



VACCHO

# The Making of a Great Relationship:

A review of a healthy partnership between mainstream and Indigenous organisations



VACCHO

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The organisations were:

Victorian Aboriginal Community Controlled Health Organisation  
 Aids, Hepatitis and Sexual Health Line Inc  
 Hepatitis C Council of Victoria  
 Victorian Drug Users Organisation, and  
 Victorian Aboriginal Health Service

The words Koori, Indigenous and Aboriginal are used interchangeably in this document.

## Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation
AHSHL	Aids, Hepatitis and Sexual Health Line Inc
BBV	Blood Borne Virus
HCCV	Hepatitis C Council of Victoria
IDU	Injecting Drug Use
MOU	Memorandum of Understanding
OATSIH	Office for Aboriginal and Torres Strait Islander Health
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAHS	Victorian Aboriginal Health Service
VIVAIDS	Victorian Drug Users Organisation
VKHRCU	VicHealth Koori Health Research and Community Development Unit
WPHC	Well Persons Health Check

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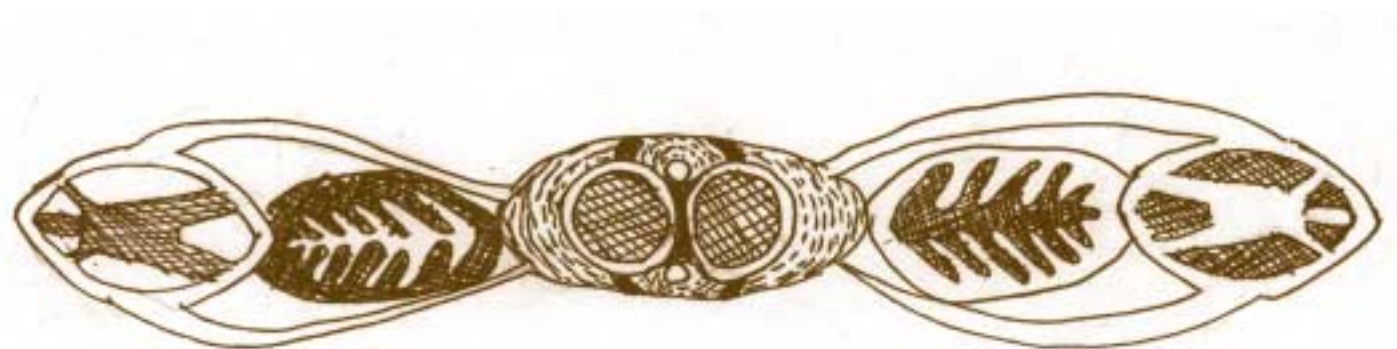
## Introduction

This review was initiated by requests from both mainstream and Aboriginal organisations expressing interest in the apparently successful partnership between mainstream and Aboriginal organisations involved in the Victorian Indigenous Blood Borne Virus/Injecting Drug Use Training Project (BBV/IDU Training Project). The history of working relationships between mainstream and Indigenous organisations has not always been a good one. Projects have often failed to achieve their goals because relationships have broken down. Despite good will on both sides, there is a history of mistrust and misunderstanding that often gets in the way of what might otherwise be a productive partnership. Since European invasion of Australia, Aboriginal people have been and continue to be subjected to unwelcome and discriminatory practices of surveillance, coercion and containment by government bodies, welfare agencies, churches and other mainstream organisations. The government reports on Aboriginal Deaths in Custody (1991) and the Bringing Them Home Report on the Stolen Generation leave little doubt that some of these practices continue to the present day. State authorities and representatives of mainstream organisations may therefore still be feared by Aboriginal organisations for their potential to perpetuate policies and practices of assimilation, oppression or overt racism. For their part, mainstream organisations are often confused by the very different political context and cultural values they encounter when they attempt to work with Aboriginal organisations. Different time-frames, different priorities and different work practices can obstruct and frustrate even those with the best intentions of working together.

This review set out to discover what made for an effective model of a working partnership between mainstream and Indigenous organisations - what makes for a healthy relationship, what processes work, and what steps you may need to take in your organisation, whether it is an Aboriginal or a mainstream organisation.

The Office of Aboriginal Torres Strait Islander Health (OATSIH) provided funding for the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), in collaboration with the VicHealth Koori Health Research and Community Development Unit (VKHRCDU), to identify and document the successful elements of the partnership model employed. The review process was carried out by VACCHO's Policy Officer, Peter Waples-Crowe together with VACCHO Researcher-in-Residence, Priscilla Pyett (also from VKHRCDU).

