

## CASE STUDY OF LITTLE FISH'S INVOLVEMENT IN THE KATHERINE WEST HEALTH BOARD PROGRAM

### Background

Little Fish has been working closely with Katherine West Health Board, Northern Territory, since its very beginning in 1997. The board's area lies in the light green shaded area shown on the map below. It is home to a number of different aboriginal language groups and communities.

In a sense it could be said that our company matured along with the Health Board. The Board itself came into being against all the odds due to the energy and determination of the Director, Marion Scrymgour, now Australia's first female indigenous minister, and the vision of indigenous leaders from several of the communities from the Katherine West region.

The Commonwealth Government funded the board under new flexible 'pooled' funding arrangements. This was the first time an indigenous organization had received such flexible funding and the government was very cautious.



Little Fish was employed by Katherine West to work closely with the Director and the board to ensure that the board was genuinely empowered. This involved making sure that board members genuinely understood the organization's complex finances and that they were clear about practical 'governance' issues such as their roles and responsibilities.

However, the work took on an added dimension as it became clear that the increasingly enormous amounts of information given by the government to the board was becoming very difficult to understand even for the trained health administrators in the organization.

Late in the second year the Commonwealth Department Of Health And Ageing employed Little Fish to make sure that government material was truly accessible to board members so that they could take genuine decisions based on clear information that was properly understood.

During the 5 years from 1997 to 2002 Little Fish worked intensively with the board and still retains a working relationship to this day.

Katherine West is considered to be a great success story and an organization where genuine self management has taken root. We are very proud to have played our part in its success.

#### Little Fish™

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AN EXERPT FROM A  
“ORDINARY PEOPLE, EXTRAORDINARY LIVES”  
Margaret Carroll, Financial Advisor, in Chapter 11 (p132-133)

Published by New Holland (Australia) Publishers Pty. Ltd. 2001. ISBN 1 86436 685 0

“I came across a good example of [how far Little Fish’s ideas have spread](#), during my interview with 71 year old Jack Little at Bulla Community in the Top End (see chapter 5). He is vice president of the all Aboriginal Katherine West Health Board, which administers several million dollars annually. Jack disappeared inside his house and returned triumphantly bearing a laminated picture of the Board’s story. Hugh had listened to their issues and illustrated them pictorially. ‘Look!’ said Jack. ‘This is how we community and government people can listen to each other and work hand in hand’ “.



**Jack Little and Senator Kay Patterson At Katherine West April 2002**

*Senator Kay Patterson, the then federal minister for Health And Ageing, was highly impressed when she picked up a Money Story® that Little Fish had prepared for Katherine West Health Board. When she asked what it was, board members explained the Board’s finances to her using the Money Story® and then went on to explain how they took strategic decisions and reallocated funds using this uniquely powerful tool. The Senator mused that it was something that the Treasurer might use to present budgets. In our opinion, it’s just what’s needed!*

A COMMENT FROM  
**THE ABORIGINAL & TORRES STRAIT ISLANDER COORDINATED  
CARE TRIALS NATIONAL EVALUATION REPORT  
KPMG Consulting. 2001.**

VOLUME 1 Chapter 5 Page 255

The national evaluator quotes extensively from the local evaluator’s report about Little Fish’s work with Katherine West Health Board and comments  
“The local evaluator also emphasises the enormity of learning that was required of KWHB in a short period of time”.

We quote at length from the local evaluators report on the following pages.

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**AN EXERPT FROM  
JIRNTANGKU MIYRTA – KATHERINE WEST COORDINATED CARE  
TRIAL – FINAL EVALUATION REPORT  
Menzies School Of Health Research. 2000. Local Evaluator.**

P 90.

## **7. Cross-cultural communication in the Katherine West CCT**

The Katherine West CCT has generated a number of issues in the domain of cross-cultural communication. For many KWHB members, English is the second or third language that they speak. Few KWHB members have received a high level of formal education. Yet participation in the Trial requires not only a capacity to communicate in English, but also familiarity with complex bureaucratic procedures, and an understanding of the health system.

Conversely, few of the governmental and other officials who generate letters, memoranda, position papers, etc. are familiar with the cultural perspectives and life experiences of indigenous Trial participants.

As evaluators, we have been implicated in these issues in two ways: firstly, part of our task has been to monitor the ways in which these issues have been addressed; secondly, the reports that we have produced are themselves subject to all of the cross-cultural communication issues associated with the Trial.

