torres Strait Islander Australians. Top-down does not work, only partnerships do." (p.5) The 2018 report[2] was deemed to be a more positive story[3] than the 2017 Report. What remains common to every report is that while the statistics of disadvantage have been known for some considerable time, and while national targets have been stated, the understanding and application of a culturally appropriate process seems poorly known[4], and the shifting resourcing to accompany the operationalisation of policy has not been applied consistently or appropriately to effect the changes required.

The why

The 2018 Report[2] identified a social determinants model being of critical importance, however the bio-medical model of health service delivery dominates the delivery of health care in Australia. With significant parts of health services being funded by different levels of government, budgets constrained within silos impact on seamless service coordination. Given the legislative and fiscal constraints it is near to impossible to achieve large scale changes in Aboriginal and Torres Strait Islander peoples' health at a geographic level given differences between communities, and with different social determinants impacting on access and experience of health services. There is no one-size fits all approach or change in service provision that will successfully impact on access or experience. There is yet to be a meaningful conversation in Australia about changing the model of

health care delivery away from a biomedical model given the strife of interests that exist. Access and experience of health services by Aboriginal and Torres Strait Islander peoples in Australia will continue to remain problematic without that conversation. That conversation has however occurred elsewhere, and surprisingly in America. In 2001 the American Institute of Medicine[5] identified that the underlying model of health care delivery needed to change for the 21st century, away from a medically dominated acute care biomedical model to something that was more patient than provider-centred, recognising the burden of the management of chronic and continuing conditions more likely to be multi-disciplinary and team based in approach. If an evidence-based approach should be used to influence policy, then how long is it going to take before the conversation is spoken about openly?

Health service providers who are aware of the statistics on mortality and morbidity typically view these within a "western" mindset. Cultural awareness, competence, safety and proficiency are viewed differently by providers as opposed to recipients of health services. Anecdotal experiences reported by participants in our partnership suggest current cultural focussed training of health service employees (clinical and clinical support) is not necessarily linked to the behavioural changes required to positively impact on access and experience measures. Local Health Districts have key performance indicator reporting on Aboriginal and Torres Strait Islander peoples' health measures but unless there is a change or shift in practice there are unlikely to be significant improvements in service delivery performance or outcomes. The Closing the Gap 2019 Report[1] observes that a change in approach, to one focussed on partnerships at the local level, will be required (p.5). There is no guidance of how that might be achieved.

The when

A partnership was negotiated between a university providing a postgraduate health services management development program and the Senior Executive of a Local Health District in 2013. The initial partnership project in 2014 was to demonstrate the value that advanced Master degree students could bring to engagement with complex performance issues in a Local Health District. Only after a competent level of performance was demonstrated was the Senior Executive willing to consider moving to engage with the Aboriginal and Torres Strait Islander health issues within that Local Health District. It was a further year before it was agreed to partner with the largest Aboriginal and Torres Strait Islander community within that Local Health District. That partnership project began in 2016 and continues into its fourth year in 2019.

The how

If there was to be a change in access and experience of health services by the Aboriginal and Torres Strait Islander community, then what might inform what could be changed, when, by whom, and with what measurable implications and consequences? From a design perspective an action learning approach was intended to be taken, adopting Appreciative Inquiry principles[6], and that it should develop the knowledge, skills and experience of the Masters' students. The action learning approach was intended to facilitate a capstone learning experience, enabling formal and informal learning to be strengthened through collaboration. The link to Appreciative Inquiry was to challenge the collaborators to think differently about performance, instead of taking a negative perspective based on identifying a **problem** it was flipped to a more positive perspective of growing what had been demonstrated to achieve the desired outcome intended. Put simply, there was no need to fix what was not broken. Finally, given that a positivist approach suggests the person who identified and owns the problem is best suited to resolve it, the intention was to shift from a provider perspective to a recipient perspective through **flipping the focus**. That meant asking the Aboriginal and Torres

Strait Islander community not “what was the matter with them?” but rather “what mattered to them?”

A culturally appropriate approach to communications and relationship building needed to guide the project, and it needed to shift the focus to the expectations of the community. The use of Yarn-up was advice provided by a reference group of Elders known to the Author personally and based on prior cultural immersion experiences. The reference group of Elders had already assisted in the cultural awareness and competence development of the first group of Masters’ students who began engaging with the Aboriginal health issues of the Local Health District. While Yarn-up was the approach taken to meeting with the Aboriginal and Torres Strait Islander community it also influenced the nature of consultation meetings with the sponsoring Local Health District. Part of the consultation and communication considerations meant that milestone meetings to report progress and mutually agree on proposed action at each interval would inform the negotiations between the parties. Appreciative Inquiry was a process that typically comprised 5 stages: Define; Discover; Dream; Design; Deliver[5], and so this informed the reporting back and negotiations with the Local Health District as well as the interactions with the community participants.

