

Far West Local Health District



Aboriginal Health Framework 2021

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ACKNOWLEDGEMENT OF COUNTRY

The Far West Local Health District acknowledges the traditional owners of the lands within its boundaries including: the Barkandji; the Muthi Muthi; the Wilyakali; the Ngiyampaa; the Wadigali; the Malyangaba; and the Wangkumara.

We acknowledge and pay respects to the Elders past and present and their ancient wisdoms. We also acknowledge the Aboriginal community members who are part of our communities today.



Ngaratya – Together in Company

Corey Payne Paakintji / Wilyakali Aboriginal Artist born and raised in the Far West of NSW, Broken Hill.

STATEMENT OF COMMITMENT BY FAR WEST LOCAL HEALTH DISTRICT

Aboriginal communities across the far west are culturally diverse and have a rich and enduring heritage, cultural practices and traditions.

We recognise the history of colonisation, the pain and loss placed on the lives of Aboriginal people by past practices and policies such as assimilation and dispossession. We regret the impact this has on the health and wellbeing of Aboriginal people, families and communities. We are committed to redressing this and closing the gap in health outcomes between Aboriginal and non-Aboriginal people.

We recognise that listening to Aboriginal people is a vital first step in carving a new way forward together. We welcome the opportunity to work with and learn from our Aboriginal staff, partners and community, and are committed to working together to build organisational cultural proficiency and bring Aboriginal cultural expertise and Knowledge into the design and delivery of health services.

We value and celebrate the cultural diversity, Knowledge and expertise of our Aboriginal staff, communities and partners. We will value and respect cultural diversity and will celebrate Aboriginal culture. We welcome the opportunity to work with and learn from our Aboriginal partners.

Racism - structural or direct – discrimination, or tokenism are not tolerated in our services or the relationships we have with partners and community.

This commitment is embedded in this framework and demonstrated through:

A **strategic commitment:** our Strategic Plan 2021-2026 embeds Aboriginal health as a strategic priority; and all related health service plans and strategies must address how they will contribute to improving Aboriginal health outcomes.

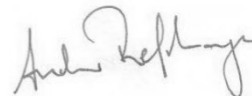
A **workforce commitment:** our Aboriginal Workforce Plan 2021-2026 commits to an increase in the number of Aboriginal staff to a target of 13% of the total workforce over the next 5 years, with strategies to ensure appropriate support for the workforce, to see this is reflected at all levels of the organisations.

A **cultural commitment:** through Respecting the Difference and the Reconciliation Action Plan we will build culturally respectfully relationships with Aboriginal staff, patients, their families and carers, partners and communities. We commit to building organisational cultural proficiency to ensure respectful, safe and accessible services.

A **governance commitment:** this framework outlines the principles underpinning how we work, how we engage with Aboriginal people, community, partners and the Aboriginal workforce. It embeds Aboriginal health in the Organisational Governance Framework.



Umit Agis
Chief Executive



Andrew Refshauge
Board Chair

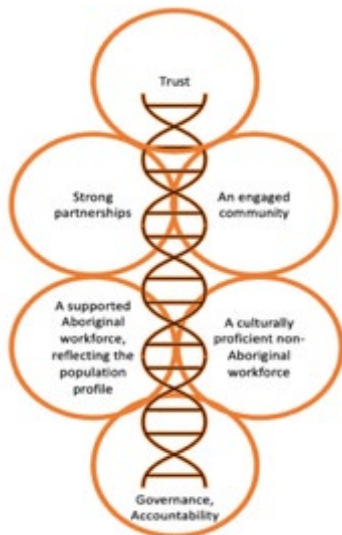
FRAMEWORK AT A GLANCE

This framework outlines the principles underpinning how we work and engage with Aboriginal people, community, partners and the Aboriginal workforce to design and deliver culturally responsive services and improve health outcomes as measured by identified Key Performance Indicators.

It embeds Aboriginal health in the Organisational Governance Framework and supports the delivery of key priorities including the Strategic Plan 2021-26 and the Aboriginal Workforce Strategy 2021-26.

Vision

Together with our partners and community, we deliver culturally safe, responsive and respectful health services that are free from racism and discrimination; and promote and enable health equity for Aboriginal people across the lifespan.



Principles

These principles have been identified through consultation as critical to guiding the work of the Far West in improving the wellbeing of Aboriginal people and communities.

The realisation of these principles in practice will support the Far West in seeing that Aboriginal health is 'lived in the DNA of the organisation', to transform the system and improve relationships and outcomes.

Engagement and partnerships

The framework identifies effective engagement, collaboration and partnerships with Aboriginal communities, organisations and people including the workforce of the Local Health District and those accessing services as primarily important to ensure safety and quality of care, and improved health outcomes for Aboriginal people.

Community engagement

The Framework adopts the Murdi Paaki Accord principles for engaging with Aboriginal communities in the Far West and articulates appropriate engagement mechanisms through Community Working Parties and Local Aboriginal Land Councils with an expectation that health services and District staff will foster strong, meaningful and collaborative relationships with community.

Partnerships

This Framework recognises the importance of partnerships with the Aboriginal Community Controlled Health Sector (ACCHS), Maari Ma Health Aboriginal Corporation (Maari Ma) and Coomealla Health Aboriginal Corporation (CHAC). It outlines opportunities to strengthen partnership arrangements in consultation with these services.

Governance

This framework articulates Aboriginal health responsibilities across the four pillars of the Organisational Governance Framework, particularly:

Clinical governance: Service quality, safety and access; population and community health.

Corporate governance: Aboriginal leadership in decision making; relationships with partners and community.

People, culture and operations: Aboriginal workforce reflects the population; cultural proficiency of the non-Aboriginal; leadership and accountability for Aboriginal health are embed in executive and management roles

Operational performance: Performance monitoring and ensuring appropriate resourcing profile for Aboriginal health.

Accountability

Key performance indicators have been identified for regular monitoring, and the Far West will convene an annual forum with partners and community to discuss progress made in improving Aboriginal health outcomes.

INTRODUCTION AND CONTEXT

OUR DISTRICT

The Far West Local Health District (Far West) works within the lands of the Barkandji, the Muthi Muthi, the Wilyakali, the Ngiyampaa, the Wadigali, the Malyangaba, and the Wangkumara peoples.

The Far West is the most sparsely populated Local Health District in NSW. In 2016, the estimated resident population was estimated to be nearly 30,400, or 0.4% of the total NSW population. Aboriginal people make up 13% of the population, with Broken Hill having the highest number of Aboriginal people.

The region has the highest proportion of Aboriginal people compared to any other region in NSW. Overall, the population is expected to decline by 11% by 2036, however this decline is not expected to be even. Broken Hill is expected to have a declining population by 19% while Balranald is likely to have a population increase of 28%. This will impact on future health service delivery.

The Far West covers a geographical area of 194,949 square kilometres and uniquely shares borders with three states (South Australia, Victoria and Queensland) and is closer to Melbourne and Adelaide than Sydney (1,100km away). There are very strong healthcare links with South Australia and Victoria.

Far West NSW mainly consists of open plains and is dominated by pastoral grazing and mining to the north. Some of the Far West's environment is very fragile yet is home to 30,000-year-old Aboriginal rock carvings and a brilliant diversity of native species. The region has three rivers - the Darling/Barka, the Murray and the Murrumbidgee. These rivers are significant for the Traditional Owners and provide connection to their lands.

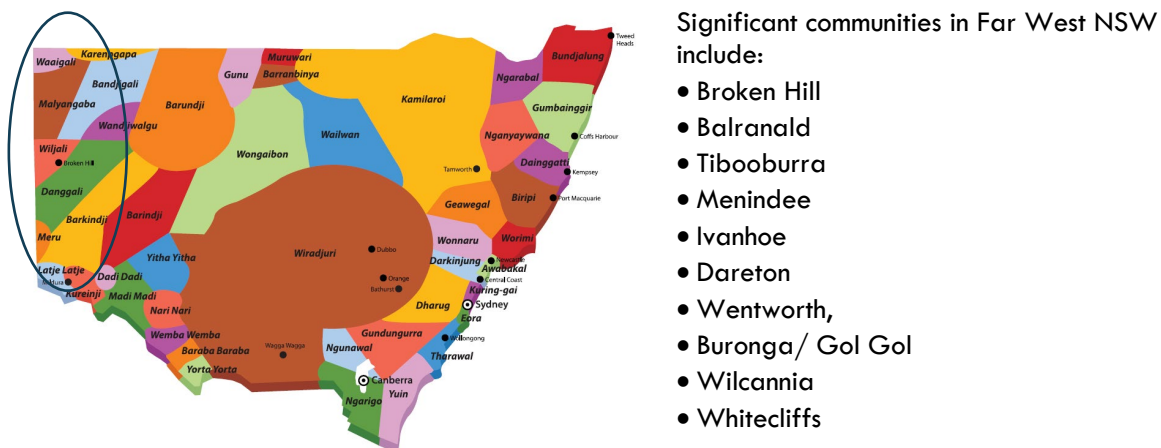


FIGURE 1 MAP OF ABORIGINAL COUNTRY IN THE FAR WEST

Note: Disclaimer: This map indicates only the general location of larger groupings of people, which may include smaller groups such as clans, dialects, or individual languages in a group. The boundaries are not intended to be exact. Source Aboriginal Mental Health and Wellbeing Strategy 2020-2025

PROFILE OF ABORIGINAL PEOPLE IN FAR WESTERN NSW

In 2016 there were 3,866 people who identified as Aboriginal¹, representing 13% of the population. The majority of Aboriginal people are children and young people aged 5-14 years (20.2%), whereas the majority of non-Aboriginal people are aged over 65 (21.9%). Five per cent of people who identified as Aboriginal were over 65 years².