This report focuses on the partnership model behind the BBV/IDU Training Project, not the success of the training component, some of which is included for context.



## So what was the Victorian Indigenous BBV/IDU Training Project?

Due to the emerging issues associated with injecting drug use (IDU) and the significant rise in levels of hepatitis C in the Victorian Indigenous community, OATSIH provided funding in 2003 for the development and implementation of a Victorian Indigenous BBV/IDU Training Project. This was to be achieved under a Memorandum Of Understanding (MOU) between three organisations: the Victorian Aboriginal Community Controlled Health Organisation Inc (VACCHO), the Hepatitis C Council Victoria Inc (HCCV), and Aids, Hepatitis and Sexual Health Line Inc (AHSHL).

The aim of the BBV/IDU Training Project was to provide Aboriginal workers throughout the state with current information about blood borne viruses (BBV) and to begin discussion on the emerging issues associated with injecting drug use in Aboriginal communities. Three training sessions were designed and a resource kit developed. The training targeted Aboriginal Drug and Alcohol Workers, Hospital Liaison Workers, Mental Health Workers and Cultural and Spiritual Wellbeing Workers.

The first training workshop was held at Darebin, in metropolitan Melbourne, in an area that is close to where many Melbourne-based Kooris live. Nine participants attended the two-day workshop. It was not a residential workshop. The second workshop was held at Warburton, on the outer fringes of Melbourne. This was a three-day live-in workshop. The twenty-seven participants came from all areas of the state, with the majority from the Gippsland and Loddon Mallee regions. The third workshop, which is not included in detail in this review, was held in Lorne in November 2004. It was a two-day workshop and attracted sixteen participants predominantly from the Western Districts of Victoria.

### Who were the partners in the BBV/IDU Training Project?

The BBV/IDU Training Project involved five organisations. A formalised Memorandum of Understanding (MOU) was signed off between VACCHO, AHSHL and the HCCV before the training commenced (see Appendix 1). Two other organisations became involved after the MOU was signed off. The following list gives a brief overview of all the organisations involved in the BBV/IDU Training Project.

#### Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

VACCHO was founded in 1996 and currently represents twenty-seven diverse member organisations across Victoria. Each member is an Aboriginal community controlled organisation. The majority are multifunctional services with health as a central part of their responsibility and some are full health services. The role of VACCHO is to build the capacity of its membership and to advocate for issues on their behalf.

#### Aids Hepatitis and Sexual Health Line Inc. (AHSHL)

The aim of AHSHL is to offer a volunteer-based service that provides confidential and anonymous telephone counselling, information, support and referral to the general community about HIV/AIDS, hepatitis, and sexually transmitted infections to the community of Victoria.

*'It was seen by staff and management as a good way to pool expertise and resources to run training for health workers that was culturally appropriate on this important issue'*



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### Hepatitis C Council of Victoria Inc. (HCCV)

The HCCV is a state-wide organisation representing and addressing the needs of people with hepatitis C, their carers, partners, family and friends. The Council works to achieve this through support, advocacy, education and consultation.

### Victorian Drug User Organisation (VIVAIDS)

The Victorian Drug User Organisation (known as VIVAIDS) was not an original partner in the project and was not included in the MOU but was brought in at a later stage. VIVAIDS is a state-wide membership-based organisation for drug users. Its aim is to increase information and education about illicit drug use so that people who use drugs do so with minimum harm to themselves. It also seeks to improve the way people who use drugs are treated by medical, community and government services and to increase the awareness in the general community about issues relating to illicit drug use.

### Victorian Aboriginal Health Service (VAHS)

VAHS was not an original partner in the project and was also brought in at a later stage. VAHS is the largest Aboriginal Medical Service in Victoria. Located in Fitzroy, Melbourne, it aims to provide a culturally appropriate primary health care service to Aboriginal and Torres Strait Islander people, delivered in a holistic way, and to raise the general level of Aboriginal and Torres Strait Islander people's health.

*'The course gives you confidence, you can dispel myths about HIV and hepatitis'*

## How did we go about this review?

To start the review process we met with the partner organisations and asked each of the key individuals from these organisations to provide us with all the documentation of the training and to complete a brief questionnaire about their role in the project. We followed up with a face-to-face interview with the key individuals in each of these organisations. We visited five Aboriginal communities to interview participants who attended the training workshops, and interviewed additional participants in Melbourne. We also included the evaluations completed by participants during the training workshops.

We collated all of this material and analysed the information to identify the key elements that made the training and the partnership model successful. We have also identified problems that arose during the BBV/IDU Training Project and the lessons that can be learned from the process.