The first step of Definition was based on a number of questions and a challenging of underlying assumptions relating to the statistics readily available. The student team had a range of data available to them but who could tell them how accurate, complete and timely the information was? The student team flipped their approach in engaging with the community, by deciding not to present them with an identification of problems with paired options for change, but by starting with questions for the community about what mattered to them. But before any questions could be asked of the community, the community needed to be identified and met with. For anyone outside a community this is a significant hurdle. How do you identify who you need to, or should, speak with? More importantly once you have identified who you would like to speak to, how can you convince them that they should either listen or speak with you? Where should you meet, at what time, and with what sort of invitation?

The first student team needed to develop their cultural competence before they could approach members of the community of interest. Yarn-ups were recommended and accepted as an appropriate relationship and trust building approach[7,8,9,10,11,12]. A decision was taken to publicly invite the Aboriginal and Torres Strait Islander community to a Yarn-up and to a venue that was “convenient”, but in hindsight not the most optimal. Without knowing who might turn up, the venue was much too large, not intimate or conducive to the small number of the community who turned up, and over catered. A second Yarn-up was organised for six weeks later with a slight improvement in numbers but still some hostility and scepticism apparent about the motivations of the parties.

It was only after the second Yarn-up that a decision was made to employ a trusted member within the community as a Project Officer to seek participant stories of their experiences. The second blended Appreciative Inquiry step of Discovery required several concurrent activities to build from the Yarn-ups. A Project Officer, employed part-time for three years, has since collected over 60 stories of access and experience of health services.

The Yarn-ups became the forum to share and discuss the issues raised, and the direction of the project moved in response to consensus agreement. The participation of a range of different community members developed, with a consistent core but also a fluctuating number of interested observers who wanted to know more. Birthing on country, transport, employment and income, education and employment opportunities, substance abuse, mental health, domestic violence, and a raft of other issues were identified as unmet or poorly met needs. Access and experience of health

services suggested racism and discrimination. The raising of these issues of concern challenged the primacy of a biomedical model of health, and arguably pushed for a New Public Health type approach compatible with a Social Determinants Model of Health. The shift in an underlying model of health seems fundamental in moving to improve health status and then that should be linked to the aspirations of the Closing the Gap "strategy".

In 2019 the Project is moving between the stages of Discovery and Design. This is where the process becomes somewhat more complicated because while Appreciative Inquiry builds on what is working, rather than focussing on what is a problem, the juggling of priority areas of interest and the inter-relationships of differently funded and independent organisational services and entities becomes fraught. Shifting towards an acceptance of a social determinants model of access to services to improve health status means a different way of thinking amongst the participating partners, and it remains complicated.

A better together development has occurred with a number of changes rippling through the partners and the stakeholders the Aboriginal and Torres Strait Islander community now wishes to engage with. A community centred approach is emerging that binds all parties to improving access and experience building on what is currently funded and should be provided in an acceptable manner. Initial invitations to service providers to participate in Yarn-ups have not universally been accepted or welcomed. Clearly addressing the gap, or chasm, issues would suggest that improved communication between all parties would be mutually beneficially but that is not our experience.

Discussion

The basis for this project grew out of a desire to improve the learning about management for students studying in a postgraduate program. Rather than test knowledge of management and organisational theory, it moved to focus on management development based on acquiring new knowledge, skills and experience. The development needed to be authentic and that meant shifting from learning as an individual to learning collaboratively in teams. It meant balancing formal with informal learning, and so blending "hard" knowledge with "soft" skills and new experience. However, no understanding of systems can progress when the focus is only on a single element or factor. As soon as the decision was agreed, to move to address issues related to Aboriginal and Torres Strait Islander health, the complexity of the partnership shifted. Instead of working on a "simple" consultancy, completed as a stand-alone within two academic sessions, the interactions assumed an organic and sustained commitment. The probability of gaining approval in advance for a four-year plus project of engagement would have been low to zero at the start, but with all partners measurably changing as a consequence of the action-learning approach applying Appreciative Inquiry, the experience has been positive. There have been 18 graduates who participated in the project in the first five years, with three participating in 2019. Many of the graduates have introduced change projects into their own employing organisations based on their experiences and learning in the capstone. However, the introduction of indigenous learning resources and explanation of the challenge to make a difference, has also resulted in students successfully gaining funds, ranging from $50-$240k to implement projects in their communities to improve access and experience of a range of services for Aboriginal or Torres Strait Islander peoples.

