



# Healthy Mob, Strong Community

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SESLHD Aboriginal Health Plan 2024-2026

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## About the cover artwork

Created by Jason Douglas

“**Spirits Healing**” represents the healing journey of Aboriginal and Torres Strait Islander staff, patients and communities across the traditional lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal people.

The large community circles celebrate the diversity of all consumers and staff groups of South Eastern Sydney LHD. The colours represent the land and sea of the many nations across Australia. There is a prominent representation of children and babies in this artwork, signifying the sacredness of our children especially those who have been removed from Kin and Country. South Eastern Sydney LHD is committed to true reconciliation.

**Throughout this document the term “Aboriginal” is used to represent “Aboriginal and Torres Strait Islander”, in recognition that Aboriginal people are the original inhabitants of New South Wales.**

South Eastern Sydney Local Health District Aboriginal Health Unit advises that this document may contain images or names of deceased Aboriginal and Torres Strait Islander people.

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July 2024



# Acknowledgement of Country



SESLHD acknowledges Aboriginal and Torres Strait Islander peoples of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples as the Traditional Custodians of the lands we operate on. We pay our respects to Ancestors and Elders, past and present.

SESLHD is committed to honouring Aboriginal and Torres Strait Islander people's unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society.

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Created by Brendan Broadbent, **'South Eastern Boundaries'** is based on the South Eastern Sydney Local Health District boundary map and replicates the locations of the facilities from Sydney's Central Business District in the north to the Royal National Park in the south.

The Meeting Places (circles within circles) represent The Sutherland Hospital, St George Hospital, Prince of Wales and Royal Hospital for Women, Sydney and Sydney Eye Hospital, Calvary Health Care and War Memorial Hospital.

The lines with dots represent the patient's journey from their homes, to and from the facilities where people access our healthcare services.

The other symbols are the local Aboriginal Community Elders, Men, Women and Children who call the South Eastern Sydney area their country and home.

The dark and light blue circles are the strong currents and waves which surround the beautiful coast line of the east coast.

The assortment of coloured dot patterns are of the surrounding Aboriginal Nations which surround and connect all Aboriginal Nations and our people to each other in respect and harmony.



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# Foreword



**Dr Debra Graves OAM**  
Board Chair



**Tobi Wilson**  
Chief Executive



**Skye Parsons**  
Director of Aboriginal Health

Aboriginal Health and delivery on efforts to Close the Gap in health inequity for Aboriginal people, remains a priority for South Eastern Sydney Local Health District. We recognise that in the context of progress towards Close the Gap targets at a national level failing to be on track, that we must fundamentally change the way which we engage with our Aboriginal Communities, to deliver on what they tell us they need.

As a demonstration of our shift as a District, and our commitment towards this, I am thrilled to present the *Healthy Mob, Strong Community* Aboriginal Health Plan. It embeds accountability in a call for a strong and coordinated approach to Aboriginal Health and ensures that we centre Aboriginal voices in everything that we do in this space. Ensuring that we all take active steps to improve Aboriginal Health outcomes, I am confident that it will transform our efforts in Closing the Gap.

Being grounded in the voices of our Aboriginal Community and staff, I am proud to present the *Healthy Mob, Strong Community* Aboriginal Health Plan.

This plan, and its implementation, will be key in ensuring that our Aboriginal Community and staff feel safe, respected and empowered, and trust SESLHD as a partner on their journey to healing. In coordinating a District-wide approach to Closing the Gap, this plan makes it clear that while there are targeted pieces of work that need to occur in addressing the needs of Community, we must all share responsibility and accountability in realising this vision.

I encourage all staff to reflect on how they can embed the actions within the plan in their core business, and extend my thanks to everyone in working collaboratively to achieve this together.

This plan was developed with community, for community via consultation and yarning to understand where our opportunities for improvement may be, as determined by local people accessing our services. It is about listening to our voices, hearing our messaging, and appreciating what our culture has to offer to the Local Health District.

Codesign has the ability to empower and prioritise Aboriginal voices and our lived experiences to self-determine the agenda and drive effective solutions. This means, Aboriginal people are centred in how we implement solutions that may affect our own community. In a system that for many is full of fear and mistrust, this plan enables all staff to support improving outcomes for Aboriginal people that access our facilities and the ways in which we care for community. SESLHD is truly committed to Health equity and it is now more important than ever to show true allyship and support to our Aboriginal and Torres Strait Islander community.





# A Message from SESLHD Aboriginal Community Council



For Community, we want to see that our Aboriginal culture and language is centred, our families and households are safe, and that our people can access whatever services that they need on their journey to healing. To achieve this, it needs to be recognised that the health of our people is not where it should be. This is a result of a history that has denied us our culture, forcibly removed our children, and inflicted intergenerational traumas, which continue to impact us to this day.

In achieving what we and community need on their journey to healing, we see that this plan is an important step to keeping our community safe and well. Having been directly involved in its development and in partnership with Community, we also see this plan as laying the foundations for genuine and trusted partnerships.

The strategic directions and actions lead us on a path that will address the gaps in health services across the lifespan and ensure that we and the district can be accountable in making Aboriginal Health everyone's business. In demanding cultural safety, the plan ensures that a cultural lens is embedded into everything that is designed for our people, and recognises that Community voice and Aboriginal workforce need to be centred if we are to achieve the Close the Gap targets.

Representing a new way of doing things, and making everyone accountable in achieving what Community need, we are proud to launch this plan and be involved throughout its implementation.

