Evaluation of Aboriginal Health Case Management and Care Coordination Models in Victoria

Summary of findings

Evaluator: Effective Change

Aim: To examine approaches to care coordination and case management in Aboriginal health that show promise and potential for replication in other communities.

Approach: A case study approach involved four visits to seven study sites, consultations with 166 stakeholders including 40 clients and multiple contacts with program staff over a period of twelve months.

Common and distinct features of the case management projects

The projects differed in their contexts and approaches yet successful models shared a number of fundamental elements:

- Support should be provided at points in the service system where Aboriginal clients are vulnerable to becoming lost to follow-up.
- A high proportion of clients with complex needs require services across a range of health and community services.
- Identification of a consistent healthcare professional to facilitate, coordinate or manage care for Aboriginal clients.
- A personal, supportive care relationship between client and staff member, rather than a relationship between the client and the organisation/institution.
- Aboriginal and/or culturally competent healthcare staff.

Conclusions

Culturally-informed, relationship-based models of care are delivering significant benefits for individuals, families and organisations. The approach also contributes to more culturally-informed functioning of the broader local service system.

The findings are consistent with emerging themes in the literature and add to the growing knowledge about how and why this approach is highly suitable to Aboriginal health, wellbeing and safety.

Improved lifestyle behaviours • ↓ stress and ↑ motivation • ↑ engagement with healthcare • ↑ health literacy • ↑ health and wellbeing

Client Outcomes

Client and practitioner relationships

Personal relationships between the client and practitioner can overcome institutional barriers to accessing healthcare. Clients value:

- Cultural knowledge that promotes cultural safety
- Trust in privacy and confidentiality
- Respect and professionalism
- Reliability and follow-up actions
- Clear, jargon free health information
- Assistance in navigating service systems
- Consulting multiple professionals

On top of their client care roles, care coordinators also:

- Provide secondary consultations to colleagues and external agencies
- Contribute to strengthened relationships with local service networks and Aboriginal Community Controlled Health Organisations (ACCHOs).

> Case management and care coordination is well matched with **Aboriginal concepts of holistic health.**
>
> The approaches recognise the impacts of historical, **social and cultural determinants** of wellbeing and privileges Aboriginal health care needs.
>
> Knowledge of, and competence in working with the effects of **TRAUMA** are **ESSENTIAL** when managing client care.

Workplace systems

Supporting case managers and care coordinators are critical for:

- Skills and training

- Cultural and professional mentoring
- Connections to professional standards
- Capacity to work flexibly with clients
- Building relationships with services beyond the health sector.

> Working within professional frameworks and standards of case management practice is an enabling and supportive factor for care coordinators in Aboriginal health and supports the professionalism of the work.

Organisational findings

- Trust built with the client through the care coordinator can transfer to trust in the health service
- Organisations require secure funding and sufficient time to embed care coordination services, and in particular to retain key staff
- Projects constructed around one or two key staff members are inherently fragile
- The need for after-hours support for Aboriginal clients in emergency departments was reported across all hospital project sites.

Service system findings

A wide network of relationships and partnerships are required across the local ACCHO, acute, primary care and community sectors. Relationships are also required outside the health sector with, for example, housing, justice, legal services, child protection, family services, Centrelink and the National Disability Insurance Scheme.

The evaluation report is available on the health.vic website. In your search engine, type 'Koolin Balit evaluations'

Evaluation of Aboriginal Health Case Management and Care Coordination Models in Victoria

Summary of findings

Purpose of the evaluation

Through examining seven Aboriginal health case management and care coordination models, the purpose of the evaluation was to investigate:

Approaches to care coordination and case management that have been successful or show promise

How successful approaches could be replicated in other communities

The evaluation found that care coordination approaches assisted in:

- Preventing Aboriginal clients from leaving emergency departments without being seen or against medical advice
- Connecting clients to follow-up outpatient and community services
- Ensuring that Aboriginal clients with chronic conditions complied with their health assessments
- Ensuring that Aboriginal clients with complex needs, at the intersection between acute and community services, were not lost to the system
- Ensuring that Aboriginal clients with complex issues were assisted in the management of their medical and psychosocial needs by practitioners with a clinical understanding of the interrelationship of these issues
- Ensuring that Aboriginal families stay connected to services during a child's early years and are well positioned to derive the protective benefits of this support across the child's life course.