Acquiring and then demonstrating cultural awareness, maturing as cultural competence, meant a change in thinking and practice. Anyone who does not identify as an Aboriginal or Torres Strait Islander person should carefully seek to develop their cultural competence, not as a tick-box mandatory training requirement but to better appreciate the significance of history, culture, identity, connection to country and the nature and structure of kinship through totem, moiety and

skin. Realistically this can only occur through the development of relationships with local Elders in a specific community. The measure of cultural awareness and competency is not assessed by knowledge alone, but through behavioural change as reported by members of the community. The process of collecting individual stories, meaningful when read but powerful when heard, increases the awareness of those sensitive to the need to change their practice. When individuals can participate in cultural immersion camps, their learning is much more holistic and anecdotally more likely to lead to changes in their practice. Students enrolled in the postgraduate program have been able to access the University's staff Indigenous Cultural Competence Program of approximately seven hours of self-paced online material. What is not known is how much awareness of cultural competence is required to decide to make a difference in access or experience of services directly provided, or able to be influenced, by a postgraduate student studying management. In some instances it appears to be not much other than raising the awareness that some difference should be attempted.

The Masters students were studying online and were geographically scattered. A blend of face-to-face contact to facilitate the development of relationships, respect and trust takes time. The engagement of a local member of the Aboriginal and Torres Strait Islander community, who was recognised as an Elder, was critical to the collection of stories. However, it was not just a question of seeking out participants and interviewing them. The process required the building of trust and understanding about what the project was about. Previous experience with researchers had left the community disenchanted and more than sceptical. They were also resistant to the notion that "students" would be involved until they were introduced to the senior clinicians and health professionals who were studying at an advanced level to move into more senior managerial and leadership roles. The importance of feedback and communication cannot be overstated and so the ongoing Yarn-ups, reporting back to the community on the analysis and interpretations that had been made by the students, and to gain further guidance on how those interpretations might be used to progress through the Appreciative Inquiry phases was fundamental to respecting the Yarn-up.

A precursor arguably requires a growth mindset[13]. The three major partners, the Masters students and the author, the sponsoring Local Health District and the Elders and Aboriginal and Torres Strait Islander community members have all shifted in their thinking and mutual understanding of what the project's concern about access and experience of health services entails. While the community is keen to see material progress in the design and delivery of culturally appropriate services, numerous small steps are being made. Dreaming of self-determination can, and should, influence the improvement of current services before an Aboriginal Community Controlled Health Service could be established. That self-determination requires the community to act collectively and collaboratively to work through the bureaucratic process to gain the resources to achieve community appropriate access. Initial steps might be to seek or improve services from any neighbouring Aboriginal Community Controlled Health Service/s if possible as an interim measure, but realistically locating and delivering a broader range of services within a specific community will facilitate a more important community development than focusing solely on health service access.

The Closing the Gap Strategy was based on western thinking and the adoption of targets or key performance indicators to account for the use of resources within financial years. That whole process would appear to be flawed without an alignment with activities based in individual communities, and without an appreciation of the historic factors impacting on what we might call the integrity of the community. For example, the impact of the Stolen Generations is still affecting current communities. Older members of the community, of mixed parentage background, depending on the gender of the Aboriginal parent may not have acquired the sort of knowledge

expected to pass on to their own children, whether they identify as Aboriginal or not. Developing cultural knowledge and participating in community requires a process of healing, and this is an observe side-effect of our own project. A greater awareness of the need to consider both Men's and Women's business in addressing access and experience of health services. We have observed an under-representation of men in our Yarn-ups, and this is something the participants and community are addressing.

The complexity of the learning and experience of partnering to improve access and experience of health services is clear. It cannot be improved using the approaches that have typically been used. It is however possible to suggest that the type of approach used in this project could improve the nature of "consultation" in a broader sense in influencing access and experience in conflicted areas, such as preventable admissions for complications arising from the management of chronic and continuing conditions. If resources are not likely to grow as quickly as the demand for services expands, then changing the way providers and recipients think about access and their experience of services could be useful.

Recommendations

That each Local Health District commence a partnership with the largest Aboriginal and Torres Strait Islander community, using Yarn-ups and the approach of Appreciative Inquiry to flip the focus on improving access and experience to health services using a social determinants model of health.

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Presenter

Dr David Ritchie has lived, worked and researched health services management in New Zealand, Australia and Britain. Having worked in administration in a large metropolitan teaching hospital, a small district rural hospital and a large rural referral hospital, he has been exposed to a range of managerial styles and experienced organisational change. As a health services management academic for almost 30 years, his interest has been on changing management education to focus more on management development. Management development can be facilitated when learner-identified performance concerns are improved through applying their learning in the workplace authentically. Learning should be an opportunity to acquire new knowledge, skills and experiences and given the multi-disciplinary involvement required to improve complexity health service delivery issues, that authentic learning should be increasingly collaborative . In recent years David has coordinated a year-long Advanced Management Practice capstone project, involving collaborative learning in conjunction with a Local Health District. For five years the focus has been on Aboriginal and Torres Strait Islander peoples' access and experience of health services. David firmly believes that postgraduate students should have the opportunity to make a difference in closing the gap/chasm.