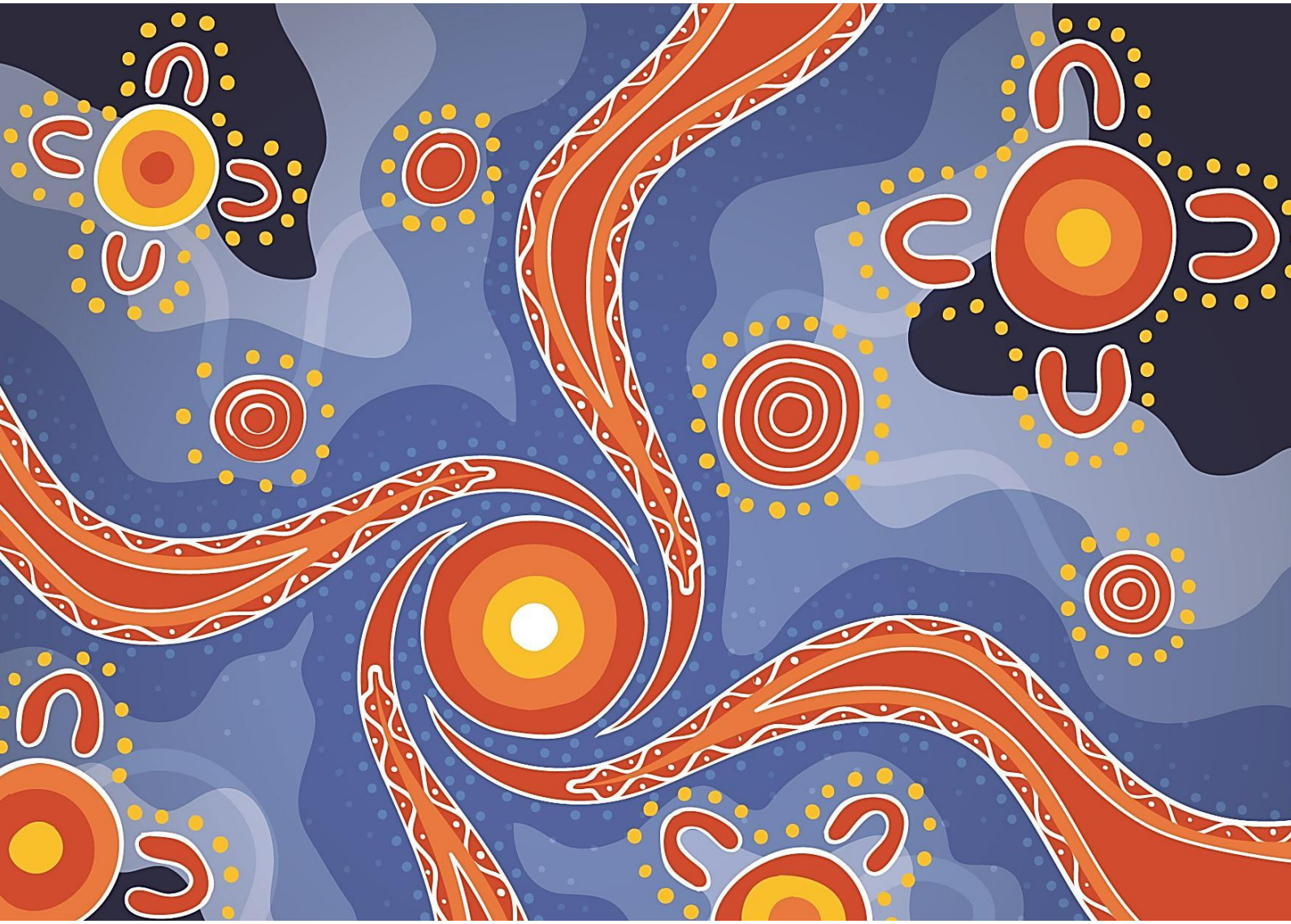
Institutional racism

Audit of South Australia's Local Health Networks

September 2020



Government of South Australia
Health Performance Council

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Institutional racism – audit of South Australia's Local Health Networks

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Cover art

Jordan Lovegrove, Ngarrindjeri

The Health Performance Council (shown as the largest main meeting place) watches over the health and care journey of people to make sure that they are getting the proper care in every way. The journey paths emanating to and from the meeting place indicate the distance while the blue colour variations show the landscape types. Around the central meeting place are many communities. Yellow dots around these places keep the people safe through their journey, ensuring proper care is achieved for everybody and that their needs are properly met.