Opportunities for replication

The approaches to case management and care coordination highlight the importance of developing responses that are specific to local context – local community needs, available resources and connections of host organisations to the local service system. In this sense, various activities and approaches may be replicated, but as a model, it is not readily transferable to all communities.

> *Rather than the sole emphasis being on clinical endpoints, a focus on understanding patients' frame of reference is also critical. Building relationships, which enhance and sustain the two-way interface of patient-provider engagement appears to be at the heart of the potential for change and making improvements in health outcomes for Aboriginal peoples with chronic diseases.*
>
> **(The Evaluators)**

> *I came of my own accord for my grand daughter. She wasn't talking or toilet trained at age 4. I didn't know how to get her into pre-school and she wasn't up to date with her needles. Centrelink wasn't paying me. I just can't go there on my own. We were lost, had no home and we weren't getting out. I was isolated. They arranged childcare, as I had no support, and enrolled her into Kinder. I have joined playgroups and am doing a course at MDAS. It teaches me how to look after my grand daughter and how to deal with my drug and alcohol problems. They treat me like family. It is like a home.*
>
> **Early Years Services client**

> *(The care coordinator) comes with me to appointments. She organised respite for me after the mastectomy. There's no (family) there for me. She's come with me for bi-ops, x-rays. If I need food vouchers, she'll get one. If I need anything, I can ask her. I've had issues with the chemotherapy people. I get angry. With (her) around I feel much calmer, more relaxed. Without her I wouldn't be where I am today. She's pushed me. I'd be still at home thinking about whether to have the operation. She's pushed me, made me do things - go to appointments.*
>
> **Client, currently undergoing treatment**

Gathering Places: Inclusion, connection and empowerment

Summary of findings

Evaluator: Indigenous Health Equity Unity, University of Melbourne

Aim: To document the health and wellbeing outcomes of gathering places, understand the health services that link into gathering places, identify activities undertaken in gathering places and highlight successful elements in making gathering places sustainable.

Thirteen gathering places participated in the evaluation.

Healing therapies that are more closely aligned with Aboriginal cultural beliefs are commonly offered at gathering places and provide an alternative to western-based health care.

Alternative healing methods, cultural activities and protocols create a culturally safe environment that enables Aboriginal people to seek support and health care needs on their own terms.

> *They don't call it a gathering place, they call it a community place.. not just because the word gathering is being commonly used primarily by the white people for so many years, they call it a community place. So they can actually—all community can come in, not just Aboriginal. So they leave that open for everybody.*
>
> *(Evaluation participant)*

Gathering places / Healing centres / Community centres — Program model

A gathering place that is supported by a range of enablers and adheres to some key principles is likely to lead to improved health and wellbeing for Aboriginal community members.

The model symbolises the role of a birds nest or 'home '— many study participants frequently referred to their local gathering place as 'home' and see them as 'safe' places that provides support and connection.

Connection
- Social
- Cultural Identity

Health
- Physical health
- Food security
- Healing
- Health promotion and prevention

Outcomes of Gathering Places in Victoria

Principles

Enablers

Sustainability

Self-determination

Holistic health models

Respect for cultural knowledge

Place

People

GATHERING PLACES

Capacity building

Strong governance

Programs

Community

Pathways to other organisations

Advocacy

Flexible approach

OTHER OUTCOMES

HEALTH AND WELLBEING OUTCOMES

Empowerment
- Leadership
- Mentorship

Inclusion
- Safe place
- Culturally safe
- Cultural awareness

Links
- Partnerships
- Awareness of services
- Increased presentations

Wellbeing
- Social and emotional wellbeing
- Cultural and spiritual benefits

The evaluation report is available on the health.vic website. In your search engine, type 'Koolin Balit evaluations'

A place for inclusion, connection and empowerment

This is what some of the evaluation participants said..

