Turmoil, survival and stability—the journey of an Aboriginal medical service

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Introduction

The South West Aboriginal Medical Service (SWAMS) is an incorporated body under the Aboriginal Councils and Associations Act 1976. SWAMS is based in the South West region of Western Australia and operates out of two locations—a medical clinic (collocated with Bunbury Hospital and St John of God Hospital) and another building with administrative, corporate, HACC workers and the Social and Emotional Well Being team. The SWAMS Co-ordinated Care Trial was based on the delivery of culturally appropriate primary health care services across the region. Under the SWAMS model, clients enlisted as part of the CCT cohort were allocated to the Aboriginal health workers that provided advocacy, support and clinical services with supervision from specialist personnel including General Practitioners, registered nurses and allied health workers.

SWAMS was funded as one of three Indigenous trials under the National Co-ordinated Care Trials (CCT). The initial SWAMS CCT ran from 1997 to 2002, where services centred on the regional centre of Bunbury. The next Co-ordinated Care Trial 2 (CCT2) was targeted to run from September 2003 to September 2005 and covered a wider geographical area providing services to other Shires across the South West region (Collie, Harvey, Busselton, Warren/Blackwood). The Co-ordinated Care Trials provided many challenges for SWAMS over the years predominantly due to a lack of system development and accountable structures. This paper focuses on the transition process of CCT to an Aboriginal medical service, however, it is difficult to separate the impact of the Trial on the organisation as this was the period preceding the transition.

SWAMS embarked on a strategic planning process in late 2004, in preparation for post CCT which encompassed the finalisation of the CCT and establishing a new model of funding under an Aboriginal medical service. This entailed a change management process which proved to be challenging, tortuous and tumultuous. This paper represents the good, bad and the ugly of our journey; and the resulting impact of change.

Turmoil

During the period of the Trial, the organisation was criticised for the lack of accountability structures. Relationships between SWAMS, the funders and evaluators were strained. It is important to state that the responsibility for this relationship rested with all concerned. The spirit of co-operation was observed to be sadly lacking between all parties towards the end of the Trial and the impact of this on establishing a new direction made the process difficult given the short timeframe.

For the six months prior to the CCT2 closure and the following six month period could be summed up as ‘a stage of turmoil’ for the organisation. Many systems had not been developed or implemented as part of the CCT process—new systems needed to be developed and implemented taking into consideration the future of SWAMS. This was acknowledged to be an enormous task within short time frames and expectations. These expectations could be grouped into the following categories:

- community
- staff
- external agencies
- funding bodies.
The community was divided in terms of its support for SWAMS and this was based on previous relationships and the perception of a ‘closed shop’ and services targeted to a few families. The new executive group and governing board were committed to wide consultation in the community and engaging with all age groups. Community expectations centred around the need to be informed and part of the change process which included the election process of a new governing board. The previous Governing Committee were made up predominantly of relatives of the past CEO and feedback from the community raised concerns about the election process.

The current workforce of SWAMS was made up of specific families within the area. Along with the rapid change, staff were suspicious and unco-operative with many of the strategies perceived to be against the staff and their vested interests. One of the major transition strategies for the organisation was the need for staff to be under an award structure for salaries. This was by far the most contentious issue due to the fact that once the trial was finished, all staff were made redundant and had to reapply for the new organisational structure (at all levels of the organisation). Staff found many of the strategies difficult to adapt and accept which proved to be one of the biggest challenges for the organisation.

External agencies were being kept updated with changes but many found this difficult given the short time frame and the lack of contact with SWAMS over the previous 5 years. The funding bodies were monitoring progress consistently, providing high demands on SWAMS in the reporting processes in addition to the planning and implementation phases of the transition process. There were many instances of ‘different’ perspectives and interpretations which existed based on historical relationships with the organisation. The new executive of SWAMS worked tirelessly to change the relationship with the funders by providing and delivering the endless reporting requirements (SWAMS was reporting monthly at this stage) to the detriment of the time that could have been more productive in the internal change management processes. It was a struggle to meet all the needs of the key stakeholder groups. SWAMS became an organisation in turmoil and struggling to survive the pressures of transition.

It was a tumultuous period in which the executive group worked hard to keep abreast of issues that required addressing, prioritising and focusing in order the meet the expectations of the various groups.

**Survival**

From Co-ordinated Care Trials to an Aboriginal medical service would have seemed to have been an easy transition. If systems and structures had been present during CCT, this certainly would have been an easier transition. However, as mentioned previously this was not the case, therefore, the executive group together with the newly elected Governing Committee set about creating all the systems and processes required to run a successful AMS.

A change management process was already in place, however for the long term sustainability of the organisation it was recognised that a cultural shift needed to take place in order to move forward.

The commitment and determination from the incumbent CEO, Corporate Manager and Health Service Manager was a vital key to the success of this stage. This was the leadership team in whose hands hinged the future of the organisation. The key to a successful team is the joint focus and commitment towards an organisations future goals. The relationship between individuals in the leadership team were based on respect, honesty, selflessness, goal-orientation, commitment and values based on ‘making a difference’ to the health and welfare of the local Aboriginal population.

Major tasks completed 6 months prior to the end of CCT2:

- finalising evaluation activities with local and national evaluators for CCT2
- linkage of human resource structure to new industrial award
- developing model of clinical care for newly created AMS
- developing new business case for funding under an AMS
- advertising and recruitment for new positions in AMS
• incremental changes towards a fully electronic patient data base.

Major tasks completed 6 months following the closure of CCT2:

• completing new reporting structure for funding bodies
• marketing strategy and increase in income—expansion of services to non-Aboriginal people, provider numbers for clinical staff
• priority clinical areas—chronic illness (including mental health/co-morbidity and women and children)
• registering and working towards AGPAL accreditation
• new targets for clinical staff
• review of culture and working towards a cultural shift (Workshop with Steve Simpson)
• implementation of the electronic patient database.