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*'Before the training, I could not have sat and watched someone shoot up but now I have a different attitude – I could sit down with them and ask them questions and offer them information'*

## What people said...

Although many topics arose in the consultation for this review, we report below the major themes related directly to the success of the BBV/IDU Training Project and the lessons learned.

### The importance of relationship-building

The idea for the BBV/IDU Training Project came from the personal and professional associations that the three MOU partners had experienced together for many years. A key worker from ASHL had facilitated a Pre and Post HIV counselling Course for the Melbourne Sexual Health Centre. Members of the VACCHO sexual health team attended that training. VACCHO then arranged for a similar course to be run in Bairnsdale to train rural Aboriginal Health Workers in HIV counselling. The HCCV had worked closely with the VAHS Sexual Health Workers to establish hepatitis C education sessions. These examples highlight how the three organisations were known to each other many years before the BBV/IDU Training Project was initiated. The three principal individuals from VACCHO, ASHL and HCCV had built up strong personal connections over the many years they had known each other.

Indeed, the initial idea for the BBV/IDU Training Project grew from a conversation at an informal social gathering attended by individuals from the three principal organisations towards the end of 2002. The three individuals thought it would be a great idea to get a project up and running that involved all three organisations, and decided to formalise their plans in the New Year of 2003. The first part of the process was to create an MOU, 'to create a blueprint of how we would work together' that under-pinned the second part of the process, an application for financial assistance from OATISH. Once the MOU was signed off and funding secured, the BBV/IDU Training Project was ready to be planned.

It was at this point that other expert partners were included. At this stage both VIVAIDS and VAHS were brought in to plan and participate in the BBV/IDU Training Project. VIVAIDS was brought in for their expertise around injecting drug use. VAHS was included because they have the only Aboriginal Sexual Health Workers in Victoria and their input into the planning process was seen as vital.

### Cross-cultural awareness

To facilitate the planning process, a cultural sensitivity and skill-sharing workshop for all the planning partners was held at a general community meeting place near Seymour called 'Common Ground'. All the respondents found this part of the planning phase for the BBV/IDU Training Project very useful in bringing all the different parties together, especially the mainstream organisations who felt they got an 'Indigenous perspective' into the way they worked.

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### Equal participation in planning

It was clearly important that all the partner organisations were involved in the planning. However, during the course of this review, we found that it was not all smooth sailing when it came to planning the training sessions with 'some lively interaction' and 'a bit of healthy conflict' noted at various stages. The planning involved all the partners coming together, but the HCCV and AHS HL had many ideas and a draft plan already prepared. It was noted at this stage that 'people had a few barrows to push'. At the same time, 'there was a lot of good will and generous-spirited debate' around what topic areas should be included in the training. Harm reduction in Aboriginal communities was one of these topic areas, with issues around injecting drug use, and how the Aboriginal community would deal with this, often at the heart of the conflicts. All the planning issues were eventually solved. As one respondent explained, 'We all had some knowledge of each other and did not take things personally'. The solution to the harm reduction issue was the 'very successful' Indigenous panel of experts who would each represent different points of view. It was also decided that workshop participants would be offered a choice about whether they attended the panel on harm reduction.

All the partners admitted that with five strong organisations represented by strong personalities, conflict was bound to arise in the planning, but due to the commitment of each organisation to this project, solutions to the problems were found (like the example above).

*'The Koori partner orgs were taken notice of in the planning'*

### Use of adult learning principles

The style and content of training was important to the BBV/IDU Training Project. AHS HL commented that the training was based on adult learning principles. Some of these principles included:

- > not lecturing people
- > interactive learning
- > experiential learning
- > a strong emphasis on participation
- > not putting people on the spot
- > realising people who come to learn, have something to offer as well
- > treating everyone with respect from beginning
- > encouraging everyone to speak but not forcing them
- > everyone contributes in the end
- > the use of humour, so long as it's respectful – can be powerful

*'We wished everyone from other services had a chance to go to the training'*

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During the review, workshop participants noted that one of the great aspects of the training program was the ability for participants to have access to presenters after they had presented at the training sessions. This was particularly relevant to the second workshop held in Warburton. When asked about the informality of the training workshop, the partners commented that this was done deliberately to create a good learning atmosphere.

Also critical to the success of the training was the panel of Indigenous experts who discussed the difficult topic of harm reduction. The role of this panel was to bring to the training workshops Indigenous people who were currently working in the areas of BBV/IDU in Aboriginal communities around Victoria. The panel was important as its members had different views on the issue of harm reduction, so participants were exposed to a range of beliefs and practices and could make up their own mind about what sat comfortably with them.