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Contents

Acknowledgement

The Health Performance Council acknowledges all the Aboriginal peoples of South Australia, the complexity and diversity of their communities and that each has its own beliefs and practices. We recognise their cultural authority and respect their enduring spiritual relationship with their countries. We know that there are people of Torres Strait Islander heritage living in South Australia; however, in recognition that Aboriginal people are the original inhabitants of this state, in this document we respectfully use the term ‘Aboriginal’ in this document to refer to all people who identify as Aboriginal, Torres Strait Islander, or both.

Background

About us

The Health Performance Council is a statutory body which provides expert advice to the Minister for Health and Wellbeing about the operation of South Australia's health system, on health outcomes for South Australians, and on the effectiveness of community and individual engagement methods. Our advice focuses on health outcomes not only for the South Australian population as a whole, but also for particular population groups. We produce case studies, monitoring reports, audit review reports and an omnibus four-yearly review of South Australian health system performance. These are all published on our website at https://www.hpcsa.com.au.

About this review

The concept of 'institutional racism' refers to the existence in organisations of governance structures that create a corporate culture and ensuing policies and practices that result in discrimination between Aboriginal and Torres Strait Islander people and others[1]. It is distinct from a mindset or acts of racism on the part of individual members of the organisation's workforce or of other forms of systemic racism. The existence of an institutionally racist governance structure need not be intentional; institutional racism can be considered as being exhibited even in organisations which ostensibly have policies and practices which do not discriminate but which nonetheless have differential impact and thereby act to create inequality in service delivery and in outcomes[2].

The consequences of institutional racism can have a serious effect and has been widely recognised as needing to be addressed. For instance, the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 reported evidence that 'racism experienced in the delivery of health services contributes to low levels of access to health services by Aboriginal and Torres Strait Islander people'[3] and recognised that work needed to be done to 'address systemic racism within the health system'[4].

The inequity of the disparities in population health and of health outcomes between Aboriginal and non-Aboriginal South Australians has been much studied and documented. After our initial 2008–2010 health system review found that Aboriginal health outcomes were 'unacceptable' with 'limited access to services perceived by Aboriginal people to be culturally appropriate and relevant to their needs'[5], we undertook two substantial reviews of Aboriginal health and the health system's response to it[6,7], one of

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[1] For more detailed treatment of the concepts, see for instance: Adrian Marrie. 2017. *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services — Report to Commissioner Kevin Cocks AM, Anti-Discrimination Commission Queensland*. Bukal Consultancy Services P/L; Anti-Discrimination Commission Queensland.

[2] C J Bourke; H Marrie; A Marrie. 2018. *Transforming institutional racism at an Australian hospital*. Australian Health Review, volume 43, issue 6. DOI: 10.1071/AH18062

[3] N Awofeso. 2011. Racism: a major impediment to optimal Indigenous health and health care in Australia. *Australian Indigenous Health Bulletin*, volume 11, number 3.
As cited in: Australian Government. 2013. *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

[4] Australian Government. 2013. *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*.

[5] Health Performance Council [South Australia]. 2010. *Reflecting on Results — Review of the Public Health System's Performance for 2008-2010*. Available from https://www.hpcsa.com.au/reviews/2008-2011-4-yearly-report

[6] Health Performance Council [South Australia]. 2014. *Aboriginal Health in South Australia 2011-2014: A Case Study*.

[7] Health Performance Council [South Australia]. 2017. *Aboriginal health in South Australia 2017 case study*.

the key areas for action that emerged through the consultation and research being to 'reduce and remove perceived and real institutional racism towards Aboriginal people within the health system'[8].