The distribution of people who identified as Aboriginal across communities is outlined below, noting that this does not include the unincorporated area³. The majority of Aboriginal people reside in Broken Hill, while the highest proportion of Aboriginal population is in Central Darling LGA.

Local Government Area (LGA)	Number of Aboriginal and Torres Strait Islander people	% of LGA population
Balranald	206	9%
Broken Hill	1504	8.5%
Central Darling	739	40.3%
Wentworth	654	9.6%

The health of Aboriginal people in Far West Local Health District

In 2020 a Health Needs Assessment was prepared by the Health Intelligence Unit on behalf of FWLHD, WNSWLHD, Western NSW PHN and Bila Muuji Aboriginal Health Services⁴. Overall, this shows greater health needs in Far West communities compared to other parts of NSW, from primary prevention community-based initiatives, through to acute hospital services. On many indicators the health of people in Far West NSW is relatively poorer to other NSW communities; and this is especially the case for Aboriginal people in Far West NSW.

In relation to the Far West communities of NSW, the Health Needs Assessment reported that:

Hospitalisation rates for Aboriginal people were 2.5 times higher than non-Aboriginal people (2013-2017).

- Potentially preventable hospitalisations were 2 times higher among Aboriginal people (2013-2017).
- Dialysis hospitalisations among Aboriginal residents was 8.2 times the rate of non-Aboriginal residents between 2013-14 and 2017-18.
- Hospitalisation of Aboriginal residents for mental-behavioural disorders was 3.8 times that of non-Aboriginal residents and higher than NSW Aboriginal people by 14% (between 2013 and 2014).
- Hospitalisation rates among older Aboriginal people (55 years +) were 2.6 times higher than non-Aboriginal older people.
- Aboriginal women were three times more likely to smoke during pregnancy than non-Aboriginal women (between 2013 and 2018).
- Immunisation rates among Aboriginal children aged 2 and 5 years were higher than their non-Aboriginal counterparts (in 2018).

¹ NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW

² NSW Health Statistics, Australian Bureau of Statistics. Estimates of Aboriginal and Torres Strait Islander Australians, June 2016, Catalogue number 3238.0.55.001. Canberra: ABS, 2018. Provided to NSW Health by the ABS as a special request.

³ This data excludes the Unincorporated Area and is reported from the Far West District Data Profile, NSW Government Department of Communities and Justice accessed 23/3/21 from <https://www.facs.nsw.gov.au/download?file=725843>

⁴ Health of the Population. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, February 2020.

ABORIGINAL VIEW OF HEALTH

The holistic definition of Aboriginal health has been generally accepted over the last 30 years, since articulation in the National Aboriginal Health Strategy (1989):

“Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of life view and includes the cyclical concept of life-death-life.”⁵

The Aboriginal perspective on health locates health in a broader social and cultural context, focused on community as well as individual wellbeing. The *NSW Aboriginal Mental Health and Wellbeing Plan 2020-2025* was developed through extensive consultation, and the Plan explains this further:

“Aboriginal people belong to a strong living culture that has continued to thrive for thousands of years. Along with a history of survival, healing and resilience, Aboriginal people have a proud heritage of commitment to family and community, spirituality, and have strong connections to culture and country. Aboriginal people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and the environment”⁶.

Considering Aboriginal health in this way has implications for health service planning and delivery. It requires a holistic focus on individuals and their experience across the whole life span and across generations, not just treatment of a health condition.

The Aboriginal social and emotional wellbeing model⁷ focuses on strengths and recognises the influence of many factors impacting on health – social, political, historical and cultural. A focus on enhancing positive connections is important to avoid the deficits-based approaches that have not supported Aboriginal health in decades past.

The strengths-based approach supports individual and community health through stronger connections across the

social and emotional wellbeing model. The social and emotional wellbeing approach is a foundation for Aboriginal health planning and delivery in the Far West, linking Aboriginal people’s physical and mental health with connection to country, culture, ancestry, family and community. The social and emotional wellbeing model also promotes outcomes beyond health including education, community safety, and self-determination.

“Health outcomes are related to education to employment outcomes, all those factors have a role to play. If we can become a little bit more holistic in our approach - not just treating the presenting health problems but digging a bit deeper and perhaps working collaboratively with some of the other agencies and some of the other parts of life that are impacted... We have a lot of things that are starting to be put in place, but we have a long way to go. Good employment outcomes and great collaborative health outcomes would be wonderful... I’m excited and I wonder whether we could model some things that elsewhere could follow.

Stakeholder consultation, 2021

⁵ National Aboriginal and Islander Health Organisations (NAIHO) definition of Aboriginal Health, restated in the National Aboriginal Health Strategy (NAHS) 1989 and used in the NSW Aboriginal Health Plan 2013-2023 and National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

⁶ NSW Aboriginal Mental Health and Wellbeing Plan 2020-2025, NSW Health, 2020.

⁷ NSW Aboriginal Mental Health and Wellbeing Plan 2020-2025, NSW Health, 2020.

Social, political and cultural determinants of health can work to improve health or weaken health. For example, homelessness is associated with poorer health, while employment is associated with increased health outcomes. In a strengths-based approach connection to country and connection to spirit, spirituality and ancestors can support good health.

The expertise of the Aboriginal community controlled health sector is recognised in providing culturally responsive holistic primary health care, and through partnership informing the delivery of mainstream services. The following diagram demonstrates the factors impacting on Aboriginal health and the interactions of social, cultural, political and physiological determinants of health.⁸

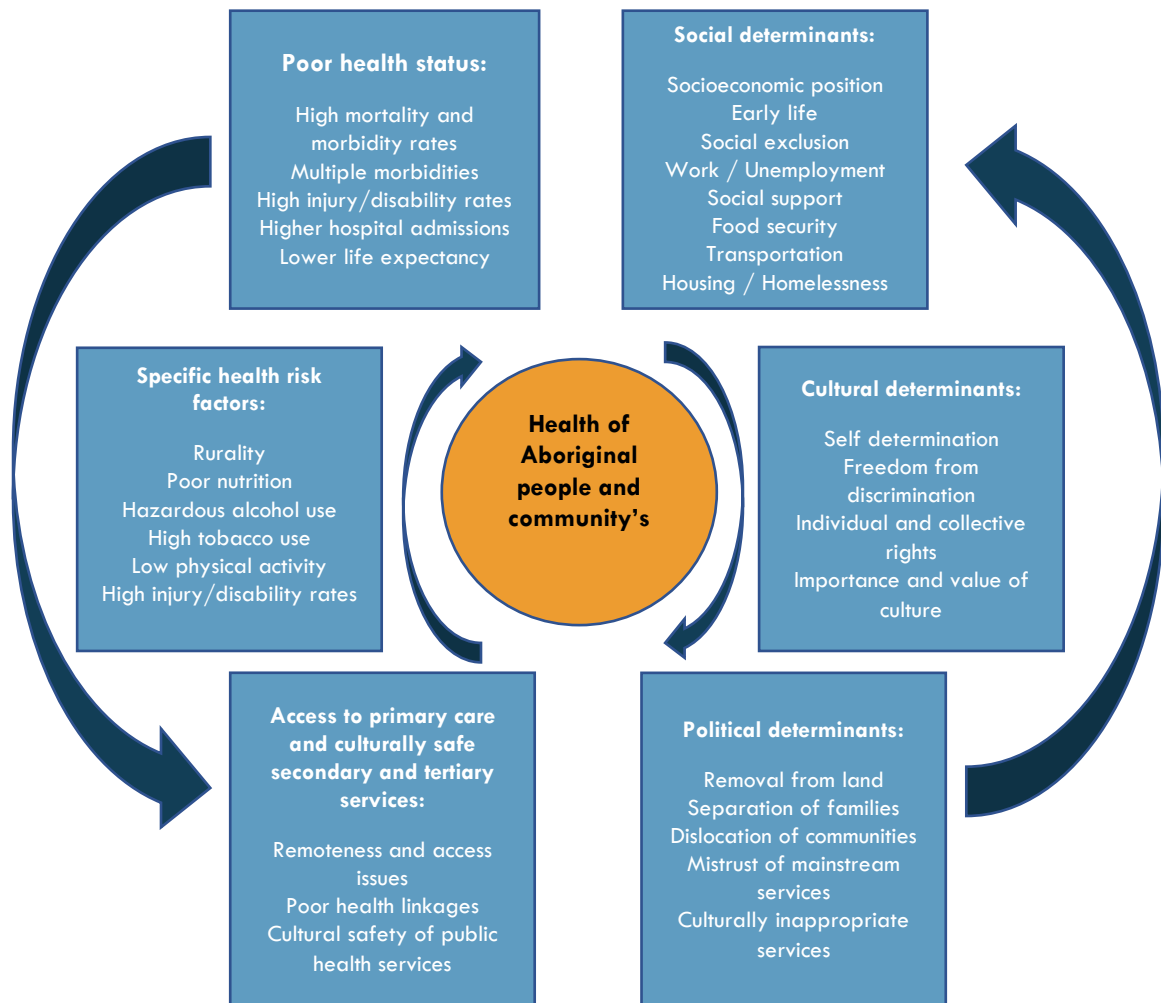


FIGURE 2 FACTORS IMPACTING ON ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH STATUS

