‘Aboriginal’ is used in this document respectfully as an all-encompassing term for Aboriginal and Torres Strait Islander people, health and culture.

Introduction

The SA Health Guide for Engaging and Communicating with Aboriginal People (the Guide) is a practical tool to assist SA Health staff to engage Aboriginal people in a culturally respectful and effective way. The Guide provides information about possible ways to engage Aboriginal people in a range of contexts. The Guide also assists SA Health staff who are completing an Aboriginal Health Impact Statement, and who are therefore required to conduct Aboriginal stakeholder and community engagement.

The Guide is designed to be read alongside:
> SA Health Stakeholder Engagement Guide
> SA Health Framework for Active Partnership with Consumers and the Community
> SA Health Guide for Engaging with Consumers and the Community
> Better Together: Principles of Community Engagement

This Guide provides information specific to the Aboriginal community. It does not provide extensive information about engagement techniques; the above policies serve that purpose.

This document is intended to provide brief and guiding information, but is in no way intended to be exhaustive.

First Steps

Begin by brainstorming the necessary scope of your Aboriginal engagement. Generally speaking, the level of engagement with Aboriginal stakeholders required should be informed by the level of impact the proposal will have on Aboriginal stakeholders and community members.

It is important to note that it is not always necessary to engage the Aboriginal community. Some examples of when this might be the case are:
> When the decision has already been made i.e. community feedback will not be a key factor in decision making
> Where there uncertainty about whether the proposal being engaged on will definitely go ahead
> When the community has already provided feedback about something similar
> If the subject of engagement is sensitive
> When the community is feeling over consulted

The factors above are also applicable to the non-Aboriginal community. They are particularly important to consider in preventing consultation fatigue in the Aboriginal community.
Once some brainstorming has occurred, it is highly encouraged, as a first step, to make preliminary contact with the Aboriginal Health Branch, Policy and Commissioning, Department for Health and Ageing. They will be able to assist in determining the scope of engagement required and will put you in contact with the LHN Aboriginal Health leads, divisions and/or branches as appropriate.

> 08 8226 6344
> health.aboriginalhealthenquiries@health.sa.gov.au

**Identify Stakeholders**

The following key organisational stakeholders are important to be engaged in the development of an initiative that will impact Aboriginal people. Preliminary contact with Aboriginal health divisions and branches within SA Health (as above) will assist you in this step.

> The South Australian Aboriginal Health Partnership (SAAHP, a formal partnership between the Aboriginal Health Council of SA Inc.(AHCSA), SA Health and the Commonwealth Department of Health with the Coordination and Support Team sitting in SA Health). 08 8226 6642
> The Aboriginal Health Council of SA Inc. (AHCSA, Aboriginal Community Controlled Health Services’ peak body) [http://www.ahcsa.org.au/](http://www.ahcsa.org.au/) 08 8273 7200
> Health Advisory Councils, who have Aboriginal and Torres Strait Islander representation across all Local Health Networks [http://www.ahcsa.org.au/our-members/](http://www.ahcsa.org.au/our-members/) (or contact Aboriginal Health Division, CHSALHN)

In country South Australia, generally speaking, the Aboriginal Community Controlled Health Service should be your first point of call as the key Aboriginal health stakeholder in the region. In regions where there is no Aboriginal Community Controlled Health Service, The Aboriginal Health Advisory Committee will take that function.


Aboriginal Liaison Units/ Officers and/ or Aboriginal Patient Pathway Officers can be a wealth of information in relation to the hospital setting. Please bear in mind they may have limited capacity due to their client oriented role.

Depending on how broad engagement is required, engaging Aboriginal-specific services/ organisation that are not necessary health- focussed can
be an effective strategy. This may be particularly the case in country South Australia where they may be small Aboriginal health structures, or where organisations may take on varying functions. The following list of organisations is just an example:

- Aboriginal Family Support Services
- Aboriginal Prisoners and Offenders Support Service
- Aboriginal Legal Rights Movement
- Aboriginal Home Care
- Aboriginal Hostels Limited
- Aboriginal Regional Authorities
- Kura Yerlo Inc.
- Males in Black

It is important to research who the key organisations and groups are in the region/community that you are seeking to engage with. The Aboriginal Health Branch can advise you.

