



**NORTHERN NEW SOUTH WALES
INTEGRATED ABORIGINAL
HEALTH AND WELLBEING PLAN
2015-2020
VOLUME I**

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Throughout this document when we use the term Aboriginal we are referring to Aboriginal Australians and Torres Strait Islander People. Northern NSW refers to the geographical area within the boundaries of the Northern NSW Local Health District.



Health
Northern NSW
Local Health District

ACKNOWLEDGEMENTS

Northern NSW Local Health District (NNSW LHD) would like to acknowledge that this planning process relates to the country for which the members and elders of the Bundjalung, Yaegl, Gumbaynggirr and Githabul Nations¹ and their forebears have been custodians for many centuries, and on which the people of the Bundjalung, Yaegl Gumbaynggirr and Githabul Nations have performed age old ceremonies of celebration, initiation and renewal. We acknowledge their living culture and unique role in the life of this region.

We acknowledge and pay our respects to the Ancestors and Elders, both men and women of those Nations, and to all Aboriginal people past, present and future.



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FOREWORD

The NNSW LHD Board has been tasked with completion of a 5 year Integrated Aboriginal Health and Wellbeing Plan. It is with a sense of confidence and optimism that I present the Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020. This Plan is the result of a shared effort between the Health Service, a range of key Agencies and Aboriginal people living in Northern NSW.

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020 articulates priorities and future directions for NNSW LHD and describes actions required by the Health Service and other key Agencies in development and delivery of health and wellbeing services to Aboriginal people living in Northern NSW over the next 5 years.

The Plan presents an opportunity to build on partnerships and to work together to develop services in a way that addresses the needs of a growing Aboriginal population. Local Aboriginal people have played an integral role in building the Plan and every effort has been made to address concerns they raised throughout the consultation process.

The Plan seeks to grow collaboration through improved partnership arrangements between services with a strong focus on networking and service integration. Most importantly it emphasises the need to develop strong partnership with Aboriginal people and to build relationships with and between service providers to foster participation in service planning, design and implementation.

I would like to take this opportunity to thank NNSW LHD Managers and staff, Ngayundi Aboriginal Health Council and representatives from key Agencies including North Coast NSW Medicare Local (NCNSWML), Northern NSW Aboriginal Partnership, NSW Police-Northern Region, Family and Community Services (FACS) Northern NSW District, Department of Education and Communities (DEAC) and Aboriginal Learning Circle-North Coast Institute of TAFE. Most importantly I thank the Aboriginal people of Northern NSW who welcomed us into their communities and shared with us their knowledge and insights. I would also like to thank the staff of the many organisations who gave of their time, their valuable experience and their knowledge during the consultation process. I thank you all wholeheartedly.

I am confident that if we work together this Plan will help us to improve the health and wellbeing of Aboriginal people living in Northern NSW.



Deborah Monaghan
NNSW LHD Board member
Chair Northern NSW Integrated Aboriginal Health and Wellbeing Plan Steering Committee



MESSAGE FROM NGAYUNDI

Ngayundi Aboriginal Health Council commends all parties to the Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020.

The Plan is the result of a lot of hard work and cooperation between the Health Service and other key Agencies providing services to Aboriginal people in Northern NSW. We believe that the Plan takes great strides towards improving the health and wellbeing of Aboriginal people living in Northern NSW.

The Plan was developed in consultation with Aboriginal people/communities. Members of Ngayundi were kept informed on the Plan's progress through regular briefings to both the Council and community meetings. Community consultation sessions were also held across the District to ensure Aboriginal people were engaged in the Plan's development.

The Plan recognises the importance of working in partnership; meaningful partnerships with Aboriginal Community Controlled Health Services are critical to delivering the Plan however Partnerships need to be between key Agencies and most importantly with Aboriginal people.

Ngayundi Aboriginal Health Council is a partnership between representatives of Aboriginal people/communities in Northern NSW and the Health Service. This partnership enables the knowledge and expertise of the Aboriginal community to guide the health system at every level. Ngayundi will

continue to provide advice, consultation and monitoring throughout the working life of the Plan.

This Plan represents a significant step forward in the Health Service's approach to delivering services to Aboriginal people. It acknowledges the important role that every member of the health workforce plays in improving access to services to the many socially disadvantaged Aboriginal people living in Northern NSW.

The Plan also recognises the importance of growing and developing the Aboriginal workforce. This is important to support the economic and social wellbeing of Aboriginal peoples and to creating a culturally safe work environment and health service. This Plan represents a first step in that direction and will be further supported through the development of a detailed Workforce Plan for NNSW LHD.

We look forward to working together in partnership with NNSW LHD and the other Agencies who have committed to delivering the Plan to achieve the shared vision of improving the health and wellbeing of Aboriginal people living in Northern NSW.



Aunty Muriel Burns
Chair
Ngayundi Aboriginal Health Council

NORTHERN NSW INTEGRATED ABORIGINAL HEALTH AND WELLBEING PLAN 2015-2020 AT A GLANCE

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan is presented in three volumes. Volume I reflects the vision, goals, partnerships, principles, strategic directions and actions required to realise our vision and meet our commitment to closing the gap in health outcomes for Aboriginal peoples.

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan Volume II provides a detailed health profile of Aboriginal peoples living in Northern NSW.

Volume III is intended to be a reference document containing information on a comprehensive range of services and programs available to Aboriginal people. It is not intended to detail every service however it describes most services provided through the partners to this Plan.



VISION

Health equity for Aboriginal people, with strong, respected Aboriginal communities in Northern NSW, whose families and individuals enjoy good health and wellbeing.

GOAL

To work in partnership with Aboriginal people to achieve the highest level of health possible for individuals, families, and communities.

PARTNERSHIP

The Plan recognises the importance of the Northern NSW Aboriginal Health Partnership between the NNSW LHD and the Northern NSW Aboriginal Community Controlled Health Services (ACCHSs) and NCNSWML. It also recognises and seeks to expand this partnership to formalise partnership arrangements with key Agencies working together to improve the health and wellbeing of Aboriginal people living in Northern NSW.

PRINCIPLES

The following underpinning principles are essential to achieve the Plan:

- Trust and cultural respect
- Recognition of the cultural values and traditions of Aboriginal communities
- Holistic approaches to the health and wellbeing of Aboriginal people
- The valuable and unique role of ACCHSs
- The participation of Aboriginal people at all levels of health service delivery and management
- Partnership with Aboriginal communities
- Recognition of the contribution the health system can make to the social determinants of health.

STRATEGIC DIRECTIONS

- 1 Building trust through partnerships
- 2 Implementing what works and building the evidence
- 3 Ensuring integrated planning and service delivery
- 4 Strengthening the Aboriginal workforce
- 5 Providing culturally safe work environments and health services
- 6 Strengthening performance monitoring, management and accountability.

STRATEGIC ACTIONS

To support achievement of these strategic directions a range of actions have been identified for implementation by:

- NSW Ministry of Health (MoH)
- NNSW LHD

“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...”²

- Aboriginal Community Controlled Health Services including Bulgarr Ngaru Medical Aboriginal Corporation Grafton, Bulgarr Ngaru Medical Aboriginal Corporation Richmond Valley and Bullinah Aboriginal Health Service
- NCNSWML
- NSW FACS - Northern NSW District
- NSW Police
- NSW DEAC
- Aboriginal Learning Circle - North Coast Institute of TAFE.

WHAT WE ARE STRIVING FOR IN 2020 IN NORTHERN NSW

- There is more effective engagement between government and non-government agencies and the broader Aboriginal community, to provide a more integrated approach to planning, funding and delivering health services to Aboriginal people
- The system is connected and everyone is talking to each other
- The differing needs of Aboriginal communities across Northern NSW are recognised

- Everyone is clear about the health care each individual needs and the system works together to achieve this
- Aboriginal people have ready access to well-coordinated services ensuring Aboriginal people and their carers are informed and involved in decisions about their health and wellbeing and are at all times treated with respect
- Service providers are talking to them and keeping them well informed
- Aboriginal people access most of their health care through an integrated network of primary and community health services across the public and private health systems
- There is good access to services all of whom deliver culturally appropriate care
- Duplication is minimised and resources effectively used to meet the needs of Aboriginal people within a finite resource base
- There is a greater focus and investment in improving health and preventing illness while continuing to treat illness effectively paying particular attention to reducing the health gap for Aboriginal people
- There is increased representation of Aboriginal people working in all health professions and well-developed partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improved career pathways for existing Aboriginal staff
- The NNSW LHD workforce assists in closing the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health and wellbeing services

- There is strengthened performance monitoring, management and accountability with strong leadership at all levels of the organisation.

IMPLEMENTATION AND EVALUATION

NNSW LHD and other key Agencies are responsible for implementing the Plan and reporting on progress. Implementation of the Plan will be staged across the 5 year time frame. Each Business Unit in NNSW LHD and partner Agencies will prioritise and refine the actions for implementation as part of their annual business planning processes.

Volume II of the Northern NSW Integrated Aboriginal Health and Wellbeing Plan provides a starting point for measuring the health status of Aboriginal peoples living in Northern NSW. A review of health status at the end of the 5 year period will be undertaken against a range of indicators to assess progress.

NNSW LHD Health Services Development Committee and the Northern NSW Aboriginal Health Partnership will monitor progress and oversight evaluation. To ensure progress on the Plan the Manager NNSW LHD Aboriginal Health will convene an annual meeting of all partners to showcase the progress made against the Strategic Directions and Actions detailed in the Plan. A report on progress will then be prepared for the NNSW LHD Health Services Development Committee and Northern NSW Aboriginal Health Partnership.

EXECUTIVE SUMMARY

Aboriginal people make up approximately 3% of the Australian population. The number of Aboriginal people has decreased since colonisation due to the removal of Aboriginal people from traditional lands, loss of culture, language, food and traditional way of life.

The breaking down of Aboriginal and Torres Strait Islander communities through European colonisation, past government child removal practices and the establishment of missions has caused enormous problems for many Aboriginal Australians, impacting on their psychological, spiritual, physical, social, cultural, economic and emotional health. This has led to a decrease in their health status with problems such as chronic diseases, drug and alcohol abuse and domestic violence. These problems have greatly affected the passing on of cultural knowledge from one generation to the next.

The intergenerational effects of social and emotional wellbeing issues for Aboriginal people have compounded the poor physical health and health outcomes and increased the incidence of chronic disease among Aboriginal people.

While estimates of Aboriginal people who were removed from their families (the Stolen Generation) vary between reports and geographic areas, the Bringing Them Home report states that *“Nationally we can conclude with confidence that between one in three and one in 10 Indigenous children were forcibly removed from their families and communities in the period from approximately 1910 until 1970... In that time not one Indigenous family has escaped the effects of forcible removal”*.

Aboriginal people have fought long and hard for their rights and several important landmarks have marked modern Aboriginal history. Despite these advances, social indicators for Aboriginal people, including health indicators, remain the lowest of all Australian groups. Understanding the impacts of past injustices and striving to eliminate discriminatory practices are important factors in improving social outcomes for Aboriginal Australians.

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020 aims to improve the health and wellbeing of Aboriginal people living in Northern NSW through a genuine commitment to collaboration in service planning and delivery at all levels and across key Agencies and in partnership with Aboriginal people. It is the first Integrated Aboriginal Health and Wellbeing Plan for Northern NSW. The Plan builds on the vision, goals, principles and strategic directions detailed in the NSW Aboriginal Health Plan 2013-2023.

Actions detailed in the Plan are underpinned by the national commitment to closing the gap in life expectancy within a generation (2030) and halving the gap in mortality rates for Indigenous children (by 2018).

The Plan acknowledges the significant health disparities between Aboriginal and non-Aboriginal people in Northern NSW and considers the key strategic directions identified in the NSW Aboriginal Health Plan 2013-2023 such as building respectful, trusting and effective relationships between key Agencies and Aboriginal communities. The Plan also recognises the need for services to be designed and delivered in ways that take account of the socio-economic disadvantage experienced by many Aboriginal people, and attempts to address potential barriers to access.



*“The Health system in NSW is complex with numerous funders and providers of services to Aboriginal people”.*³ The same can be said of health services to Aboriginal people living in Northern NSW. It was evident during the consultations that Aboriginal people often don’t know who is providing what service and that there are difficulties accessing services due to confusion over service boundaries and in some cases unwarranted duplication.

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan recognises and formalises strong partnerships between Agencies that have committed much time and energy to the development of the Plan. Each Agency has made a commitment to working together to take action in partnership to improve the health and the wellbeing of Aboriginal people living in Northern NSW.

Integration of service provision to Aboriginal communities is seen as critical to addressing the health needs of Aboriginal people. Further development of collaborative working relationships between everyone who works to improve the health and wellbeing of Aboriginal people in Northern NSW is essential to the success of the Plan.

Additionally all programs and services, whether mainstream or specific to Aboriginal people, need to be informed by evidence of what works for Aboriginal people.