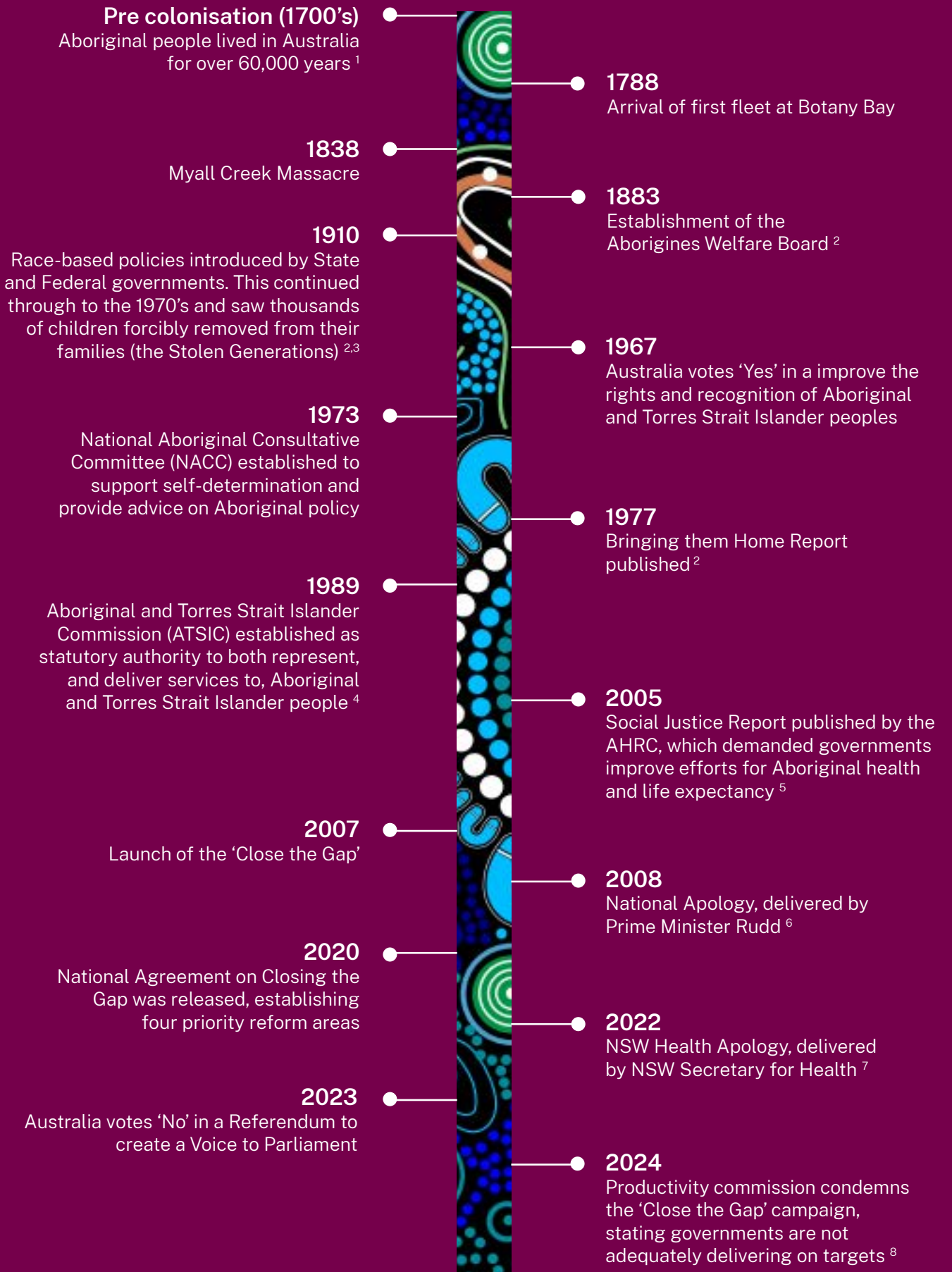
Joint Statement from Members  
SESLHD Aboriginal Community Council



\* Above images are not all members of the Aboriginal Community Council



# Timeline







# Executive Summary

The *Healthy Mob, Strong Community* SESLHD Aboriginal Health Plan 2024-2026 builds on the successes of the Burudi Muru Yagu Aboriginal Health Plan and aligns with the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, NSW Aboriginal Health Plan 2013–2023, and the SESLHD Exceptional Care, Healthier Lives Strategy 2022-2025.

The plan proudly highlights the achievements made over the course of the Burudi Muru Yagu Plan, in particular, the establishment of Aboriginal Carer’s Lounges and yarning circles across our facilities and the provision of high quality Aboriginal cultural education.

South Eastern Sydney Local Health District is committed to further building on these achievements and working with Community to address equity in health outcomes for Aboriginal people.

Recognising the history that has led us to where we are today, and continues to have an impact on the discrepancies in health outcomes for Aboriginal people, the plan supports the visions of SESLHD being a safe and trusted partner where Aboriginal community and staff feel safe, respected and empowered.

*Healthy Mob, Strong Community* lays the foundation for services for across the District over the next 3 years. It aims to define key strategic priorities for Aboriginal Health in SESLHD and identify areas of focus to achieve the required change. The Plan outlines the role every person working in SESLHD plays in contributing to improved service provision and health outcomes for Aboriginal people residing here.





# The Plan on a Page

## Strategic Priorities

Community Informed Decision-Making

Equity and Access

Working in Partnership

Aboriginal Workforce

Cultural Safety

Data Sovereignty and Governance

## Our Commitment

Improve community connection and engagement

Provide services where people are

Integrate care with our partner organisations

Increase the Aboriginal workforce across our sites and services

Improve the provision of culturally safe spaces in our facilities

Ensure Aboriginal people have ownership over their own data

Improve the consistency of services across SESLHD

Provide opportunities for the growth, connection and development of Aboriginal staff

Improve cultural awareness and responsiveness to the needs of Aboriginal people

Reduce the barriers to access

Support Aboriginal people to become leaders in Healthcare



# Purpose of the Plan

## The Name

The SESLHD geographical area encompasses the traditional lands of five Aboriginal language groups, including the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples. The diversity in language among these groups means that a title for the Plan that is in traditional language, would not capture the same meaning across all language groups, and therefore fail to acknowledge this diversity in the District.