Engaging the Community

You should never begin community engagement feeling unprepared or without seeking appropriate advice beforehand.

Through engaging the stakeholders above you will be able to gather links and ‘leads’ to therefore engage with community members. Stakeholders may also be able to assist further in your engagement e.g. by providing a comfortable venue for community members.

Committees and advisory structures, who may function to represent the community, are important stakeholders to engage. They are not, however, a substitute for community engagement.

It is important to be mindful of the critical role that Aboriginal Elders play in the community and to afford appropriate respect to their status. Elders can also be a valuable resource.

- The Council of Aboriginal Elders of SA [http://www.caesa.org/](http://www.caesa.org/) The Council has regular meetings and is a state-wide body. They also have the information of other Elders groups across South Australia.

Aboriginal Community Councils in Aboriginal communities in country South Australia are crucial to engage for matters related to their region. If it is proving difficult to engage the Council, it might prove effective to contact the Aboriginal Community Controlled Health Service in the region to see if they can act as a liaison.

Using existing community structures is a useful way of engaging community members and getting the contact details of further community members. This is referred to as snowball sampling: when contact with one
stakeholder or community member, gives you several leads for more stakeholders or community members to engage.

When identifying community members take measures to ensure that attention is not given solely to:
> vocal community members
> only one gender group
> only those engaged in the health system- those not engaged will also have useful information

Research the Community

When conducting community engagement, researching the community beforehand will assist in the process. This research could be mostly informal through talking to informed colleagues, and conducting some desktop research. Researching the community may also uncover potential solutions to any issues there may be. Aboriginal divisions/ branches and leads may be able to assist here.

Things to consider researching are:
> previous and/or recent community engagement that has occurred
> demographics
> seasonal issues
> local interest groups
> Traditional Owners
> local non-government organisations
> political climate and issues of sensitivity
> history
> language/literacy issues
> human service agencies delivering programs.

Methodology

The following documents provide detailed information on stakeholder and community engagement techniques:
> South Australian Government Better Together: Principles of Community Engagement
> SA Health Stakeholder Engagement Guide
> SA Health Framework for Active Partnership with Consumers and the
Community
> SA Health Guide for Engaging with Consumers and the Community

There are a variety of engagement methods to consider and the methodology you select will be dependent on the type of information you require, and the topic of discussion:
> Circulation of written material for stakeholder comment, allowing as much time as possible between distribution of papers and closing date for comments. This is not the best way to engage community members, however.
> Focus groups, allowing flexibility with time and questions for discussion as well as the possibility to separate genders of participants.
> One-on-one interviews, which may be particularly appropriate for sensitive issues like gender-specific health matters.
> Open discussion within existing community groups and networks, which is an effective method for ensuring high participant levels as engagement is in a method and environment already comfortable to community members.
> An informal event, such as a community barbeque, which may elicit more feedback and discussion as the participation environment is relaxed.

Things to consider:
> ‘Consultation burnout’ exists among Aboriginal stakeholders and community members, therefore strategies to reduce it should be considered, for example by consolidating discussion sessions about several policies into a coordinated meeting.
> Plan to use a variety of media and communication channels when providing information to Aboriginal stakeholders. For example, face-to-face communication in addition to written materials; use of stories and/or audio-visual materials; and Aboriginal art that describes health issues. Using different communication methods may have more impact and provide an opportunity for a broader audience to contribute feedback.
> Sensitivity with men’s and women’s information.
> If interviewers will be used, will they be people with whom Aboriginal respondents are going to feel comfortable? Will these be the people that Aboriginal respondents can engage in open and frank discussions?