The NSW Aboriginal Health Strategic Plan 2013-2023 highlights the need for a consistent and coordinated approach to Aboriginal Health Service planning and service delivery. The Plan provides a framework for the development of health services to Aboriginal people and highlights the need for the development and implementation of structures, policies and processes required for strengthening performance monitoring, management and accountability.

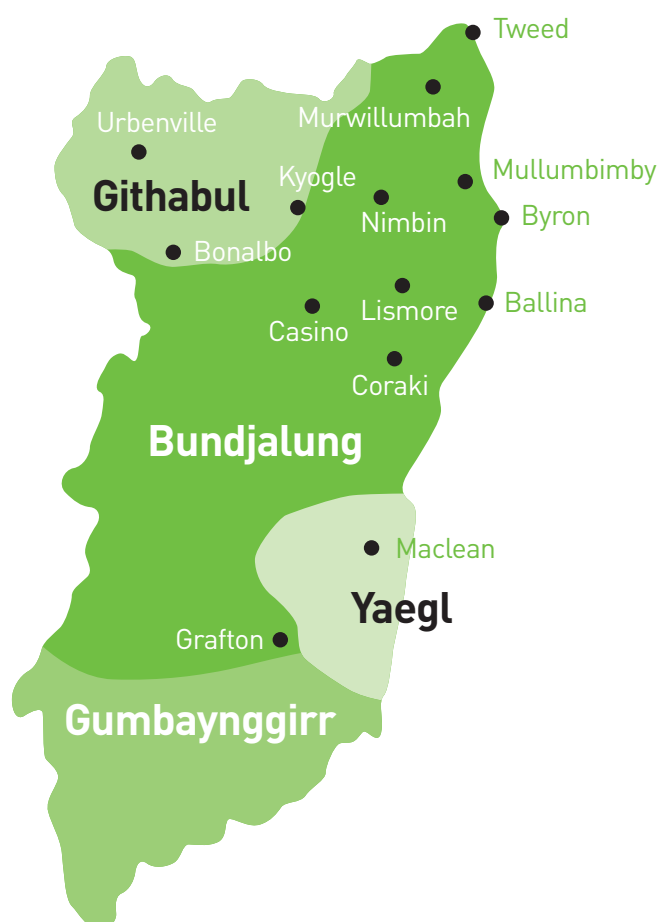
ABORIGINAL PEOPLE IN NORTHERN NSW

NSW is home to Australia's largest Aboriginal population. Aboriginal people have lived in the area known as NSW for at least 45,000 years and traditionally there are more than 38 Aboriginal language groups.⁴ Experts estimate the number of Aboriginal people at 700,000 at the time of the invasion in 1788. It fell to its low of around 93,000 people in 1900.

Northern NSW referred to in this Plan refers to the geographic area comprised of seven Local Government Areas (LGAs) and the Urbenville part of Tenterfield LGA. Northern NSW covers an area of 20,732 square kilometres, extending from the Clarence Valley LGA in the south to the Tweed LGA in the north. The western and southern borders of NNSW LHD join the Hunter New England (HNE) LHD and Mid North Coast (MNC) LHD.


Northern NSW includes 13,660 persons identified as Aboriginal⁵ or around 4.7% of the total population. The traditional custodians of the land covered by NNSW LHD are the Bundjalung, Yaegl, Gumbaynggirr and Githabul Nations. The map below indicates the general location of larger groupings of Aboriginal people, which may include smaller groups such as clans, dialect and individual languages in groups. Boundaries are not intended to be exact.

The Aboriginal population of Northern NSW is much younger than the non-Aboriginal population, with around 40% of the population under 15 years of age, compared with 19% of the non-Aboriginal population. The proportion of the Aboriginal population over the age of 65 years is just over 3%, compared with just over 13% in the non-Aboriginal population.⁶



A range of socio-economic indicators demonstrate that the Aboriginal population in Northern NSW is disadvantaged. The Aboriginal community of Northern NSW reflects health trends reported in the Aboriginal population of Australia, where research has frequently demonstrated inequality when compared to non-Aboriginal Australians.

Development of the Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020 involved a comprehensive needs analysis process to inform future service development and investment based on sound evidence and locally identified need. It involved the gathering and analysing of a broad range of data, reports and information from service providers and the Aboriginal community to identify issues which impact on the health and wellbeing of Aboriginal people.



A detailed health profile of the Northern NSW Aboriginal population can be found in Volume II of the Plan.

Aboriginal people generally have significantly more ill health than other Australians and die at younger ages.⁷ There are large disparities in estimated life expectancy and health outcomes between Aboriginal people and non-Aboriginal people in Northern NSW. In Northern NSW Aboriginal people have three times the rate of low birth weight babies, with 14% of all Aboriginal babies being low birth weight, more than twice the rate of premature babies, with 13% of all babies born to Aboriginal women in Northern NSW being premature compared to 6% for non-Aboriginal women.

In 2011/12 the hospital admission rate for Northern NSW Aboriginal residents was nearly three times (182%) higher than for non-Aboriginal NSW residents. Significantly Aboriginal residents of Northern NSW have 2.5 times the rate of hospitalisation for acute mental illness and three times the rate of hospitalisation for preventable dental conditions.

There are significantly poorer health related behaviours including 54% of mothers smoking in the second half of pregnancy, 36% of Aboriginal adults are regular or occasional smokers compared to 16% of the non-Aboriginal population (NSW). Aboriginal people living in Northern NSW are 3.3 times more likely to be hospitalised as a result of smoking, 3.1 times more likely to be hospitalised as a result of alcohol and 2.8 times more likely to be hospitalised as a result of high body mass.

DEVELOPMENT OF THE PLAN THROUGH PARTNERSHIP

We share a vision of health equity for Aboriginal people, with strong, respected Aboriginal communities in Northern NSW, whose families and individuals enjoy good health and wellbeing. We all acknowledge that the health system includes a broad range of stakeholders.

Strong partnerships were forged during development of the Plan. These partnerships built on working relationships already developed over time between the government and non-government sector.

The partners to this Plan include:

- Northern NSW Local Health District Board and staff
- Ngayundi Aboriginal Health Council
- North Coast NSW Medicare Local
- Northern NSW Aboriginal Partnerships including the Northern NSW Aboriginal Medical Services
- NSW Police - Northern Region
- NSW Department of Education and Communities
- Aboriginal Learning Circle- North Coast Institute of TAFE
- NSW Family and Community Services - Northern District.

All parties to this Plan are committed to working in partnership with Aboriginal people to achieve the vision and strategic actions detailed in the Plan. Elements of our partnership include shared planning and a commitment to working together to achieve our vision through implementing actions detailed in the Plan.

BACKGROUND AND POLICY CONTEXT

NATIONAL POLICIES

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020 aligns with the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. This plan provides an overarching policy framework as part of the Government's approach to closing the gap in indigenous disadvantage.

The vision is *"the Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031."*

The aim of the Closing the Gap – Improving Indigenous Access to Mainstream Primary Care Program is to contribute to closing the gap in life expectancy by improving access to culturally sensitive primary care services for Indigenous Australians.

The objectives of the Program are to:

- Increase access to mainstream primary care services by Indigenous Australians
- Improve the capacity of general practice to deliver culturally sensitive primary care services
- Increase the uptake in Indigenous specific Medical Benefits Schedule items including Indigenous health checks and follow up items
- Support mainstream primary care services to encourage Indigenous Australians to self-identify
- Increase awareness and understanding of Closing the Gap measures relevant to primary care and
- Foster collaboration and support between the mainstream primary care and the Indigenous health sectors.

NATIONAL DISABILITY INSURANCE SCHEME

The National Disability Insurance Scheme (NDIS) is a national system of support focused on the needs and choices of people with disability, including mental illness. It is a new way of providing individualised support for people with permanent and significant disability, their families and carers.

This new scheme will provide disability support funding directly to eligible participants enabling them to purchase the services they need.

A National Disability Insurance Agency (NDIA) has been established to implement the Scheme. The NDIA is responsible for assessing eligibility and working with participants to develop support plans to meet their needs. NSW Health is working closely with the NDIA to ensure that our patients, their families and carers can make the most of the opportunities and services available through the NDIS. The impact on Aboriginal people of the new scheme is still to be determined.

STATE POLICIES

NSW 2021: A Plan to make NSW number one contains a number of targets which have a specific impact on health services including:

- Reduce the gap in employment outcomes between Aboriginal and non-Aboriginal people
- Reduce smoking rates by 3% by 2015 for non-Aboriginal people and by 4% for Aboriginal people
- Reduce the rate of smoking by non-Aboriginal pregnant women by 0.5% per year and by 2% per year for pregnant Aboriginal women
- Halve the gap between Aboriginal and non-Aboriginal infant mortality rates by 2018

- Reduce the age-standardised rate of potentially preventable hospitalisations by 1% and 2.5% for Aboriginal people by 2014/15.

The Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020 is consistent with the NSW Aboriginal Health Plan 2013-2023 and makes a commitment to the principles which form an essential part of the NSW Aboriginal Health Plan 2013-2023. The Plan aligns with the NNSW LHD Strategic Plan 2012-2017:

“NNSW LHD will continually improve the quality of and access to a comprehensive range of integrated health services including in partnership with key external partners. It reflects the commitment of NNSW LHD toward closing the gap in health outcomes for Aboriginal people”.

The Plan was developed to help guide how services are delivered and monitored over the next 5 years in relation to Aboriginal health and wellbeing. Achieving the vision, goals and actions detailed in the Plan depend on working in partnership and utilising the expertise of Aboriginal people in shared leadership arrangements and innovative collaborations. The Plan provides a framework for key Agencies to work together to achieve the vision.

“Health equity for Aboriginal people, with strong, respected Aboriginal communities in Northern NSW, whose families and individuals enjoy good health and wellbeing”.

NORTHERN NSW LHD SERVICE AGREEMENT

The LHD will work collaboratively with the NSW Ministry of Health, NSW Kids and Families, other relevant Health Services, Support Organisations and ACHHSs to implement the NSW Aboriginal Health Plan 2013-2023. To realise the vision of the Plan, it is essential to place the needs of Aboriginal people at the centre of service delivery, and to develop strong partnerships with Aboriginal communities and organisations. Every organisation within the health system has a unique and important role in improving Aboriginal health.

CONTRIBUTION OF OTHER PLANS

The Chair of the Steering Committee acknowledges the contribution to the Plan made by the Aboriginal people of Northern NSW and the representatives of the organisations who have contributed proactively to development of the Plan. The time, energy and knowledge they brought to the planning process are fundamental to the success of the Plan.

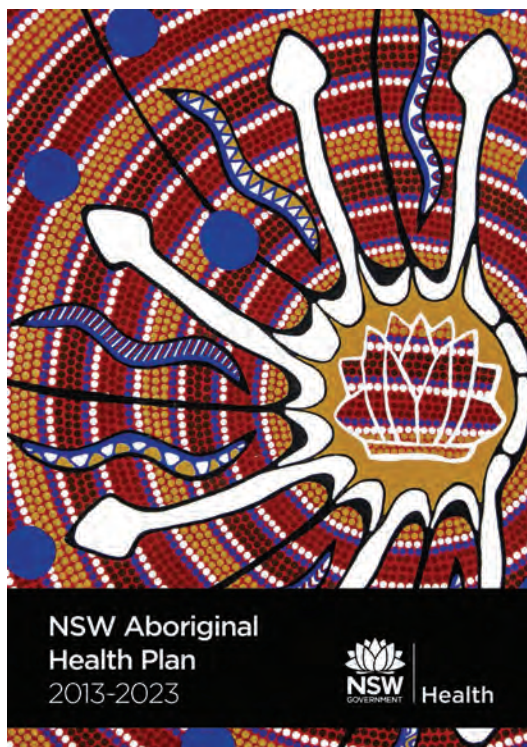
The Chair also acknowledges and thanks the North Coast NSW Medicare Local for their contribution to development of the Health Profile.

The NSW Aboriginal Health Plan 2013-2023 provided direction in developing the Plan. Other important reference documents include the North Sydney Local Health District Aboriginal Health Services Plan 2013-2016, Aboriginal Health Worker Guidelines for NSW Health “Good Health-Great Jobs” and the NSW Health Decision Making Framework for Aboriginal Health Workers.

A SYSTEMS PERSPECTIVE

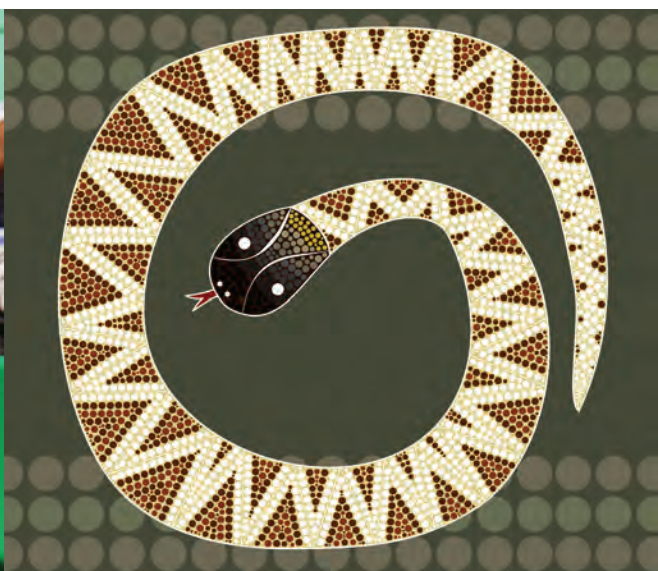
NNSW LHD has responsibility for the planning of services with other Agencies, public, private and non-government organisations which provide care across the primary, acute and sub-acute settings. Every organisation in Northern NSW delivering services to Aboriginal people has a unique and important role in improving Aboriginal health and wellbeing.