In developing a title and through Community consultation, we therefore asked Community for phrases which resembled what the Plan and its success meant to them. The responses were centred around a future focus where Community were strong, free from health inequity, and lived healthy lives. Phrases of “Strong Mob” and “Healthy Community” were particularly powerful and spoke to the core of what we heard, and as such, came to form the title of this Plan.

## Our Vision

*On a journey to healing and closing the gap in health outcomes, SESLHD is a safe and trusted partner where Aboriginal community and staff feel safe, respected and empowered.*

## The Purpose

As part of its strategic vision, South Eastern Sydney Local Health District has a commitment to deliver *Exceptional Care, Healthier Lives* to the one million people who reside within the district.<sup>9</sup> To achieve this vision and deliver exceptional person-centred care, we recognise the importance of considering equity in all planning and implementation efforts. This means working in partnership with communities and tailoring our approach to service delivery, to ensure that this shared vision is one that can be translated into reality.

The *Healthy Mob, Strong Community* Aboriginal Health Plan has been developed with this in mind, and to acknowledge that we must meet the needs of Aboriginal people and communities, as decided by them, if this is to be achieved. By creating a plan alongside our Aboriginal community and staff, that centres Aboriginal ways of knowing, being and doing, this Plan has been designed with the view to SESLHD becoming a safe and trusted partner in the delivery of culturally safe, responsive and exceptional care.





## Need for the Plan

For Aboriginal people, health is holistically experienced as a product of social, cultural, spiritual, and environmental determinants, and one which uniquely emphasises Community connection at the centre of wellbeing.<sup>10</sup> Addressing Aboriginal health, demands a tailoring of health services to meet the needs of Aboriginal people, so that we can respond in culturally safe ways, and meaningfully contribute towards closing the gap in health equity.

Community voice needs to be at the centre of design, delivery and implementation of service provision. It requires challenging the traditional notions of healthcare delivery, and recognising that for Aboriginal communities, a connection to culture and Country, including environmental determinants such as preservation of Country, is holistically considered in what it means to be and feel healthy.<sup>11</sup> SESLHD must be flexible in providing care to meet the needs of Aboriginal people, and integrate this into planning and delivery of our services. If we do not centre these cultural and environmental determinants, particularly the importance of remaining on Country, then we cannot remain responsive to the needs of Community, nor build our relationship as a trusted partner on a journey to healing.

In providing services to Aboriginal people, and in acknowledging the need for an Aboriginal Health Plan, we must also ensure that everything we do is grounded in principles of trauma-informed care. Doing this requires recognition that there are a number of sociocultural determinants, including continuing social injustices, that have had and continue to have ongoing impacts on the health of Aboriginal people, throughout generations.<sup>12</sup> This extends from Australia's colonial history, the forcible removal of children, and denial of language and culture that has been embedded into the policies imposed on Aboriginal peoples. This history has clear links to the challenges experienced by Aboriginal people to this day, including poorer education, employment, and housing rates.<sup>11</sup>

These factors are inextricably linked to health outcomes for Aboriginal people, and need to be holistically understood if we are to ensure Aboriginal people feel safe, respected and empowered in our services. They also highlight some of the reasons why there is a climate of mistrust from Community and explains some of the additional barriers to healthcare for Aboriginal people.

Reflecting on the history of institutional racism that has been imposed on Aboriginal peoples and which has worked to create the current disadvantage, highlights our responsibility as an organisation to build trust. We must actively reflect on and embed an Aboriginal Cultural lens into all that we do. This collaborative approach is key to ensuring that our Aboriginal workforce are not burdened with translating what becomes a colonial load, into their responsibility from Culture, within in their roles.

Being thoroughly informed by the voices and needs shared from Community through consultation and the SESLHD Aboriginal Community Council, we are confident that this plan will achieve exactly this. *Healthy Mob, Strong Community*, through the process of its development and planned implementation, demonstrates the District's commitment to working in partnership with Aboriginal communities to self-determine their priorities in healthcare. It demands a continued collaborative approach to ensure that we improve how we deliver culturally safe care to Aboriginal people, and work towards making meaningful impact towards closing the gap in health outcomes.



# Strategic Alignment

To ensure that the efforts and directions of *Healthy Mob, Strong Community* are aligned at a national, state and local level, this document has been informed by the strategic landscape which it will operate in. An outline of each is included in Appendix 2.



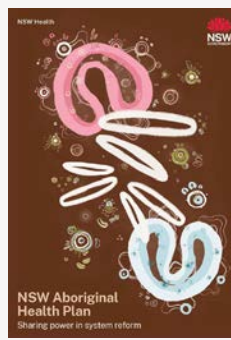
**Exceptional Care, Healthier Lives Strategic Plan 2022-2025**



**SESLHD Health Care Services Plan 2023-2033**



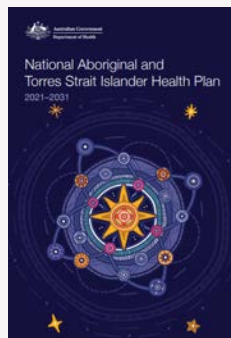
**Diversity, Inclusion and Belonging Strategy 2024-2026**



**NSW Aboriginal Health Plan 2024-2034**



**NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025**



**National Aboriginal and Torres Strait Islander Health Plan 2021-2031**



**Closing The Gap Strategy**





# Reflection on Previous Plan

The Burudi Muru Yagu Aboriginal Health Plan was developed as a Local Implementation Plan of the NSW Aboriginal Health Plan 2013-2023. The plan demonstrated a commitment to improving health outcomes for Aboriginal people and closing the health gap between Aboriginal and non-Aboriginal people. Six strategic directions were outlined to drive the changes needed, with objectives and key actions identified under each.