Many people in mainstream as well as Indigenous communities have long-held ideas and beliefs about injecting drug use, blood borne viruses and HIV/AIDS that are not based on fact. Some of this misinformation is perpetuated through the internet. It spreads unnecessary and unfounded fear amongst communities while increasing people's suspicions and anxieties around the way viruses and infections can be transmitted. Up-to-date and accurate information helped to replace people's misinformation which increased their knowledge and understanding.

*'They [mainstream organisations] needed us, we needed them'*

### Utilising the skills and experience of all partners

The review revealed that each of the partners in the BBV/IDU Training Project brought a set of unique skills with them when it came to planning the program. Each of the partners recognised and valued the skills and experience that other partner organisations could contribute. With their experience in adult learning principles and group dynamics AHS HL was good at warming people up, paying close attention to the group process.

HCCV and AHS HL were passionate about their commitment to the training program and to Indigenous health in general.

*'I was enriched and personally it has changed the way I think about working'*

The skills VACCHO brought to the project included the knowledge and experience gained by working with Victorian Aboriginal communities, which included personal stories, strong networks and community connections. Part of the program's success at attracting participants was VACCHO's knowledge in this area and of the need to follow-up people to ensure that those who have shown an interest do actually come to workshops. Given the many competing priorities for workers across all areas of Aboriginal health, an interest in attending a workshop can easily be overtaken by other urgent demands from the community or the workplace. But a training workshop offers people an investment in gaining skills that will benefit the community in the longer term. So, as the VACCHO representative explained, 'It's not good enough that they've said they'll come, you need to call them.'

Another important skill was choosing presenters who had some understanding of Indigenous communities, such as the hepatitis C educator who had already worked with Aboriginal



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women, or an IDU educator from VIVAIDS whose presenting style made showing how to inject safely without getting hepatitis C or HIV (a confronting topic) less threatening.

The last major skill that all the presenters had was a comfortableness with each other, strengthened by the fact that they had all worked together before in some form.

Some of the key qualities of the mainstream partners were:

- > Supported by their organisations to work on the BBV/IDU training project
- > Passionate about working with the Aboriginal Communities
- > Commitment to the long haul that is necessary when working with Indigenous communities
- > Willingness to change work practices to work within Aboriginal Community Control models

### Importance of living together

One of the important aspects for the BBV/IDU Training Project's success was the fact that people lived in at both the planning stages and during the second and third training workshops.

At the cultural awareness workshop, the partners described how important it was to be 'waking up and having breakfast together' or 'sitting round after tea playing cards'. This is where a lot of informal bonding happened. A lot of time spent at the cultural awareness workshop was 'People listening to each other', and the fact that people stayed overnight at the workshop gave the listening greater impact. People were more prepared to open up because they got to know each other in informal sessions. Many of the partners also noted the power of the cross-cultural training sessions.

*'We were scared of each other at the beginning but hugging at the end'*

The live-in arrangements at the Warburton Workshop was a key to that workshop's success. The first workshop at Darebin was seen 'as a pilot' and was not a live-in event. As a result participants and presenters 'came and went' allowing limited interaction. The BBV/IDU Training Project partners learned lessons from the Darebin workshop and including the live-in arrangements for the second workshop.

The 'Koorioke' held at the Warburton workshop was a great success, adding to participants being able to relax and socialise together in informal ways.

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*'I would treat someone differently now. When they're 'going off' I would try and sit down with them, not just move away and leave them alone'*

### Impact

During this review the partners and workshop participants noted many impacts of the BBV/IDU Training Project on their work and personal practices.

Some of these were:

- > The participants learned not to be afraid of people with hepatitis C and HIV/AIDS
- > The training sorted out some of the myths and realities around injecting drug use and blood borne viruses
- > It changed people's attitudes to BBV and IDU issues and people affected by these issues
- > The organisations learned to trust each other
- > The mainstream organisations learned more about the experiences of Aboriginal people. This included the past and current impact of racism or colonisation
- > The community organisations learned they could trust some mainstream organisations
- > Mainstream organisations learned to change the way they work
- > It raised the profile of BBV/IDU issues in the Victorian Koori community
- > All the organisations were confident of ongoing collaboration
- > Mainstream organisations are trying to ensure that Aboriginal issues are part of their core business
- > More Koori workers are coming to training at AHSHL and VACCHO
- > Everyone we spoke to wants more training including updates as well as training for new workers and for the general Aboriginal community
- > The project raised the profile of VACCHO as the partnership approach was presented at National and International conferences

*'It changed our attitude to injecting drug users, and how we treat them'*



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### Problems

So with such good feedback, were there any problems? During the review process a few issues were highlighted. Two of the organisations felt they were an afterthought in the project and were not happy that they were not included in the MOU. It may have been advisable for a new MOU to have been developed to include both VIVAIDS and VAHS after they were brought into the project.