The support of the newly elected Governing Committee (November 2005) was pivotal in moving the organisation forward. It was imperative that the Governing Committee supported the Executive team and vice versa. This produced a ‘united’ force across the workforce and in the community. Slow progress towards shifting the acknowledgement by the funding bodies on the steady progress of the organisation to gain credibility and recognition for the change in accountability processes was also an important part of the continued survival of the organisation.

**Stability**

Working towards stability is an ongoing process for the organisation as it continues to address workforce issues and credibility issues with all key stakeholders. The community members are by far the greatest critic of the organisation.

SWAMS achieved AGPAL Accreditation in July 2006—a major achievement for an organisation going through a change process which could have seen its’ demise rather than a re-birth.

A strategy for rebuilding the organisation is building the workforce—SWAMS trained many of their staff as accredited assessment trainers and has recently gained recognition as a Registered Training Organisation (RTO) under the Australian National Training Authority. SWAMS has now the opportunity to train their own workforce and a workforce for other agencies into the future. An important feature of a healthy progressive organisation is having a committed, well trained workforce. This was identified as a major gap in the community and this was demonstrated in the lack of applications for positions not just for SWAMS, but in other organisations attempting to recruit Aboriginal workers.

Having established a relationship with the business advisors (Deloittes) over a 12 month period, worked well in providing advice and support to the Governing Committee and the Executive group in developing a ‘values map’ that provided the basis of the organisation’s strategic plan and business plan. Built into these documents was the accountability and governance structures required for the future stability and sustainability of the organisation.

A parallel process during this period of transition, is the establishment of the **Strategic Partners Group** that was made up of representation of local government and non government agencies that SWAMS could develop relationships, partnerships and joint programs with in the future. It was acknowledged that a relationship between agencies was an important feature in ongoing networking and integration with other programs. It was also part of the process of rebuilding relationships post CCT.

A commitment to staff education and training was made by both the Governing Committee and the Executive group. This was a major strategy to improve the skills of the workforce during the transition phase and is a continued commitment of the organisation. Incentive bonus payments were
implemented post CCT to provide recognition for employees who gained additional qualifications in the areas that were contributing to the organisation.

**Conclusion**

It has been a constant struggle to gain recognition and confidence from the funders in establishing a future for the organisation. It feels like someone is constantly looking over your shoulder and it is easy to become paranoid and make excuses rather then finding solutions.

There are many lessons that SWAMS has learnt along the way, but in a nutshell they can be summarised into three major areas:

- the importance of an agreed set of values and principles shared at the Executive and Governing Committee level; with the ability to transfer these to the workforce and community
- organisations and their workforce need to be ready for change and committed to change for better outcomes
- the ‘beacon on the hill’ is a shared goal to work towards — slowly and methodically. It will not always come together easily however, never lose sight of that beacon!

It is essential that there is ongoing commitment by the leaders within the organisation (who exist at all levels) to continuous improvement and adaptability to change as required. The organisation has made a commitment to ‘cultural change’ and as a starting point invested in engaging a consultant that specialises in this area to spend time with staff. As an ongoing process, SWAMS has engaged in a number of strategies to implement a cultural change process and re-focus the organisation and its’ workforce on the future with a commitment to working together to achieve this. One of these strategies is about re-writing the *unwritten ground rules* of the organisation into positive affirmative statements of change.

A recommendation for organisations embarking on change management would be in relation to ensuring that cultural change is a fundamental premise and this is an area that needs commitment and early planning. It is also important to recognise that the expertise may not be within the organisation and it may be necessary to seek assistance in the planning and implementation phases.

The future for SWAMS is in a more stable environment than it was 18mths ago. We can see a future and improved outcomes for the health and well-being of the Aboriginal community. Relationships between our various stakeholder groups will continue to be a challenge — after all, it is a cultural ‘norm’ in a feudal culture where equilibrium is difficult to achieve and when it is achieved, it is short-lived. There will always be barriers to achieving all our outcomes, however it is about incremental change and a joint commitment between the Governing Committee and the Executive members of SWAMS that will endure!

**Presenters**

Glenda Humes is the Chief Executive Officer of the South-West Aboriginal Medical Service (SWAMS) in Bunbury, Western Australia. Since Glenda has been at SWAMS, the organisation has undergone enormous change, moving from a co-ordinated care trial into an Aboriginal Medical Service. Glenda has worked for many years in the state and federal government systems primarily on Aboriginal issues. Before coming to Bunbury she was the Deputy CEO of the National Aboriginal Community Controlled Health Organisation. She has travelled extensively around Australia speaking with Aboriginal people from many communities about health, legal and women’s and children’s issues. Glenda has sat on many different national, state and community committees to bring the voice of Aboriginal people to the table. She has a law degree and a Masters degree in Indigenous social policy. Glenda is a member of the Gunditjmara people from the western districts of Victoria and the Jarwoyn people in the top end. She is married to Bill who is a Nyoongar man from the south-west of Western Australia.
Carolyn Ngan is Health Service Manager at South West Aboriginal Medical Service. She has a background in occupational therapy, has worked in disability and mental health over the past 20 years in New Zealand and Western Australia, and has a Master of Leadership and Management. In the last 20 years she has developed skills in human service policy, planning and management. She has a strong interest in rural primary health care models and specifically in chronic disease models of care. She is currently on secondment from Western Australia Country Health Service—South-West and working with the South-West Aboriginal Medical Service as the Health Service Manager. Her position has predominantly been as a change agent within the organisation, which she describes as being an enormous challenge and like riding a tidal wave.