



# IAHP Yarnes

Indigenous Australians' Health Programme  
Yarning • Action • Reflection • National Evaluation • Systems

## Evaluation of the Australian Government's Investment in Aboriginal and Torres Strait Islander Primary Health Care

Update December 2021

### Cycle 1 Fieldwork

A huge milestone was achieved with Cycle 1 data generation for the IAHP Yarnes evaluation now complete. We engaged with 380 participants through 125 yarns workshops and interviews. The figure below provides an outline of the participants who collaborated with us.



### Cycle 1 Emerging findings

The top-line findings were shared with Aboriginal and Torres Strait Islander health service and Primary Health Network (PHN) site partners through a series of online workshops in September 2021. These workshops provided an opportunity to check whether the emerging findings resonated with our site partners, and whether there were things that were surprising or missing from the analysis.

The team has drafted an interim report that summarises the findings from Cycle 1 of the evaluation. We expect to be able to share this report in early 2022. The evaluation continues for two further cycles. We will build on and report more fully on the interim findings over these cycles. A snapshot of some emerging findings follows.

## **What people value in health services and how they experience the health system**

Aboriginal and Torres Strait Islander community evaluation participants place a high value on comprehensive, holistic care that is respectful, appropriate to their needs and aligned to their ways of being, knowing and doing in the world. Mostly, Aboriginal and Torres Strait Islander participants experience a good quality of care, safe care environment and community and cultural connectedness in Aboriginal Community Controlled Health Services (ACCHSs) and Aboriginal Medical Services (AMSs).

There is a critical disconnect between what community participants value in health service design and delivery and their experiences across the *whole* health system (PHC, hospital care, aged care, etc). Experiences outside of the ACCHS environment are often sub-optimal. Community participants said that they sometimes feel unheard and experience a lack of choice and input into how healthcare should look for them. They often experience poor access to a consistent, comprehensive suite of services and programs that meet their needs. Accessing services beyond ACCHSs and navigating the health system is difficult, if not impossible, for most participants without support. The Integrated Team Care (ITC) program was praised for supporting the delivery of coordinated care.

Community participants reported that ACCHSs' staff work tirelessly, going over and beyond their duty of care, bridging systems and filling gaps in care pathways for their clients. They reported on the critical role of Aboriginal and Torres Strait Islander health workers.

## **The IAHP and its interactions with PHC and other systems**

The IAHP provides critical funding to enable ACCHSs and AMSs to function. The flexibility and security associated with the *Comprehensive PHC* stream of IAHP funding is valued by many health service managers. The funding supports core staffing and capability, and the ability to secure other funding. In some cases, it enables ACCHSs and AMSs to provide a wider range of services and/or expand their services over a greater geographical area.

Most health service managers spoke about the level of funding not being enough to meet needs. ACCHSs and AMSs face the workforce shortage and distribution challenges experienced across the Australian health system. Several service managers spoke about some specific IAHP programs not being flexible enough to support comprehensive, holistic PHC. While reporting requirements under the IAHP were reported by some as becoming 'less bureaucratic', collectively, the range of reporting requirements from multiple funders and funding agreements present a significant burden for many ACCHSs.

Participants across the evaluation reported substantial challenges to working across the PHC system, and with initiatives in other sectors and other government agencies. There was widespread acknowledgement that government organisations were still siloed and there were few programs being delivered across sectors in partnership. There were some positive examples of partnerships and networks, both across ACCHSs and between ACCHSs and mainstream organisations. However, these were generally attributed to strong relationships rather than formal system mechanisms.

## Cycle 2 Planning

Cycle 2 planning meetings with site evaluation partners occurred over November–December. The planning meetings included briefly discussing Cycle 1 findings; identifying a date and participants for each site *Collective Action for Change* workshop; and discussing site partner priorities for the evaluation.

## Cycle 2 Engagement

A 2022-23 timeline outlining the key engagement points with site partners for both Cycles 2 and 3 of the evaluation is provided on page 4. Following the planning meetings, the next site engagement is for Cycle 2 data generation and the first *Collective Action for Change* workshop, both of which are planned for February–March 2022.

The next engagement points for state, territory and national level stakeholders are over March–April 2022 when we will hold additional interviews and the first *Collective Action for Change* workshop.

With the opening of borders, we hope that most engagements in Cycle 2 will take place face-to-face. However, with the continuing evolving situation with COVID-19, online engagement will be used when appropriate. The safety of communities is our highest priority.

For further information on the timeline please contact your Site Evaluation Coordinator or the team at [iphceval@allenandclarke.com.au](mailto:iphceval@allenandclarke.com.au)

## Cross-cutting collaborative

We have commenced work on a cross-cutting collaborative exploring the role of Aboriginal and Torres Strait Islander Health Workers and Practitioners in strengthening the appropriateness and effectiveness of comprehensive PHC. The collaborative will focus on specific workforce issue(s) such as recruitment, training or working to scope of practice. It will seek to identify what works well, areas for improvement and sharing promising practice.

## Thank you

We would like to thank all participants in the evaluation, including from our partnering ACCHSs, AMSs and PHNs, and community members. We are also grateful for the ongoing support and guidance from members of the Health Sector Co-design Group and the Department of Health.

We wish you all a safe and restful break over the Christmas-New Year period. It has been a very challenging year for many people and a huge effort across the health system to protect people's health and wellbeing under testing circumstances. We appreciate that many people will be continuing this work over the Christmas-New Year period, and we thank you for your heroic efforts.

## Site engagement timeline, 2022-2023