While it is not possible to include every Agency in this Plan, key Agencies have worked together to develop shared actions. To realise the vision of the Plan, Agencies need to work in a joined and collaborative manner – making the needs of Aboriginal people the centre of what is done.





SERVICES AND PROGRAMS



NORTHERN NSW LOCAL HEALTH DISTRICT

Health services to Aboriginal people are provided by a range of service providers across Northern NSW including Hospitals and Community Health Services, Sexual Assault Services, Child and Family Health Services, Child Protection Services, Women's Health Services, Aboriginal Maternal and Infant Health Services, Mental Health and Drug and Alcohol Services, Renal Services, Cancer Care, Northern NSW BreastScreen, Health Promotion, Chronic Disease Management Program (CDMP), Chronic Care for Aboriginal People, Public Health and Aboriginal Health Program staff.

Non-Government Organisations (NGOs) play an important role in providing services to Aboriginal people and communities. NNSW LHD provides funding under the NSW Health NGO Grants Program for a broad range of health and health related services. NNSW LHD values the vital contribution that the non-government sector makes to building a fairer, more sustainable and inclusive society. A detailed list of NGO Programs funded by NNSW LHD for Aboriginal specific services is provided in Volume III of the Plan.

ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

Aboriginal Community Controlled Health Services (ACCHSs) have a central role in improving health outcomes for Aboriginal people. ACCHSs are independent organisations, providing primary health care services initiated and operated by local Aboriginal communities to deliver holistic, comprehensive, and culturally appropriate health care to their community. Aboriginal residents of the NNSW LHD have access to three major AMSs:

- Bulgarr Ngaru Medical Aboriginal Corporation Grafton
- Bulgarr Ngaru Medical Aboriginal Corporation Richmond Valley
- Bullinah Aboriginal Health Service (Ballina).

They also have access to:

- Bugalwena General Practice, South Tweed Heads which is a partnership between NCNSWML and the Commonwealth Government

- Jullums – Lismore AMS is managed by NCNSWML and Rekindling the Spirit and provides a range of General Practice and Allied Health services
- Aboriginal Health Posts at Muli Muli, Jali (Cabbage Tree Island) and Jubullum (Tabulam)
- Box Ridge Community Centre, Coraki and
- Bennelong's Haven.

NORTH COAST NSW MEDICARE LOCAL

NCNSWML was established on 1 April 2012. The NCNSWML boundaries align with NNSW LHD and MNC LHD, providing the opportunity for efficient care coordination and effective service integration across the region by building on strong relationships with the Boards and Executives of the two LHDs.

NCNSWML provides a range of primary care services to Aboriginal people across Northern NSW including:

- Care Coordination and Supplementary Services
- Closing the Gap - Improving Access to Aboriginal Mainstream Primary Care
- Child and Maternal – A Better Start to Life – New Directions: Mothers and Babies Services
- Bugalwena General Practice Jullums – Lismore AMS
- NCNSWML Psychological Services
- The Healthy Communities Initiative.

NCNSWML has been an active participant in the development of this Plan. On 1 July 2015 NCNSWML will become the North Coast Primary Health Network (NCPHN), servicing the same geographical area as NCNSWML. Actions expected to be consistent with the new organisation's mandate are identified in the Plan as led or supported by NCPHN.

FAMILY AND COMMUNITY SERVICES - NORTHERN NSW DISTRICT

FACS is comprised of the three Agencies of 'Ageing, Disability and Home Care', 'Community Services' and 'Housing'. FACS-Northern NSW District is committed to promoting the safety and wellbeing of children and young people and working to build stronger families and communities.

Their objectives for 2014-16 are:

- Children and young people are protected from abuse and neglect
- People with a disability are supported to realise their potential
- Social housing assistance is used to break disadvantage
- People are assisted to participate in social and economic life
- People at risk of, and experiencing domestic and family violence are safer
- Aboriginal people, families and communities have better outcomes
- Working with government, non-government and community partners to reach more people with better services
- Building an agile and cohesive department that leads and delivers social policy
- Homelessness Support Service for Aboriginal women experiencing domestic and family violence
- Aboriginal Homelessness and Prevention Service.

NGOs play an important role in providing services to Aboriginal people and communities. FACS-Northern NSW District provides funding for a number of Aboriginal specific programs. A detailed list of NGO Programs funded by FACS Northern NSW District is provided in Volume III Service Descriptions.



NSW DEPARTMENT OF EDUCATION AND COMMUNITIES

NSW DEAC is committed to providing Aboriginal people with opportunities to be actively involved through collaborative processes and will respond to the academic and vocational needs of their Aboriginal students with rigor, accountability and cultural respect. The NSW DEAC endeavours to ensure that the viewpoints and contributions of Aboriginal families and communities are valued and respected, as they collectively strive for equity and excellence. They aim to succeed in the provision of learning environments that contribute and foster Aboriginal students to become more confident, more creative and better able to excel in leading satisfying, productive and responsible lives.

The NSW DEAC is determined to bring in Indigenous pedagogy to all schools. All students will benefit from Indigenous styles of human, environmental and educational engagement. This is in the form of 8-Ways pedagogy. These include:

WAY 1: STORY SHARING:

Our Elders – yours and mine, transmit knowledge and lessons through narrative where learners are actively involved in undergoing a process of self-analysis and personal introspection. People are encouraged to present to the world their unique and idiosyncratic selves. They offer this to all those to whom they have the pleasure of their company. Not necessarily a machined and engineered, moulded and manipulated part of themselves that deems to be socially acceptable. Story sharing facilitates and enhances this process.

WAY 2: LEARNING MAPS:

The teacher and the learner create a concrete, holistic image of the tasks to be performed. The image birthed through creative visualisation creates an anchor point for the learner. Such plans are not only verbalised, they are also visualised.

WAY 3: NON VERBAL CUES:

Learners test the appropriateness and success of their acquired learning non-verbally through experience, introspection and practice. They become critical thinkers who can independently determine the validity of new knowledge.

WAY 4: SYMBOL AND IMAGE:

Learning environments are embedded with symbols and icons that carry deep metaphorical meaning. Knowledge and know-how are being communicated endlessly and tirelessly throughout our environment. Dedicated time and effort will bring such awareness to the fore-front of a person's conscious awareness.

WAY 5: LAND LINKS:

Our place and position is intensely ecological and place-based. It is drawn from the living landscape and within a framework of profound ancestral and personal relationships with place.

WAY 6: NON-LINEAR THINKING:

A personally and culturally safe learning environment is not only about presenting learning in cyclic and indirect ways – it is also about avoiding oppositional relations by finding common ground and creative potential between diverse cultural viewpoints and knowledge domains.

WAY 7: DE-CONSTRUCT/RE-CONSTRUCT:

A healthy pedagogy embraces holistic, global, scaffolded, communal and independent learning orientations. Educational facilitators create a balance between supported learning and independent work, moving from social support systems to independent self-direction.

WAY 8: COMMUNITY LINKS:

Motivation for learning, appreciation for being and dedication to community is group-oriented, localised, personalised and connected to real-life purposes and social contexts.

ABORIGINAL LEARNING CIRCLE - NORTH COAST INSTITUTE OF TAFE

The Aboriginal Learning Circle, North Coast Institute of TAFE is an Education and Training Organisation that provide nationally accredited training, cultural capability training, Aboriginal mentoring, Consultancy, Workforce Development, Connector Aboriginal Employment Services and Pre-Employment Programs.

The Aboriginal Learning Circle, North Coast Institute of TAFE is one of an alliance of five TAFE NSW Institutes that agreed to collaborate in the achievement of culturally appropriate solutions for Aboriginal people, communities, organisations and employers.

NORTHERN RIVERS REGIONAL ORGANISATION OF COUNCILS

Northern Rivers Regional Organisation of Councils (NOROC) is a co-operative of local government bodies representative of the Clarence and Richmond Valleys of Northern NSW. It is comprised of the Councils of Ballina Shire, Copmanhurst Shire, Kyogle Shire, Lismore City, Maclean Shire, Richmond Valley, North Coast Water and Rous Water. Other Shires in the Northern NSW catchment are Byron and Tweed Shires.

NOROC's role is to strengthen the role of local government in the Northern Rivers in regional affairs by working effectively with Federal and State Government and the business and community sectors across the region in pursuit of improved social, economic and environmental outcomes.

Through NOROC, Councils were invited to participate in an interagency meeting on the 12 February 2015 which was designed to inform development of the Northern NSW Integrated Aboriginal Health and Wellbeing Plan. Whilst many local government programs do not specifically relate to the health of Aboriginal people, they are designed to promote wellbeing and reconciliation in communities as well as improve employment and training opportunities.

Local Councils make a significant contribution to the health and wellbeing to Aboriginal people living in Northern NSW through a range of strategies each unique to their own local area.

Some of these strategies include:

- Development of Aboriginal Employment strategies
- Establishing Aboriginal Advisory Groups
- Supporting cultural events including NAIDOC week celebrations

- Supporting Aboriginal Interagency meetings
- Recognising the rights of Native Title holders
- Developing Aboriginal social, economic and community development projects
- Developing and understanding of and applying cultural protocols
- Cultural awareness and cultural training
- A long term commitment to reconciliation through the delivery of strategies detailed within each Reconciliation Action Plan.

NEW SOUTH WALES POLICE FORCE

The NSW Police Force initiated its Aboriginal Strategic Direction policy as a consequence of the findings of the 1987 Royal Commission into Aboriginal Deaths in Custody. The Royal Commission was effectively, the genesis of the NSW Police Force Aboriginal Strategic Direction policy. This was rolled out across the Force in the early 1990s.

NSW POLICE FORCE NORTHERN REGION

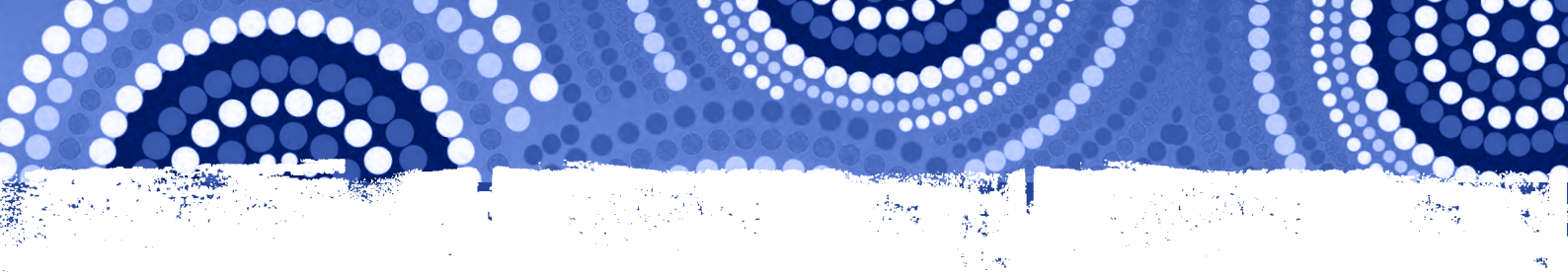
Based on the 'Closing the Gap Strategy' (COAG 2007-2008) to reduce Indigenous disadvantage in relation to:

- Life expectancy
- Child mortality
- Access to early childhood education
- Educational achievement and
- Employment outcomes.

NSW Police focused on the safer communities 'Building Block' (as one of several building blocks identified by COAG) where relationships between Police and the Aboriginal community is a key component to uphold a safe and secure environment.

The Northern Region's perspective is to continue to focus on encouraging participation by Aboriginal people and collaboration with Police in identifying and improving their over-representation in crime and safety. Trust is the key element that has been the focus of this Region's Police.

The Region's focus is to continue to encourage/develop Aboriginal participation in Police, Aboriginal Consultative Committees (PACCs). PACC is a Police Command managed committee which is intended to reflect true local issues and activities. There are 76 Local Area Commands across NSW and of these, 37 Commands hold PACCs. These Commands reflect those communities with greater issues.



PACCs emphasise participation of young people and aims to ensure that Domestic Violence Liaison Officers (DVLOs) participate in the PACC process.

PACCs aim to:

- Encourage greater collaboration with local agencies to ensure consistent progress in local Aboriginal and Torres Strait Islander issues
- Focus on youth issues to reduce involvement in crime, as victims or offenders⁸
- Focus on child sexual assault
- Focus on family violence.