When the funding was lost... it was very difficult because [Aboriginal worker] had a very strong connection with the women, she also chose to go which was absolutely her right to do, but her loyalty to the women, she felt very torn...

I think an important part about it has been our **non-Indigenous members**. That's been a part of [the gathering place] and been a very important part of it... we've got a lot of non-Indigenous people supporting this place. You've got to have all kinds of people... Everybody, this community here, has got to be a part of this place...

... the youths have been coming through saying we just want a place where we can hang. We don't want to be [meeting] medical and psychology and youth workers, we just want a place where we can hang...

... **empowering** people ... that's a very basic thing in life especially in Aboriginal and Torres Strait communities, if you empower someone to do something, they're willing to go forward on the next part of their journey as well as the next part of the community and the next part of the centre's journey. Empowering someone is the most powerful thing you can do to get them to go forward...

A place for the people to **meet and to access services...** and all the information is here. So if there's anything you need, all you need to do is come here, speak to somebody and they will direct you to whoever, and this to me is part of closing the gap...

We make sure the food goes to anyone who needs it—so there isn't any waste. If there are any left overs I'll refrigerate most of it, and I'll cook it up and make sure people get a feed—so there is no waste...

The evaluator identified several opportunities for strengthening gathering places in Victoria

- **Investment in long-term sustainability**—consistent, appropriate long-term baseline funding for operational costs and staffing costs to increase sustainability

- **streamlined and flexible funding and reporting requirements** to relieve administrative burden and to allow creative local solutions

- **supporting development of formal agreements between gathering places and external agencies**— to access expertise, engage with Aboriginal people and clearly articulate roles, responsibilities, and the resources required for effective partnerships

- **a planning workshop with gathering places** to identify priorities, co-ordinate funding and identify appropriate key performance indicators that benefit the community

- **annual gathering place professional development in-service** for gathering place workers to share stories and best practice and networking opportunities, and to inform gathering places about departmental priorities

- **a gathering place co-ordinator** to support and strengthen the gathering place network in Victoria

- **gathering place community awards** to formally recognise Community members and key contributors.

I think this place is a **safe** place. It's a **sacred** place, it's **neutral**. Even with all the politics that goes on out in community, we try to keep this as neutral as we can...

We have an activity group that work for our elders and they have a really strong **voice for community**... They're front row and centre at every consultation. Whenever a voice needs to be heard we bus them all in and we bus them all out...

Because most of us aren't on our own Country, it's really hard as an Aboriginal person to find a space when you are not on your land and it's a **complex tightrope on other peoples' Country**...

... you want that sense of **connectedness**, like everyone wants that sense of Country or that sense of inner peace... it's finding that, and keeping your traditions alive, like just those little things, to what make you feel like you're Aboriginal or in peace...

... we have been identified as key Aboriginal workers in this community who are here to help... whether it's seeking information, whether it's helping a person link in, whether it's just a friendly face and a cuppa and a yarn, whether it's supporting workers from outside the area to come in and help engage them, get them to engage with Aboriginal community...

I go and stand on the grass out here. I walk around with no shoes and feel comfortable. I don't care what anyone thinks, because it's about me. And **I feel safe** and **I feel heard** and I like having a laugh and have something to eat.

Improving Cultural responsiveness of Victorian hospitals

Summary of key findings

Evaluator: Social Compass

Aim: To examine Victorian hospitals' efforts to improve cultural responsiveness and cultural safety for Aboriginal people.

