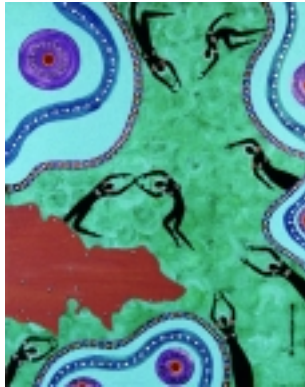


BY JOHINNE AND LAURA



## Healing Hands

The map of Victoria shows the twenty five aboriginal community controlled health services that make up VACCHO around the state.

The purple campfires are representative of the communities and the black spirits are the community people. The spirits with the red arm bands signify those health professionals that form the thirty one divisions of general practice in Victoria and their peak organisation, General Practice Division Victoria.

The people are coming together to create better relationships and increased cultural awareness between Aboriginal communities and health professionals striving for healthier Aboriginal communities.

Artwork by Joanne Dwyer and Laura Thompson



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# Memorandum of Understanding

## ***Background***

The improvement of the health status of Aboriginal communities is a priority at all levels of the health system.

The Victorian Aboriginal Community Controlled Health Organisation Inc (VACCHO) is the peak body that represents the collective of 25 Aboriginal community controlled health services (ACCHS) in Victoria. VACCHO is the channel for communities to direct Aboriginal health policies, co-ordinate statewide opinion and direction on Aboriginal health issues that affect all member communities. VACCHO supports locally planned initiatives and works on members' behalf as requested.

The Commonwealth government's Divisions of General Practice Program provides a structure through which general practitioners can develop local programs to address priority health issues. General Practice Divisions Victoria (GPDV) has been established as the peak organisation for divisions of general practice in Victoria. One of GPDV's goals is to facilitate collaboration between divisions and other health service agencies including VACCHO and its members.

This Memorandum has been developed by VACCHO and GPDV to provide the framework for support to divisions of general practice in working effectively with Aboriginal communities.

## **Partnership**

GPDV recognises VACCHO as the peak, representative organisation which co-ordinates statewide opinion and direction on Aboriginal health issues in Victoria.

VACCHO recognises GPDV as the organisation that represents divisions of general practice in Victoria.

GPDV recognises and will work within the spirit of Aboriginal self-determination and community control.

## **Principles**

This agreement is based on recognition of the following principles:

- \* Improved health outcomes for Aboriginal people will only be achieved when Aboriginal people and their community controlled health services are empowered to act on their own behalf and when adequate resources are available for both services and infrastructure.
- \* Aboriginal peoples have a fundamental right of ownership over their own knowledge and information.
- \* Improved health will primarily result from decisions about priorities and strategies developed and implemented at the local level and at a state level via VACCHO through local Aboriginal community health plans and the statewide planning process.
- \* Programs concerned with Aboriginal health issues in Victoria must be developed in partnership with local ACCHSs.
- \* Adequate resources and support are needed to facilitate the maximum input from ACCHSs to ensure effective partnerships can be developed with divisions.

## **The Agreement**

This Memorandum commits GPDV and VACCHO to act together and co-operatively for a period of three years with the common purpose:

1. To support the development and provision, through divisions of general practice, of opportunities for general practitioners in Victoria to enhance their awareness of issues in Aboriginal health and of the factors which will ensure effective, high-quality primary health care services in Aboriginal communities within Victoria.
2. To work towards achieving the goal of each Aboriginal community having its own community-based, locally-owned, culturally-appropriate and adequately-resourced primary health care facility in which general practitioners have a role.
3. To support involvement of divisions of general practice in initiatives which encourage Aboriginal people to take up careers as health service providers.

VACCHO and GPDV will encourage Victorian divisions to respect and observe agreed protocols, such as those included with this Memorandum, for consultation and collaboration with Aboriginal communities.



**Implementation**

VACCHO and GPDV will meet twice in each year under this Memorandum to determine priorities and discuss and evaluate progress. These meetings shall include the Chairpersons and CEOs of each organisation, together with those members of their boards that are able to attend.

Joint working groups of both organisations shall be established as required to implement action under this Memorandum.

This Memorandum will be reviewed six months before it expires, with a view to negotiating a further agreement.



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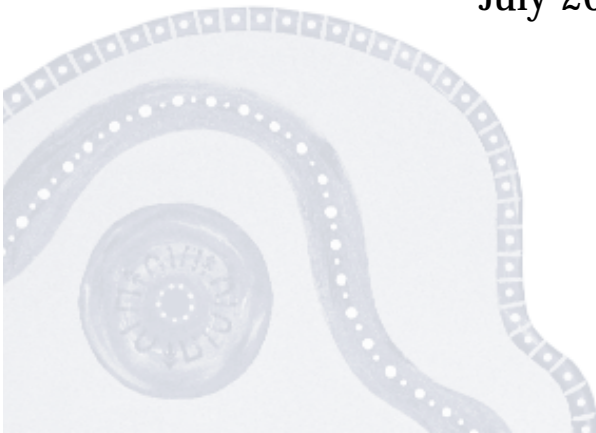
**VACCHO Chairperson  
Lynn McInnes**



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**GPDV Chairperson  
Julie Thompson**

July 2000



# **Protocols for Consultation and Collaboration** **with** **Victorian Aboriginal Community Controlled** **Health Services** **(ACCHSs)**

These protocols provide advice to divisions about ways of working with ACCHSs based on respect for Aboriginal community processes and cultural expertise. Each local ACCHS will have its own ways of doing things that should be respected. Divisions are cautioned that these protocols provide working guidelines only. Although divisions may feel that some of the advice is normal business practice or covered by standard research protocols, it should be remembered that many Aboriginal people and services have had predominantly negative experiences with doctors and the mainstream health system. Building partnerships will require the development of trust and mutual respect over time.