Although led by the Local Area Commander, this is the area where NSW Police Force seeks to collaborate with the Aboriginal community to determine priorities and activities to progress the local situation. Aboriginal Action Plans are the planned activities to deal with issues impacting on the local Aboriginal community.

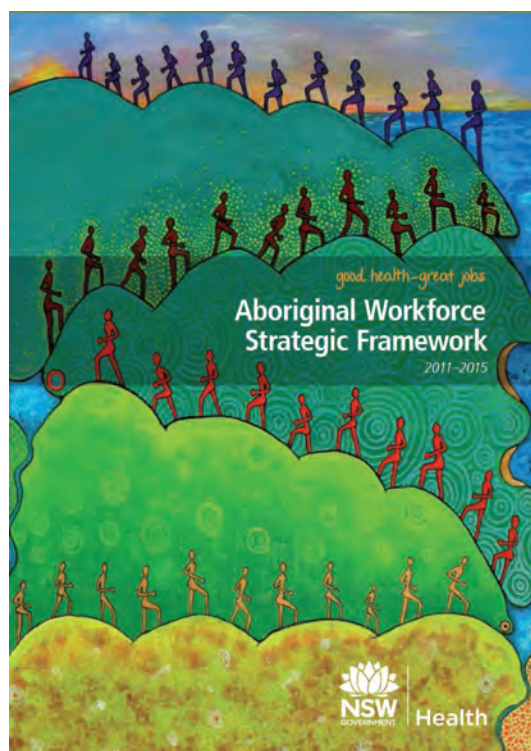
NSW POLICE ABORIGINAL COMMUNITY LIAISON OFFICERS

The Aboriginal Community Liaison Officer (ACLO) is a member of the Local Area Command, Crime Management Team with the responsibility for providing advice and support to Police in the management of Aboriginal issues across the Local Area Command.

ACLOs assist in developing, implementing, monitoring and reviewing programs that bring about positive outcomes between Police and Aboriginal people which are in line with NSW Police Force policy.

The ACLO works closely with the Aboriginal communities, Aboriginal and non-Aboriginal service providers in their day to day activities. The ACLO encourages positive working relationships and partnerships between NSW Police Force and Aboriginal people as well as promoting an awareness of Aboriginal issues to Police.

WORKFORCE



The NSW Health Aboriginal Workforce Strategic Framework 2011-2015 has been developed to provide a tool to guide NSW Health in meeting objectives to grow the Aboriginal Workforce. The Framework aims to increase the Aboriginal workforce across the public health sector in clinical, non-clinical and leadership roles. This in turn will support the economic and social wellbeing of Aboriginal people.

The key priorities of the Framework are to:

- Increase the representation of Aboriginal employees to 2.6% across the NSW public health sector
- Increase the representation of Aboriginal people working in all health professions

- Develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff
- Provide leadership and planning in Aboriginal workforce development
- Tap into the increasing pool of Aboriginal university graduates undertaking health courses
- Build a NSW Health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.

Aboriginal employees currently make up 2.7% of the NNSW LHD workforce. Although the LHD achieves 2.6% representation, Northern NSW includes 13,660 persons identified as Aboriginal⁹ or around 4.7% of the population therefore an increase above 2.7% Aboriginal employees is needed by 2020. The Plan proposes that Aboriginal people make up 4% of the NNSW LHD workforce over the next 4 years. In achieving this target, particular focus will be placed on increasing Aboriginal representation as medical and primary care practitioners, nurses, midwives, service and program managers, Aboriginal Health Workers, administrators and in support services. There will also be identified training positions for Aboriginal people.

This Plan outlines a number of actions required to achieve the Framework's key priorities however more detailed planning will be undertaken in the development of an Aboriginal Workforce Plan in 2015.

CONSULTATION

The Steering Committee is central to the consultation process. The role of the Steering Committee is to oversee the development of the Plan in consultation with key stakeholders so that services will meet the needs of the Northern NSW Aboriginal population.

A Steering Committee was established at the beginning of the planning process. The Steering Committee was chaired by Ms Deborah Monaghan, NNSW LHD Board Member and co-chaired by Ms Jenny Smith, Manager NNSW LHD Aboriginal Health Services. Ms Hazel Bridgett also represented the Board and Ms Sue Follent represented Ngayundi Aboriginal Health Council.

The Steering Committee has broad representation by NNSW LHD Senior Executive Members and Clinicians, community and non-government agency representation.

Agencies represented on the Steering Committee included:

- Northern NSW Aboriginal Health Partnership, Chief Executive Officer, Bulgarr Ngaru Medical Aboriginal Corporation also representing AMSs
- NCNSWML
- NSW Police, Richmond Command
- Aboriginal Learning Circle-North Coast Institute of TAFE
- FACS-Northern NSW District
- NSW DEAC
- Ngayundi Aboriginal Health Council.

Consultation sessions were conducted over a 5 month period between September 2014 and February 2015, at times and in locations accessible to staff of key Agencies and Aboriginal community members. Around thirty consultation sessions were held with over 300 people attending the sessions. Board members Ms Deborah Monaghan, Chair

of the Steering Committee and Ms Hazel Bridgett attended most of the consultation sessions.

The Planning Team and Steering Committee members held consultation sessions in the following Aboriginal communities inviting community members to share morning tea in a relaxed environment where they could feel free to discuss their views and to provide their insights on the health issue facing their people and how these might be addressed.

Community meetings were held at:

- Muli Muli
- Jubullum (Tabulam)
- Cabbage Tree Island
- Box Ridge
- Coraki
- Tweed Heads
- Byron Shire
- Lismore
- Clarence Valley (Grafton)
- Yamba.



Rosslyn Sten and Aunty Effy Roberts at Muli Muli

INTERAGENCY PLANNING MEETING

An Interagency meeting was held on 12 February 2015. The purpose of the meeting was to consider high level strategies developed by each Agency which will impact on the health and wellbeing of Aboriginal and Torres Strait Islander people living in Northern NSW.

The meeting was attended by representatives from:

- NNSW LHD
- NOROC
- FACS (Community Services, Housing and Aging Disability and Home Care)
- NSW DEAC
- Aboriginal Learning Circle-North Coast Institute of TAFE
- Northern NSW Aboriginal Partnership
- NCNSWML
- NSW Police
- Department of Juvenile Justice
- Ngayundi Aboriginal Health Council
- Department of Premier and Cabinet
- Department of Prime Minister and Cabinet- Indigenous Affairs Group
- Bullinah Aboriginal Health Service
- Aboriginal Community Controlled Organisations.

KEY ISSUES AND CHALLENGES

The complexity of needs prevalent in Aboriginal communities presents a significant challenge to health services. Aboriginal people continue to experience levels of chronic disease and distress that are too high, and frequently experience a burden of loss, grief and trauma arising from past policies of the forced removal of children, erosion of family and community structures, disproportionate rates of imprisonment and frequent deaths affecting all members of extended families. Aboriginal people have poor physical health and social and emotional wellbeing compared with non-Aboriginal people.

Aboriginal communities have significantly poorer health status. There are Aboriginal communities throughout Northern NSW, many of which are remote from regional centres and carry responsibility for the provision of housing, drinking water and sewerage services for local inhabitants.

Environmental risks include relatively high proportions of the population without a reticulated water supply or an unfluoridated water supply; water supplies that are not fully filtered and/or are prone to blue-green algal blooms and relatively high reliance on on-site sewage disposal.

Many Aboriginal people live in isolated communities with little or no access to public transport and very few private vehicles. One community has no access to the internet and most have very few private telephones or mobile phone coverage. Outreach services support isolated communities to receive health care close to where they live. It is also critical that a safe working environment is maintained in these communities for the service providers who provide essential outreach services to these communities.

There were a range of common themes identified at consultations. Concerns were raised about the lack of coordination between services to Aboriginal people and the impact of poor communication between services. There is a complex environment through which Aboriginal people must negotiate. Aboriginal people expressed the view that the community does not understand the way services are being delivered and that there needs to be greater communication between all services and the Aboriginal community.

The need for better communication between all service providers and a need for service planning to occur at both a high level and locally to reduce role confusion and duplication was raised. Services need to be planned in consultation with Aboriginal communities and Aboriginal people need to be informed about what is available to them.

Throughout the consultation process Aboriginal people and service providers highlighted the need for improved access to Mental Health and Drug and Alcohol Services particularly in relation to young people and the need to focus on the prevention of youth suicide. Social and emotional wellbeing were seen as critical to improving the mental health of Aboriginal people.

Aboriginal communities repeatedly raised their concerns about substance abuse with the spread of drugs such as ICE seen as the next big challenge. Sexual health, communicable diseases and injury and self-harm are considered to be significant health risks facing Aboriginal people and generate considerable concern in the community.

Aboriginal people and their carers want to be better informed and involved in decisions about their health care and at all times treated with respect. "Nothing about us without us" needs to be part of everyday practice for service providers. They emphasised the need for improved carer education and support particularly in relation to people with a mental illness.

Maternal and child health, antenatal education and care, parenting education, teenage pregnancies and the need for education in schools on contraception were raised as important issues for consideration. The role of fathers and the need to involve them in ante-natal and post-natal education was also highlighted.

The importance of breast feeding was highlighted by the University Centre for Rural Health (UCRH). As detailed in the Study undertaken by Catherine Helps:

"Aboriginal women in rural areas have lower rates of breastfeeding than Australian averages. The reasons for this are poorly understood. Aboriginal people experience higher morbidity and increased rates of chronic disease throughout the life cycle. The protective effects of sustained breastfeeding could benefit rural Aboriginal communities".¹⁰

It is well known that breast feeding offers many health advantages however there are a number of barriers which prevent Aboriginal women from taking up breast feeding.




The Study argues that promoting and normalising breastfeeding within Aboriginal community members will strengthen broad based support for mothers in their infant feeding decisions. NSW Health is planning to expand the availability of the Australian Breastfeeding Association, Aboriginal Community Mentoring Program to Aboriginal staff and community members across NSW. It is important that community members are involved in these workshops. NNSW LHD Aboriginal Maternal and Infant Health Service (AMIHS) has an important role in engaging Aboriginal women as mentors and in supporting community leaders to improve breast feeding rates amongst Aboriginal women.

Child Protection, Sexual Assault and Domestic and Family Violence Services to Aboriginal people are under considerable pressure. There is a need for a more coordinated approach to culturally appropriate service provision and community education which reflects the needs of individual Aboriginal communities. It is also essential to build a culturally appropriate and sustainable Aboriginal workforce model in Sexual Assault Services.

Good oral health is a critical issue for the Aboriginal population in Northern NSW. Local services report that education and prevention are limited in Aboriginal populations and this contributes to the situation. Oral health services across the LHD are stretched. Local services reported that Aboriginal families in Northern NSW rarely access private dentists under the Commonwealth Dental Scheme.

Gaps in Aboriginal specific services were highlighted throughout the consultation process. Of particular concern are the very limited Aboriginal specific services available in Byron Shire. There is also a lack of communication between those services which do provide outreach to the Shire.

Access to Aboriginal Hospital Liaison Officers (AHLOs) was raised repeatedly as key to improved engagement of Aboriginal people. Access to AHLOs is limited and there are gaps in these positions, differing management structures and levels of accountability, roles and lines of accountability are unclear at some sites. Another area of concern consistently raised is the lack of AHLO



support to patients of the Integrated Cancer Centre, Cardiology Services and Renal Dialysis Unit at Lismore Base Hospital. There is also concern that there needs to be a mix of male and female Aboriginal Health Workers.

Access to health related transport remains a key issue for the Aboriginal community particularly those living in isolated areas. This issue was raised at a Ngayundi meeting and at other meetings with service providers including the AMS. Patient transport across the LHD is particularly important given the low socio-economic status of many residents and their poor access to private transport.

Aboriginal people living in Northern NSW would like service providers to understand that each community is unique and that they need to be involved in decision making about their care. They also need to be able to provide feedback on services which will lead to a better understanding of their needs. All services need to be committed to providing education and developing services which reflect the cultural needs of Aboriginal people. Culturally appropriate feedback mechanisms are also needed.

Attracting, developing and sustaining more Aboriginal people to work in all Agencies and providing a more visible workforce is seen as important to improving cultural understanding and to providing education and employment opportunities to Aboriginal people.

“Good Health Great Jobs”, the Aboriginal Workforce Strategic Framework 2011-2015 provides a framework for the development and nurturing of an Aboriginal workforce.

A focus on partnerships between the Health and Education sectors is required to deliver real change for Aboriginal people wanting to enter the health workforce. Additionally a greater effort in identifying positions which could be filled by Aboriginal graduates was identified as a priority. New workforce models could be examined to support entry level trainees. The Plan outlines a number of key actions to support and develop the Aboriginal workforce however more detailed planning will be undertaken.

Despite the difficulties being experienced, staff from all Agencies are to be commended for their hard work and commitment to providing high quality services. Their energy and commitment in pursuit of high-quality service provision was evident throughout the consultation process. Staff brought to the consultations a wealth of experience, dedication, lots of ideas for how to do things better and a positive commitment to working together in future service provision.