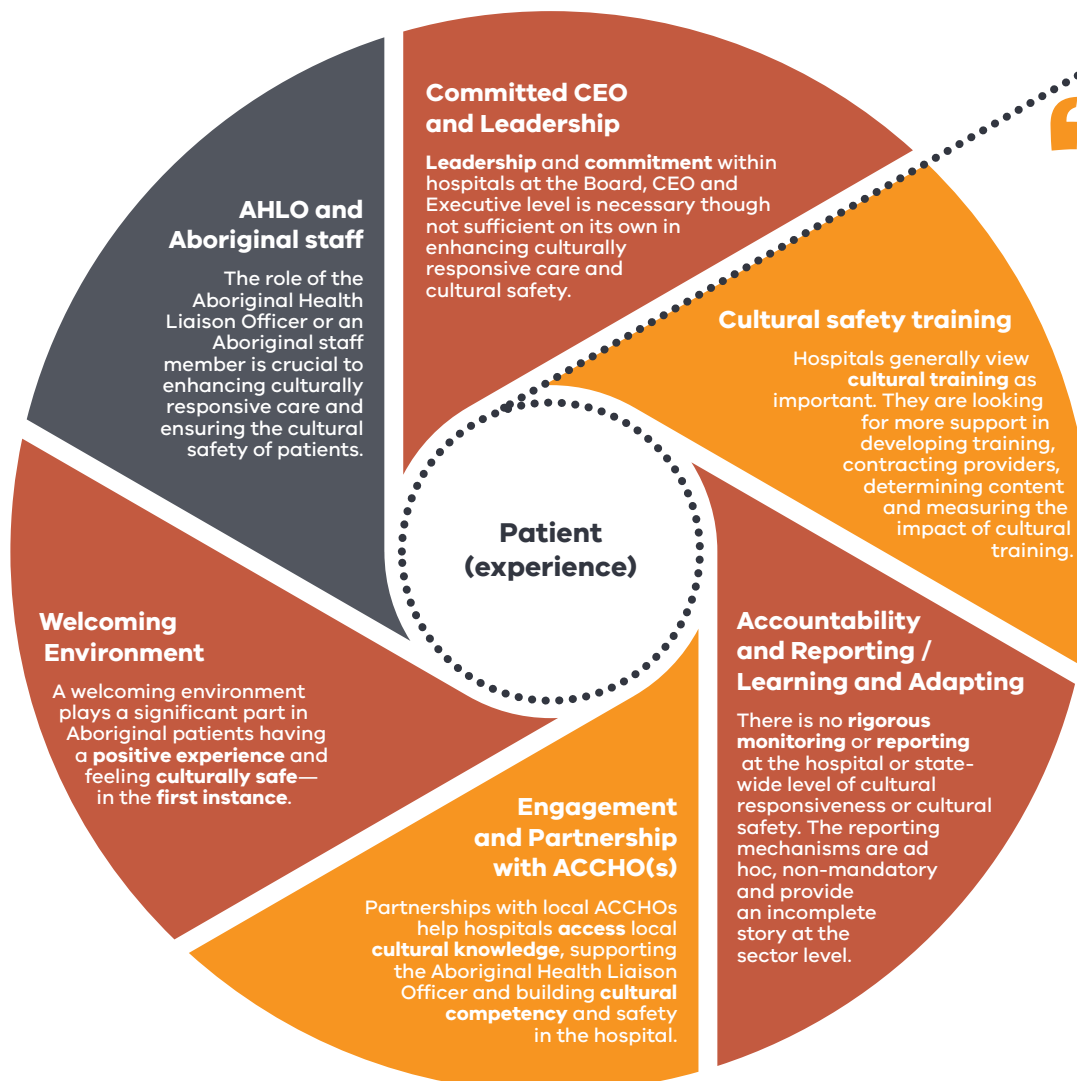**Approach:** The voices of Aboriginal people are at the centre of the findings and drawn from:

- Case studies of seven Victorian hospitals - interviews with hospital CEOs, staff and Board members, local Aboriginal Community Controlled Health Organisations (ACCHOs), patients, community members and other key stakeholders

- Surveys of Aboriginal Hospital Liaison Officers (AHLOs) and Koori Maternal Health Liaison Officers

- Data review of over 200 documents—CQI reports, Quality of Care reports, Statement of Priorities, Aboriginal Employment Plans, Victorian Healthcare Experience Survey results, previous evaluations and academic literature.