The need for work to investigate institutional racism in South Australia's health system became a recurring theme across our work programme in our 2015–2018 review period. Especially, we found considerable circumstantial evidence of racism in its various forms during our post-implementation review of the erstwhile Country Health SA's *Aboriginal Community Consumer Engagement Strategy*, sufficient that we found it justified to include in our report's advice to the minister to 'Identify and, as necessary, tackle any systemic racism and the actual or perceived tendency of staff to the disregard of Aboriginal issues'[9].

The call to tackle racism having become pervasive in our work, our four-yearly statutory report to the Minister for 2015–2018 made a number of recommendations for Ministerial action[10] around recognising, reflecting and addressing through system governance the needs and expectations of the communities who are served, working towards ensuring the health workforce also reflects the communities served, and on practising zero tolerance for discrimination and racism.

In the government's formal response to our four-yearly report[11], SA Health made no comment on several of our items of Ministerial advice, including on our advice to: undertake workplace audits to undertake institutional racism and discrimination; increase recording of Aboriginal identification in the health system; monitor and report on the mix of skills in Local Health Network Governing Boards; and requiring Aboriginal representation on Governing Boards. We inferred from the lack of comments that these components of our Ministerial advice had not been agreed by SA Health on behalf of the Government; furthermore, we remained conscious of the strong call to action from our work, and we therefore decided in mid-2019 to undertake a piece of work to measure and report on institutional racism, especially as to disparities for Aboriginal people, in South Australia's health system.

A purpose of the audit and of the measurement framework on which it is based is to act as an opener for conversations and as a driver for improvement. The audit measurement tool is built upon the cutting-edge work of Professors Henrietta and Adrian Marrie who developed a quantitative matrix for assessing financial accountability, inclusion in governance, service delivery, policy implementation and employment in hospitals[12]. The Marries' matrix framework, and their application of their work in Queensland, showed at the organisational level that hospitals and health care services can reduce institutional racism against Aboriginal and Torres Strait Islander people and produce better health outcomes by:

- Including Aboriginal and Torres Strait Islander people in the governance of the organisation
- Implementing Aboriginal and Torres Strait Islander health policy
- Publicly reporting on their outcomes for Aboriginal and Torres Strait Islander people
- Employing Aboriginal and Torres Strait Islander staff at all levels and occupations

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[8] Op. cit.

[9] Health Performance Council [South Australia]. 2019. *Post-implementation review of Country Health SA's Aboriginal Community & Consumer Engagement Strategy*. Available from https://www.hpcsa.com.au/reports/post-implementation-review-of-country-health-sas-aboriginal-community-and-consumer-engagement-strategy

[10] Health Performance Council [South Australia]. 2018. *Review of the performance of South Australian health systems, the health of South Australians and changes in health outcomes over the reporting period 2015-2018*. Available from https://www.hpcsa.com.au/reviews/2015-2018-report

[11] Department for Health and Wellbeing, Government of South Australia. 2019. *SA Health's formal response to the Health Performance Council's four-yearly review*. Available from https://www.hpcsa.com.au/reviews/2015-2018-report

[12] Adrian Marrie, Henrietta Marrie. 2014. *A Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services*. Bukal Consultancy Services Pty Ltd

- Enabling accountability, and in particular financial accountability, for the policies and outcomes of the organisation for Aboriginal and Torres Strait Islander people.
- Equity in a public health care system that is free of institutional racism will deliver better health care outcomes for Aboriginal and Torres Strait islander people and make a significant contribution to closing the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous people.

This report summarises the outcome of the Health Performance Council's work in South Australia.

Note: in this document, we use the common idiomatic term *Local Health Network* in reference to an Incorporated Hospital within the meaning of the Health Care Act 2008.

Method

Prototype tool development

Prior art

In 2014, researchers Adrian and Henrietta Marrie created a measurement tool designed on five core indicators of institutional racism in which research had indicated that Aboriginal and Torres Strait Islander people commonly experienced or noted as areas in which they experienced institutional racism[13]. Their resulting Matrix, created as a generic template intended for national implementation, was also adapted by them to the specific context of Queensland's Local Hospital Networks[14]. Following trial implementations, at the request of Queensland's then Anti-Discrimination Commissioner the researchers applied their Matrix to a measurement of evidence of institutional racism in all of Queensland's Local Hospital Networks; their report was published at the end of 2018 after nearly two years under restricted access embargo, and found evidence of high or extremely high levels of institutional racism in every one of the state's public hospital provider bodies[15].