⁸ Adapted from Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033

LOCAL, STATE AND NATIONAL POLICY CONTEXT FOR THE ABORIGINAL HEALTH FRAMEWORK

The Far West Local Health District Aboriginal Health Framework sits within a broader local, state and national policy context, summarised below in figure 6 described in more detail at appendix 2.



FIGURE 3 THE NATIONAL, NSW AND LOCAL POLICY CONTEXT FOR ABORIGINAL HEALTH

OUR VISION FOR ABORIGINAL HEALTH

The District’s overarching vision for Far West NSW is “Excellence in rural and remote healthcare”.

The vision for Aboriginal health builds on this:

Together with our partners and community, we deliver culturally safe, responsive and respectful health services that are free from racism and discrimination; and promote and enable health equity for Aboriginal people across the lifespan

PRINCIPLES GUIDING OUR APPROACH TO ABORIGINAL HEALTH

The following principles have been identified through consultation as crucial to guide the work of the Local Health District in the design and delivery of health services that improve the wellbeing of Aboriginal people and communities. They relate to and support the principles of the NSW Aboriginal Health Strategy, and the National Aboriginal and Torres Strait Islander Health Plan.

The realisation of these principles in practice will support the Far West in seeing that Aboriginal health and cultural expertise is ‘lived in the DNA of the organisation’, to transform the system and improve relationships and outcomes.

This framework promotes these principles through the focus on community engagement, partnerships, governance and accountability and supporting the Aboriginal workforce. Related strategies including the Strategic Plan 2021-2026, the Aboriginal Workforce Strategy 2021-2026 and the local implementation of Respecting the Difference will be critical in delivering on the vision of this framework.

An engaged Aboriginal community

Engaging in a meaningful and sustained way with Aboriginal communities was identified as essential to improving outcomes. Culturally appropriate engagement should ensure that services are designed and delivered reflecting the needs and views of community and the lived experience of Aboriginal people across the lifespan. Approaches should enable the co-design of services with community.

This recognises and builds on the strengths and resilience of local communities, enabling approaches to be tailored to meet the needs of each community. It reflects the principles of self-determination underpinning the NSW Government’s commitment under OCHRE to ensure that Aboriginal communities have a genuine voice in determining what and how services are delivered to their communities.

This framework outlines the appropriate engagement mechanisms with each community, to see that this principle is realised in practice.

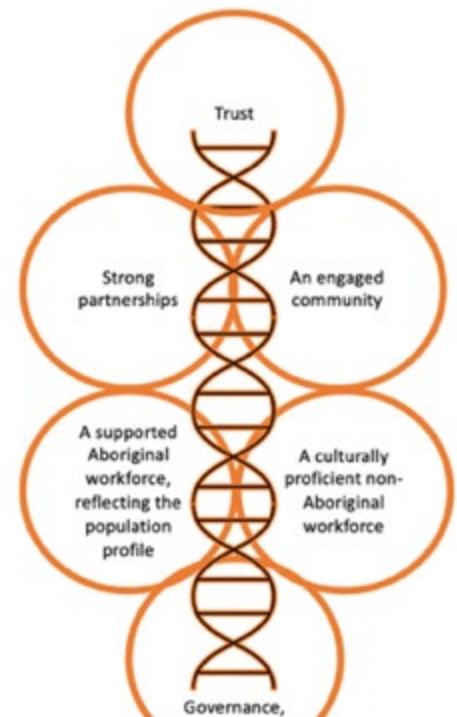


FIGURE 4 PRINCIPLES GUIDING THE ABORIGINAL HEALTH FRAMEWORK

“If we don’t listen before we act, there is something seriously wrong with how we are going to act...”

This must come from the direction of our community. The conversation needs to be from the ground up... the lived experience and history of communities within the LHD. If we don’t yarn with our mob, in another five years we’ll be having the same conversation.

Stakeholder consultation, 2021

A new position has also been created within the LHD, Executive Manager, Aboriginal Health and Community Relations, to strengthen community engagement approaches.

Inclusion and support for the Aboriginal health workforce

The cultural expertise and complex network of relationships and responsibilities that Aboriginal staff may bring to their position needs to be recognised. Aboriginal staff describe walking in two worlds, and this being a delicate bridge to navigate. As part of the local community Aboriginal staff have commitments, relationships and responsibilities to community and within the kinship relationships to Elders.

Within health services, staff have responsibilities linked to their role held in a Western frame of medicine and the public sector governance context. This tension needs to be recognised, and the value and expertise Aboriginal staff bring through their cultural knowledge and community relationships needs to be acknowledged and valued by non-Aboriginal staff.

The principle of the workforce reflecting the population – that Aboriginal people are reflected at all levels of the organisation and proportionate to the community (i.e. 13% of the workforce); gives strength to the Aboriginal voice within the organisation and supports the organisation in seeing that this cultural expertise is integrated.

This principle will be supported in implementation through the Aboriginal Workforce Strategy 2021-2026, and the Aboriginal Staff Network.

Strong partnerships

Recognising the complexity of Aboriginal health, no one service can deliver improved outcomes in isolation of the complex web of relationships and service providers. Approaches need to be systemic, strengthening the quality of relationships and building collaborative partnerships to provide seamless, connected and integrated care. Partnership approaches need to embrace new and innovative models of care, and virtual delivery opportunities.

These partnerships extend across the continuum, addressing health literacy and the social, political and cultural determinants. Community controlled health services advocate for self-determination and are recognised as delivering holistic, culturally appropriate, primary health care services for Aboriginal people.

The Far West is committed to strengthen partnership approaches with Aboriginal community controlled service providers, and other social and welfare services working across the region to improve outcomes for Aboriginal people.

The principles for effective partnerships are articulated through this framework.

A culturally proficient non-Aboriginal workforce

Lack of cultural safety and respect in the design and delivery of health services is a significant barrier to Aboriginal people accessing care. Cultural safety and respect were raised throughout the consultations as an important principle to embed and 'be lived' across the organisation.

Cultural respect means creating environments where people feel safe – safe to access the service, to seek care and treatment and remain in contact with the service until these needs are met. It means creating an environment where Aboriginal ways of knowing, being, and relating co-exist with traditional approaches, where there is no challenge to an Aboriginal person's culture or identity.

Cultural respect recognises and respects the decision-making processes undertaken by Aboriginal people and communities, and the role of Elders and Aboriginal community controlled governance

mechanisms in this. The Australian Government's Cultural Respect Framework⁹, developed by the National Aboriginal and Torres Strait Islander Health Standing Committee (NATSIHSC) defines cultural respect as:

Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.

Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal people, and cultural values, strengths and differences are respected.

When this is demonstrated through 'a set of congruent behaviours, attitudes, and policies that come together and enable that system to work effectively in cross cultural situations', this would indicate a culturally competent service¹⁰.

"A culturally competent system of care acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, expansion of cultural knowledge and the adaptation of services to meet culturally-unique needs...."

Culturally proficient agencies seek to add to the knowledge base of culturally competent practice through research, new approaches based on culture, publishing and disseminating the results of demonstration projects and advocating for cultural competence throughout the system. In the Australian context this would mean Aboriginal self-determination is supported".

Cross, T.L., Bazron, B.J., Dennis, K.W., & Isaacs, M. R. (1989). Towards a Culturally Competent System of Care: a Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed. 90. Referenced in *Transforming the relationship between Aboriginal peoples and the NSW Government* Aboriginal Affairs NSW Research Agenda 2018-2023

⁹ Australian Government Cultural Respect Framework 2016-2026

¹⁰ Cross, T.L., Bazron, B.J., Dennis, K.W., & Isaacs, M. R. (1989). Towards a Culturally Competent System of Care: a Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed. 90. Referenced in *Transforming the relationship between Aboriginal peoples and the NSW Government* Aboriginal Affairs NSW Research Agenda 2018-2023

Governance and accountability

Responsibilities for Aboriginal health need to be embedded in governance mechanisms across the Local Health District. With Aboriginal leadership, expertise and strong engagement loops providing accountability back to community, partners, staff and patients on how advice has been incorporated, what approaches have been taken and the outcomes emerging.