Key issues raised at the consultation meetings have been presented to the Steering Committee and responses to these concerns have where possible been integrated into the Key Priorities section of the Plan.



STRATEGIC DIRECTIONS

Strategic Direction 1: Building trust through partnerships

by building relationships with and between service providers which foster participation in service planning, design and implementation. A strong commitment to formalising partnerships between service providers and improving communication and collaboration is critical to improving health outcomes for Aboriginal people.

All parties to the Plan will take steps to strengthen Aboriginal health partnerships and to build these partnerships into governance and accountability structures. They will take action and respond to strategies detailed in the Plan, define new roles and responsibilities to reduce duplication, build trust and work to clarify and integrate pathways across services.

During the consultation process, many respondents strongly endorsed the need for genuine participation by Aboriginal communities in strategy and action planning at all levels of the system. Each Agency will need to build on current partnership arrangements to ensure that Aboriginal people are truly consulted in planning and service delivery.

Strategic Direction 2: Implementing what works and building the evidence

by all services whether mainstream or Aboriginal specific being informed by evidence of what works for Aboriginal people. There needs to be attention to reviewing the services and the way they are delivered to ensure they are meeting the priority needs of Aboriginal people.


Strategic Direction 3: Ensuring integrated planning and service delivery

by developing programs based on sound evidence of effectiveness. The health system is complex with multiple service providers. During consultations Aboriginal people and service providers expressed their concern at a lack of coordination between services. Although efforts are being made there is still a long road to achieving service integration. This Plan sets out a range of actions to improve collaboration between services across a range of Programs. Achieving integrated planning and service delivery will reduce duplication, create efficiencies and ensure Aboriginal people are not falling through gaps in service provision. These actions also aim to reduce role confusion, improve the understanding of services available to Aboriginal people and improve access to essential services.

Strategic Direction 4: Strengthening the Aboriginal workforce

by attracting, developing and sustaining more Aboriginal people to work in health. The Plan highlights the need for the Aboriginal workforce to feel culturally safe. This is enhanced through a more visible workforce, enhancing cultural understanding and assists in educating people in the importance of the Aboriginal workforce in health.

“Good Health Great Jobs”, the Aboriginal Workforce Strategic Framework 2011-2015 provides a framework for the development and nurturing of an Aboriginal workforce.



A focus on partnerships between the Health and Education sectors is required to deliver real change for Aboriginal people wanting to enter the health workforce. Additionally a greater effort in identifying positions which could be filled by Aboriginal graduates was identified as a priority. New workforce models could be examined to support entry level trainees. The Plan outlines a number of key actions to support and develop the Aboriginal workforce however more detailed planning is required.

Key actions are detailed in the Northern NSW Integrated Aboriginal Health and Wellbeing Plan 2015-2020 including the need to develop a more detailed Workforce Plan for NNSW LHD in 2015.

Strategic Direction 5: Providing culturally safe work environments and health services

by developing the structures, policies and processes required for culturally safe work environments and culturally secure service provision. The NSW Aboriginal Health Plan recognises that Aboriginal people often do not have equal access to health services. This is despite having higher rates of hospitalisation.

In order to ensure the delivery of effective services to Aboriginal people, all staff need to exhibit professional behaviour at all times and enhance their understanding and appreciation of Aboriginal people, through ongoing formal and informal development. Cultural Education Programs are critical to developing positive attitudes and to improving the experience of Aboriginal people.

Strategic Direction 6: Strengthening performance monitoring, management and accountability

requires strong leadership at all levels of the organisation. Effective leadership is required to facilitate communication between services and to support complementary service development across NNSW LHD. Development of appropriate policies for the delivery of culturally appropriate health services to Aboriginal people is also essential.

Services need to monitor performance against key indicators, ensure there is strong leadership and governance and make people accountable for achieving outcomes.

All parties to this Plan are committed to working in partnership with Aboriginal people to implementing actions detailed in the next section of the Plan.

STRATEGIC ACTIONS

The following table outlines the strategic and operational plan for Aboriginal health and wellbeing in Northern NSW over the next 5 years. Strategic actions have been developed collaboratively with all partners to the Plan engaged throughout the planning process. Every attempt has been made to address concerns raised at consultation sessions.

Two Reference Groups were formed by the Steering Committee and met to develop the actions detailed in the Plan. Individual meetings were also held with Service Managers across NNSW LHD and other Agencies to inform the Plan and to allocate responsibility for implementation. The Steering Committee has played an integral part in the development of the Action Plan and has reviewed and endorsed the strategic actions detailed below.

Implementation will be staged and actions will be prioritised as part of the business planning process for each Agency to allow these Agencies to consider actions in line with available resources.

STRATEGIC DIRECTION 1: BUILDING TRUST THROUGH PARTNERSHIPS

OUTCOME: Local partnerships are developed which create a trusting and collaborative working relationship, facilitating a coordinated approach to local action so as to meet the local needs of Aboriginal communities, as well as building community capacity

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
1.1	<ul style="list-style-type: none"> Strengthen partnership arrangements between Health, Primary Health Networks, AMSS, NGOs and key Government Agencies: <ul style="list-style-type: none"> > Expand the Aboriginal Leadership Group to include other key Agencies > Develop a communication system which facilitates participation by all Agencies > Conduct joint planning meetings around health issues and collaboratively plan joint programs > Develop performance indicators to evaluate the functioning and effectiveness of partnerships at all levels. 	NNSW LHD	FACS NCPHN AMSS NSW DEAC Local Government NSW Police	<ul style="list-style-type: none"> All Agencies have taken steps to strengthen the establishment and operations of Aboriginal health partnerships and build these partnership arrangements into their governance and accountability structures. 	<ul style="list-style-type: none"> A formal Partnership Agreement is developed between key Agencies delivering health and related services to Aboriginal people An Interagency consultation process is developed and implemented to support collaborative program planning Performance indicators are developed and Aboriginal partnerships evaluated.
1.2	<ul style="list-style-type: none"> As part of implementation of the Integrated Care Program: <ul style="list-style-type: none"> > Develop a governance structure which is representative of key partners including AMSS and NCPHN > Redesign models of care for Aboriginal people and ensure that these are culturally appropriate > Ensure models incorporate appropriate communication systems including notification of patient admission to all care providers > Develop a workforce model with reflects new service models. Refer to 4.4 > Develop systems to monitor and report on patient related outcome measures defines as part of the Integrated Care Program > Provide appropriate education and training to reflect new skill set required. Refer to 4.4. 	NNSW LHD	NCPHN AMSS NSW Ambulance	<ul style="list-style-type: none"> Aboriginal people have access to and utilise Integrated Care Strategies. 	<ul style="list-style-type: none"> Governance structure developed collaboratively Workforce model developed and implemented Patient related outcome measures as part of the Integrated Care Program are monitored, reported and improvement against baseline measured.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
1.3	<ul style="list-style-type: none"> Incorporate consultation with Aboriginal community leaders and members into planning for all Aboriginal specific health programs, services and policies; <ul style="list-style-type: none"> > Jointly plan community engagement strategies between key Agencies in collaboration with Aboriginal communities > Initiate engagement with Aboriginal people at the pre-planning stage of service development > Ensure engagement strategies recognise and respond to the cultural diversity and specific needs of each Aboriginal community > Develop a calendar of Aboriginal community and cultural events to facilitate better coordination between services. 	NNSW LHD FACS NCPHN	AMSS Local Aboriginal Land Councils (LALCs) Ngayundi Aboriginal community members NSW Police	<ul style="list-style-type: none"> Aboriginal people are engaged in health service planning and delivery. 	<ul style="list-style-type: none"> Planning for all Aboriginal specific health programs, services and policies includes consultation with Aboriginal community leaders and members Calendar of Aboriginal community and cultural events developed annually.
1.4	<ul style="list-style-type: none"> Work collaboratively to investigate options to support clinical service provision at Northern NSW Health Posts: <ul style="list-style-type: none"> > Develop strategies to better maintain Health Posts to provide a safe workplace for the provision of clinical services > Consider inclusion of a new Health Post at Jubullum in the NSW LHD Asset Strategic Plan. 	NNSW LHD	AMSS LALCs	<ul style="list-style-type: none"> Clinical services provided at Northern NSW Health Posts provide a safe working environment for the provision of clinical services. 	<ul style="list-style-type: none"> Review Funding and Performance Agreements with LALCs to ensure safety standards are met Inclusion of a new Health Post at Jubullum in the NNSW LHD Asset Strategic Plan.