This work in Queensland, although showing some unpalatable results, was intended to and did serve to act as a driver for change. Revisit audit work at the original trial site found substantial improvements over two years[2], and generally a number of measures were identified that health system organisations can readily take to reduce institutional racism affecting Aboriginal people, including around:

- securing that their workforce is more representative, with Aboriginal staff employed at all levels and in all occupations in the organisation, and including Aboriginal people in their organisational governance;
- creating and executing on Aboriginal health policy;
- being more open and accountable, publishing information about Aboriginal health outcomes, about their policies and outcomes, and with financial data;
- monitoring over time by applying the institutional racism measurement framework to measure and report regularly on their level of organisational evidence of institutional racism.

Initiation

Conscious that our work should be conducted in a way that recognises and respects that a review of matters relating to Aboriginal health should be guided and delivered by Aboriginal people, we therefore determined that we would appoint an Aboriginal researcher to lead the co-design and delivery of the institutional racism measurement tool. We accordingly engaged Dr Chris Bourke, an Indigenous researcher working under the auspices of the Australian Healthcare & Hospitals Association and Jildara Pty Ltd, as our delivery contractor with a remit to lead a program of stakeholder engagement and to develop a prototype of a tool that could be used to measure and report on institutional racism in South Australia's health system. Dr Bourke had previously collaborated on work in relation to the

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[13] Adrian Marrie, Henrietta Marrie. 2014. *A Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services*. Bukal Consultancy Services Pty Ltd

[14] Public hospitals in all Australian states and major internal territories are managed or operated by a network of organisations called 'Local Hospital Networks'. In Queensland these are known as *Hospital and Health Services*; in South Australia, commonly *Local Health Networks*. Source Australian Bureau of Statistics *MeTEOR* online metadata registry, identifier 711144, available from https://meteor.aihw.gov.au/content/index.phtml/itemId/711144

[15] Adrian Marrie. 2017 (published 2018). *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services — Report to Commissioner Kevin Cocks AM, Anti-Discrimination Commission Queensland*. Bukal Consultancy Services P/L; Anti-Discrimination Commission Queensland.

application of the original Marrie Institutional Racism Measurement Framework in Queensland and was the corresponding author on published literature arising from that work[2].

We undertook an initial consultation and awareness-building process with key stakeholder groups. In particular, lead research contractor Dr Chris Bourke and Assoc. Prof. (Adj.) Adrian Marrie presented their prior research and the concepts of institutional racism measurement to the May 2019 meeting of the Aboriginal Leaders' Forum, a twice-yearly gathering of Aboriginal Leaders in South Australia broadly having an interest in health outcomes and population health research that is coordinated by the Health Performance Council in conjunction with the Wardliparingga Aboriginal Research Unit at the South Australian Health and Medical Research Institute. Following the presentation and discussions on the topic, a sounding of opinion with the broad cross-section of community leaders and representatives at the Forum gave a clear consensus view for this work to go ahead.

Ethical oversight of the prototype tool development, including planned work with individual stakeholders, was sought and obtained from the Aboriginal Health Research Ethics Committee.

Pre-consultation

Our research contractor undertook a series of individual interviews with a broad cross-section of stakeholders to stimulate interest and build engagement. These conversations were intended to foster awareness of institutional racism, build interest in the project and provide insight for development of an agenda for the next step of the work.

We worked actively with our research partner to identify relevant stakeholders for this process and to secure a good and diverse cross-section of people representing different interests. In total, 21 people participated in interviews with our research partner, each spending around an hour in conversation. Participants included, among others, people from both metropolitan Adelaide and from country South Australia, health system consumers, clinicians, representatives from health service providers, health service commissioners, academic institutes and state government agencies. A majority of participants identified as Aboriginal and/or Torres Strait Islander people.