This accountability should be embedded in governance at all levels and provide connectedness across the health system. This governance and accountability improves communication, enables feedback loops and accelerates the identification of what is working as well as areas where greater attention and efforts are required.

This framework outlines how Aboriginal health articulates with the Organisational Governance Framework, embedding accountability for key indicators and priorities.

“Aboriginal health is everyone’s business. Our health workers and staff need to be well equipped around cultural awareness, respect, understanding and cultural safety – it’s vitally important. And knowing who to go to [for cultural advice or supervision] and having that governance structure in place.

Stakeholder consultation, 2021

Trust

Central to all principles is the need to build enduring, trusting relationships. These relationships were considered at all levels, between Aboriginal and non-Aboriginal staff, with partner organisations and community.

Consultations identified that this requires humility and vulnerability of non-Aboriginal staff, taking the time to seek advice and to listen to cultural expertise and wisdom with openness and respect. It means recognising the complex and diverse nature of the challenges contributing to Aboriginal health are significant, and we need to learn new ways together.

The investment of time to develop these relationships needs to be recognised, and systems need to be adopted to support these relationships and ensure longevity beyond particular individuals.

The implementation of Respecting the Difference as well as the Reconciliation Action Plan will support this.

“It’s about admitting we [non-Aboriginal staff] don’t know what to do... and being OK to say we don’t know. Being willing to be in the challenge and difficulty of it all. Being willing to ask...

Stakeholder consultation, 2021

ENGAGEMENT, COLLABORATION, PARTNERSHIPS

Effective engagement, collaboration and partnerships with Aboriginal communities, organisations and people including the workforce of the Local Health District and those accessing services are of primary importance to ensure safety and quality of care, and improved health outcomes for Aboriginal people.

Also important are the collaborative relationships and partnerships with other government agencies and services providers across the Far West, enabling integrated and holistic approaches across the continuum.

NSW Health has identified the key efforts required to achieve meaningful partnerships:

- Identify Aboriginal communities within the Local Health District's catchment, and the relevant cultural protocols to guide building of partnerships.
- Identify key contacts, Elders and opinion leaders in the Aboriginal communities and health services and make contact with them.
- Establish and implement mechanisms for forming and maintaining partnerships with Aboriginal communities and representative organisations.
- Show an understanding of and respect for the cultural protocols of working with Aboriginal communities and organisations.
- Prioritise Aboriginal self-determination and enable Aboriginal people to determine their own health priorities and be involved in key decision-making stages¹¹.

NSW Government's OCHRE (Opportunity, Choice, Healing, Responsibility and Empowerment) plan for Aboriginal affairs in NSW provides a platform for engagement with Aboriginal communities across the District through the Community Working Parties. Far West will engage with the Community Working Parties, listening, learning and supporting Aboriginal needs in healthcare and wellbeing.

UCHRE also provides authority to be bold and to try different approaches that can transform and strengthen the relationship between the NSW Government agencies and Aboriginal people in NSW. Innovative and transformative approaches will underpin the actions needed to address Aboriginal Health in the Far West and the Framework will support trying new models that reduce health inequity and improve Aboriginal health.

This Framework provides an overview of the Local Health District's approach to building meaningful partnerships and authentic engagement with Aboriginal communities, partners and staff.



FIGURE 5 KEY STAKEHOLDERS FOR ENGAGEMENT: ABORIGINAL COMMUNITIES AND PEOPLE USING HEALTH SERVICES, ACCHS, ABORIGINAL WORKFORCE

¹¹ NSW Health Aboriginal Health Dashboard Toolkit

COMMUNITY ENGAGEMENT

The far west's commitment to community engagement is reflected in the Consumer, Carer and Community Engagement Framework. It is important that Aboriginal people and communities continue to be part of the conversations with the Far West about the way health services are designed and delivered, what's working and what can be done better. The Far West is committed to continuing to work alongside Aboriginal people and communities, building trusting relationships and together designing solutions that benefit community. With the commencement of this Framework a new position has been created, the Executive Manager, Aboriginal Health and Community Relations providing a greater focus by the LHD on strong community engagement.

In the Far West, the relationships between communities and NSW Government are formalised through the Murdi Paaki Regional Assembly and associated Community Working Parties (CWPs), which has articulated the culturally appropriate engagement processes.

Murdi Paaki Regional Assembly

The communities of the Murdi Paaki Region have formed the Murdi Paaki Regional Assembly¹² (the Assembly). The Assembly is governed in their relationship with the NSW Government by the Murdi Paaki Local Decision-Making Accord (the Accord). The communities of the Murdi Paaki Region form the Assembly, represented by the sixteen Community Working Parties. The CWPs are the peak Aboriginal governance and reference bodies for their Aboriginal communities.

Each CWP has an internal governance structure and connections to the Aboriginal community, local, State and Federal Governments, non-government organisations and the private sector, and the local community. Within the area covered by the Far West Local Health District, there are CWPs:

- Broken Hill
- Ivanhoe
- Menindee
- Wilcannia
- Wentworth/Dareton.

While Tibooburra and Balranald do not currently have CWPs, the Local Aboriginal Land Councils (LALCs) have engagement protocols and health services will work to strengthen collaborative relationships with these LALCs. For the purposes of the Aboriginal Health Framework, the Far West will engage with Aboriginal communities through the Murdi Paaki CWPs and the LALCs for Balranald and Tibooburra.

Engagement between Far West Local Health District and Aboriginal Communities

It is expected that health services in each community will build strong, trusted and collaborative relationships with the CWPs. This should include Aboriginal health workers and service managers/Far West executive regularly attending CWP meetings to ensure close connections and collaboration between the health services and community.

This will also help ensure that CWPs (and community) are aware of the health services and can navigated the complex system of care, as well as inform the design and delivery of these services. In addition, health services will be visible at significant community events.

Where engagement with community is required on a reactive or ad hoc basis, advice should be sought from the Aboriginal Health Practitioner/Worker in relation to the best approach.

¹² Information in relation to communities and community engagement throughout this section has been sourced from Community Working Party Community Action Plans.

Further advice on best practice approaches to community engagement can be sought from the Executive Manager, Aboriginal Health and Community Relations as needed, and issues escalated to this position.

Engagement principles

The Far West respects and adheres to the engagement principles for external bodies outlined in the Accord, particularly the following:

- Aboriginal leaders and Elders understand their own community needs. They have the drive and ability to develop their own solutions.
- Regional and local solutions for regional and local problems, with ideas and help from outside when, where and in the form in which the Assembly requests it.
- A genuine commitment on the part of both parties to developing transformative rather than transactional relationship, with a renewed focus on developing innovative and holistic solutions and on considering different, more equal approaches to partnership.
- Optimising returns on investment through better targeted, more efficient, effective and equitable forms of program and service delivery.

Local Aboriginal Land Councils

The Far West includes the following Local Aboriginal Land Councils (LALCs):

- Balranald
- Broken Hill
- Dareton
- Menindee/ Ivanhoe
- Mutawintji
- Tibooburra
- Wilcannia.

Engagement processes

For the purposes of the Aboriginal Health Framework, the Far West will engage with Aboriginal communities through the engagement processes outlined by the Murdi Paaki CWPs. The engagement process is guided by co-design, Local Decision-Making (LDM) and community capacity building. The steps in the engagement process outlined by the Murdi Paaki CWPs are described below and can also be found in any of the Community Action Plans.

Ongoing: Communicate

- Keep in regular contact with CWPs through the Chair and Secretary as per the LDM process.
- Regularly attend CWP meetings to provide updates, but more importantly, gather information about current community priorities as led by the LDM process.
- Keep connected to wider community stakeholders, through the CWP.
- Ensure local cultural protocols are followed, as guided by the CWP.

1. Plan

- Map current policy and program initiatives against priorities in the CAP.
- Update six-monthly to continue alignment with community priorities.
- Plan future policy and program development to address priorities in the CAP.
- Check planned initiatives with CWP and wider community stakeholders to ensure they address community needs, before developing detailed plans.
- Develop policy and/or program outlines.

2. Consult

- Engage the CWP as the lead facilitators in culturally appropriate consultation on planned policies and/or programs.
- Engage the CWP to guide stakeholder lists for consultation.
- Hold culturally appropriate consultation with CWP and wider community stakeholders on proposed policy and program details.
- Reshape policies and programs to suit community feedback.

3. Endorse

- Review final outlines and implementation for endorsement by CWP and wider stakeholders.
- Finalise policy and program outlines.

4. Implement

- Engage the CWP to oversee the implementation of the policy or program within the community.
- Ensure appropriate resources, such as human resources and infrastructure, are supplied to ensure success of the implementation program and build community capacity on a long-term basis.
- Ensure tangible benefits, such as employment, training and economic development, are provided to the community.