Other problems surfaced in the planning phase of the program as there were 'Very strong personalities and a desire to control amongst the partners.' While this appears to have caused many disagreements, the trust and respect between the partners and their willingness to listen to each other's point of view meant that in the end all were resolved. Many of these difficulties arose 'around different views of harm reduction' and how the Aboriginal community in Victoria viewed this topic in relation to injecting drug use. The mainstream organisations did not back down over harm reduction but found a way of offering information in a safe environment and allowing participants to choose whether they would attend this session and how to respond to the information. This freedom meant people did not feel they were being lectured to or told what to think.

VAHS expressed a concern that the training program didn't directly translate into services for their clients. They felt that it is still very difficult to refer clients to appropriate BBV/IDU mainstream services.

*'Shame we weren't in on the MOU'*

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### Successful elements

All the BBV/IDU training project participants found the training successful. Some of the reasons for this apparent success is summarised in the following list:

- > It was a safe environment
- > The training was live-in
- > Holding the training over three days was good amount of time
- > The presenters were available and approachable
- > People had the time to feel safe to ask questions
- > People were able to ask questions of presenters in informal settings, around meals etc
- > The use of adult learning principles
- > The presenters were passionate about their work
- > The Indigenous panel had a diversity of views
- > Sensitive and controversial issues were dealt with sensitively
- > There was a lot of mutual respect
- > All the presenters were known to the organisers
- > Each person brought specific skills and experience
- > Informal atmosphere
- > The training was at the right level for participants and language was understandable
- > Good practical information
- > Reality of presenters' experiences (and photos)
- > Really well run
- > People had fun
- > VACCHO had the links to communities
- > On-going connections, sustainability

*'It was seen by staff and management as a good way to pool expertise and resources to run training for health workers that was culturally appropriate on this important issue'*

## Ten steps to a successful mainstream/Indigenous collaborative project

Many mainstream organisations recognise the need to collaborate with Indigenous organisations, but don't necessarily know how to go about it. This list of steps summarises what was important in the collaborative process as defined by the success of the Victorian Indigenous BBV/IDU Training Project.

*'Our service has been enriched in a way that we could never have imagined before becoming part of the project.'*

### 1. A long time-frame

A long time-frame allows the relationship between mainstream and Indigenous organisations to grow at its own pace. A forced partnership will never deliver the same outcome as one that is built on trust. The BBV/IDU Project was the outcome of at least five years of relationship-building between HCCV, AHSHL and VACCHO. The MOU between these organisations came well after they 'knew' each other and had worked informally and formally together.

### 2. Building trust

Trust is a common Indigenous theme. It is tied in with the history of the colonisation of Australia, and the mistrust that developed between two cultures over the past 216 years. Developing a trusting relationship between mainstream and Indigenous organisations goes hand in hand with a long time-frame, allowing it to develop naturally. Mainstream organisations need to work with Indigenous organisations in their time-frame and on their priorities in order to build a trusting relationship. Building on existing relationships between individuals in mainstream and Indigenous organisations is a valuable way to develop further trust.

### 3. Valuing each other

This step is part of building trust, but is concerned with mutual respect. It is important to recognise and value the skills and experience that mainstream and Indigenous organisations can bring to the partnership. This can be encouraged by listening to each other and respecting different points of views.

### 4. Get educated

A major issue for Aboriginal people is the effort it takes to explain or answer all the questions mainstream organisations have about Aboriginal culture. 'It's not up to Aboriginal people to educate the mainstream about all things Aboriginal'. Starting a partnership with some knowledge of each other makes it easier to gain trust. Koori organisations will answer the questions, but get burnt out with having to do 'all the work'. Mainstream organisations need to take responsibility for training their own staff about Koori history, culture and values, and about the local Koori community. Before planning a collaboration, mainstream organisations should ensure that they have allowed time and allocated funding for cross-cultural training. A number of Koori organisations offer this type of training for a fee.

### 5. Good planning

A successful project is dependent on good planning, which should involve all the key stakeholders. The MOU was established before the project was too far developed. Even though it was not recognised that additional expertise was needed from VIVAIDS and VAHS until after the MOU was signed off, all the core partners were involved in planning the training workshops.