The strategic directions were:



## Building trust through partnerships

- Endorsed referral pathway document into the Aboriginal Hospital Liaison Officer (AHLO) service at St George and Sutherland Hospitals.
- Collaboration between SESLHD Disability Strategy Manager, Kurranulla Aboriginal Corporation and the Aboriginal Health Unit on National Disability Insurance Scheme (NDIS) support for Aboriginal people.

## Implementing what works and building the evidence

- Bulbuwil is a healthy-lifestyle program for Aboriginal and Torres Strait Islander people and their families who are at risk of or have a chronic health condition.
- “Two Deadly” program implemented by the Narrangy-Booris team to promote early identification of health and developmental concerns, facilitating early identification and referrals for children aged 2–2½ years.



## Ensuring integrated planning and service delivery

- Aboriginal staff and community engaged in hospital redevelopment projects across all sites
- Needs of local Aboriginal communities considered in development of SESLHD Health Care Services Plan.



Whale Art commissioned in the redevelopment at The Sutherland Hospital, by Caitlin Trindall

## Strengthening the Aboriginal workforce

- The number of people within the SESLHD Aboriginal workforce has increased to 206 (as at March 2024).
- Introduction of the School Based Traineeship (SBAT) Program
- Increased number of cadetships across the District

## Providing culturally safe work environments and health services

- Establishment of Aboriginal carer's lounges at Prince of Wales, St George and Sutherland Hospitals
- Establishment of yarning circles across all facilities
- 8,000 year old Aboriginal hearth stones returned to site at Prince of Wales Hospital
- Installation of acknowledgement to Country signs, Sorry plaques, Aboriginal artwork and flagpoles displaying the Aboriginal and Torres Strait Islander flags across the district



Garrawarra Yarning circle

## Strengthening performance, monitoring, management and accountability

- Yearly Aboriginal Health Key Performance Indicator (KPI) reports developed for TSH and SGH.
- Establishment of Burudi Muru Yagu Aboriginal Health Plan Steering Committee and sub-committees and reporting to SESLHD Executive and Board.





# Principles of Aboriginal Health

These principles guide the way in which care is delivered to Aboriginal people in SESLHD and instil the values ingrained in every interaction.

|   |   |
|---|---|
| Value Aboriginal ways of knowing, being, doing      | Appreciation of the rich, diverse systems of knowledge and cultural practices that guide the everyday for Aboriginal people.  |
| Culturally responsive, safe and trauma-informed     | Fostering a welcoming and inclusive environment where Aboriginal people feel understood, respected and supported in their healing journey.                                  |
| Strengths focused                                   | Focusing on the strengths of Aboriginal people to foster empowerment, resilience and holistic health.   |
| Building relationships on mutual respect and trust  | Through empathetic and active listening, combined with transparent and open communication, meaningful connections are built, with trust at the centre.                      |
| Holistic responses to Aboriginal health issues      | Recognising the interconnectedness between health and wellbeing and the role social, cultural, environmental and spiritual factors play in this.                            |
| Responsive to the diversity of Aboriginal people    | Recognising that Aboriginal people are not a homogenous group, and each bring their own unique story and identity.  |
| Recognise that behind every number there is a story | Health data can provide part of the story but is not a complete narrative. To fully understand the story requires conversation about the people and circumstances involved. |





# SESLHD Aboriginal Health Services

In order to meet the needs of Aboriginal people within the District, and to ensure we provide culturally safe and trauma-informed care, South Eastern Sydney Local Health District supports Aboriginal health and services in many ways.



## The Aboriginal Health Directorate

Led by the Director of Aboriginal Health, the Aboriginal Health Directorate (AHD) provide cultural and strategic guidance for Aboriginal health and services across the District. Prioritising the values of compassion, equity, trust and collaboration, the AHD team are experts in knowing how to work alongside Community to empower and drive self-determination and are fundamental to ensuring that we integrate this within everything that we do.

The Directorate provide consultation, strategic advice and cultural support within the District to ensure that we have a framework for delivering responsive and culturally appropriate care to Community. To support this, the AHD has a focus on three streams of work: Cultural Capability, Aboriginal Workforce, and Aboriginal Health Outcomes. These streams provide a key link between SESLHD, NGO's and other partner organisations to ensure there is a strong, coordinated approach to providing services to Aboriginal communities across our District.

The AHD also play a key role in supporting our facilities to ensure that Community feel culturally safe and respected when they visit our services. One of the many ways that the AHD do this is by commissioning work that embeds cultural safety within the physical environment. This work has seen the establishment of Aboriginal Carer's Lounges at several of our facilities, providing an on-site space where both Community and employees are supported to uphold their cultural practices and beliefs.

In addition to these spaces, the AHD have also led work that has seen the installation of acknowledgement to Country signs, 'Sorry' plaques, Aboriginal artwork and flagpoles displaying the Aboriginal and Torres Strait Islander flags across the District.

Together, this work ensures that we can continue to create a welcoming environment where Aboriginal people feel safe, comfortable, accepted, and respected when they visit our services.





## Aboriginal Services and Workforce

Across SESLHD are a number of tailored Aboriginal health services and programs. These range from prevention and healthy lifestyle programs, to specially crafted in-hospital liaison and end of life services, and are designed to ensure that we continue to provide services that are responsive to the needs of Aboriginal communities.

Growing our Aboriginal health workforce is one of the ways that we can continue to ensure these services remain culturally safe and appropriate to Aboriginal patients, families, and carers. Throughout the organisation are a range dedicated Aboriginal health staff who are fundamental in ensuring SESLHD is a trusted partner in healthcare. This includes Aboriginal Health Workers, Hospital Liaison Officers, Program and Education Officers, clinicians and corporate and administration staff, both in identified and non-identified roles, all of whom are pivotal in ensuring that an Aboriginal Cultural lens can be integrated into everything that we do.