STRATEGIC DIRECTION 2: IMPLEMENTING WHAT WORKS AND BUILDING THE EVIDENCE

OUTCOME: Service development is informed by analysis of need conducted in partnership with Aboriginal Community Controlled Health Services, Primary Care Networks, Government and non-government organisations and private service providers. Programs and services, whether mainstream or specific to Aboriginal people are informed by evidence of what works for Aboriginal people.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
2.1	<ul style="list-style-type: none"> Improve the Health of Aboriginal people Establish partnerships with Aboriginal Community Controlled Health Services to ensure a strong focus on community engagement across all programs Reduce smoking rates for Aboriginal people: <ul style="list-style-type: none"> > Expand the Quit for New Life Program > Embed brief interventions to reduce tobacco consumption as part of core clinical practice, including access to nicotine replacement therapy where clinically indicated and referral to the Aboriginal quit line and local smoking cessation services > Support tobacco control campaigns at the local level > Build the capacity of the health workforce (including health workers, nurses, doctors, psychologists, psychiatrists) in smoking cessation > Support the Aboriginal health workforce to quit smoking through workplace quit smoking programs > Increase awareness of environmental tobacco smoke within homes and cars to reduce long term exposure to tobacco smoke for Aboriginal children > Increase awareness of new outdoor smoking bans among Aboriginal communities > Support Aboriginal organisations to go smoke free > Establish local performance monitoring strategies to assess progress toward targets > Implement NSW Knockout Health Challenges in two areas > Add Smoking Cessation support to NSW Knockout Health Challenge through the implementation of workplace tobacco policies 	NNSW LHD	FACS NCPHN AMSS NSW DEAC Local Government NSW Police	<ul style="list-style-type: none"> All Agencies have taken steps to strengthen the establishment and operations of Aboriginal health partnerships and build these partnership arrangements into their governance and accountability structures. 	<ul style="list-style-type: none"> A formal Partnership Agreement is developed between key Agencies delivering health and related services to Aboriginal people An Interagency consultation process is developed and implemented to support collaborative program planning Performance Indicators are developed and Aboriginal partnerships evaluated.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
2.1	<ul style="list-style-type: none"> Target Aboriginal children and their families by providing Aboriginal specific Go4Fun Programs Increase resources for Aboriginal schools (classified by high numbers of Aboriginal students) and child care centres to run the Live Life Well at School and Munch and Move Program and other healthy lifestyle programs Implement strategies to increase Aboriginal people's access to primary health care including increasing the uptake of Indigenous specific Medical Benefits Schedule items including Indigenous health checks (MBS 715) and follow up items. 	NNSW LHD	NSW DEAC Catholic Education Child Care Centres Association of Independent Schools Early Childhood Centres AMS	<ul style="list-style-type: none"> All Agencies have taken steps to strengthen the establishment and operations of Aboriginal health partnerships and build these partnership arrangements into their governance and accountability structures. 	<ul style="list-style-type: none"> NSW Knockout Health Challenge is implemented in at least one area with at least 30 participants annually At least two Aboriginal specific Go4Fun Programs completed annually and evaluated Aboriginal schools have a higher implementation rate than the average for all schools.
2.2	<ul style="list-style-type: none"> Reduce the harm experienced by Aboriginal youth as a result of road accidents and drug and alcohol consumption: <ul style="list-style-type: none"> > Key Agencies to work together to implement programs for Aboriginal youth on road safety and drug and alcohol issues > NSW Police to develop education programs targeting Aboriginal youth > All Agencies to facilitate access into driver education provided by Department of Roads and Maritime Services. 	NNSW LHD	NSW DEAC Catholic Education NSW Police Department of Road and Maritime Services	<ul style="list-style-type: none"> Aboriginal youth participate in education programs. 	<ul style="list-style-type: none"> A culturally appropriate education program for Aboriginal youth on road safety and drug and alcohol issues is developed and implemented Participation by Aboriginal youth in education programs is evidenced.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
2.8	<ul style="list-style-type: none"> Develop collaborative arrangements between NNSW LHD, AMSS and private oral health service providers to improve access to oral health services: > Develop a forum between public and private oral health providers to identify and progress strategies for greater collaboration > Work collaboratively to identify opportunities for reinvestment of oral health services to meet the specific needs of Aboriginal people across all ages > Provide cultural awareness training to private and public oral health providers to ensure services are culturally appropriate and accessible > Promote the Commonwealth Child Dental Benefits Scheme to Aboriginal families. 	<p>NNSW LHD</p> <p>NNSW LHD</p> <p>NNSW LHD NCPHN</p> <p>NCPHN</p>	<p>AMSS NCPHN</p> <p>AMSS</p>	<ul style="list-style-type: none"> Access to oral health services are improved Oral health services are educated to provide culturally appropriate services. 	<ul style="list-style-type: none"> 10% reduction in potentially preventable hospitalisations for dental conditions for Aboriginal people 100% of public oral health service providers have completed cultural awareness training Private oral health service providers are offered cultural awareness training.
2.9	<ul style="list-style-type: none"> Develop and implement education and health promotion programs to improve the oral health of Aboriginal children: > Investigate opportunities to enhance oral health education and dental care for Aboriginal children in collaboration with AMSS > Develop a formal Agreement between Agencies to provide Aboriginal specific oral health programs in partnership with South's Oral Care. 	<p>NNSW LHD AMSS</p>	<p>NCPHN NSW DEAC</p> <p>Centre for Oral Health South's Oral Care</p>	<ul style="list-style-type: none"> The oral health of Aboriginal children is improved. 	<ul style="list-style-type: none"> Education and health promotion programs to improve the oral health of Aboriginal children are developed and implemented.
2.10	<ul style="list-style-type: none"> Develop referral pathways for oral surgery for Aboriginal people Investigate funding opportunities for provision of oral health surgery to Aboriginal adults. 	<p>NNSW LHD</p> <p>NNSW LHD</p>	<p>AMSS AMSS</p>	<ul style="list-style-type: none"> Aboriginal people are able to access oral surgery. 	<ul style="list-style-type: none"> A referral pathway for oral surgery is developed for Aboriginal people.
2.11	<ul style="list-style-type: none"> Continue to improve access to BreastScreen services through the provision of a block booking model of scheduling appointments and in association with key agencies to support Aboriginal women to attend the program. 	<p>NNSW LHD</p>	<p>NNSW LHD AMS</p>	<ul style="list-style-type: none"> Access to block bookings in the BreastScreen service is improved. 	<ul style="list-style-type: none"> Improved screening participation rates for Aboriginal women aged 50-74 years.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
2.13	<ul style="list-style-type: none"> Improve access to culturally appropriate parenting education: <ul style="list-style-type: none"> > Continue the development of Safe Start (supporting new mothers) to high risk families > Review access to education programs to Aboriginal young people in schools on healthy choices around contraception, pregnancy and parenting (Core of Life) > Identify opportunities to attract new investment in culturally appropriate parenting education to Aboriginal parents of new babies in partnership with key Agencies with a focus on both mothers and fathers > Establish Aboriginal Men's Groups that can assist and support Aboriginal fathers > Lobby NSW Health for allocation of Building Strong Foundations funding for NNSW LHD > Develop strategies to increase the utilisation of culturally appropriate children's allied health services such as speech pathology and occupational therapy services for children with developmental difficulties. 	<p>NNSW LHD</p> <p>NCPHN/ NNSW LHD</p> <p>NNSW LHD/ FACS</p>	<p>NCPHN</p> <p>AMSS</p> <p>NSW DEAC</p>	<ul style="list-style-type: none"> Aboriginal families at high risk access and utilise Safe Start Aboriginal young people have an increased understanding of contraception, pregnancy and parenting. Aboriginal children have improved access to Allied Health Services. 	<ul style="list-style-type: none"> Funding opportunities are investigated Number of Aboriginal young people participating in education programs. Target: Establish Baseline 2016 Number of Aboriginal children accessing Allied Health Services. Target: Establish Baseline 2016.
2.14	<ul style="list-style-type: none"> Improve access to key health services to Aboriginal children <12 years: <ul style="list-style-type: none"> > Review the provision of Child and Family Counselling Services to identify gaps > Identify opportunities to attract new investment in Child and Family Counselling Services > Develop strategies to increase utilisation by Aboriginal children of allied psychological services ATAPS (Access to Allied Psychological Services) and other culturally appropriate counselling services > Develop and implement domestic and family violence primary prevention strategies for Aboriginal families > Explore opportunities to increase access to Specialist Paediatric Services in the Clarence Valley. > Promote the availability of services available to children in Out of Home Care through FACS. 	<p>NNSW LHD</p> <p>NCPHN</p> <p>NCPHN</p> <p>AMS</p> <p>FACS</p>	<p>FACS</p> <p>AMSS</p> <p>NGOs</p> <p>NNSW LHD</p> <p>NCPHN</p>	<ul style="list-style-type: none"> Aboriginal young people and their families have timely access to key health services. 	<ul style="list-style-type: none"> Child and Family Counselling Services reviewed.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
2.17	<ul style="list-style-type: none"> Key Agencies providing sexual assault services to Aboriginal people to collaborate to develop strategies to improve access to sexual assault services: <ul style="list-style-type: none"> > Clarify the role of each service provider > Develop joint actions to improve coordination of services and to ensure services are culturally appropriate > Jointly plan engagement and education strategies for Aboriginal communities > Develop targeted education programs for first response providers > Investigate support models for Aboriginal people who are victims of sexual assault > Investigate opportunities to provide male victims of sexual assault with culturally appropriate support (male) > Develop and trial a new Aboriginal Workforce model in Sexual Assault Services. Refer to 4.4. 	NNSW LHD	FACS NSW Police NGOs AMSS	<ul style="list-style-type: none"> Aboriginal people and communities are able to access culturally appropriate sexual assault services. 	<ul style="list-style-type: none"> Plan developed and implemented New support model developed and trialled New Workforce model developed and trialled Engagement and education strategies for Aboriginal communities are jointly planned.
2.18	<ul style="list-style-type: none"> Improve the immunisation rate of Aboriginal children: <ul style="list-style-type: none"> o Work with AMSS and NCPHN to improve immunisation rates o Facilitate data cleansing with AMSS to improve data quality o Trial a process through SMS messaging to contact all Aboriginal mothers 2 weeks prior to commencing childhood vaccination schedule. 	NNSW LHD	NSW MoH AMSS NCPHN	<ul style="list-style-type: none"> Aboriginal children fully immunised at 1 and 4 years of age. 	<ul style="list-style-type: none"> Aboriginal children fully immunised at 1 and 4 years of age Target: ≥92% of Aboriginal children fully immunised (Annual Target).
2.19	<ul style="list-style-type: none"> Improve living conditions in Aboriginal communities: <ul style="list-style-type: none"> > Support planning and delivery of agreed Housing for Health projects > Advocate for Aboriginal communities identified as high priority for the program > Participate in water and sewerage programs in Aboriginal communities to improve quality of water and sewerage disposal in Aboriginal communities. 	NNSW LHD NSW Office of Water (NSW Water Unit)	NSW MoH Local Government LALCs NSW Aboriginal Environmental Health Protection Branch NNSW LHD Local Government	<ul style="list-style-type: none"> Aboriginal people have access to improved living conditions. 	<ul style="list-style-type: none"> Housing for Health Program is carried out in a timely manner in cooperation with partners 100% of identified issues investigated and appropriate action taken Participation in review of Service Level Agreements.

STRATEGIC DIRECTION 3: ENSURING INTEGRATED PLANNING AND SERVICE DELIVERY

OUTCOME: Care is integrated across levels of care and across service providers. Integrated planning and service delivery occurs at both the strategic level and local service delivery level in partnership with Aboriginal communities, Aboriginal Community Controlled Health Services, Primary Care Networks, other Government and non-government organisations and private service providers.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
3.1	<ul style="list-style-type: none"> Develop an integrated service delivery model for health services provided to Aboriginal people: <ul style="list-style-type: none"> > Key service providers to meet annually to collaboratively develop a local activity plan which takes into account the full range of services provided by key service providers to specific Aboriginal communities > Develop a formal memorandum of understanding (MOU) between service providers identifying roles and responsibilities in each locality > Establish mechanisms for health workers to communicate effectively to support greater integration of local Aboriginal health service delivery. 	NNSW LHD	NCPHN AMSS	<ul style="list-style-type: none"> Health services to Aboriginal communities are integrated and coordinated. 	<ul style="list-style-type: none"> Annual local activity plans developed for specific Aboriginal communities Formal MOUs are in place.
3.2	<ul style="list-style-type: none"> Develop an integrated service delivery model for Chronic Care for Aboriginal People across all Agencies: <ul style="list-style-type: none"> > Map services to Aboriginal people with chronic conditions delivered by all Agencies > Clarify the roles and responsibilities of service providers to Aboriginal people between Health Services, Primary Care Networks, GPs and AMSS > Review communication and referral pathways between all Agencies/Services and revise to ensure effectiveness > Develop an integrated intake and referral system for Aboriginal people. Refer to 1.2. 	NNSW LHD NCPHN AMSS		<ul style="list-style-type: none"> The patient journey is integrated across all Agencies delivering chronic care services to Aboriginal people. 	<ul style="list-style-type: none"> An integrated service delivery model for Chronic Care for Aboriginal People is developed, implemented and evaluated Formal partnership arrangements between NNSW LHD, NCPHN and AMSS are developed that support the referral to and delivery of chronic care services to Aboriginal people Target: 60% of Aboriginal clients participating in Chronic Care Program participating in rehabilitation Number of Aboriginal people who completed rehabilitation Target: ≥2013/14 result Culturally appropriate policies and procedures developed.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
3.3	<ul style="list-style-type: none"> Improve early identification and management of chronic kidney disease: <ul style="list-style-type: none"> > Continue to build partnerships with AMSs and GPs to support early identification of chronic kidney disease > Establish a Taskforce to promote kidney health awareness¹² amongst Aboriginal people to promote: <ul style="list-style-type: none"> - Early engagement - Flexible family focussed care - Increased trust and engagement of mainstream services - Redesign services so that they are informed by cultural exchange. > Support AMSs and GPs in identifying their patients with early stage kidney disease > Work collaboratively with AMSs to provide early chronic kidney disease identification and management clinics > Provide collaborated care with GPs and AMSs to patients identified with early stage kidney disease in the AMS setting > Provide patient centred care which is family focussed and enhances the patient's capacity to self-manage. 	NNSW LHD	AMSs GPs NCPHN	<ul style="list-style-type: none"> Aboriginal people with chronic kidney disease are identified early and appropriate management provided. Care is culturally sensitive and family focussed. 	<ul style="list-style-type: none"> Partnerships and collaborative management evidenced.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
3.4	<ul style="list-style-type: none"> Improve collaboration between all service providers in provision of early identification of chronic kidney disease, patient education, renal dialysis and preparation for kidney transplantation: <ul style="list-style-type: none"> > Clarify the roles and responsibilities of each service provider to enhance opportunities to work collaboratively with specialist renal service providers > Develop clinical pathways which support collaborative care for early identification of Chronic Kidney Disease > Design and implement an Aboriginal specific pre-dialysis pathway screening that acknowledges the crucial role of family and Aboriginal Health Workers in supporting Aboriginal people with Chronic Kidney Disease > Identify opportunities to enhance the role of Aboriginal Health Professionals (AHPs) to work collaboratively with specialist renal services in provision of care to Aboriginal people with chronic kidney disease and those requiring dialysis. 	NNSW LHD	AMSS NCPHN GPs	<ul style="list-style-type: none"> Health services provide improved access to a range of renal services which are coordinated and integrated. 	<ul style="list-style-type: none"> Roles of service providers have been reviewed and clarified and a formal partnership arrangement between services has been developed and implemented.
3.5	<ul style="list-style-type: none"> Provide timely access to renal dialysis services for Aboriginal people: <ul style="list-style-type: none"> > Activate and implement NSW Health's: Kidney Health Check: Promoting the Early Detection and Management of Chronic Kidney Disease > Consult with Aboriginal people to develop an Aboriginal specific induction to dialysis pathway > Specialist Renal Services partner with Aboriginal specific services to provide pre-dialysis education in the home > Work with AMSS to increase availability of culturally appropriate pre-dialysis education. 	NNSW LHD	NCPHN AMSS	<ul style="list-style-type: none"> Kidney disease in Aboriginal people is identified at an early stage. 	<ul style="list-style-type: none"> Partnerships are evidenced Pre-dialysis education provided in partnership is increased Induction to dialysis pathway developed in consultation with Aboriginal people Increased number of Aboriginal people identified with early stage kidney disease.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
3.6	<ul style="list-style-type: none"> • Provide timely access to Diabetes Services for Aboriginal people: <ul style="list-style-type: none"> > Clarify the roles and responsibilities of each service provider to enhance opportunities to work collaboratively > Develop clinical pathways which support collaborative care for early identification and management of Diabetes. 	NNSW LHD	NCPHN AMSS GPs	<ul style="list-style-type: none"> • Aboriginal people have timely access to Diabetes Services. 	<ul style="list-style-type: none"> • Collaboration is evidenced • Clinical pathways which support collaborative care for early identification and management of Diabetes developed.
3.7	<ul style="list-style-type: none"> • Improve transition of care from community to hospital and back to primary care setting: <ul style="list-style-type: none"> > Develop appropriate discharge planning processes to ensure timely provision of discharge information to care providers > Clarify responsibilities of NNSW LHD staff in provision of discharge information to Agencies providing care to Aboriginal people > Provide consistent timely electronic information on discharge to AMSS, GPs and other primary care providers > Facilitate the use of the Personally Controlled Electronic Health Record (PCEHR). 	NNSW LHD	HETI NCPHN AMSS GPs NGOs	<ul style="list-style-type: none"> • Aboriginal people have timely access to appropriate discharge follow up and support. 	<ul style="list-style-type: none"> • Conduct an annual audit of timeliness of provision of discharge summaries: <ul style="list-style-type: none"> > 2015: Establish Baseline > Annual improvement • Number of Aboriginal patients with chronic diseases registered with a PCEHR.
3.8	<ul style="list-style-type: none"> • Develop an integrated service delivery model for provision of hearing assessment and follow up: <ul style="list-style-type: none"> > Clarify the roles and responsibilities of service providers to Aboriginal people between Community Health Services, Aboriginal Health Education Officers (AHEOs), and AMSS > Review communication and referral pathways between all Agencies/Services and revise to ensure effectiveness > Design and develop a Health Pathway for Aboriginal children identified as having a hearing loss. 	NNSW LHD	AMSS	<ul style="list-style-type: none"> • Aboriginal children have timely access to hearing assessment and follow up. 	<ul style="list-style-type: none"> • An integrated service delivery model for children with hearing loss across all Agencies is developed.
3.9	<ul style="list-style-type: none"> • Improve access to Aboriginal specific community based Aged Care Services: <ul style="list-style-type: none"> > Consider the need for Aboriginal specific community based aged care packages as part of Multi-Purpose Service (MPS) service development at each site. 	NNSW LHD	Commonwealth Government LALCs	<ul style="list-style-type: none"> • Aboriginal people have timely access to community based aged care packages. 	<ul style="list-style-type: none"> • Aboriginal specific needs analysis and recommendations included in MPS Service Statements.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
3.10	<ul style="list-style-type: none"> Improve access to culturally appropriate support throughout the patient journey: <ul style="list-style-type: none"> > Review services provided by AHLOs across NNSW LHD to identify gaps in service provision > Plan to address service gaps > As part of planning consider the provision of culturally appropriate support to Aboriginal people undergoing treatment through LBH Integrated Cancer Centre and Renal Dialysis Unit. 	NNSW LHD	AMSS	<ul style="list-style-type: none"> Aboriginal people are provided with culturally appropriate support throughout their journey through the service system. 	<ul style="list-style-type: none"> Review completed and planning undertaken to address service gaps. Target: 90% of Aboriginal patients with chronic disease followed up within 48 hours of discharge from hospital Linkage of 48 hour follow-up with Chronic Care for Aboriginal People and CDMP.
3.11	<ul style="list-style-type: none"> Key Agencies providing services to Aboriginal people living in Byron Shire collaborate to develop strategies to improve access to services: <ul style="list-style-type: none"> > Work collaboratively to investigate options to address barriers to service access > Consider locating Aboriginal Health Services in the Shire in future planning > Develop interagency communication systems including a regular meeting of services providers to Aboriginal people living in the Byron Shire. 	NNSW LHD Byron Shire Council	NCPHN AMSS LALCs All Agencies	<ul style="list-style-type: none"> Byron Shire residents have improved access to services. 	<ul style="list-style-type: none"> A Plan to address service gaps in Byron Shire is developed A meeting of service providers to Aboriginal people living in Byron Shire is established and meets regularly to coordinate service provision.