### 6. Useful product

A collaborative project is only as good as what is produced by it. The BBV/IDU Training Project was successful because the workshop participants felt they got something out of it. They gained a lot of new knowledge, and established new working relationships. They also got to share their experiences and stories with other Indigenous health workers. What they learned had direct relevance to their work and made a positive difference to the way they work in their communities.

### 7. Community initiated

Hepatitis C was already seen as an issue in the Aboriginal community of Victoria before the BBV/IDU Training Project was developed. This arose from results of the Well Person's Health Checks (WPHC) project. The WPHC was a community-based health assessment program designed to provide education, early detection and treatment for a range of health issues, including Sexually Transmissible Infections and Blood Borne Viruses. The WPHC was attended by 1446 people (61% women and 39% men) from 11 Aboriginal communities across Victoria between 1999-2002. Of the 332 people who were screened for hepatitis C, 13.3 % returned a positive result. There were also a high number of people in the WPHC who had been or were injecting drug users. These results highlighted that hepatitis C and IDU were both major issues in Victorian Aboriginal communities, but the communities were at a loss about how to address them. The BBV/IDU Training Project was initiated to meet this need. Much of the expertise in this area lay with mainstream organisations but the Victorian Aboriginal community initiated the process, through VACCHO.

### 8. Identifying the partners and formalising partnerships

It is important to make sure you identify all the partners in a collaborative project. Even better, include the partners in a formal partnership arrangement such as a Memorandum of Understanding. This makes all the partners equal and gives the partnership and the project a solid foundation. Problems occur when one of the partners feels excluded, creating a potential basis for conflict.

### 9. Supportive work environments

To develop an Indigenous and mainstream collaborative project takes effort and time. One of the key findings of this review was the fact that the mainstream organisations involved were committed to making it work. All the mainstream partners spoke of the commitment they felt from their organisations. They were given the time and support from their workplaces who were committed to improving their relationships with Victorian Aboriginal communities. All of the mainstream organisations embraced the opportunity to make their whole service more Indigenous friendly, from the Executive Board down.

### 10. Cultural awareness

A key component of the success of the BBV/IDU Training Project was credited to the cultural awareness and sensitivity-building exercise that was held at the start of the project. The fact that the partners had time to exchange ideas and values over a two-day period helped build solid foundations. Cross-cultural training at the beginning of any Indigenous/mainstream collaborative project is highly recommended.

*'We need a camp here - with the same people presenting'*





Participants and presenters at the Lorne Workshop.

Appendix 1.

# Memorandum of Understanding

Memorandum of Understanding between the Victorian Aboriginal Community Controlled Health Organisation Inc, Aids Hepatitis and Sexual Health Line Inc. and the Hepatitis C Council Victoria Inc.

May 2003

### References

Australia, Royal Commission into Aboriginal Deaths in Custody (1992) Aboriginal Deaths in Custody: overview of the response by Government to the Royal Commission. Canberra: Australian Government Publishing Service.

National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Australia) (1997) Bringing Them Home: the report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. Sydney: Human Rights and Equal Opportunity Commission.

Melbourne Sexual Health Centre and VACCHO (2003) The Victorian Well Person's Health Check Report. Melbourne: VACCHO.



## The Making of a Great Relationship:

### Background

Access to proper information, health care, quality of life, education/training and resourcing in regard to Blood Borne Viruses and issues to do with Intravenous Drug use is the right of all Aboriginal Communities in Victoria.

Hepatitis C is the fastest growing infectious disease in Australia and is the leading cause of liver transplants. Most people currently living with hepatitis C acquired the virus through sharing injecting equipment and most new infections occur this way.

Infection with hepatitis C can result in varying degrees of liver damage, and people living with the virus can experience a range of symptoms, including debilitating fatigue, depression, skin disorders and problems with digestion.

In 2001 there were an estimated 210,000 people living with hepatitis C in Australia with 16,000 new infections predicted per year.

Although only 2% of the total population are of Indigenous background, they are three times more likely than the non-Indigenous population to have hepatitis C. (Atthowe, Thompson and Giele, 2002).

### The Partners

The VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INC (VACCHO) is the peak body that represents the collective of 25 Aboriginal community controlled health organisations (ACCHOs) in Victoria. VACCHO is the channel for communities to direct Aboriginal health policies, coordinate 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.

AIDS HEPATITIS & SEXUAL HEALTH LINE INC (AHS HL) is an independent, community-based organisation. AHS HL was originally known as AIDSLINE and formed in 1985 in response to the emerging HIV/AIDS epidemic. In recent years the organisation has expanded to include the Hepatitis C Helpline, Vietnamese Hepatitis C Information Line and Outreach Education workshops.