Around forty-five percent (45%) of our Aboriginal workforce are in frontline Medical, Nursing, Midwifery and Allied Health positions and, while often not in identified roles, these staff continue to have an enduring impact on the ways that we can ensure that Aboriginal people in our District feel safe, respected, and empowered, and integrate an Aboriginal Cultural lens into the provision of services.

It is important to note that it is the responsibility of all staff across SESLHD to ensure that they remain culturally competent, so that care provided is culturally safe and responsive. Integrating Aboriginal ways of knowing, being and doing is the responsibility of each individual within their respective roles and differs from the Cultural responsibility held by our Aboriginal workforce. We must all actively engage in integrating a Cultural lens into the services that we provide, to ensure that our Aboriginal workforce is not additionally burdened with a colonial load.

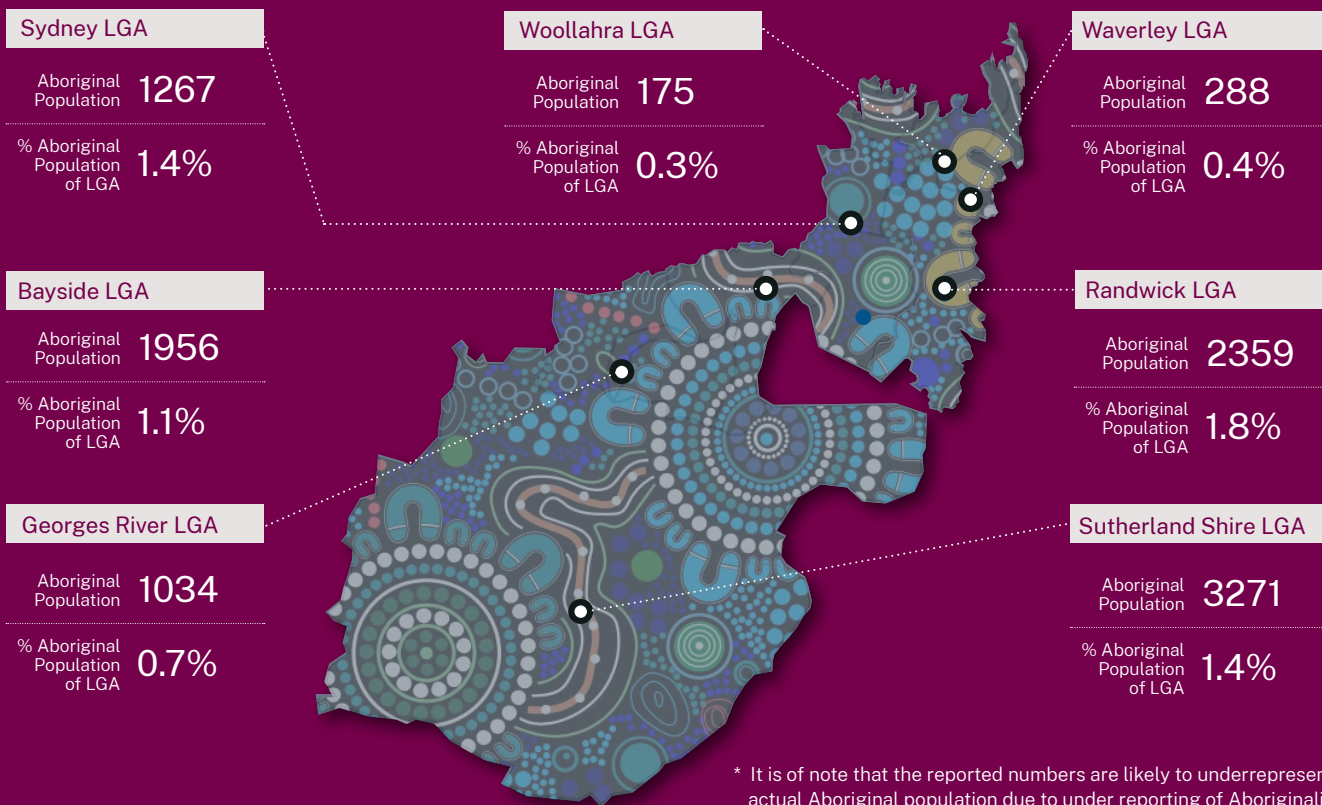


# SESLHD Aboriginal Population

The SESLHD geographic area lies within both the Eora and Dharawal Nations. The area encompasses the traditional lands of five Aboriginal language groups including the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

There are reported to be 10,350 Aboriginal people living in SESLHD, constituting approximately 1.1% of the population.

Aboriginal people reside all over SESLHD, however the spread of people is not consistent across all Local Government Areas (LGA's). The highest density within the district is within the Randwick LGA, where ~1.8% of the population identify as Aboriginal, this is closely followed by the Sutherland Shire and Sydney LGA's at 1.4%.



The median age of Aboriginal people is 25-26 years for most LGAs (compared to 35-40 years for overall population)



Aboriginal and/or Torres Strait Islander children and young people between 0-15 years comprise ~2.1% of the SESLHD paediatric population



In 2021/22, 2.2% of babies born in SESLHD were identified as Aboriginal or Torres Strait Islander





# Utilisation of Services by Aboriginal People in SESLHD



In 2022/23 SESLHD had a total of 236,882 **emergency presentations** with Aboriginal and Torres Strait Islander people making up **2.3%** of these (5,496)

(↑ increase from 1.8% in 19/20)

- SSEH - 1.6%
- POWH - 4.0%
- SGH - 1.4%
- TSH - 2.3%



In 2021/22, **2%** of admitted patients identifying as Aboriginal or Torres Strait Islander **discharged themselves from hospital before completion of treatment**, compared to 0.9% in the non-Aboriginal population

(↓ decrease from 2.6% in 20/21)



In 2021/22, the **average LOS for sub-acute patients** identifying as Aboriginal or Torres Strait Islander was **10.5 days**, compared to 10.8 days in the non-Aboriginal population.