## **Accepting the need for ACCHS ownership of consultative and collaborative processes**

Aboriginal peoples assert a fundamental right of ownership over local programs and their own knowledge and information about health issues. This must be recognised and respected by divisions.

ACCHSs should be supported to develop their own agendas, design programs and conduct investigations into issues that they have determined to be a priority. Programs should be owned and managed by the services themselves, using ACCHS expertise and drawing on non-Aboriginal input if and as required.

Where a program involving consultations with ACCHSs has been initiated by a division of general practice, it should be in the form of a partnership,

involving the ACCHS from the planning stages onward. Divisions must recognise that far too often in the past Aboriginal organisations, including ACCHSs, have found their names on program proposals as having been consulted, or as partners in projects dealing with Aboriginal issues, on the strength of just a phone call. Many Aboriginal communities have had very negative experiences with mainstream services and individuals in a broad range of capacities. Aboriginal peoples have been measured, investigated, managed and reviewed over and again in ways that have reinforced their position of powerlessness and marginalisation in the dominant culture.

Divisions should seek to form true partnerships with ACCHSs both as a matter of respect and best practice. The quality of programs will be largely dependent on the quality of ACCHS input and direction into their design and implementation.

### **Who should divisions of general practice speak to in ACCHSs when seeking partnerships in health programs?**

VACCHO and GPDV recommend that Victorian divisions work with the VACCHO member service in their local area or that member service which is closest to their local area.

Divisions should respect the line of authority in the ACCHS they are consulting with. Like divisions, each ACCHS has a Chairperson, CEO or Medical Manager and formal approaches should be made by senior division representatives to the senior ACCHS representatives. Individuals do not necessarily always represent the organisation's views, any more than they do in divisions, and members of divisions should not just approach someone known to them from an Aboriginal organisation and assume it will be okay with everyone else.

No consultation with Aboriginal community members for research, needs assessment or other program related activities should take place without the prior consent of the ACCHS concerned. Consent should be in writing,

unless otherwise agreed, and information collected should be agreed and cleared by the ACCHS before publication.

Aboriginal community areas can only be explored with the community's or ACCHS's permission.

## **Effective communication between divisions and ACCHSs**

### **Observing the following protocols may enhance communication**

ACCHS ways for organising discussions and formal meetings must be respected.

Divisions must respect the local ACCHS's judgements about what business is important to them. A division's program ideas may not be their priority.

Divisions should plan ahead. Allow enough lead time for people to properly consider the issues involved and a program's relevance to the community.

**Don't rush.** First meetings will probably just involve introductions and discussion about methodology and process. Listen and incorporate people's comments. Be prepared to come back.

Advise preferred times for consultations and how long these should take. A division's program timelines can be discussed with the local ACCHS but cannot be imposed.

Local community resources are there for the local community's use and most ACCHSs are chronically under-resourced and over-stretched. Any programs being discussed in partnership with divisions should be budgeted for to include all associated costs, both direct and indirect (e.g. venue hire, catering, administrative assistance, community input and management time, accommodation, local participants' time and travel). Both organisations need to be involved in identifying costs at the planning stage. Arrangements regarding costs should be settled before a program starts.

Divisions should not get involved in ACCHS business that is not related to their health program partnership.

Divisions should not promise programs or services they cannot deliver.

Divisions should seek the advice of the local ACCHS on social and gender issues and respect the rules and processes they establish.

Please avoid using jargon. All information, both verbal and written, should be presented in a clearly understandable form. Use local ACCHS staff to provide explanations and examples.

To avoid misunderstandings, check back at each meeting to ensure that both parties agree about information and/or the meeting's outcomes before it is over. When a written record is kept, check that everyone accepts the accuracy of what has been recorded.

Divisions must recognise both the ACCHS's and individual Aboriginal people's ownership rights over their information. This means the ACCHS must approve any use of and publication of their information, consultation outcomes, program reports etc. Reports must not be published in a form that identifies individuals. All questionnaires and other research tools should be thoroughly checked over and test run with key people in the ACCHS. Photographs and other visual material should only be used with the consent of the individual, family and/or appropriate ACCHS authority.

Any research proposal must, in addition to being fully discussed with the local ACCHS, be submitted, with the community's agreement, to the appropriate Aboriginal Health Research Ethics Committee in Victoria.



## **Effective Partnerships**

Effective partnerships for improving health outcomes for Aboriginal communities will involve a sharing of power between organisations and the identification of mutual benefits.

Health programs which result from effective partnerships with divisions provide opportunities to put something additional back into the local ACCHS, for example by employing local Aboriginal people.

### **Quote from the National Aboriginal Community Controlled Health Organisation (NACCHO)**

“Health does not simply mean the physical well being of an individual but refers to the social, emotional and cultural well being of the whole community. For Aboriginal people this is seen in terms of the whole of life view incorporating the cyclical concept of life - death - and the relationship to the land. Health care services should strive to achieve the state where every individual is able to achieve their full potential as a human being of their community.”

These protocols are adapted from VACCHO's Protocols for Consultation with Aboriginal Communities, which in turn is adapted from Protocols for Consultation with Aboriginal Communities, Aboriginal Health Care Project, Wuchopperen Health Service, 1995.





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