'Cultural Responsiveness' and 'Cultural Safety': What do they mean to Aboriginal community members?

- **Cultural responsiveness** refers to how the **SERVICE acts**—meaning how health services listen to and understand patient needs and demonstrate empathy. Staff will know and respect community Elders, their land and their culture and they will work alongside Aboriginal people.

- Cultural **safety** refers to how the **PATIENT feels** when accessing hospital services—that there will be no loss of identity or dignity and being Aboriginal will not lead to feelings of otherness, being an outsider or feeling unwelcome.

Six themes impacting on cultural safety

AHLO and Aboriginal staff
The role of the Aboriginal Health Liaison Officer or an Aboriginal staff member is crucial to enhancing culturally responsive care and ensuring the cultural safety of patients.

Committed CEO and Leadership
Leadership and **commitment** within hospitals at the Board, CEO and Executive level is necessary though not sufficient on its own in enhancing culturally responsive care and cultural safety.

Cultural safety training
Hospitals generally view **cultural training** as important. They are looking for more support in developing training, contracting providers, determining content and measuring the impact of cultural training.

Patient (experience)

Welcoming Environment
A welcoming environment plays a significant part in Aboriginal patients having a **positive experience** and feeling **culturally safe**— in the **first instance**.

Engagement and Partnership with ACCHO(s)
Partnerships with local ACCHOs help hospitals **access** local **cultural knowledge**, supporting the Aboriginal Health Liaison Officer and building **cultural competency** and safety in the hospital.

Accountability and Reporting / Learning and Adapting
There is no **rigorous monitoring** or **reporting** at the hospital or state-wide level of cultural responsiveness or cultural safety. The reporting mechanisms are ad hoc, non-mandatory and provide an incomplete story at the sector level.

> *It takes a lot for me to walk into a hospital... even more to stay but seeing our flag and an acknowledgement of who we are makes a huge difference. Just a small thing like that. Every hospital can do that.*
>
> *(Elder)*

The evaluation report is available on the health.vic website. In your search engine, type 'Koolin Balit evaluations'

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Improving Cultural responsiveness of Victorian hospitals

Here's what we heard from some of the study participants

> *The hospital system is often very hard for Aboriginal people to understand. We live in a holistic environment and that is quite often not understood. Aboriginal culture is quite often not known by hospital staff and it is important when considering the journey of the patient in hospital and importantly the healing. Aboriginal people quite often face stereotypes, stigma and racism and this can put many barriers up from prior experience. There is a need to make sure the patient completely understands what is happening. Communication is quite often lacking. We need to understand all aspects to enable us to close the gap. As an Elder I am quite often asked for advice and assistance, I think every hospital should have Aboriginal advisors.*

(Wurundjeri Elder, Aunty Di Kerr)

Community meaning for Cultural Responsiveness and Cultural Safety

Cultural Responsiveness	**Listening** Love Cultural knowledge Responsive	**Understanding** Equality Involved Caring	**Empathy** No racism Acknowledged Genuine	**Respect** Consideration Trained staff
Cultural Safety	**Comfortable** At ease Family friendly Not different	**Friendly** AHLOs / Aboriginal staff Flags Not the same	**Artwork** Still on my country Engaged Welcome	**Control** Culture acknowledged At home

> *It's not always about money… culture doesn't cost much*

(Community member)

The Aboriginal Health Workforce

I want to know why they don't employ our people and when they do it is always as gardeners or maintenance. We want our people being doctors and nurses and then we get to see them and they understand us

(Community member)

High level commitment

[The CEO] is a lovely person! Makes us feel very welcome. Always says hello. Before, it wasn't like that, never!