Workshop

We next convened an expert workshop to consider the pre-existing Marrie Institutional Racism Framework and co-develop a consensus on a jurisdictionally appropriate adaptation of the framework. Led by our external research contractors, over the course of a whole day, the participants were further familiarised with the concepts that form the basis of institutional racism measurement and then debated in detail each of the elements of the framework as it had been applied in Queensland and agreed on the changes that should be made that were appropriate to the South Australian health context. Participants agreed that out research contractors should apply their expertise to complete the determination of some of the weightings of each element of the Framework

The participants at the workshop included some who had taken part in the pre-consultation work and others who were new to the project, and were mostly people who identified as Aboriginal and so could contribute from lived expertise. There was a broad range of representation of health management experts, some having expertise from senior executive roles in health system organisations, from allied system bodies and agencies, or having expertise from individual lived experience. As for the pre-consultation work, participants were drawn from both metropolitan Adelaide and country South Australia and included health system consumers, clinicians, service providers and commissioners, and from government, non-government and academic bodies. The large majority of participants are known to identify as Aboriginal people.

Development

Our research partner applied the feedback obtained from the pre-consultations and expert workshop to adapt for the South Australian context a locally nuanced prototype version of the Marrie Institutional Racism Framework. Some of the criteria evidencing racism were modified from the original on the

advice of the experts consulted, but broadly the overall structure of the original Matrix was retained, with five key indicators of institutional racism, each broken down into a number of criteria and sub-criteria each of which was amenable to objective measurement. The scores applied to each criterion or sub-criterion were set in accordance with the guidance of and feedback from the stakeholders in the pre-consultation and expert workshop phases so as to provide an overall score that appropriately balanced the relative weighting that the stakeholders advised should be applied to the criteria.

Prototype tool development was completed in August 2019.

Validation and implementation

The prototype of the measurement tool created for us under the first phase of the project was intended as an intermediate product and not to be considered suitable for use until it had been further refined and affirmed by stakeholders as valid for use. We again engaged Dr Chris Bourke, working under the auspices of Aboriginal consultancy firm Jildara Pty Ltd, as our delivery contractor with a remit to lead on stakeholder validation of the prototype and to apply the validated tool to assess evidence of institutional racism in all ten of South Australia's Local Health Networks. Dr Bourke had previously collaborated on work in relation to the application of the original Marrie framework in Queensland and was the corresponding author on published literature arising from that work[2].

A five-step process was designed to develop a definitive tool from the earlier prototype:

- **Preparation.** Identification of stakeholders to be engaged and obtaining of ethical oversight
- **Validation.** To expose to validation the prototype racism measurement tool developed in the earlier phase of work through three separate one-day workshop each with approximately 10 to 12 participants: a) for Aboriginal health consumers; b) for Aboriginal and non-Aboriginal health professionals; c) for Aboriginal and non-Aboriginal health system senior leaders.
- **Definitive measurement tool development**. To take the concepts and feedback identified in the validation workshops to create a definitive, customised South Australian health institutional racism measuring and monitoring tool.
- **Measurement**. To apply the definitive tool to assess from available evidence the extent of institutional racism existing in the Local Health Networks.
- **Reporting.** To produce and disseminate findings from the measurement exercise.

Ethical oversight was again obtained from the Aboriginal Health Research Ethics Committee prior to work commencing.

Owing to the COVID-19 pandemic, implementation of the validation step as a series of in-person workshops became impossible to deliver as it had become contrary to public health advice and regulatory constraints as well as being of concern to some participants. Instead, with approval from the overseeing ethics committee, a novel use of a 'Delphi' style process was designed in which a more limited number of participants would be recruited and interviewed in two separate rounds of individual conversations with the researchers. A purposeful selection process was followed to recruit around twelve participants into the revised validation process, the intention being to seek four from each of the three cohorts of Aboriginal health consumers, health professionals, and health system leaders[16].