The principal function of AHS HL is to provide a non-discriminatory, confidential and anonymous counselling, information and referral service to the general community of Victoria. Trained volunteers staff the two phone services, AIDSLINE and Hepatitis C Helpline. All telephone counsellors have undergone an intensive training course of over 60 hours in duration, which is accredited through Northern Melbourne Institute of TAFE. AHS HL has a small professionally qualified staff of five. A voluntary management committee, drawn from the membership and other members of the community, has responsibility for overall strategic direction and policy.

Part of the vision Statement is to provide education and raise public awareness about HIV/AIDS and viral Hepatitis. As part of this commitment AHS HL conduct one day in house workshops about Hepatitis C transmission and also tailor Outreach Workshops about BBVs on a needs basis to organizations all over Victoria.

HEPATITIS C COUNCIL OF VICTORIA INC (HCCV) is a statewide organisation representing and responding to the needs of people with hepatitis C, their carers, partners, friends and family members.

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Beginning as a small support group in 1992, the Council has grown into a state peak body working in active partnership with community groups, hepatitis C services, individuals and organisations. The aim of the Council is to participate in the development and application of strategies to reduce the transmission of the hepatitis C virus and to provide strong and relevant advocacy on behalf of all Victorians living with hepatitis C at the federal, state and local levels. The Council provides education and training in regard to hepatitis C to both the community and to organisations.

This Memorandum has been developed by VACCHO Inc, AHS HL Inc and HCCV Inc to provide a framework for support in working effectively with Aboriginal communities in regard to Blood Borne Viruses and Intravenous Drug Use.

### Partnership

VACCHO recognises that given the lack of capacity and resources within the Victorian Aboriginal Community Controlled Health Sector, AHS HL and the HCCV are organisations capable of working with Australian Indigenous communities to facilitate the development and provision of appropriate and much needed information, education and training in regard to blood borne viruses and intravenous drug use.

AHS HL and HCCV recognise VACCHO as the peak representative organisation that coordinates statewide opinion and direction on Aboriginal health issues in Victoria.

AHS HL and HCCV recognise the guiding spirit of VACCHO and will work within the concept of Aboriginal self-determination and community control.

### Principles

This agreement is based on recognition of the following principles:

- > Improved knowledge, information, education and training in regard to BBVs and IDU social health outcomes for Aboriginal people will be achieved when Aboriginal peoples and their community controlled health services are empowered to act on their own behalf.
- > Aboriginal peoples have a fundamental right of ownership over their own knowledge and information.
- > Improved awareness and education about BBV and IDU will primarily result from decisions about strategies developed and implemented at the local level and at a state level via VACCHO and with the expertise and experience of both AHS HL and HCCV.
- > Programs concerned with Aboriginal health issues in regard to BBV and IDU in Victoria will be developed in partnership with local ACCHOs.
- > Adequate information, resources and support need to be shared between all three organisations to ensure the development of effective partnerships.
- > Such a relationship is dependent upon the commitment of all three organisations to be honest, open and frank in their communication with each other, at all levels of their interaction.

### The Agreement

This Memorandum commits VACCHO and AHSHL and HCCV to cooperatively act together on an ongoing basis with the common purpose:

1. To support the development and provision of opportunities for VACCHO and AHSHL and HCCV to provide information, education and resourcing in regard to BBV and IDU within the Indigenous community in Victoria.
2. To enhance each other's awareness about Aboriginal health and social health needs and education and training in regard to BBV and IDU.
3. To make a difference in regard to education, training and information about BBV and IDU in Indigenous communities through:
  - > building capacity within Indigenous communities in Victoria to have a sustainable and practical approach in regard to both the prevention of BBV and harm reduction in regard to IDU.
  - > providing accessible and culturally sensitive training and education in regard to BBV and IDU to Indigenous prison liaison workers, health workers, drug and alcohol workers and also community members.
  - > providing an ongoing statewide network and resource base for Indigenous workers in regard to BBV and IDU with both Indigenous and non-Indigenous organisations
  - > develop a sound body of knowledge on BBV and IDU issues within Indigenous communities throughout the state of Victoria.
4. For the relationship to add value and enrich all three organisations by having joint planned strategies to:
  - > broaden our visions and work practice.
  - > develop a shared knowledge around BBV/IDU in regard to Indigenous communities in order to strengthen the voice for improved health and social health in Indigenous communities.
  - > develop, build and sustain quality relationships between Aboriginal and mainstream services and government in the area of BBV and IDU.