(Community member)

[The CEO] is excellent… and brought great change

(ACCHO staff member)

Aboriginal Health Liaison Officers (AHLOs)

The AHLO is great. She communicates constantly and always calls to remind me of appointments, but the overall service probably isn't culturally responsive

(Community member and Elder)

We need an AHLO to walk us through all the steps… what are our rights and what are the processes and why and why not things happen while we are in the hospital

(Community member and Elder)

It's good that we've got an AHLO. They make you feel comfy, and less stressed. The other side don't understand us

(Community member)

The physical environment

I think more can be done in a visual sense with the environment… it makes me feel safe

(Community Member)

We're now seeing more and more cultural recognition through artwork etcetera, and all the Acknowledgement of Country

(Community member)

Engagement and partnerships with Aboriginal Community Controlled Health Organisations (ACCHOs)

We could not have a relationship with the [the ACCHO] if it was not for the connection our AHLO has with them. Well at least it would be harder but we recognise this is an extra and sometimes difficult addition to [names AHLO] job

(Executive Manager)

I work hard at building the relationship between the hospital and [the ACCHO] but this is critical to building competence and understanding

(AHLO)

The ACCHO relationship is a hell of a lot better than ever before. Multiple specific services are running now too. This is all my work

(AHLO)

We are working really hard on our relationship [with local ACCHO] but it's not easy. We thought we were going well and then the CEO changed and that changed everything. Then the CEO changed again and it got better. We need to work harder and make the relationships stronger and sustainable but they are pretty good… for now

(Hospital Executive)

Koolin Balit (2012-2017) and beyond

Koolin Balit means 'healthy people' in the Boonwurrung language

Where we've been
(Department of Health)

We heard strong Aboriginal voices

Over 400 Aboriginal community members, health workers and others participated across four evaluations of the Koolin Balit investment. The evaluation findings informed the development of the new strategic plan.

We found...

Connecting to PLACE and CULTURE is CRUCIAL

- Initiatives must be driven by **LOCAL CONTEXT** in terms of **community needs**, available **resources** and local service **systems**
- Gathering places are positively impacting on physical health, social and emotional **wellbeing**, social **connectedness** and **strengthening** the **cultural identity** of attendees

LOCAL PARTNERSHIPS between health services and Aboriginal Community Controlled Health Organisations are critical to improving cultural safety

- Aboriginal people must **lead decisions** around the health and wellbeing of Aboriginal Victorians
- **Data** needs to be **reported** back to **communities**, not held solely by government
- Better ways are needed to **share knowledge** and **good practice** examples across the health sector

Aboriginal workers experience dangerous levels of RACISM and vicarious TRAUMA

- **Cultural safety training** needs to be guided by standards
- Greater **cultural support** and **debriefing** is needed for Aboriginal workers
- **Aboriginal workforce** needs to focus on **recruitment**, **retention** and **employment transitions**

PERSONAL RELATIONSHIPS between Aboriginal clients and staff provide the basis for holistic models of care, and helps to provide access to a wider range of services

- **Aboriginal staff** in mainstream services **help clients** to **access** services
- Services and programs MUST be delivered in **culturally safe settings**
- Hospitals are being more proactive in **building relationships** with local Aboriginal community organisations
- Hospitals need to be more accountable in relation to cultural safety

$ Short term funding is problematic

Where we're heading
(Department of Health and Human Services)

KORIN KORIN BALIT-DJAK ('growing very strong')

Aboriginal Health, Wellbeing and Safety Strategic Plan

We will...

Work closely with Aboriginal communities to support **self determining**, **healthy** and **safe Aboriginal people** and **communities**

by prioritising..

- **System reform across the health and human services sector**
- **Aboriginal community leadership**
- **Aboriginal culture and community**
- **Safe, secure and strong families and individuals**
- **Physically, socially and emotionally healthy Aboriginal communities**

..and acting to..