(↓ decrease from 13.5 days in 19/20)



In 2020/21, **Injury** was the most frequent reason Aboriginal and Torres Strait Islander people presented to SESLHD emergency departments with 16% of presentations.

(↑ increase from 12.7% in 19/20)

This was followed by Digestive System Illness, Psychiatric Illness, Circulatory System Illness and Musculoskeletal/Connective Tissue Illness



In 2021/22, the average **LOS for acute patients** identifying as Aboriginal or Torres Strait Islander was **3.5 days**, compared to 3.2 days in the non-Aboriginal population



In 2021/22, **renal dialysis** was the leading cause of hospitalisation for Aboriginal people in SESLHD



In 2022/23, **5%** of patients identifying as Aboriginal or Torres Strait Islander left the emergency department – **'did not wait'**, compared to 3.1% in the non-Aboriginal population

- SSEH - 8%
- POWH - 5%
- SGH - 3%
- TSH - 7%



In 2022, **95.4%** of Aboriginal 5 years olds were **fully vaccinated** in SESLHD compared to 92.4% of non-Aboriginal children.

(↓ decrease from 96.8% in 2020)



In 2022/23, **unplanned readmission rates** for Aboriginal people were **7.36%**, compared to 5.6% for all unplanned readmissions.

(↑ increase from 6.53% in 21/22)



In 2022/23, **9.4%** of patients identifying as Aboriginal or Torres Strait Islander **left the emergency department before completion of treatment**, compared to 5.4 % in the non-Aboriginal population

- SSEH - 5.5%
- POWH - 10.3%
- SGH - 8.3%
- TSH - 10.3%



Approximately **5%** of **non-admitted mental health services** events are used by Aboriginal people



Approximately **15%** of Aboriginal **children** report living with a **mental health condition**



**32%** of children accessing the **Child Protection Counselling Service** identify as Aboriginal and/or Torres Strait Islander



# Strategic Directions

*Healthy Mob, Strong Community* has six Strategic Directions which reflect the key messages received through Community and staff consultations, and the commitment of SESLHD to improving health outcomes for Aboriginal people. Within each of these Strategic Directions, areas of focus have been identified to improve service provision and health outcomes for Aboriginal people residing in SESLHD.

## Structure for each Strategic Direction

Each Strategic Direction has the same structure:

- **What does success look like?**  
This statement describes how SESLHD and partners will identify how success is achieved for each Strategic Direction.
- **Why is this important?**  
This is a description to highlight the importance of each Strategic Direction and outline the reasons why they have been set.
- **What we heard**  
Describes SESLHD's commitment and aspiration for change, informed by Community and staff consultations as well as leading policy documents.
- **What we will do**  
Describes the responsibility of every person working within SESLHD, engaging the collective responsibility of all staff.
- **Our focus**  
Identifies how SESLHD intends to achieve the required change over the next three years.

The *Healthy Mob, Strong Community* Implementation Plan outlines the specific actions that will be taken within each focus area to improve service provision and health outcomes for Aboriginal people residing in SESLHD. The Implementation Plan also denotes responsibility for each of these actions and will inform monitoring and evaluation of the Plan.





Strategic Direction **1**

**Community Informed Decision-making**



**Our Commitment**

**Improve community connection and engagement**



**What does success look like?**

**Active partnership with Aboriginal people in the design and delivery of our services.**



**Why is this important?**

Effective engagement with Community is essential to ensuring that the priorities, cultural views and values of Aboriginal people are at the centre of self-determination and decision-making. Consumers provide unique insights that shift healthcare design and can enhance the quality of care.

Respecting the lived experience of Community and engaging with this to drive the agenda and identify effective solutions for change through co-design will support improvements in the persistent inequities in health outcomes.<sup>12</sup>



**What we heard**

***Improve community connection and engagement***

For true and effective collaboration, opportunities for engagement need to increase to build upon relationships and empower our local Aboriginal people to use their voice and be leaders in their healthcare journey. Where people engage in consultation, it is important that the communication loop is completed with feedback on the outcomes provided back to Community.

Increased visibility of healthcare workers in the Community and opportunities for connection will provide soft entry points to health services, improving access.



**What we will do**

All staff across SESLHD will consider Aboriginal people as partners in care and place culture at the centre of decisions for Aboriginal people.



**Our focus**

- Engage with Community leaders and elders to co-design innovative and culturally appropriate approaches to health services.
- Host events for dates of significance, such as NAIDOC, National Sorry Day.
- Facilitate Community events as a soft entry point to healthcare.



Strategic Direction **2**

Equity and Access



Partner with Community to deliver services locally that meet Aboriginal peoples needs

Ensure access to consistent, culturally safe services across our District

Address barriers that prevent Aboriginal people accessing care when it is required



What does success look like?

Aboriginal people residing in SESLHD will have easy access to safe, flexible care with service models that follow trauma-informed principles.



Why is this important?

It is essential to ensure everyone can access the healthcare they need. Acknowledging there are differences in the way people are able to access care is fundamental to delivering person-centred care.<sup>13</sup> To achieve this, the systems need to be safe, accessible, and responsive, providing options for care when and where people need it, focusing on the patient in the context of their home, community and environment. Through the creation of sustainable, flexible, and culturally responsive services that consider the unique needs of the people being cared for, barriers to equity and access are reduced.



What we heard

*Partner with community to deliver services locally that meet Aboriginal peoples needs.*

For SESLHD to deliver services that meet the needs of our local Aboriginal people, it is imperative that these needs are known and understood. Improved awareness of the challenges faced by Aboriginal people in accessing care will enable care to be designed, responsive to these barriers. Partnering with Community and engaging in conversations to understand the needs and around the best way to deliver care, will ensure that services are culturally aware and more responsive to needs.