5. Ongoing: Monitor and Review

- Seek ongoing feedback on implemented policy and/or program through culturally appropriate consultation process, refining as necessary.¹³

Contacting the Community Working Parties

The key contact details for Murdi Paaki Regional Assembly and the Community Working Parties in each community are listed on the **Recognise Respect Respond** intranet page.

¹³ Broken Hill Community Working Party Community Action Plan (2019)

BROKEN HILL

Broken Hill is on the lands of the Wilyakali peoples. The City of Broken Hill is near the border with South Australia in the Barrier Range, on the crossing of the Barrier Highway and the Silver City Highway. Broken Hill is on the border of South Australia and New South Wales on the crossing of the Barrier Highway and the Silver City Highway. Many features of Broken Hill include the outback red dirt, native plants and wildlife, sculptures and the pinnacles. Broken Hill also known as the Silver City as for its Mining Industry.

At the 2016 Census there were 1,500 or 8.5% people who identified as Aboriginal and Torres Strait Islander, of a total of 17,708 people. Around a third (535 people) of Aboriginal and Torres Strait Islander people were children aged under 14 years of age.

Health services

The **Broken Hill Health Service** (BHHS) is a rural teaching hospital (Broken Hill Hospital) with 112 beds providing acute, non-acute and outpatient services to Broken Hill and its surrounding communities. It has a 24 hour emergency department, general medical, surgical, obstetric, paediatric, dialysis and special care beds as well as theatre, palliative care, intensive and coronary care units.

Wilyakali Pali-mala Kirra, the Broken Hill Community Health Centre, opened in 2018 co-locating dental, family and child and associated services to provide more accessible services for the community through an integrated model of care to better meet the diverse needs of community through service provision.

Aboriginal Health Services

Aboriginal Hospital Liaison Officers

The Aboriginal Hospital Liaison Officers provide assistance to patients, families and carers during their hospital journey. The Aboriginal Hospital Liaison Officers can support and advocate to ensure services are provided respectfully and safely to community members. They can assist with discharge processes; linking with other services; and 48 hour follow-up of chronic care patients. The liaison service operates Monday to Friday 800am to 430pm.

Emergency Department Aboriginal Health Practitioners

The Emergency Department Aboriginal Health Practitioners provide assistance to patients, families and carers after hours (2pm to 6am) and some weekend support. The Emergency Department Aboriginal Health Practitioners have a focus on ensuring community members experiencing mental health issues are provided with a respectful journey. The Emergency Department Aboriginal Health Practitioners work across the health service and link with the Aboriginal liaison service ensuring patients receive safe and respectful care.

Aboriginal Mental Health and Drug and Alcohol Program

The Aboriginal Mental Health and Drug and Alcohol Program is coordinated by the Aboriginal Mental Health and Drug and Alcohol Clinical Leader. The aim of the Program is to increase the Aboriginal Workforce through a statewide partnership agreement with the Charles Sturt University employing Aboriginal Mental Health Drug and Alcohol Trainees over a 3 year period. Aboriginal Mental Health and Drug and Alcohol Clinicians / Trainees are available Monday to Friday 0900am – 5pm, except public holidays.

Aboriginal Maternal and Infant Health Service

The Maternity Unit works closely with the Maari Ma Health Aboriginal Maternal and Infant Health Service to support mums, dads, bubs and families during pregnancy for antenatal and postnatal care. The Maternal and Infant Health Service has an Aboriginal Midwife who conducts clinics providing clinical and cultural support. The Maternal and Infant Health Service can also assist with ensuring community members attend appointments with health professionals during their pregnancy. Strengthening this partnership service to ensure the best possible care for mums, dads, bubs and families during this time will be a key priority.

Ngarpa Community Room

The Ngarpa Community Room is located near the Aboriginal Liaison Officers office off the main corridor. A distinct artwork 'Ngarpa' provides a map for finding the Community Room. Follow the community circles inside. The Community Room is available 24/7.

The Community Room provides family members with access to:

- tea/coffee facilities
- a space for family conferences
- a space to have a break when a family member is in hospital



IMAGE 1: NGARPA COMMUNITY ROOM IN WILYAKALI PALII-MALA KIRRA

IVANHOE

The Ivanhoe area is in the southern part of the Ngiyampaa Nation, in the south of the Murdi Paaki Region in the Central Darling Shire. An important site locally is the Carowra Tank Mission, where Ngiyampaa people lived from the early 1900s following displacement by colonisation and the pastoral industry.

Ivanhoe has approximately 200 residents, at the 2016 Census, of which 46 people identified as Aboriginal and Torres Strait Islander. Those aged over 65 years make up 29.6% of the Ivanhoe population; with more men (58.5%) than women (38.8%).

Health services

The **Ivanhoe Health Service** acts primarily as an outpatient general and specialty clinic as well as providing 24 hour emergency and trauma services. A 4WD ambulance is operated from this facility which also has holding beds for patients requiring evacuation by the Royal Flying Doctor Service. A range of visiting specialists conduct regular clinics on site and the Royal Flying Doctor Service visits weekly to provide emergency medical care. The Maari Ma Health Aboriginal Corporation also provides a visiting chronic disease GP every 6 weeks.

Aboriginal Health Services

Aboriginal Health Practitioner

An Aboriginal Health Practitioner works with the primary health team to provide cultural; clinical support; and advocate to ensure services are provided respectfully and safely to community members. There is also an Aboriginal Health Practitioner position funded by Maari Ma Health that works with the team to provide services to the community. Transport assistance is also provided to ensure community members can attend appointments outside the community.

WILCANNIA

The traditional owners of Wilcannia are the Barkandji people. Wilcannia is within the Central Darling Shire and is surrounded by significant known sites of Aboriginal occupation. Barkandji Native Title Rights were recognised by the High Court of Australia in 2015. Steamer's Point on the Darling/Barka River has also been declared a significant Aboriginal Place.

At the 2016 Census Wilcannia had a total population of 549 people, of whom 74.1% identified as Aboriginal and Torres Strait Islander. One quarter (25.6%) of the population are aged under 10 years old and 4.7% over 65 years old.

Health services

The **Wilcannia Health Service** opened in 1879 with upgrades undertaken from 1988 – 2002. The service provides primary and community healthcare services, aged care services as well as 24 hour emergency care. There are currently three Commonwealth-funded high care places and five community packages available in Wilcannia. The service also allows for short term low risk admissions with the approval of the Royal Flying Doctor Service. Maari Ma Health manages the primary health care services including GP clinics run by Maari Ma Health and Royal Flying Doctor Service doctors for chronic disease and acute care. Visiting services include child and adult dental; and a wide range of visiting specialist clinics held quarterly – cardiology, renal, endocrinology, smoking cessation, GP obstetrician, ophthalmology and optometry.

The **White Cliffs Health Service** is located 100kms from Wilcannia and operates as a primary health care clinic with emergency services provided "on call". Medical services are provided as outreach from Broken Hill Hospital through the Royal Flying Doctor Service. A GP clinic services the town one day per week with allied health staff visiting throughout the year.

Aboriginal Health Services

Working in partnership with Maari Ma Health and based in the Maari Ma Health primary health care team, there are two Aboriginal Health Practitioners who provide cultural; clinical support; and advocate to ensure services are provided respectfully and safely to community members.

There is also an Aboriginal Health Practitioner/Enrolled Nurse who works to assist the residents and the patients when they are in the health service and helps to support and advocate to ensure services are provided respectfully and safely to community members.



Image 2: Wilcannia Health Service

WENTWORTH/DARETON

The Barkandji Nation includes the Wentworth/Dareton area, though there are also many residents from other Nations who have chosen to live in the area. Wentworth/Dareton CWP covers five distinct towns of the Wentworth Shire:

- Wentworth – a small border town at the confluence of the Darling and Murray rivers near the border with Victoria
- Dareton – 27 kms east of Wentworth, Dareton is located on the Murray River, and was once home to an Aboriginal mission which is now a residential area for Aboriginal people
- Buronga – A further 20 kms east, Buronga is connected to Mildura, Victoria, by the George Chaffey Bridge
- Gol Gol – close to Buronga, Gol Gol is on the banks of the Murray River in the Sunraysia fruit growing region
- Pooncarie – 120kms north of Wentworth on the eastern side of the Darling River, Pooncarie is semi-arid and is the closest town to Mungo National Park.

These towns are in the south-west area of the Murdi Paaki Region. The area contains some of the most significant sites of Aboriginal occupation, including those at Mungo National Park, the Lake Nitchie area, and Rufus Creek Massacre burial site and the Snaggy Bend Aboriginal burial ground.