In this section we address both of these tasks.

### **7.1 Use of pictorial tools**

The need for effective channels of communication within KWHB and between Board members and other agencies involved in the Trial was recognised by KWHB and others well before commencement of the Live Phase. So too, so far as the Board was concerned, was the need for non-Aboriginal officers to communicate in plain English, whether in speaking or writing. To assist in these processes, the Health Board, and later the Commonwealth Department of Health and Aged Care, engaged the services of Little Fish consultants who specialise in the enhancement of cross cultural communication and information flow. Little Fish was engaged by KWHB to work with Board members from December 1997 till the end of the Live Phase of the Trial.

During that time a trainer from Little Fish (Mr Hugh Lovesy) attended most KWHB meetings. A flexible training strategy was developed to cover core needs of Board members, especially that of gaining an understanding of the CCT and the Health Board's role and of [training members to take information and share it with people in members' communities](#). The strategy was based on an [interactive process](#) in which Board members had input into the training content and material produced. Much of the training utilised pictorial material based on concepts familiar to the members.

An example is the pictorial story of KWHB and the role of the CCT, included here (see picture titled 'Jirtangku Miyrta Katherine West Health Board'). This picture was developed with Health

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Board members, with the aim of giving them a greater understanding of the CCT, and as a visual aid when explaining the CCT and the Health Board to people in the communities.

Other visual aids were developed during the Live Phase, including one designed to explain the different roles and responsibilities of each of the parties involved in the Trial (see page titled 'Main Roles or Hats in the Trial' included in this report). This picture was used to explain terms such as purchaser, provider and funder, and the roles of the Monitoring Group and Local Evaluator. (Visual aids such as these were never intended to stand alone, but were developed to be used in conjunction with a spoken presentation.) Little Fish was also engaged by the Commonwealth to assist in information flow in Monitoring Group meetings throughout the Live Phase.



#### **A Winning Team**

*Some of the Alice Springs Office winning team. Joe Hockey, Federal Minister for Small Business And Tourism presents the national award*



#### **The Telstra And Australian Governments Small Business Award**

Little Fish, were the first ever Northern Territory company to win a national award in these prestigious business awards. (Telstra CountryWide Regional Incentive Award 2002).  
Open to companies with 100 employees or less.

The main focus of training throughout the Live Phase has been on **financial management**, to enable Board members to gain a genuine understanding of the finances. This has been achieved through the utilisation of a **sophisticated pictorial tool** developed by Little Fish called the Money \$tory®. An example of the Money \$tory for the KWHB's budgets is included in Part 3 of this report. At each KWHB meeting during the Live Phase, monthly financial statements were presented to the Board by the trainer from Little Fish, and more recently **by some Health Board members**, using the Money \$tory. This pictorial tool allows people to **clearly identify income, expenditure, budgeted amounts and budget line items** and effectively uses color to enhance comprehension. It also allows any **over expenditure on budget line items** to be **clearly seen** by utilising a graphical format.

As observers at KWHB meetings throughout the Live Phase, we **have witnessed the progress** that Health Board members have made in terms of **gaining a genuine understanding** of the KWHB finances.' It is **clear that the Money \$tory and the training provided have been effective**. By the end of the Live Phase several **Health Board members were able to present the financial report using the Money \$tory** and in addition **several were able to ask questions of the staff when they identified something in the Money \$tory which concerned them**.

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At the same time, it has also been apparent to us that genuine training in imparting these skills is a slow process requiring a long term commitment from all parties. The process cannot, in our judgement, be rushed, yet it does not sit easily alongside the frantic tempo of much contemporary governmental practice, in which organisations such as health boards are called upon to respond speedily to documents that have often themselves been hastily produced in an inadequate time-frame.