[16] Six participants were initially recruited into the health system leaders cohort, two of whom were from the same organisation and participated jointly. Another participant recruited into the health system leaders cohort chose to withdraw from participation prior to first interview. One participant from the health system leaders cohort was lost to followup, being unable to take part in the second round of interviews. One participant who had been recruited into the Aboriginal health consumers cohort was unable to be booked into a mutually convenient timeslots for interviews and so had no substantive involvement; we therefore consider there to have bene only three substantive participants in this cohort. Another participant in the Aboriginal health consumers cohort was unable to take part in the first round of interviews, but did participate in the second round of interviews.

Each participant in the revised validation method had an initial one-hour individual conversation by video call with the consultant researchers to elicit their views about the prototype tool. An anonymised summary of all feedback was collated and circulated to participants for review. Each participant was then re-interviewed individually then having a further one-hour individual conversation with the researchers to refine and narrow down their feedback. The researchers incorporated the feedback from the two rounds of conversations into the final, now validated, locally customised edition of the institutional racism measurement matrix.

Implementation was completed through a desktop-based process, the researchers assessing available sources of information to build a body of evidence of each Local Health Network's attainment against each indicator and criteria in the measurement matrix. Transparency, verifiability and repeatability being inherent to the design concept, only publicly available information was used to inform the audit.

Limitations

The principles of the South Australian Aboriginal Health Research Accord[17] include that health-related research involving Aboriginal people or communities should deliver benefits that are 'determined by Aboriginal people themselves' and that Aboriginal people and organisations should be involved with both the development and implementation of research. The work of this audit up to the end of July 2020 (but not, in particular, the publication of results including this summary report) was conducted under the supervision of the Health Performance Council which then included two Aboriginal members. We also engaged an Indigenous researcher to lead our audit work, and further we commissioned the researchers for the substantive audit phase of the work under the auspices of an Aboriginal owned and operated corporation. However, we accept as a deficiency that we did not secure partnership in design and delivery with a local Aboriginal partner organisation.

This audit was limited to state government hospital providers — the ten Local Health Networks. We had originally conceived this work as not necessarily being so restrictive, intending that there might be scope to extend to other health system organisations in South Australia such as private hospital providers or the Primary Health Networks. However, the views and direction of stakeholders in the process to customise the original Marrie Institutional Racism Framework to the South Australian context led to a divergence of the tool in the direction of being quite heavily tailored to the context of the Local Health Networks only; an audit of other bodies might be possible and we think remains desirable in principle, but would require further customisation work to produce a suitable audit tool.

Although this review arose from what we heard very clearly in the context of Aboriginal health, we recognise that institutional racism in the state's health system could be manifest against other groups of people too, especially those from the diversity of cultures and languages that are not the population majority. An opportunity might exist in the future to undertake similar work in broader contexts, but we accept for now as a limitation of this review that our measurement and reporting of institutional racism was solely in the context of the deleterious effects on Aboriginal people in South Australia.

[17] *South Australian Aboriginal Health Accord*. Available from https://www.sahmri.org/aboriginal-health-equity-theme/resource-6/

Results

Summary

In reviewing results of this intial audit, we trust that Local Health Network Governing Boards will reflect on their practices and policies that might be embedding covert discrimination and institutional racism and work to improve their corporate governance and cultures. The crude scores provide an objective benchmark against which changes may be assessed over time but we discourage undue emphasis on the numeric score and the resultant categorisation of evidence of institutional racism as the exact scores and the comparison between them is not an intended purpose of this work.

In this initial audit of institutional racism, every one of the nine geographic Local Health Networks in South Australia was assessed as having very high evidence of institutional racism; the Women's & Children's Health Network was assessed as having moderate evidence of institutional racism.