What we will do

All staff across SESLHD will employ the principles of Aboriginal Health in interactions for Aboriginal people.









Our focus

- Engage the Aboriginal Community Council in implementation of the SESLHD Aboriginal Health Plan.
- Work with Community to develop innovative solutions to improve completion of care rates.
- Engage in holistic healthcare, whereby each interaction is an opportunity for health promotion.





|   |   |
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|  <p><b>What we heard</b></p>   | <p><b><i>Ensure access to consistent, culturally safe services across our District.</i></b></p> <p>As a Local Health District we are responsible for providing high quality healthcare to all people across the SESLHD. However, current services are not equally distributed and available across the District, resulting in discrepancies in the way people can access the care they need. We need the ensure that, regardless of where people reside, they have the opportunity to receive the care they need.</p> |
|  <p><b>What we will do</b></p> | <p>All staff across SESLHD will identify opportunities to align similar services and provide consistent access to care, regardless of geographic location.</p>  |
|  <p><b>Our focus</b></p>      | <ul style="list-style-type: none"> <li>• Provide consistent opportunities for care for all Aboriginal people across SESLHD.</li> <li>• Develop digital resources to build awareness of services available across SESLHD.</li> <li>• Explore opportunities for integrating virtual healthcare into service models.</li> </ul>  |

|   |   |
|---|---|
|  <p><b>What we heard</b></p>   | <p><b><i>Address barriers to care that prevent Aboriginal people accessing care when it is required.</i></b></p> <p>Barriers to accessing healthcare can have a significant impact on health outcomes. Opportunities for evidence-based early intervention are missed when people are not able to access the care they need. Improving the reliability and flexibility of health services will reduce some of the access barriers, by improving trust and enabling people to access care at the time they are able to receive it.</p>   |
|  <p><b>What we will do</b></p> | <p>All staff across SESLHD will increase the flexibility in how care is provided.</p>   |
|  <p><b>Our focus</b></p>       | <ul style="list-style-type: none"> <li>• Facilitate ‘soft entry’ to services through improved Community connection.</li> <li>• Identify opportunities for flexible service models to improve equity of access.</li> <li>• Ensure the needs of Aboriginal people are at the centre of service planning and design.</li> <li>• Increase support and adaptability at the time of people accessing care, with consideration of the cultural or psychosocial barriers.</li> <li>• Recognise the impact of our procedures and policies that inhibit access by Aboriginal people.</li> </ul> |



## Strategic Direction 3

## Working in Partnership

### Our Commitment

Be informed by the knowledge of our Aboriginal-led organisations to meaningfully partner to improve how we meet the needs of our community



What does success look like?

Healthcare is coordinated across agencies with smooth transitions across the system reducing the need for people to repeat their story.



Why is this important?

Holistic healthcare that recognises the mental, physical, cultural, social and environmental determinants of health is essential to improving health outcomes.<sup>14</sup> Person-centred care will be enhanced through the integration of services across the health system, providing care in a collaborative way. Partnerships with Local Aboriginal Community Controlled Health Organisations (ACCHO's), Aboriginal Land Councils, Aboriginal Non-Government Organisations (NGO's) and Stolen Generation Organisations (SGOs') allow SESLHD to authentically engage with local Aboriginal people to understand local cultural protocols and build trust within the local community.



What we heard

*Be informed by the knowledge of our Aboriginal-led organisations to meaningfully partner to improve how we meet the needs of our community*

As a Local Health District with finite resources, it is not possible for SESLHD to be all things for all people. An integrated, whole of health approach will improve access for Aboriginal people to the health support services they need. Reducing the organisational boundaries will facilitate access to care when and where people need it. Strengthening existing partnerships and building new relationships is key to success in bringing care closer to our consumers.



What we will do

All staff across SESLHD will facilitate seamless integrated health care across all sectors for Aboriginal people.



Our focus

- Aboriginal people leading the collaboration across partner organisations.
- Work with partner organisations to support Aboriginal Health outcomes.
- Support information sharing to improve continuity of care.









Strategic Direction **4**

**Aboriginal Workforce**



Increase the Aboriginal workforce across our organisation

Ensure our Aboriginal staff have access to programs that support their cultural safety


Develop leadership roles and pathways that support progression of Aboriginal people through our organisation

 **What does success look like?**

Aboriginal people are encouraged and supported to work in culturally safe environments across all disciplines and at all levels in SESLHD, including leadership.


 **Why is this important?**

A strong and well-functioning Aboriginal workforce is important for improving the health system for Aboriginal people. A workforce that understands and reflects the values and needs of the Community delivers better health outcomes for Aboriginal people.<sup>15</sup> Having Aboriginal people leading Aboriginal healthcare helps to ensure that initiatives are relevant and align with Community expectations.


 **What we heard**

***Increase the Aboriginal workforce across our organisation***

The Aboriginal workforce across SESLHD continues to grow and the proportion of the workforce who identify as Aboriginal currently exceeds the proportion of the local population who identify. However, the SESLHD Aboriginal workforce remains below the State target of 3%. Improved Aboriginal representation across all levels of the workforce will support policy and program implementation that is reflective of the needs of the people it serves.

 **What we will do**

All staff across SESLHD will consider opportunities to increase Aboriginal representation across the workforce.