*Informed decision-making presupposes genuine access to information, not merely formal access. Creating opportunities for genuine access in a cross cultural context in which all of the communications are couched in the cultural conventions of the dominant party requires time, money and sustained commitment. We wish to emphasize the relevance of this point to any future trials.*

As mentioned previously in this report, [many Health Board members have commented that this is the first time that they have been given a real opportunity to gain an understanding of financial management and the role and responsibilities of being a Board member.](#)

### AN EXERPT FROM A LETTER TO LITTLE FISH FROM THE STATE MANAGER OF THE COMMONWEALTH DEPT. OF HEALTH AND AGEING

Commonwealth Department Of Health and Aged Care  
Northern Territory State Office  
13 Scaturchio Street NT 0800  
Telephone: (08) 8946 3444 Fax: (08) 8946 3400

Mr. Hugh Lovesy  
Little Fish  
PO Box 3696  
Alice Springs NT 0871

Dear Hugh

As the Co-ordinated Care Trials draw to a close, I believe it is an opportune time to express my thanks for your contribution to the success of the Katherine West Co-ordinated Care Trial.

As you are aware, parties to the Trial agreed in the early development stages [that the work we were to undertake would not be easy](#), not least because of the isolation factor. The diverse community of interest across the identified Katherine West region and the differing levels of literacy in the English language among the community representatives added further layers of complexity to our collective task. The challenge was how to ensure that everyone had equal access to relevant information, was kept abreast of developments, new ideas, and alien concepts like monthly financial returns and income and expenditure statements.

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Fortunately for the Trial and the partners, your company Little Fish was selected to help us meet this challenge. Drawing on your background in community development work, both here and overseas, you were able to develop, in consultation with the executive of the Katherine West Health Board, Territory Health Services and Health and Aged Care, a number of "Story Books" that illustrated in pictorial form complex concepts and financial data.



### From National Awards To Bush Work

*We improvise! Hi tech is great, but we are ready to use low cost low tech any time. Even if we use recycled cardboard to stick our big posters on. At least anyone can pick the posters up and use them for a Money Story® delivery.*

Using this methodology to explain the philosophy behind Co-ordinated Care and how the many government and non-government agencies would work together was a **great achievement**. That notwithstanding, I consider that **your greatest achievement** was demonstrated at the February 1999 Meeting at Timber Creek when **members of the Katherine West Health Board delivered, with confidence and clear understanding of the content, the financial component of the agenda utilising the "Money Story"**. This was a **major break through**. Members of the board have since gone from strength to strength in the development of their understanding of the complexities of running a health service and why it is so important to have sound financial management.

As you have probably heard, I am leaving the Northern Territory soon to return to Canberra. I have enjoyed working with you over the past two years and wish you, and your colleagues at Little Fish, every success in the future.

Yours Sincerely,

Michelle Capitaine  
Manager  
Northern Territory  
28 January 1999

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**AN EXERPT FROM AN  
ADDRESS AT THE NATIONAL CONFERENCE AT THE INSTITUTE  
OF PUBLIC ADMINISTRATION AUSTRALIA (IPAA) 1999.**

In conjunction with The Commonwealth Association For Public Administration And Management (CAPAM).

Mr. Andrew Podger, Secretary (CEO), Commonwealth Department Of Health And Ageing.

**Aboriginal Coordinated Care Trials: Partnerships, Responsibility & Better Health**

Page 6.

The Katherine West Health Board has used an [innovative approach](#) to communicating complex information into a form that communities can easily understand.

For financial management information, the Board uses a system developed by a company called Little Fish that converts modern accounting information and systems into an accessible, pictorial form for the local community. It has been [an important step](#) in ensuring that Board's members can draw on relevant professional financial expertise and practice.

The Board members mainly come from Aboriginal communities and many have limited reading and writing skills. To allow members to understand their financial situation and to make informed decisions on financial matters, the Board has used the Little Fish system to portray its financial data in pictorial form, called The Money Story®.

The Money Story converts best practice accounting concepts into a form easily understood by the community. For example over expenditure is portrayed with a sad face, and under expenditure with a happy face; months of the year are depicted pictorially as three seasons, the Wet, the Dry and the Buildup. This method is able provide a good bad analysis of the figures, line by line, and gives members a point of departure in discussing the Board's financial situation.

Katherine West has thereby reached a point where people [from the communities understand their financial situation](#) at any given time and are [able to discuss these issues confidently](#). Some community members have even gone on to [master spreadsheets due to The Money Story](#).

The Katherine West community has also developed a Walking Together Story to help all the partners, government and community, to understand each other's perspectives and priorities. The Walking Together Story depicts two roads and significant milestones. When the partners are not working together well, it portrays two separate roads running parallel. However, when things are working well, the two roads converge.

The Money Story and The Walking Together Story have been [very successful](#) in allowing the Katherine West communities to participate fully in the management of the local coordinated care trial.