Evidence of institutional racism in each Local Health Network:

Very low	Low	Moderate	High	Very high
		Women's & Children's		Barossa Hills Fleurieu Eyre & Far North Flinders & Upper North Limestone Coast Riverland Mallee Coorong Yorke & Northern Central Adelaide Northern Adelaide Southern Adelaide

Results by Local Health Network

Lower scores equate to more evidence of institutional racism

Central Adelaide Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	24
Policy Implementation	70 points	4
Service Delivery	40 points	0
Employment	40 points	1
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**29**

→ **VERY HIGH** evidence of institutional racism

Northern Adelaide Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	22
Policy Implementation	70 points	16
Service Delivery	40 points	0
Employment	40 points	1.5
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**39.5**

→ **VERY HIGH** evidence of institutional racism

Southern Adelaide Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	12
Policy Implementation	70 points	14
Service Delivery	40 points	0
Employment	40 points	2
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**28**

→ **VERY HIGH** evidence of institutional racism

Barossa Hills Fleurieu Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	8
Policy Implementation	70 points	13
Service Delivery	40 points	0
Employment	40 points	0
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**21**

→ **VERY HIGH** evidence of institutional racism

Eyre & Far North Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	10
Policy Implementation	70 points	10.5
Service Delivery	40 points	0
Employment	40 points	2
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**22.5**

→ **VERY HIGH** evidence of institutional racism

Flinders & Upper North Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	19
Policy Implementation	70 points	13.5
Service Delivery	40 points	0
Employment	40 points	2
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**34.5**

→ **VERY HIGH** evidence of institutional racism

Limestone Coast Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	17
Policy Implementation	70 points	10.5
Service Delivery	40 points	2
Employment	40 points	5
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**34.5**

→ **VERY HIGH** evidence of institutional racism

Riverland Mallee Coorong Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	17
Policy Implementation	70 points	11.5
Service Delivery	40 points	0
Employment	40 points	2
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**30.5**

→ **VERY HIGH** evidence of institutional racism

Yorke & Northern Local Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	17
Policy Implementation	70 points	16.5
Service Delivery	40 points	1
Employment	40 points	2
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**36.5**

→ **VERY HIGH** evidence of institutional racism

Women's & Children's Health Network

Key indicator	Indicator points	Score
Participation in Governance	30 points	21
Policy Implementation	70 points	26
Service Delivery	40 points	18.5
Employment	40 points	18.5
Financial accountability & reporting	20 points	0
TOTAL	**200 points**	**84**

→ **MODERATE** evidence of institutional racism

Further reading

This South Australian Local Health Network institutional racism measurement tool is derived from the *Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services* created by Adrian Marrie, Henrietta Marrie and Bukal Consultancy Pty Ltd, and has been incorporated into this audit and report under licence.

This document provides only a short summary of the results of the institutional racism audit that was conducted. For a more thorough treatment, please refer to the full audit report, which includes more detailed analysis notes on usage. This is available on our website alongside this summary: https://www.hpcsa.com.au/reports/institutional-racism

Advice to the Minister

1. **Ensure that local Aboriginal communities have direct input into the highest levels of decision making by Local Health Networks**

   In our four-yearly report, we advised:

   > *The Minister should direct the department and local health network boards to include representatives of local Aboriginal communities' diversity and interests in decision-making bodies (including boards, consumer advisory and clinical governance committees and groups) that advise and oversee health services used by Aboriginal people, in line with guidelines such as the National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres and Strait Islander Health*

   We are not aware of any formalisation of this recommendation in the drafting of regulations or in Ministerial directions to the Local Health Network boards, and there was no direct comment on this advice in SA Health's formal response to our four-yearly report.

   This initial audit found low Aboriginal community engagement at Governing Board level, the existence of few Aboriginal community-based consultative bodies, and not all of the Local Health Networks having members of their Governing Boards who identify as Aboriginal. These results on audit of institutional racism reaffirm and amplify our advice that the Minister should actively seek to secure direct input to Local Health Network Governing Boards and at senior executive level by people who represent the Aboriginal communities served by the Local Health Network.

2. **Direct the Local Health Network Governing Boards to create and implement plans for Aboriginal workforce representation**

   This audit found evidence for only one of the ten Local Health Networks having an Aboriginal workforce plan. We reaffirm the advice we made in our four-yearly report that action be taken to plan for and deliver on strategies to ensure that the health workforce reflects the communities who are served.

3. **Create a culture in the Local Health Networks and their Governing Boards of openness, transparency, and a tendency to publish information by default**

   The institutional racism measurement makes assessments of the evidence of institutional racism on the basis only of publicly available information. Although this assists in the feasibility of audit, it is more deeply a fundamental design principle of the assessment tool, thus encouraging public bodies to make more and relevant information available to the public.