Too often the Aboriginal community is engaged which raises hopes and emotions, without seeing any result or outcome. Reporting back to stakeholders and the community on the outcome of their engagement is crucial, and will pave the way for increased trust and participation of the
Aboriginal community in the future. During and at the end of engagement it is best practice to consider the following:

> Make a record of what was agreed to during engagement and consider recontacting to check if this is still the case. Initial responses may not be the same as considered ones.
> Participants should receive feedback about the information they provide, and how their information has informed decision-making. At time of engagement ask the community how they would like information fed back to them. This will be a crucial question to stakeholders if you cannot afford to reconvene the group at a later date, or if for example, engagement occurred in a regional community.
> Check whether you have the evidence you need to say the majority of the Aboriginal community do, or would, support your proposals.
> A listing of all individuals or organisations consulted or engaged in the process should be maintained for accountability and transparency.

**Time and Resources**

To ensure effective engagement and accurate information is gathered, appropriate time and human and financial resources must be invested in the process. Allowing stakeholders and community members to have time for consideration and debate is crucial. For example, community representatives may be obliged to return to their community to talk about the proposed initiative.

Engagement of community members must exist within community timelines. If this does not occur, effective engagement is reduced or non-existent. Too often engagement is allocated insufficient time and resources and is poorly delivered and managed. This has left some members of the Aboriginal community disappointed, frustrated, cynical and wary of future involvement.

In planning how much time Aboriginal engagement will take, consider the following:
> A request for an Aboriginal representative may need to be submitted in advance to the relevant Aboriginal community-based organisation, which may wish to discuss the invitation before choosing an appropriate representative. Representation of the whole community, without bias to any one particular individual or interest group, is an important part of effective community participation and engagement.
> In many Aboriginal communities, decision-making is collective. Also, however, the right to confirm decisions may be vested in a particular person or persons. This may mean community members will have to return to their community before a decision is made.
> It may also be useful to determine if there are any other significant events planned within the community before dates are decided upon. If community members are engaged in a significant event it may not be appropriate for community engagement sessions to take place.
Alternatively, perhaps the one event can be used for two purposes.

> When working with small community groups, meetings may be infrequent, causing further delays in resolving questions.

> Quick, one off visits to consult on complex issues may elicit interim responses, or responses framed to be pleasing to the health professionals consulting on the initiative. These responses are therefore not reflective of the community’s true attitudes or beliefs.

> Events which have a high cultural priority such as Sorry Business (the grieving process after a death in the community) will interrupt a community engagement schedule. This is particularly the case in rural and remote communities which will become ‘shut-off’ to outsiders during this period of mourning. This reiterates the importance of maintaining contact with the community prior to the visit.

> Participation may involve organisational and resource issues for community members. For example, Aboriginal organisations often have insufficient human and other resources to meet all demands and invitations for involvement and input, particularly in circumstances where tight time constraints apply or travel is required.

> Keeping a scheduled appointment may be influenced by factors such as the availability of transport, money for fuel, family responsibility, proximity to pay day, etc. For Aboriginal people from rural Australia in particular, transport and accommodation costs are significant barriers to engaging with the health sector. Coordinating transport and hospital appointments is a stressful process particularly if, for example, a bus has to be caught at a certain time to get back home (Dwyer, 2011).

Potential costs may be incurred for the following considerations:

> Community members may need transport to and from the location of the consultation in order to attend.

> Local language requirements where an interpreter may be required, particularly for rural and remote engagement.

> Cultural sensitivity training for non-Aboriginal staff involved in participation processes.

> Any catering necessary (it is good practice to provide some food and drinks)

**Clarify the Role and Purpose**

Make clear to potential stakeholders what the purpose of their engagement and participation is: is it to provide information, gather and analyse comments or enable joint decision-making? The objectives of the engagement need to be explained clearly to all stakeholders and the community.

In the case that a decision is sought stakeholders and the community need clarity about their level of influence on that decision. People who believe and are informed that they can genuinely influence the outcome of an engagement process, are more likely to dedicate their time and energy to becoming involved.
The community and stakeholders may expect that government officers will know enough about their unit/branch and their Department to be able to assist people further. Similarly, government officers are expected to have enough understanding about situations and opinions of Aboriginal people to be able to represent their views in other non-Aboriginal forums.