STRATEGIC DIRECTION 4: STRENGTHENING THE ABORIGINAL WORKFORCE

OUTCOME: The Aboriginal workforce is strengthened by attracting, developing and sustaining more Aboriginal people to work in NNSW LHD.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
4.1	<ul style="list-style-type: none"> Develop an Aboriginal Workforce Plan for NNSW LHD: <ul style="list-style-type: none"> > Maintain the representation of Aboriginal employees at 2.7% with a 4 year target of 4% of the NNSW LHD workforce > Increase the representation of Aboriginal people working in all health professions > Develop partnerships between the Health and Education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff > Provide leadership and planning in Aboriginal workforce development > Tap into the increasing pool of Aboriginal university graduates undertaking health courses > Continue to build upon a NNSW LHD Health Workforce that closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services > Continued participation in the Aboriginal Nursing and Midwifery and Allied Health Cadetship Program > Continued participation in the Aboriginal Environment Health Officer Training Program. 	NNSW LHD	Aboriginal Learning Circle-North Coast Institute of TAFE NSW DEAC SCU and UCRH	<ul style="list-style-type: none"> There is increased representation of Aboriginal people in the NNSW LHD workforce. 	<ul style="list-style-type: none"> Target = 2.6% 4 Year Target = 4.0% Aboriginal Workforce Plan for NNSW LHD is developed, implemented and evaluated.
4.2	<ul style="list-style-type: none"> Develop a consultation and engagement process to review and clarify the roles and responsibilities of each staff member and service provider within the NNSW LHD Aboriginal Health Program <ul style="list-style-type: none"> > Review service configuration and linkages > Make recommendations to the Executive Refer to 6.1.	NNSW LHD		<ul style="list-style-type: none"> Enhance positions, responsive to the needs of Aboriginal people and facilitate service coordination and communication between service providers. 	<ul style="list-style-type: none"> Review undertaken and recommendations made to the NNSW LHD Executive.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
4.3	<ul style="list-style-type: none"> Review the role of Aboriginal Health Workers (AHWs), Aboriginal Health Education Officers (AHEOs) and AHLOs across NNSW LHD to ensure roles are in line with new service models and are consistent with "Good Health-Great Jobs"; AHW Guidelines for NSW Health: <ul style="list-style-type: none"> > Develop a comprehensive consultation process to engage AHWs in the review > Assess roles and responsibilities in line with Aboriginal Health Worker Guidelines for NSW Health issued in 2014 and new service models responsibilities are consistent across the LHD > Clarify and clearly articulate AHW roles so that they are understood across the organisation. Develop workforce models and skills required to meet the specific health needs of Aboriginal people: <ul style="list-style-type: none"> > Develop a workforce model which reflects Integrated Care Program service models > Provide appropriate education and training to reflect new skill set required to implement new service model > Provide culturally appropriate training to ED and Community Health staff so that they are able to recognise domestic and family violence and make an appropriate referral > Develop and trial a new Aboriginal Workforce model in Sexual Assault Services > Consider workforce models to support Aboriginal people with mental health conditions. 	NNSW LHD	NSW MoH	<ul style="list-style-type: none"> Roles and responsibilities are consistent across the LHD and in line with new service models Roles and responsibilities are in line with Aboriginal Health Worker Guidelines for NSW Health issued in 2014. 	<ul style="list-style-type: none"> Review undertaken and recommendations made to the NNSW LHD Executive.
4.4	<ul style="list-style-type: none"> Develop workforce models and skills required to meet the specific health needs of Aboriginal people: <ul style="list-style-type: none"> > Develop a workforce model which reflects Integrated Care Program service models > Provide appropriate education and training to reflect new skill set required to implement new service model > Provide culturally appropriate training to ED and Community Health staff so that they are able to recognise domestic and family violence and make an appropriate referral > Develop and trial a new Aboriginal Workforce model in Sexual Assault Services > Consider workforce models to support Aboriginal people with mental health conditions. Build workforce capacity in the care of older Aboriginal people and management of dementia: <ul style="list-style-type: none"> > Support Aboriginal Health staff to participate in training module on management of dementia and aged care including an understanding of the earlier onset of Dementia in Aboriginal people > Support all staff to undertake eLearning module in the care of older Aboriginal people and those with dementia. 	NNSW LHD	HETI	<ul style="list-style-type: none"> New workforce models are developed and staff capacity to meet the specific health needs of Aboriginal people is enhanced. 	<ul style="list-style-type: none"> Workforce model which reflects Integrated Care Program service models developed and implemented Appropriate education and training to reflect new skill set developed and implemented.
4.5	<ul style="list-style-type: none"> Build workforce capacity in the care of older Aboriginal people and management of dementia: <ul style="list-style-type: none"> > Support Aboriginal Health staff to participate in training module on management of dementia and aged care including an understanding of the earlier onset of Dementia in Aboriginal people > Support all staff to undertake eLearning module in the care of older Aboriginal people and those with dementia. 	NNSW LHD NCPHN	HETI	<ul style="list-style-type: none"> Workforce capacity in the care of older Aboriginal people, management of dementia and understanding of the early onset of dementia in Aboriginal people is increased. 	<ul style="list-style-type: none"> On-line training model developed 80% of relevant staff undertake eLearning module.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
4.6	<ul style="list-style-type: none"> Review recruitment, induction professional development and other education and training strategies to ensure cultural competencies are embedded as a core competency. 	NNSW LHD	NSW MoH	<ul style="list-style-type: none"> Cultural competencies are embedded as a core competency of recruitment, induction professional development and other education and training strategies. 	<ul style="list-style-type: none"> Recruitment, induction professional development and other education and training strategies are reviewed and cultural competencies are embedded as a core competency.

STRATEGIC DIRECTION 5: PROVIDING CULTURALLY SAFE WORK ENVIRONMENTS AND HEALTH SERVICES

OUTCOME: Structures, policies and processes required for culturally safe work environments and culturally respectful and secure health services are developed.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
5.1	<ul style="list-style-type: none"> Promote cultural awareness and respect: <ul style="list-style-type: none"> > Implement Respecting the Difference an Aboriginal Cultural Training Framework for NSW Health > Continue to provide face to face cultural awareness training > Continue to provide face to face cultural awareness training to General Practice. > Review Mandatory Face to Face Respecting the Difference Training across the LHD to ensure "sorry Business" principles are incorporated in training programs: <ul style="list-style-type: none"> - Cultural respect and recognition for Aboriginal perspectives of death and dying - Building effective communication with families of Aboriginal people - Building relationships and culturally sensitivity between appropriate Aboriginal community members and staff - Building capacity to increase one's confidence in caring for Aboriginal people. > Develop a framework for provision of culturally appropriate palliative care to Aboriginal people. 	<p>NNSW LHD</p> <p>NCPHN</p> <p>NNSWLHD</p> <p>NNSW LHD</p>	<p>NSW MoH</p> <p>Ngayundi</p> <p>Ngayundi</p>	<ul style="list-style-type: none"> Respecting the Difference is implemented. Aboriginal people feel respected and have confidence in the health care they receive. 	<ul style="list-style-type: none"> 100% staff complete online training program Cultural Awareness Program undertaken ≥ three face to face sessions with 100 participants annually. Respecting the Difference Mandatory Face to Face Program reviewed and "Sorry Business" principles incorporated. A framework for provision of culturally appropriate palliative care to Aboriginal people is developed.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
5.2	<ul style="list-style-type: none"> • Work with Aboriginal people to ensure health literature and health promotion materials are culturally appropriate: <ul style="list-style-type: none"> > Develop and implement Guidelines for resource development which includes consultation with Aboriginal people > Develop culturally appropriate resources to support Aboriginal people in death and dying > Develop culturally appropriate feedback process for Aboriginal people who are being discharged from hospital > Promote "Communicating positively – A guide to appropriate Aboriginal terminology" > Review the Aboriginal Health Impact Statement Policy to include reference to the document. 	NNSW LHD	Ngayundi Aboriginal community members AMSs	<ul style="list-style-type: none"> • Aboriginal people have improved access to and utilise health resources and health promotion information. 	<ul style="list-style-type: none"> • Guidelines developed which ensure all health literature is culturally appropriate.
5.3	<ul style="list-style-type: none"> • Review the Complaints/Compliments system to ensure it is accessible and culturally appropriate: <ul style="list-style-type: none"> > Redesign the complaints system in consultation with Aboriginal people to ensure it can be utilised effectively by the Aboriginal community > Promote privacy information, patient feedback mechanisms and complaints processes widely > Include reference to the document in staff orientation programs. 	NNSW LHD	Ngayundi Aboriginal community members	<ul style="list-style-type: none"> • Aboriginal people have access to and utilise the complaints system. 	<ul style="list-style-type: none"> • Complaints/Compliments System is redesigned in consultation with Aboriginal people and promoted.

STRATEGIC DIRECTION 6: STRENGTHENING PERFORMANCE MONITORING, MANAGEMENT AND ACCOUNTABILITY

OUTCOME: Organisational structures, policies, and processes required for strengthening performance monitoring, management and accountability are developed and implemented.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
6.1	<ul style="list-style-type: none"> Develop a consultation and engagement process to review and clarify the roles and responsibilities of each staff member and service provider within the NNSW LHD Aboriginal Health Program <ul style="list-style-type: none"> > Review service configuration and linkages > Make recommendations to the Executive <p>Refer to 4.2.</p>	NNSW LHD		<ul style="list-style-type: none"> Aboriginal Health Program structures are integrated. 	<ul style="list-style-type: none"> Review of Organisation structure is complete Recommendations are made to Executive.
6.2	<ul style="list-style-type: none"> Identify opportunities to strengthen responsibility for Aboriginal Health: <ul style="list-style-type: none"> > Review systems, policies and processes for governance to identify opportunities > Include relevant KPIs in the Chief Executives Performance Agreement (PA) and other Executive PAs. 	NNSW LHD		<ul style="list-style-type: none"> Leadership and accountability responsibilities for Aboriginal Health are built into the roles of the Executive. 	<ul style="list-style-type: none"> Systems, policies and processes reviewed and recommendations implemented Relevant KPIs are included in the Chief Executives and Executive's PAs.
6.3	<ul style="list-style-type: none"> Develop and implement a Policy and Procedure for design, approval and evaluation of Aboriginal Health programs including: <ul style="list-style-type: none"> > Approval process > Linkage to NSW Health KPIs and Targets > Consultation and engagement strategies > Evaluation/Indicators for success > Provision of training in the use of Policy and Procedures. 	NNSW LHD		<ul style="list-style-type: none"> Aboriginal Health programs are planned and evaluated Quality evaluations of Aboriginal Health programs are implemented. 	<ul style="list-style-type: none"> Policy and Procedure for development and approval of Aboriginal Health programs developed and implemented.