At the 2016 Census the Wentworth Shire had a population of almost 7,000 people, of whom 9.6% identified as Aboriginal and Torres Strait Islander. Population information about the five towns is shown below:

Community	Total Population	Aboriginal Population
Wentworth	1437	139 (9.7%)
Dareton	501	195 (38.3%)
Buronga	1212	96 (7.9%)
Gol Gol	1523	32 (2.1%)

Health services

The **Wentworth Health Service** is a 15 bed facility that provides aged care and subacute services as well as four transitional aged care packages. The local Day Care Centre is co-located on the campus which also accommodates the Home and Community Care Team. The main primary health facilities within the Local Government Area are located in Dareton and the Coomealla Aboriginal Health Corporation.

The **Dareton Primary Health Care Service** provides services to the Wentworth and Balranald Local Government Areas and is a hub for a diverse range of primary healthcare services. Services include palliative care, sexual health, diabetes education, women's health, child and family health, aged care assessment, ante/postnatal care as well as prevention and early detection services. A range of visiting specialists also provide regular services on site. The Mental Health and Drug and Alcohol team is also located in Dareton and provides services across the two Local Government Areas.

In **Buronga**, a new HealthOne facility is being developed to complement existing facilities within the Wentworth and Balranald LGAs. It is proposed that the four sites of Dareton, Wentworth, Balranald and the new facility in Buronga will be a network of integrated health services, known as the Southern Cluster. The network will consist of a new hub health centre at Buronga with outreach services at Dareton; Wentworth and Balranald.

The services will be networked to ensure delivery of all health programs to provide single and multidisciplinary consultations to individuals and families; outreach to other centres and access for visiting services (for example specialists). There will also be opportunity for better integration with General Practice (GP) and Allied Health services with enhanced clinic space.

Aboriginal Health Services

Aboriginal Health Practitioners

There are a number of Aboriginal Health Practitioners working in the primary health care team. The team of Aboriginal Health Practitioners work across the primary health services providing cultural; and clinical support; as well as advocating to ensure services are provided respectfully and safely to community members. The Aboriginal Health Practitioners work in the clinic as well as in the community including Namatjira Avenue to ensure services are provided where they are needed. Enhancing their work with the Coomealla Health Aboriginal Corporation will also be important into the future.

Aboriginal Transport

Transport is available for community members Monday to Friday. Community members can access the transport service for appointments at the primary health care service; in Mildura for doctors and specialist and other related appointments in the region.

Aboriginal Mental Health and Drug and Alcohol Trainee

The Aboriginal Mental Health and Drug and Alcohol Trainee is a part of the Aboriginal MHDA Trainee Program and is based in Dareton with the Community Mental Health and Drug and Alcohol Service. The Aboriginal Mental Health and Drug and Alcohol Trainee is a key part of the Team in providing Cultural and Clinical supports to ensure community members needing Mental Health and Drug and Alcohol Services is accessible to the needs of the community.

Aboriginal Maternal and Infant Health Worker

The Maternal and Infant Health Worker supports mums, bubs and families during pregnancy for antenatal and postnatal care. The Maternal and Infant Health Worker works with the Midwife to conduct clinics providing clinical and cultural support. The Maternal and Infant Health Worker can also assist community members to attend appointments with health professionals during their pregnancy.

MENINDEE

In the 2016 there were 551 people in Menindee. Of these 53.3% were male and 46.7% were female. Aboriginal people made up 36.1% of the population. The median age was 45 years. Children aged 0 - 14 years made up 18.4% of the population and people aged 65 years and over made up 20.0% of the population.

Health services

The **Menindee Health Service** is a primary health care facility staffed by registered nurses and Aboriginal Health Practitioners. The RFDS and Maari Ma run multiple GP clinics each week. Maari Ma Health specifically focuses on chronic disease and quarterly specialist services including cardiology, renal, endocrinology and smoking cessation. Other specialities include GP obstetrician, ophthalmology registrar and optometrist. Emergencies and acute patients are stabilised and those requiring hospitalisation are transported to Broken Hill either by road ambulance dispatched from Broken Hill or by RFDS fixed wing aircraft. BHH regularly provides outreach services to the facility. A 4WD ambulance is operated from this facility.

Aboriginal Health Services

Aboriginal Health Practitioners

There are a number of Aboriginal Health Practitioners working in the primary health care team. The team of Aboriginal Health Practitioners work across the primary health services providing cultural; and clinical support; as well as advocating to ensure services are provided respectfully and safely to community members. There is also an Aboriginal Health Practitioner position funded by Maari Ma Health that works with the team to provide services to the community.



IMAGE 3: DARLING RIVER, MENINDEE

BALRANALD

In 2016 there were 1,343 people in Balranald. Of these 51.2% were male and 48.8% were female. Aboriginal people made up 12.2% of the population. The median age of people in Balranald was 45 years. Children aged 0 - 14 years made up 18.6% of the population and people aged 65 years and over made up 20.5% of the population.

Health services

The **Balranald Health Service** opened as a Multi-Purpose Service (MPS) in 2010 and has 15 high care residential aged care beds (including four for dementia), one respite bed, eight acute beds, provision for three renal dialysis chairs and a two bay emergency department.

Aboriginal Health Services:

Aboriginal Health Practitioners

There are a number of Aboriginal Health Practitioners working in the primary health care team. The team of Aboriginal Health Practitioners work across the primary health services providing cultural; and clinical support; as well as advocating to ensure services are provided respectfully and safely to community members.

TIBOOBURRA

In 2016 there were 134 people in Tibooburra. Of these 58.0% were male and 42.0% were female. Aboriginal people made up 12.6% of the population. The median age of people was 41 years. Children aged 0 - 14 years made up 17.4% of the population and people aged 65 years and over made up 9.8% of the population.

Health services

The **Tibooburra Health Service** was opened in 2021 having the local Health Service refurbished to enhance the contemporary facility.

The enhanced contemporary facility allows opportunities for multidisciplinary care for complex and chronic patients; the ability for students, junior nurses and doctors (e.g. GP registrars) to provide clinics in partnership with senior clinicians and enhanced allied health services.

The refurbishment provides opportunity to introduce new services and enhanced models of care to meet the needs of the community. It operates as a primary health care clinic with emergency services provided "on call" as needed. There are two registered nurses based at this site and medical services are provided as outreach from BHH through the RFDS.

White Lady Rock

White Lady Rock is a giant white-quartz boulder surrounded by smaller rocks.

White Lady Rock was known as a healing place for local Aboriginal people. If people were very sick, their relatives would travel to White Lady Rock to ask the White Lady to make them better. The White Lady has been likened to the Mary, the mother of Christ in Christian culture.

It is the body of the White Lady, who was the 'queen' of the local Aboriginal people. The head of the White Lady was removed by the local Aboriginal people in the 1800s and hidden underground somewhere in a nearby creek. It was believed that the head was made of gold, so it was removed and hidden to protect it from white prospectors.

White Lady Rock is important to Aboriginal communities throughout western NSW because many of the Aboriginal families who lived along Thompson's Creek nearby were forced by the Aboriginal Protection Board to leave the area in 1935. This meant that the story of White Lady Rock travelled with them.



IMAGE 4: WHITE LADY ROCK

INFORMATION SOURCED FROM OFFICE OF ENVIRONMENT AND HERITAGE NSW SITES OF SIGNIFICANCE SURVEY

Photograph sourced from: NSW Sites of Significance Survey, 1973 (OEH)

WORKING IN PARTNERSHIP WITH THE COMMUNITY CONTROLLED SECTOR

The Aboriginal community controlled health sector are recognised as leaders in providing culturally appropriate, holistic, primary health care.

Effective partnerships with Aboriginal communities and organisations are essential for joined up planning across the region and integrated care pathways. Partnerships at all levels of the organisation are critical in ensuring integrated approaches care across the continuum.

Consultations identified the building of trust, cultural respect and integrity as key to strengthening partnerships. Genuine collaborative partnerships require an investment of time and energy and a willingness to strengthen relationships and work together to experiment and create new ways forward.

The Local Health District works in partnership with two Aboriginal Community Controlled Health Services (ACCHSs):

Maari Ma Health is an Aboriginal community controlled health organisation dedicated to improving the health outcomes for communities in the Far West region of NSW with a special focus on Aboriginal health. Maari Ma is lead and governed by an all Aboriginal Board of Directors deeply committed to providing a holistic approach to Aboriginal health that includes physical, emotional, spiritual, cultural and environmental dimensions.

Maari Ma provides population health programs under grant arrangements with NSW Health delivering services including:

- Preventative and public health initiatives such as sexual health and blood born virus screening, early identification and management of chronic disease risk factors and Aboriginal health assessments.
- Drug and alcohol treatment services
- Aboriginal family health services to reduce the incidence and impact of family violence
- Oral health program delivering primary preventative care to increase access and reduce the disparity in Aboriginal oral health status
- Maternal and infant health services to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality
- Social and emotional wellbeing care and support to reduce the impact of mental illness including through the employment of trainees
- Primary care access in Wilcannia
- Diabetes management.

In addition, the Local Health District holds a tripartite service agreement with Maari Ma and the Royal Flying Doctor Service for the provision of Oral Health Services.