- Embed **cultural safety** into the health and human services sector
- Strengthen **monitoring** and **accountability** of cultural safety
- Bring Aboriginal people and culture to the **decision making** table
- **Share data** and **research** and support **evidence-based** practice across the health and wellbeing sectors
- **Strengthen** and **prioritise relationships** with Aboriginal communities and organisations
- Improve Aboriginal **social and emotional wellbeing**: Strengthen healing, resilience and mental health through culturally responsive services

- **Prioritise funding to Aboriginal organisations**
- **Focus on OUTCOMES for funding**

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Summary of Koolin Balit evaluation findings

Background

In 2013 the Victorian government allocated $61.7 million over four years to implement *Koolin Balit: Strategic Directions for Aboriginal health.*

The *Evaluation Plan for the Koolin Balit Investment* was published in March 2015, designed to:

1. Ensure **accountability** to government, Aboriginal community and the wider public
2. Inform **improvement** of existing programs and future funding decisions.

The evaluation plan took a different approach from previous evaluations. Rather than appointing a single evaluator, four external evaluations were conducted on specific topics chosen for their investment size, potential for replication and other critical information needs.
The evaluations focused on:

- **Case management and care coordination** models
- The **gathering place model** in Victoria
- Improving **cultural responsiveness in Victorian hospitals**
- **Traineeships and workforce development**

A significant commitment to evaluation capacity building was also included as part of the evaluation.

Key Findings across the evaluations: Common Themes

Connections to Place and Culture are crucial for health and wellbeing

- Gathering places are impacting positively on Aboriginal health and wellbeing with improved physical health, social and emotional wellbeing, social connectedness and strengthening of cultural identity.
- Successful case management takes a holistic approach to health and wellbeing to help Aboriginal clients connect with their culture.
- Hospitals should connect with local Aboriginal community organisations, Traditional Owners and Aboriginal clients to be culturally responsive and culturally safe.
- Connection to place and culture, for both individuals and communities, should be monitored as an important indicator of Aboriginal health and wellbeing.

The Aboriginal workforce experiences dangerous levels of racism and vicarious trauma

- The evaluations found that this is particularly evident in hospitals and several Aboriginal trainees reported experiences of workplace racism.
- Aboriginal Hospital Liaison Officers experience trauma directly and through their work with clients.
- Isolation of the workforce could be eased with more networking opportunities, professional supervision and cultural supervision.
- Case managers and their teams provide examples of successful support strategies for the Aboriginal workforce, such as intensive cultural and clinical support, application of professional case management standards and having appropriately skilled teams for peer support and workload sharing.

Government should be more active in some specific areas

- Align accountability measures for hospitals with factors shown to be most effective at improving cultural safety.
- Short-term, project-based funding can be detrimental to program continuity and community development.
- Gathering Places feel misunderstood and ignored in government policy and funding decisions.
- Monitoring Aboriginal people's experiences of healthcare is needed – Government should report data back to service providers and Aboriginal communities.
- Providing guidelines / protocols for the delivery and evaluation of Aboriginal cultural safety training in hospitals.

Opportunities for greater coordination and sharing good practice. In some cases, there is a need for more connection within local areas. For example:

- Some managers of trainees reported limited local networks to help trainees find ongoing employment outside the host organisation, while other local organisations were later found to have missed employment opportunities.
- Case managers highlighted the need to have strong local networks with other service providers and for employers to support building these connections as part of their role.
- Gathering places have no mechanisms to connect and share good practice.

The evaluation report is available on the health.vic website. In your search engine, type 'Koolin Balit evaluations'

Evaluation of Traineeships for Aboriginal workforce development in Victoria

Summary of findings

Evaluator: Australian Healthcare Associates

Focus: To evaluate Aboriginal traineeships, cadetships and graduate programs provided through the Closing the Gap and Koolin Balit Training Grants Program

> " *Development for the sake of development is useless if there is nowhere to put people.* "
>
> **(Organisational representative)**

Organisational Influences

Pathways from traineeships to employment are more likely to succeed when organisations focus on..