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AN EXERPT FROM  
"THE HARDEST CONCEPT .... THE INSIDE STORY OF THE  
KATHERINE WEST HEALTH BOARD"

By Harvey Creswell – From The 2001 Draft

## Training

Community control was just meaningless jargon unless the Board members really understood what was going on. With knowledge comes power to run their own affairs. So a key issue early on was how to give the members genuine understanding and knowledge. But in this, as in every other issue, there were obstacles. The first one was money.

*One of the things I wrote was looking at training of those members - and the Commonwealth was never convinced that was a good thing. They kept saying we don't have funding for the training and if you want to train these members you're going to have to do it out of your existing funding. So it was playing with an inadequate budget.*

(Marion Scrymgour)

Focusing on the areas of human resources and financial management, Marion and the members looked around to see what training was available.



### From Board Room To Bush Track

*Sometimes it is really  
'Bridging Two Worlds'.  
Like when we have to drive from  
a main stream training session  
over 1,700 kilometres on rain  
soaked bush tracks just to do a  
presentation in a remote  
community!*

Eventually Marion remembered Hugh Lovesy, who had been trying to get funding to do his 'Money Story' training package with communities in Central Australia. So near the end of 1997, Marion engaged Hugh's company, Little Fish, to work with the Board on the issues of the roles and responsibilities of Board members, financial accountability and human resources. There was no time for Hugh to do the 'needs analysis' which would normally precede a training package - instead, everyone had to jump in together and see what happened: an 'ongoing needs analysis' was combined with the actual delivery of training.

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From the very first session, the criterion by which the training was judged was that of genuine understanding, not just a nodding of heads:

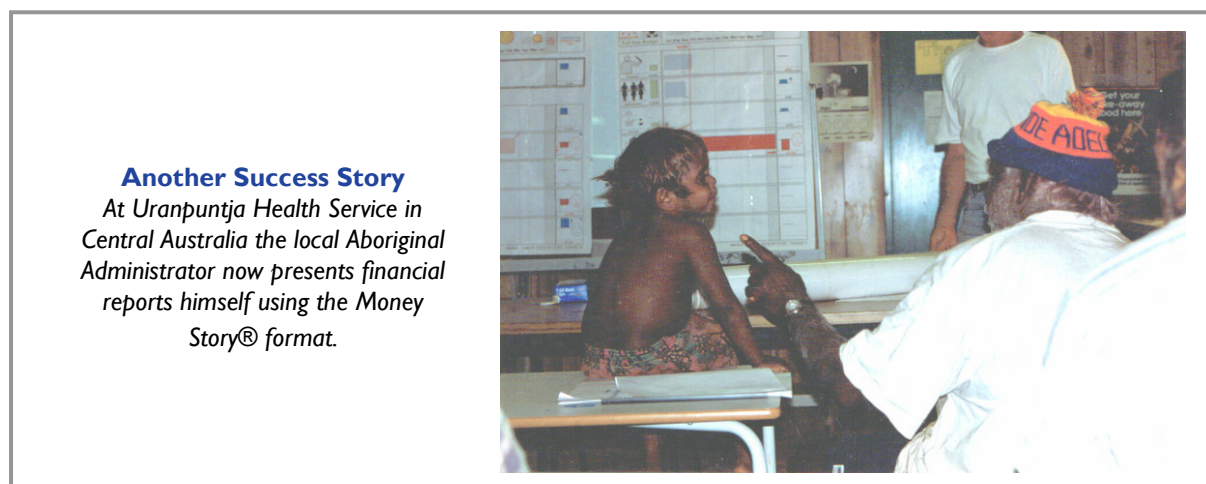
*The main performance indicator throughout all the training is whether [the information discussed at the training sessions can be passed on to other Board members not present or other members not present.](#)*  
(Draft Report, Little Fish)

In developing many of the training concepts, Hugh was able to utilise the ideas put forward some of the Board members themselves. For example, the metaphor of the Health Board as a rainwater tank, receiving money from governments and then using it for communities, was first put up by Jack as a way of explaining the need for training and for Board members to accept responsibility:

*We have to fix the problem ourselves and not rely on other people to do it. We need to look at what is causing the problem. If we don't look after the tank and if the tank gets a hole the money will go somewhere else. We all make mistakes and we learn from our mistakes*

(Jack Little, at workshop on 3 July 1997)

Hugh was able to develop Jack's concept of 'stopping leaks from the tank' over the coming months in his training package.