Coomealla Health Aboriginal Corporation (CHAC) is an Aboriginal Community Controlled Health Organisation serving the communities of Wentworth, Dareton, Buronga, Gol Gol, Euston and Balranald with multidisciplinary primary health care services, led by Aboriginal Health Practitioners and bring together the range of clinical and non-clinical services.

Strengthening relationships with key partners

The Far West Local Health District is committed to strengthening collaborative partnership arrangements with both ACCHSs; ensuring that these partnership approaches are implemented at all levels of the organisation, from the executive and strategic planning level, through to operational and program level.

NSW Health has articulated the characteristics of effective partnerships¹⁴:

- Partnership equality
- Regular contact between parties
- Multi-agency collaboration
- Signed formal agreements
- Active engagement of LHDs in ACCHS activities
- Strong leadership at the executive level from both parties.

Far West Local Health District is committed to ensuring that partnerships continue to strengthen with the ACCHSs, and with other service providers working across the region to improve Aboriginal health outcomes. The Local Health District will seek views from partner organisations in relation to needs and opportunities to strengthen partnership approaches.

The following will be considered in consultation with community controlled health services:

- Regular (quarterly) partnership meetings; including between Chief Executives, between the Executive teams of each organisations, and joint strategy session with the Board of Maari Ma Health and the Board of the LHD
- Formal signed partnership agreements articulating principles for engagement
- Opportunities for greater engagement at all levels of the Local Health District with the ACCHS
- A multi-agency annual Aboriginal health forum to share information and develop collaborative approaches
- Consideration to how the principle of 'partnership equality' might be realised in practice.

¹⁴ NSW Health Aboriginal Health Dashboard Toolkit

ENGAGEMENT WITH ABORIGINAL STAFF

In March 2021, there were 73 Aboriginal people working for the Local Health District (including contingency workers, agency staff), representing the diversity of communities across the far west. 63 of these positions were frontline workers, and Aboriginal people made up 7.1% of the workforce.

The Aboriginal workforce has an important role in bringing cultural expertise, experience and relationships with community to support the design and delivery of health services. This contribution needs to be recognised and supported at all levels of the organisation.

The importance of ensuring that the workforce reflects the population is recognised, with significant efforts needed as part of the Aboriginal Workforce Strategy 2021-2026. This requires approximately an additional 60 Aboriginal staff (to reflect 13% of the current workforce) and a focus on building capacity within the workforce to bring more Aboriginal people into leadership positions.

Aboriginal Staff Network

The Aboriginal Staff Network is the key forum providing cultural supervision and peer support, as well as a mechanism for non-Aboriginal staff to consult and engage with the Aboriginal workforce.

The Aboriginal Staff Network purpose is to:

- Provide a network for Aboriginal staff working in and for the Local Health District
- Improve the health of the Aboriginal population in the Local Health District
- To define the future benefits of the network.

The objectives are to:

- Provide engagement within and between the Aboriginal Staff Network and the Local Health District, evidenced by the input of Aboriginal staff in the strategic direction of the District
- Ensure feedback is received regarding how the Local Health District is meeting the needs of Aboriginal staff and community
- Provide a forum to ensure coherent data is shared with our staff regarding local issues and performance and then identifying what we can do to understand the priorities issues and solutions
- Contribute to innovative solutions for difficult problems
- Ensure the network works together to meet service delivery requirements, the Local Health District is recognised as an employer of choice.

Network meetings

The frequency of this forum has been increased to meeting monthly from Autumn 2021, and staff are supported to attend.

Reflecting the focus on both workforce development and service design and delivery, the Network is co-chaired by the Executive Manager, Aboriginal Health and Community Relations and Director People and Culture. The Chairs should be contacted to discuss items for consideration by the Aboriginal workforce. In supporting cultural safety, it is acknowledged that the Network may meet from time to time with Aboriginal staff only.

GOVERNANCE AND ACCOUNTABILITY

Strong governance and accountability mechanisms are critical to ensuring that responsibilities for Aboriginal health are embedded through the organisation. As the principles articulate, Aboriginal health needs to be 'in the DNA of the organisation,' embedded into governance and accountability processes at all levels.

The Local Health District's Organisational Governance Framework¹⁵ outlines the governance mechanisms underpinning how the District will fulfil its vision of 'excellence in rural and remote health' in an open, accountable and ethical manner. The Organisational Governance Framework establishes four pillars of governance. Each pillar is chaired by a member of the strategic leadership team to oversee and shepherd the progress of issues critical to success of the work of the Local Health District.

Pillars will take carriage in providing organisational leadership regarding responsibilities related to Aboriginal health.

Pillar 1: Clinical governance

The clinical governance committee ensures the organisation delivers safe, high quality care. It oversees the development and implementation of strategies and methodologies to assure and improve care and receives regular reports where there are variations in clinical and performance indicators. The scope of focus of this pillar includes responsibilities related to Aboriginal health indicators and performance as outlined in the following section related to:

- Service quality and safety
- Service access
- Implement a dashboard to monitor all Aboriginal health indicators

Pillar 2: Corporate governance

The corporate governance pillar provides confidence in the strength of relationships within the health services, with partners and community; and clarity of responsibilities for Aboriginal health. In relation to Aboriginal health particularly this includes oversight of the following responsibilities:

- Ensuring Aboriginal leadership in health decisions is embedded to ensure programs, policies and service delivery are appropriate and meaningful, and focused on Aboriginal community priorities.
- Monitoring and strengthening the appropriate application of the Aboriginal Health Impact Statement across all programs and services
- Strengthening relationships with key partners and community

Pillar 3: People, Culture and Operational Performance

This pillar provides governance, oversight and advice regarding human resources strategy, workplace cultural and organisational development policies and practices. In relation to Aboriginal health this includes oversight of the following responsibilities:

- Aboriginal workforce reflects the population at all levels and are supported and respected in their roles
- The non-Aboriginal workforce is culturally proficient
- Leadership and accountability responsibilities for Aboriginal health are built into the roles of executives and managers at all levels of the system.

Pillar 4: Operational Performance Governance Committee

This pillar oversees the operational financial position, performance and resource management and business development strategies of the Far West. In relation to Aboriginal health this includes oversight of the following responsibilities:

- Monitor performance against Aboriginal health indicators and provide reports and advice to the Executive to address variations.

¹⁵ FWLHD Organisational Governance Framework

- Ensuring appropriate resourcing profile for Aboriginal health, proportionate to community need

These pillar (tier 3) committees report through the Operations Executive (tier 2) which is responsible for Aboriginal Health Framework.

The Board has responsibilities for ensuring the overall strategic direction and performance of the Local Health District. The Board has identified Aboriginal health as a key priority and receives monthly reports on performance against key Aboriginal health indicators and activities.

ACCOUNTABILITY

Key performance indicators (KPIs) have been identified to embed accountability across these pillars as relevant. These KPIs should cascade and tier 4 committees should identify additional outcome, outputs and process measures to ensure that appropriate progress is being made, particularly where data is only available annually. Escalation in relation to performance issues is through the chair of the Pillar committee to the Operational Executive Committee.

An annual Aboriginal Health Report Card will be developed under the Operational Performance Governance Committee to report on progress against identified indicators and provide Aboriginal staff, partners and community with a report on the work of the Local Health District in improving Aboriginal health outcomes.

Accountability to community

The Chief Executive will host an annual forum with partners and community to foster collaborative approaches and discuss the contribution the Local Health District is making to improving Aboriginal health across the Far West.

ABORIGINAL HEALTH REPORTING – KEY INDICATORS

Reference ¹⁶	Indicator	Target	Frequency of reporting to Pillar Committee	Monthly Board reported
Clinical Governance Committee – Quality and Safety Indicators				
Service Agreement	Discharge Against Medical Advice	≥1% decrease on previous year	Monthly	Yes
Service Agreement	Unplanned hospital readmissions within 25 days of separation	Reduction on previous year	Monthly	Yes
Aboriginal Health Dashboard Indicator	Unplanned emergency department representations within 48 hours to same ED	Performance has improved by =>2% or performance for Aboriginal people is better than for non-Aboriginal people and the NSW average	Annual	No
Aboriginal Health Dashboard Indicator	Incomplete emergency department attendances ('Did not wait' or 'left at own risk')	NA	Monthly	Yes
Aboriginal Health Dashboard Indicator	Reporting of Aboriginality in Admitted patients	Performance has improved by =>2%	Annual	No
Aboriginal Health Dashboard Indicator	Unplanned acute mental health readmission within 28 days	Performance has improved by =>2% or performance for Aboriginal people is better than for non-Aboriginal people and the NSW average	Monthly	No
Aboriginal Health Dashboard Indicator	Mental health patients followed up within 7 days of acute discharge	Performance has improved by =>2% or performance for Aboriginal people is better	Monthly	No

¹⁶ Note: Priority indicators are those referenced in the LHD's Service Agreement (in bold).