### Implementation

VACCHO and AHSHL and HCCV will meet monthly (or more if required) to determine priorities, timelines, development of training and to discuss and evaluate progress. These meetings shall include the sub-group of the project, and as required they will implement action under this Memorandum.

Other organisations or workers who may be involved in the development and /or training may be invited to attend specific meetings as required.

Progress of the partnership will be reviewed at each meeting and adjusted upon mutual agreement if required.

#### **Protocols for Consultation and Collaboration with Victorian Aboriginal Community Controlled Health Organisations**

These protocols provide guidance to AHSHL and HCCV about ways of working with ACCHOs based on respect for Aboriginal community processes and cultural expertise. Each local ACCHO will have its own ways of doing things, which will be respected. AHSHL and HCCV understand that these protocols provide working guidelines only. Building partnerships will be based on the development of trust and mutual respect over time.

### **Accepting the need for ACCHO 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 will be recognised and respected by AHSHL and HCCV.

AHSHL and HCCV will seek to form true partnerships with ACCHOs both as a matter of respect and best practice.

### **Who should AHSHL and HCCV speak to in ACCHOs when seeking partnerships in health programs?**

AHSHL and HCCV will respect the line of authority in the ACCHO they are consulting with. Each ACCHO has a Chairperson, CEO or Medical Manager, and senior AHSHL and HCCV representatives will make formal approaches to the senior ACCHO representatives. AHSHL and HCCV recognise that individuals do not necessarily always represent the organisation's views. Consequently, AHSHL and HCCV representatives will 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 would take place without the prior consent of the ACCHO concerned.

Any information AHSHL and HCCV collect from ACCHOs about community issues and needs will be kept entirely confidential between the AHSHL and HCCV representative present and the community members present in any particular assembly. The AHSHL and HCCV representative will not discuss such issues with any person outside of the assembly, including other AHSHL and HCCV employees, unless written consent has been approved by the ACCHO concerned. In addition, information collected for publicity purposes will be agreed and cleared in writing by the ACCHO before publication.

Aboriginal community areas will only be explored with the community's or ACCHO's permission.

### **Effective communication between ACCHOs, AHSHL and the HCCV**

The following protocols will be observed in communication:

ACCHOs' ways for organising discussions and formal meeting will be respected.

AHSHL and HCCV will respect the local ACCHO's judgements about what initiatives and programs are appropriate for them.

AHSHL and HCCV will plan ahead for people to properly consider the issues involved and a program's relevance to the community. AHSHL and HCCV will listen and incorporate people's comments.

AHSHL and HCCV recognise local community resources are there for the local community's use and that many ACCHOs are under-resourced. Any programs being discussed in partnership with AHSHL and HCCV will be budgeted for to include associated costs. AHSHL and HCCV will identify costs at the planning stage and present them to the local ACCHO before processing.

VACCHO and AHSHL and HCCV will not get involved in each organisation's business that is not related to their program partnership.

VACCHO and AHSHL and HCCV will not promise programs or services they cannot deliver.

AHSHL and HCCV will seek the advice of the local ACCHO on social and gender issues and respect the rules and processes they establish.



## The Making of a Great Relationship:

To avoid misunderstandings, ACCHOs and AHSHL and HCCV representatives should check back at each meeting to ensure that both parties agree about information and/or the meeting's outcomes before it is over.

AHSHL and HCCV recognise both the ACCHO's and individual Aboriginal people's ownership rights over their information. This means the ACCHO must approve any use of and publication of their information, consultation outcomes, program reports etc. All questionnaires and other research tools will be thoroughly checked over and test run with key people in the ACCHO.

Photographs and other visual material will only be used with the consent of the individual, family and/or appropriate ACCHO's authority.

### Effective Partnerships

Effective partnerships for improving information and training outcomes in regard to BBV and IDU for Aboriginal communities will involve a sharing of power between all three organisations and the identification of mutual benefits.

Real, effective and sustainable working relationships between Aboriginal and mainstream services will provide an opportunity for the ongoing development and implementation of strategies to reduce the transmission of BBV in Indigenous communities and support and education in regard to harm reduction strategies.

It offers a shared resource base and an ongoing understanding and integration of cross-cultural work practice for mainstream workers and organisations.

BBV and IDU information and training programs that result from effective partnerships with VACCHO, AHSHL and HCCV will provide opportunities to improve the health and quality of life of Indigenous women and men and their families in local communities.

### VACCHO Inc

**Jill Gallagher**

Chief Executive Officer

### Aids Hepatitis and Sexual Health Line Inc

**Cheryl Teng**

Chief Executive Officer

### Hepatitis C Council Victoria Inc

**Helen McNeill**

Executive Officer