   The full audit report notes that Local Health Networks have on some criteria in the audit been given zero or very diminished scores because 'some things may be taking place, but they are not being reported in a way which is easily accessible, the information instead being contained in internal LHN and departmental documents and data bases'. The lack of available information was frustrating and made it harder to make proper assessments of the evidence for institutional racism in the Local Health Networks.

   Being more open with information is not merely a matter of mechanically allowing for a higher assessment score; we consider that a culture of secrecy, siloing of data and disinclination to publish by default, is itself a demonstration of the covert discriminatory and potentially racist policy environment that can exist in organisation. We especially note that this initial institutional racism audit found no evidence, for any of the Local Health Networks in South Australia, to mitigate against the assessment of institutional racism under the indicator of financial

accountability and reporting, which represents a failure to be open and transparent about the expenditure of considerable sums of money, including allocations from the Federal and State Governments; we agree with our contractor's findings in the full report that 'Aboriginal people, as well as the community at large, want, and have a right to know how […] money is spent on programs targeted to address Aboriginal health needs'.

We strongly advise that the Local Health Networks be encouraged to create a corporate culture in which the publication of information and the ready availability of administrative data for secondary statistical use is the default.

4. Direct the Governing Boards of the Local Health Networks to secure Aboriginal Cultural Safety

This audit did not find evidence that Governing Board members were routinely and in all cases undertaking cultural learning training, and we found limited evidence for the existence of strategies and frameworks for securing training in and attainment of cultural safety across the workforce. Further, almost half of the Local Health Networks did not have evidence of having Reconciliation Action Plans. We advise that cultural safety training be required, including for Governing Board members, and that strategies be created and implemented to secure that cultural safety becomes embedded for all Local Health Networks.

5. Direct Local Health Network Governing Boards to report publicly at least annually on how they have engaged with their consumers and communities

Although we gave nearly-identical advice to the Minister in our four-yearly report, and while we acknowledge the view of SA Health in their formal response to that report that the boards 'will continue to engage with and feedback to their local communities on all of the board activities […] including engagement activities'[18], we consider that the results of this initial audit of evidence of institutional racism demonstrate a need for the networks to make more direct and express routine publication of their actual community and consumer engagement activity, not just what is planned.

6. Continue to create, and then implement, a health diversity and inclusion framework.

In our four-yearly report to the Minister for 2015–2018, we advised:

> *The Minister should make a clear public statement on his diversity and inclusion strategy for health, including expectations for the public and private health systems, the department, local health networks, boards and workforce as a cornerstone of an effective health system for South Australians. This should cover, and not exhaustively, policies on recruitment, training, language access and communication, and seeking input and feedback from staff, consumers and communities*

We are aware that SA Health has stated it has commenced work on developing a diversity and inclusion framework, intended as a guiding set of principles for Local Health Networks to develop local strategies tailored to their own governance arrangements[19]. We advise ongoing development of such frameworks along with a commitment to the ongoing evaluation of the success of their implementation.

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[18] Department for Health and Wellbeing, Government of South Australia. 2019. *SA Health's formal response to the Health Performance Council's four-yearly review*. Available from https://www.hpcsa.com.au/reviews/2015-2018-report

[19] Op. cit.

7. Regularly repeat and publish results of an institutional racism audit

We advised the Minister in our four-yearly report:

> *The Minister should direct the department and local health network boards to undertake workplace audits to understand institutional discrimination and racism towards Aboriginal people, people from culturally and linguistically diverse communities, and other specific population groups who may be vulnerable within the health system*

Aside from this Health Performance Council initiated audit, we are not aware of any measurement of institutional discrimination and racism in Local Health Networks, and we received no comment on this advice from SA Health in their formal response to our report

The Health Performance Council has secured a licence for the customised South Australian Local Health Network Institutional Racism Measurement Tool to be re-used in the future and we recommend that the Minister secure that the audit be repeated biennially and the results openly published. A purpose of the audit and of the measurement framework on which it is based is to act as an opener for conversations and as a driver for improvement.