		than for non-Aboriginal people and the NSW average,		
Clinical Governance Committee – access to care indicators				
Aboriginal Health Dashboard Indicator	% of all public dental activity provided to Aboriginal patient	Performance has improved by =>2% or performance =>2.2 times higher than Aboriginal population in LHD	Annual	No
Aboriginal Health Dashboard Indicator	Biennial BreastScreen participation rate for women 50-74 years old	Performance has improved by =>2% or performance for Aboriginal people is better than for non-Aboriginal people and the NSW average	Annual	No
Clinical Governance Committee – Health of Mothers, Babies and Children				
Service Agreement	Smoking during pregnancy – Aboriginal women	≥0.5% decrease on previous year	Annual	Yes
Aboriginal Health Dashboard Indicator	First ante-natal care < 14 weeks	Performance has improved by =>2% or performance for Aboriginal people is better than for non-Aboriginal people and the NSW average	Annual	No
Aboriginal Health Dashboard Indicator	Low birth weight babes	Performance has improved by =>2% or performance for Aboriginal people is better than for non-Aboriginal people and the NSW average	Annual	No
People, Culture and Organisational Development Governance Committee				
Service Agreement	Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total	Increase on previous year	Quarterly	Yes

	workforce at 1.8 all salary levels (bands) and occupations (%).			
Aboriginal Workforce Strategy	Aboriginal Workforce Participation – Aboriginal Workforce as a proportion of total [reflecting the population profile] workforce all salary levels (bands) and occupations (%)	Increase on previous quarter	Quarterly	Yes
Aboriginal Health Dashboard Indicator	Proportion of non-Aboriginal staff have completed RTD face to face training	100%	Quarterly	Yes

Appendix 1: LOCAL, STATE AND NATIONAL POLICY CONTEXT FOR THE ABORIGINAL HEALTH FRAMEWORK

The Far West Local Health District Aboriginal Health Framework sits within a broader local, state and national policy context. Many of the strategies and plans incorporate Aboriginal health, providing further support and direction for the District's approach to increasing health outcomes for Aboriginal people, families and communities in the Far West of NSW.



Local Health District

Far West Local Health District Strategic Plan 2021-2026 (in development)

The District's Strategic Plan is under development, with a particular focus on the strategies to improve Aboriginal health and social and emotional wellbeing outcomes.

These will be supported by robust governance, engagement and accountability mechanisms to see the District works in partnership with service providers and community.

Far West Local Health District Aboriginal Workforce Strategy 2021-2026 (in development)

An Aboriginal Workforce Plan is under development to increase the proportion of Aboriginal people working at all levels across the Local Health District to 13%, and to see that Aboriginal staff thrive in their roles.

Far West Local Health District Reconciliation Action Plan (RAP), June 2020-June 2022

The Local Health District is committed to building respectful relationships with Aboriginal communities, and to supporting the healing journey across the region. The RAP is a bi-annual planning process to see this is released, with this Plan focused on building relationships, respect; and opportunities across the communities in the far west.

Agreements with Maari Ma Aboriginal Corporation

The Local Health District has formal funding agreements in place with Maari Ma Health Aboriginal Corporation for specific services for Aboriginal people including oral health, and preventative and public health such as sexual health, identification and management of chronic disease and undertaking health assessments.

NSW Health

NSW State Health Plan: Towards 2021

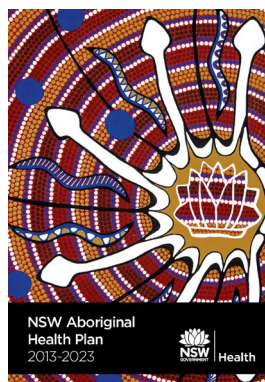


The *NSW State Health Plan: Towards 2021* provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time'.

NSW Rural Health Plan: Towards 2021



The *NSW Rural Health Plan: Towards 2021* aims to strengthen the capacity of rural health services to provide world class connected and seamless care for people living in regional, rural and remote NSW.



NSW Aboriginal Health Plan 2013-2023

The *NSW Aboriginal Health Plan 2013-2023* guides how health systems are planned, delivered, and monitored in relation to Aboriginal health. Six strategic directions have been

identified to drive the changes needed in the health system to improve Aboriginal health, through Local Health Districts, Specialist Health Networks, Pillars and other NSW health related statutory authorities:

1. Building trust through local partnerships
2. Building the evidence and implementing what works

3. Ensuring integrated planning and service delivery
4. Strengthening the Aboriginal workforce
5. Ensuring culturally safe work environments and health services
6. Strengthening performance monitoring, management and accountability.

Respecting the Difference – Aboriginal Cultural Training

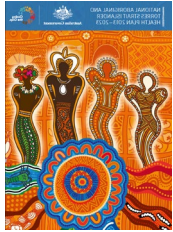
The *Respecting the Difference* training for all NSW Health staff addresses the need for organisations to provide more respectful, responsive and culturally safe services. The purpose of this training is to motivate staff to build positive and meaningful relationships with Aboriginal patients, clients, visitors and staff.

The eLearning component supports staff by providing an insight into why many Aboriginal people do not comfortably engage with healthcare providers. The training addresses the following issues:

- Aboriginal History and Culture
- Aboriginal Identity
- Aboriginal Health
- Communication
- Existing barriers for access to health services.

National

National Aboriginal and Torres Strait Islander Health Plan 2013-2023



The *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* provides a long-term, evidence-based policy framework as part of the overarching Council of Australian Governments (COAG) approach to Closing

the Gap in Indigenous disadvantage. It sets out 12 priorities, focused on Aboriginal and Torres Strait Islander peoples' right to live a healthy, safe and empowered life with a healthy, strong connection to culture and country.

National Agreement on Closing the Gap (July 2020)



The *National Agreement on Closing The Gap (July 2020)* aims to enable Aboriginal and Torres Strait Islander people and

governments to work together to overcome the inequality experiences by Aboriginal people, and achieve life outcomes equal to all Australians. It is an Agreement between the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and all Australian State and Territory Governments.

At the centre of the National Agreement are four Priority Reforms that focus on changing the way governments work with Aboriginal people. The Priority Reforms will:

- Strengthen and establish formal partnerships and shared decision-making
- Build the Aboriginal and Torres Strait Islander community-controlled sector
- Transform government organisations so they work better for Aboriginal and Torres Strait Islander people
- Improve and share access to data and information to enable Aboriginal and Torres Strait Islander communities make informed decisions.

Sixteen targets support the Closing the Gap Agreement.

National Quality and Safety Standards for Aboriginal Health

The Australian Commission on Safety and Quality in Health Care has defined six actions to meet the needs of Aboriginal and Torres Strait Islander people within the National Safety and Quality Health Service (NSQHS) Standards. The six actions are:

- Work in partnership with Aboriginal communities to meet their healthcare needs
- Safety and quality priorities address the specific health needs of Aboriginal people
- Implement and monitor strategies to meet the organisation's safety and quality priorities for Aboriginal people
- Improve the cultural awareness and cultural competency of the workforce
- Demonstrate a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal people
- Have processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

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Far West Local Health District Aboriginal Logo

Ngaratya – Together in Company

Corey Payne Paakintji / Wilyakali Aboriginal Artist born and raised in the Far West of NSW, Broken Hill.

Corey always have and will continue to practice culture and be on country as much as he can with his Family – Partner Elisha and 2 boys, Nullah and Nhurali.

The FWLHD Aboriginal logo representation:



1. The background colour is a mix of colours that illustrates the colors of the Far West Region.
2. The centre circle represents the camp represents that illustrates holistic health care, connection to health, support and guidance.
3. The blended dots within the campsite illustrates the blood that flows through ALL our veins the connectedness with Health Care Workers, Aboriginal People and Non-Indigenous People, to work towards better health outcomes for everyone.
4. The white cross hatched areas illustrates the winds of change the winds that cleanse before new baby footsteps begin their journeys, through life and the winds that take our footprints away after our earth life's journey has come to an end of life,
5. The 8 Circles illustrates the 8 communities within the Far West Health District:
 - Broken Hill, Bottom circle, the representation of the Pinnacles, gold color was used to acknowledge the Bronze winged pigeon storyline
 - Wentworth, Bottom middle right circle, the representation of the 2 Rivers (Junction)
 - Dareton, Bottom Left, oranges and clay represents
 - Menindee, Middle right Circle, the representation of the Sunset and lakes
 - Wilcannia, Top Right Middle Circle, the Cod representation of the community of Wilcannia
 - White Cliffs, Top Middle Circle the representation of the Opals
 - Tibooburra, Top Left Circle representation of the rocks and hill country
 - Balranald Middle Left, representation of the River running
6. The footsteps represent our Aboriginal People, our communities, the Consumers of the health service, the dedicated Health workers and the Health Staff that deliver health services into our remote communities.
7. Footprints "We could criss cross footprints all over the canvas, but only a big set is needed, as we are all working together" Corey stated.