Organisational Readiness

- Culturally informed and supportive senior management
- Policies to increase Aboriginal employment
- Zero tolerance to culturally inappropriate behaviour
- Strong connections with Aboriginal community organisations.

Targeted and Culturally Appropriate Recruitment

- Advertising through appropriate media and community networks
- Aboriginal Elders and community representatives on selection panels
- Diverse selection methods.

Trainee Support

- Use of trained culturally aware mentors
- Clinical supervision and peer support
- Study support and access to resources
- Work readiness support.

Career Development

- Reserving positions that become vacant
- Use of 'casual staffing pools' with guaranteed hours per week
- Offer traineeships to existing staff as a development opportunity.

External Influences

External factors are those which host organisations have limited or no control.

Trainee Characteristics

- **Work readiness**—retention in the health workforce is limited for trainees who cannot meet structured demands of working in the health system
- Inadequate **literacy and numeracy** skills limits the opportunity for access to the Program and also for career advancement through further training
- Adverse **personal circumstances** may impact trainees' ability to complete training, continue their roles and develop careers.

Program Design and Administration

- **Uncertainty** about timing of **grants availability**
- Lack of clarity around **grant eligibility**, which are seen to be prioritising clinical roles ahead of non-clinical roles
- **Career development** limitations of programs that focus on entry-level positions—further training is needed for career advancement and lack of clarity about career progression opportunities.

Policy Considerations

- **Lack of funding surety**—Difficulty in planning for program involvement, meeting in-kind costs to support grant recipients and providing post-program employment opportunities.
- **Salary disparities** between Aboriginal Community Controlled Organisations (ACCHOs) and mainstream organisations, where perceived better opportunities in mainstream organisations may lead to 'poaching' of trained participants from ACCHOs.

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Evaluation of Traineeships for Aboriginal workforce development in Victoria

Summary of findings

Other Findings

Of **313 traineeships;**

75.4%
(236)

either completed (146)
or are ongoing (90)

24.6%
(77)

either withdrew (62)
or did not commence (15)

This profile was similar for ACCHO and mainstream organisations, irrespective of whether the organisation hosted few or many trainees.

Of the **79 total trainees** hosted in Hume and Gippsland regions

54.4%
(43)

are considered to have established a career in the Victorian health sector

In these regions, the employment rate was higher for **ACCHO hosted trainees**

94.4%
(17 of 18)

than for **mainstream hosted trainees**

85.7%
(36 of 42)

'A mentor needs to be an experienced person who is culturally ready and culturally acceptable.'

(Trainee)

ACCHOs were more organisationally ready to accept trainees than their mainstream counterparts with ACCHOs providing more Aboriginal-friendly, accommodating and understanding workplaces.

'When recipients start to feel overwhelmed, they don't speak up. It takes a lot of time to build relationships and it's time consuming to get people back on track'

(Mainstream organisational representative)

Racism was identified as an important barrier in the workplace for Aboriginal people and indicates the organisation's cultural commitment.

'I got accused of playing the Koori card'

'I got it from staff members – why are Aboriginals not whites getting this funding? I felt deflated'

'Cultural awareness courses need to be compulsory across all the seniors of departments because that's where it starts.'

(Trainees)

Both ACCHOs and mainstream organisations had to actively work on securing the support of their local Aboriginal Elders to promote the range of career pathways available through the Program.

Provision of a range of supports to trainees was crucial to Program completion in both ACCHOs and mainstream organisations.

'It would be useful to have access to Aboriginal people who went through that particular course, and now work in the area or can provide information about other scenarios/pathways.'

(Trainee)

Host organisations combined different strategies and combinations of initiatives from other jurisdictions.

Host organisations suggest there is a need to increase awareness of strategies from other organisations by sharing best practice examples.

The Department could have a greater role in facilitating and supporting network opportunities.