The context in which the training was required determined the nature of the training provided. And the context was that [Board members saw themselves as sitting in an informational 'no mans land' between governments and communities,](#) a situation made more difficult by the [inability of governments to present information in a form which was comprehensible.](#)

*The Executive members are particularly concerned they are sandwiched between two difficult situations. Firstly, and most importantly mass information being presented by Government Departments to the Executive and Board. The Government Departments, with a few notable exceptions, have made no special effort to make sure the material that is being presented is of a very clear nature, which could be quickly and easily understood.*

*On the other hand the Board is very concerned that information should flow down through the Board to community members. Without community members understanding what the Trial is about and giving it their*

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support, it is unlikely that a high level of success will be achieved in the Trial.

The Director has, on the advice of the Board, contacted several Government Departments and asked them to make much more effort in simplifying information that's flowing into the Executive and Board. However, despite one or two exceptions, Government Departments have not made any significant response to this request.

(Draft Report, Little Fish)

In the way in which it was used at Katherine West, 'training' is an inadequate word. It was not simply the transfer of information or 'facts' from one head to another. Rather, it was a constant process of negotiation between different knowledges, with the outcome being a hybrid which in effect mediated between two cultures. Probably the best example of this is a diagram of two roads to health which the Board developed as a way of illustrating such mediation. The 'Two Roads' picture became the Board's signature document.

Over the years of the Trial, the cultural mediation practiced by Little Fish and the Board under the name of 'training' turned out to be invaluable. Mostly it covered 'The Money Story' - a pictorial representation of financial accounts - but also it had to deal with such concepts as the notion of 'provider-funder-purchaser' separation of roles (dealt with by people literally putting on 'different hats') and many other tricky issues.

### EXERPTS FROM A BUSINESS OVERVIEW OF LITTLE FISH BY PATTENS STRATEGISTS OF ADELAIDE. DECEMBER 2002.

"Little Fish has the potential to be a national, and potentially international leader, in the delivery of financial information flow services.... Little Fish is a progressive forward thinking company, set apart from its competitors with a high level of service definition and a competitive advantage."

#### Customer Review

This Business Overview included a customer review process. A range of customers and contact details were provided by Little Fish and the customer was contacted by telephone and asked the following five questions.

- What service does Little Fish provide to your business?
- How would you rate the quality of their work and how could you improve the quality of their work?
- How would you rate their level of customer service and how could this be improved?
- How does Little Fish compare to its competitors?
- Do you have any suggestions for improvements for Little Fish?

**Kirk Whelan – Kirk is the current Director of Katherine West. He has a lifetime of experience working with Indigenous people. He worked for the Commonwealth Department of Health And Ageing as the Officer in charge of the coordinated care trials when Katherine West was starting up.**

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## Kirk Whelan – Director

Little Fish provides Kirk's organisation financial services predominantly in terms of The Money Story.

Kirk could not think of any other model comparable to what is offered by Little Fish, it is unique and he asserted that it is **unbelievably good** as it enables people with low level of English or no understanding of finances **to ask questions** and then they **become part of the process of making financial decisions** about the organisation.

Kirk said, "The services provided by Little Fish are **extremely high value for money**. When compared to the mainstreaming accounting sector which are very unsupportive of Little Fish's products, it would be very difficult to get an accountant to provide a positive appraisal about Little Fish but this may be because they are seen as a threat and in general, accountants are out of touch with their business."

Kirk asserted that the information flows from The Money Story can be used to make decisions and address options at the grass routes level. He said "It is difficult to attract funds to support the Little Fish product offering but this is mainly due to one or two people at government level that have gone out of their way not to support the model."

He said, "He finds this very difficult to understand, maybe because the product does not fit with standard accounting procedures, even though it offers much much better benefits."

In terms of improvement Kirk suggested that at some stage an in house software package could be offered which would enable Little Fish to expand its business.

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"Your company has developed a significant standing in the Territory particularly with your Money Story and your work on the Katherine West health care trials". Personal letter of 07-10 -2003.

John Ah Kit, Minister, Northern Territory Government.

It is great to get such an endorsement by Minister Ah Kit as he is one of the first indigenous ministers in the country.

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