No	Actions	Delivery Lead	Delivery Partners	What will success look like	How will this be measured
6.4	<ul style="list-style-type: none"> Continue to facilitate Patient Administration System (PAS) identification of Aboriginal people consistent with PD 2012_042 Aboriginal and Torres Strait Islander origin: <ul style="list-style-type: none"> > Review current Aboriginal patient identification practices > Provide education to staff on identification of Aboriginal patients. 	NNSW LHD		<ul style="list-style-type: none"> Aboriginal people are identified on presentation to Health Services. 	<ul style="list-style-type: none"> PAS identification of Aboriginal people Target: <1% unknown Completeness of identification of Aboriginality for priority conditions in the Notifiable Conditions Information Management System (NCIMS) = >95%.
6.5	<ul style="list-style-type: none"> Improve data collection for reporting on Aboriginal Health Programs: <ul style="list-style-type: none"> > Review data collection systems relevant to Aboriginal health programs > Develop data collection systems that capture the information required to report against Funding and Performance Agreements. 	NNSW LHD		<ul style="list-style-type: none"> Reporting on funded services is timely and in line for Funding and Performance Agreements. 	<ul style="list-style-type: none"> Data collection systems are in place to facilitate service planning and reporting.
6.6	<ul style="list-style-type: none"> Review the current informal structures in place which consult Aboriginal people and make recommendations to Ngayundi Include Aboriginal people in consumer consultation as part of the accreditation process and proposals for service development. 	NNSW LHD	AMS Ngyundi NCPHN	<ul style="list-style-type: none"> Aboriginal people are consulted on service provision and service development 	<ul style="list-style-type: none"> Evidence of participation of Aboriginal people in accreditation processes and service development

ACRONYMS

ABS	Australian Bureau of Statistics
ACCCHS	Aboriginal Community Controlled Health Service
ACLO	Aboriginal Community Liaison Officer
AHEO	Aboriginal Health Education Officer
AHLO	Aboriginal Hospital Liaison Officer
AHP	Aboriginal Health Professional
AHW	Aboriginal Health Workers
AMIHS	Aboriginal Maternal and Infant Health Service
AMS	Aboriginal Medical Service
ATAPS	Access to Allied Psychological Services
CAS	Child Abuse Squad
DEAC	Department of Education and Communities
DVLO	Domestic Violence Liaison Officer
DVRS	Domestic Violence Routine Screening
ED	Emergency Department
FACS	Family and Community Services
GP	General Practitioner
HETI	Health Education and Training Institute
HNE	Hunter New England
IGRA	Interferon-Gamma Release Assays
iPROWD	Indigenous Police Recruiting Our Way Delivery
IPTAAS	Isolated Patients Travel and Accommodation Assistance Scheme
KPI	Key Performance Indicator
LALC	Local Aboriginal Lands Council
LGA	Local Government Area
LHD	Local Health District
MNC	Mid North Coast
MoH	Ministry of Health
MoU	Memorandum of Understanding
NCNSWML	North Coast NSW Medicare Local
NCPHN	North Coast Primary Health Network
NGO	Non-Government Organisation
NNSW	Northern New South Wales
NOROC	Northern Rivers Regional Organisation of Councils
OOHC	Out of Home Care
PACC	Police, Aboriginal Consultative Committee
PAS	Patient Administration System
PCEHR	Personally Controlled Electronic Health Record
PCYC	Police Citizens Youth Club
SCU	Southern Cross University
STI	Sexually Transmitted Infection
TB	Tuberculosis
UCRH	University Centre for Rural Health
WHO	World Health Organisation



Aboriginal Health Impact Statement Declaration

This Statement and the following Checklist will accompany new initiatives submitted for approval to the Northern NSW Local Health District (NNSW LHD) Executive Meeting and/or the relevant committees at a network/local level. This Statement and Checklist aims to ensure that the health needs and interests of Aboriginal people have been considered, and where relevant, appropriately incorporated into health policies. Note that as well as health policies and policy initiatives, this Statement should be used in relation to major health strategies and programs.

THE ABORIGINAL HEALTH IMPACT STATEMENT DECLARATION

Title of the policy/ initiative: Integrated NNSW LHD Aboriginal & Torres Strait Islander Health & Wellbeing Strategic Plan 2015 - 2020

Please complete the Declaration below and the **Checklist** if required.

Please tick relevant boxes:

- ☒ The health* needs and interests of Aboriginal people have been considered, and appropriately addressed in the development of this initiative.
- ☒ Appropriate engagement and collaboration with Aboriginal people has occurred in the development and implementation of this initiative.
- ☒ Completed Checklist attached.

OR

- ☐ The health* needs and interests of Aboriginal people have been considered, in the development of this initiative.
- ☐ The Aboriginal Health Impact Statement Checklist does not require completion because there is no direct or indirect impact on Aboriginal people. (Please provide explanation).

Manager of the Unit: Maureen Lane

Unit Name:

Planning and Performance Unit

Local Health District or other body: NNSW LHD

Signature: 

Date: 16/9/14

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Registration no: CE/2014/11

Date: 29/9/14


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* For Aboriginal people, health is defined as not just the physical well-being of the individual but the social, emotional and cultural well-being of the whole community.

Aboriginal Health Impact Statement Checklist

This Checklist should be used when preparing an Aboriginal Health Impact Statement for new health policies, as well as major health strategies and programs. To complete the checklist and to fully understand the meaning of each checklist item, it is essential to refer to *How to Use the checklist* in Part 3 of the Aboriginal Health Impact Statement.

Development of the policy, program or strategy

1. Has there been appropriate representation of Aboriginal stakeholders in the development of the policy, program or strategy? ☒ Yes ☐ No
2. Have Aboriginal stakeholders been involved from the early stages of policy, program or strategy development? ☒ Yes ☐ No

Please provide a brief description

A Consultation Schedule has been developed which included a number of stakeholders to be consulted with within the scope of the Plan. Stakeholders range from NNSWLHD staff, NGOs and other external organisations. Consultation with key Aboriginal organisations and staff is vital as part of the planning process. The stakeholders include Aboriginal Health Workers, Aboriginal Medical Services (AMS) i.e. Bulgarr Ngaru (AMS), Bullinah Aboriginal Health Service, Casino Aboriginal Medical Service, North Coast Medicare Local, Ngayundi Aboriginal Community Meeting, Local Aboriginal Land Councils and Bugalwena Health Advisory Group.

3. Have consultation/negotiation processes occurred with Aboriginal stakeholders? ☒ Yes ☐ No ☐ N/A
4. Have these processes been effective? ☒ Yes ☐ No

Explain

The consultation process has been effective with positive and regular engagement of Aboriginal stakeholders. Some other benefits of good engagement include information exchange, networking, further building on working relationships and clarification of referral pathways, models of care, service delivery and discussion about health, social and emotional issues affecting Aboriginal and Torres Strait Islander people.

5. Have links been made with relevant existing mainstream and/or Aboriginal-specific policies, programs and/or strategies? ☒ Yes ☐ No ☐ N/A
6. How does the initiative meet the objectives of the NNSW LHD Aboriginal Workforce Development Strategy?

Explain

NNSW LHD Workforce, Change and Sustainability have been engaged as part of the planning process as well as Senior Management representation on the Integrated NNSW LHD Aboriginal and Torres Strait Islander Health and Wellbeing Steering Committee.
An Aboriginal Workforce strategy is to be included in the Plan aligned with the Aboriginal Health Worker Guidelines and Decision Making Framework for NSW Health.

Contents of the policy, program or strategy

7. Does the policy, program or strategy clearly identify the effects it will have on Aboriginal health outcomes and health services?

☒ Yes ☐ No

Comments

The consultation planning process is a forum that encourages relevant service providers to provide information relating to their service/ organisation guided by the NSW Aboriginal Health Plan 2013 – 2023 six strategic directions. The intent of the Plan is to identify strategies that aim to address Aboriginal health. Strategic Direction 2 is 'Implementing what works and building the evidence' and it is envisaged that strategies placed in the Plan will also be aligned with this strategic direction.

8. Have these effects been adequately addressed in the policy, program or strategy?

☒ Yes ☐ No

Explain

The planning process supports the identification of strategies/ policy/ programs with the aim to positively to address Aboriginal health priorities.

9. Are the identified effects on Aboriginal health outcomes and health services sufficient for Aboriginal people (compared to the general population) to warrant the development of a separate policy, program or strategy?

☒ Yes ☐ No ☐ N/A

Explain

NNSW LHD values the importance to ensure that organisations (both internal and external) always consider the cultural, spiritual and wellbeing of Aboriginal and Torres Strait Islander people when proposing and agreeing to any identified strategies/ programs/ policy for the Integrated NNSW LHD Aboriginal and Torres Strait Islander Health and Wellbeing Strategic Plan as part of the planning and consultation process.

Implementation and evaluation of the policy, program or strategy

10. Will implementation of the policy, program or strategy be supported by an adequate allocation of resources specifically for its Aboriginal health aspects?

☒ Yes ☐ No ☐ N/A

☐ To be advised

Describe

NNSW LHD whilst addressing the development of the Plan acknowledges that strategies relating to the LHD are to be within existing resources. In terms of external departments it is within their jurisdiction for decisions to be made about strategies and resources as to what they will commit to within the Plan.

11. Will the initiative build the capacity of Aboriginal people/organisations through participation?

☒ Yes ☐ No ☐ N/A

In what way will capacity be built?

The planning/ consultation process has created opportunity for both Aboriginal and Torres Strait Islander people and organisations through participation in sessions, identifying partners and linkages, program and service information exchange and creating another forum for Aboriginal and Torres Strait Islander people to share views about health needs and priorities.

12. Will the policy, program or strategy be implemented in partnership with Aboriginal stakeholders?

☒ Yes ☐ No ☐ N/A

Briefly describe the intended implementation process

The planning process intention is to ensure that the identified policies, programs or strategies will be implemented in partnership with Aboriginal stakeholders like Aboriginal and Torres Strait Islander communities within the Northern Rivers Area, Aboriginal Community Controlled Health Services, Aboriginal Workers and organisations that provide Aboriginal health services. The planning process acknowledges the OCHRE Local Decision Making (Aboriginal Affairs NSW and Department of the Premier and Cabinet).

13. Does an evaluation plan exist for this policy, program or strategy?

☒ Yes ☐ No ☐ N/A

14. Has it been developed in conjunction with Aboriginal stakeholders?

☒ Yes ☐ No ☐ N/A

Explain

The planning process has ensured that appropriate consultation occur with Aboriginal and Torres Strait Islander stakeholders like Aboriginal and Torres Strait Islander communities within the Northern Rivers Area, Aboriginal Community Controlled Health Services, Aboriginal Workers and organisations that provide Aboriginal health services.



REFERENCES

- ¹ Ministry of Health North Coast Aboriginal Nations Map 2010
- ² National Aboriginal and Torres Strait Islander Health Organisations (1989) definition of Aboriginal Health
- ³ NSW Aboriginal Health Plan 2013-2023
- ⁴ NSW Environment and Heritage
- ⁵ See *NNSW LHD Health Care Services Plan Volume 2 "Health of the Population"*
- ⁶ The health of the people of New South Wales - Report of the Chief Health Officer. Sydney: NSW Department of Health
- ⁷ AIHW (2010) Australia's Health 2010
- ⁸ Annual Report from Australian Institute of Health and Welfare on Youth Detention identified that since 2010 ATSI youth detention from 22 to 25 times that of non-indigenous youth across Australia. In NSW the trend has been decreasing
- ⁹ See *NNSW LHD Health Care Services Plan Volume 2 "Health of the Population"*
- ¹⁰ *Aboriginal women in rural Australia; a small study of infant feeding behaviour* by Catherine Helps and Lesley Barclay.
- ¹¹ Source: https://www.researchgate.net/publication/271335613_Aboriginal_women_in_rural_Australia_a_small_study_of_infant_feeding_behaviour
- ¹² The perspectives of Aboriginal patients and their health care providers on improving the quality of Hemodialysis services: A qualitative study by Elizabeth F. RIX,¹ Lesley BARCLAY,¹ Janelle STIRLING, Allison TONG and Shawn WILSON.