 **Our focus**

- Increase the number of Aboriginal people within management roles to support a pathway for growth and development.
- Continue to engage with education partners to promote careers in Health to Aboriginal young people in SESLHD.
- Engage with community and Aboriginal employment agencies/organisations to support employment for Aboriginal people.
- Recognise that Aboriginal people are the subject matter experts in providing Aboriginal healthcare. Improve role clarity and consistency across the District.





|  |  |
|--|--|
|  <b>What we heard</b>   | <p><b><i>Ensure our Aboriginal staff have access to programs that support their cultural safety</i></b></p> <p>Ensuring cultural safety in the workplace and providing opportunities for connection with other Aboriginal people within the Local Health District is essential for staff well-being.</p> |
|  <b>What we will do</b> | <p>All staff across SESLHD will support and recognise that the Aboriginal workforce is essential to ensuring cultural safety in the workplace.</p>   |
|  <b>Our focus</b>      | <ul style="list-style-type: none"><li>• Identify ways to support cultural safety in the workplace.</li><li>• Provide opportunities for connection and networking within our Aboriginal workforce.</li></ul>  |

|  |  |
|--|--|
|  <b>What we heard</b>   | <p><b><i>Develop leadership roles and pathways that support progression of Aboriginal people through our organisation</i></b></p> <p>Developing the next generation of leaders is important across the workforce as a whole. Ensuring there is Aboriginal representation across leadership roles will improve opportunities to educate others and influence change to ensure services are culturally safe and providing responsive care for Aboriginal people.</p> |
|  <b>What we will do</b> | <p>All staff across SESLHD will recognise the value and unique skills Aboriginal people bring to leadership positions.</p>   |
|  <b>Our focus</b>       | <ul style="list-style-type: none"><li>• Develop pathways for career progression and leadership opportunities.</li></ul>  |






Strategic Direction **5**

**Cultural Safety**

|  |   |  |
|--|---|--|
|  <p><b>Our Commitment</b></p>                | <p>Improve the provision of culturally safe spaces in our facilities</p>  | <p>Improve cultural awareness and responsiveness to the needs of Aboriginal people</p> |
|  <p><b>What does success look like?</b></p> | <p>Aboriginal staff and patients experience cultural safety at all levels of interaction with SESLHD services.</p>  |  |
|  <p><b>Why is this important?</b></p>       | <p>Cultural safety is an outcome wherein the person accessing healthcare judges how well the care setting, providers and processes respect and meet their cultural needs as an Aboriginal person.<sup>16</sup></p> <p>By considering the importance of familial, cultural and environmental contexts on the health of Aboriginal people, services will be able to be more responsive to needs.</p>  |  |
|  <p><b>What we heard</b></p>              | <p><b><i>Improve the provision of culturally safe spaces in our facilities</i></b></p> <p>A culturally safe environment is one in which Aboriginal people feel welcomed and respected, where their experiences are believed and validated and where their cultures are valued and considered in their care.<sup>17</sup> Culturally safe healthcare is that in which Aboriginal people see their cultural identities and practices respected, valued and upheld, and is delivered in environments which are free from triggers which may cause distress.<sup>18</sup></p> |  |
|  <p><b>What we will do</b></p>            | <p>All SESLHD staff will welcome and respect culture within the physical environment.</p>   |  |
|  <p><b>Our focus</b></p>                  | <ul style="list-style-type: none"> <li>• Develop a greater understanding of patient experiences and barriers in access to care.</li> <li>• Review the cultural safety and accessibility of our environments.</li> </ul>   |  |





|  |  |
|--|--|
|  <b>What we heard</b>   | <p><b><i>Improve cultural awareness and responsiveness to the needs of Aboriginal people</i></b></p> <p>Improving cultural awareness across SESLHD services, with increased understanding of Aboriginal health issues, health needs, and the complex personal experiences of individuals, families and communities will improve communication and treatment for Aboriginal people in their interaction with health services.</p> |
|  <b>What we will do</b> | <p>All SESLHD staff will engage with Aboriginal people without judgement.</p>  |
|  <b>Our focus</b>      | <ul style="list-style-type: none"><li>• Develop processes for when patients identify as Aboriginal.</li><li>• Integrate Aboriginal-led service models.</li><li>• Improve staff engagement with Cultural responsiveness training.</li></ul>   |



Strategic Direction **6**

**Data Sovereignty and Governance**

**Our Commitment**

Ensure Aboriginal people have ownership over their own data



**What does success look like?**

Aboriginal data governance and sovereignty principles are implemented as standard practice across the health system.



**Why is this important?**

High quality data is required to inform service decisions. Improved accountability, transparency and useability of health data about Aboriginal peoples will facilitate informed decision making. Data Sovereignty speaks to the right of Aboriginal people to govern the collection, ownership and application of data about Indigenous communities, peoples, lands, and resources.<sup>18</sup>



**What we heard**

***Ensure Aboriginal people have ownership over their own data***

Any data about Aboriginal people that government gathers, analyses and reports must be contextualised, available, accessible, and reflect Aboriginal peoples' priorities. Empowering the Aboriginal Health Directorate to work with sites and services to understand data relating to Aboriginal people will limit harmful narratives and data interpretation.



**What we will do**

All staff across SESLHD will understand the importance of data ownership, and of Aboriginal people leading the narrative on matters that affect them.



**Our focus**

- Improve the reporting of data involving Aboriginal people.
- Integrate principles for Aboriginal Data Governance and Sovereignty.









# Making it happen

## Implementation

Responsibility for the implementation of the SESLHD *Healthy Mob, Strong Community* Aboriginal Health Plan, lies with all staff across the LHD. The Aboriginal Health Directorate will work with Executive and other senior staff to support the implementation. The implementation of site and service specific work identified in *Healthy Mob, Strong Community*, will be supported through the development of facility and service Aboriginal Health Implementation Plans.

The implementation plan below, outlines the key actions to be taken under each of the Strategic Directions and identifies the key people responsible for implementation of these actions. To ensure that a Cultural lens can be engrained throughout implementation, all actions require a collaborative partnership with the Aboriginal Health Directorate.

---

## Monitoring

The Aboriginal Health Plan Steering Committee, as the peak committee for Aboriginal Health across SESLHD, will continue to meet on a regular basis and review the achievements against this plan along with the SESLHD Aboriginal Community Council. Feedback will be provided to the committee through:

1. Aboriginal Health Plan subcommittee working groups will develop plans for discussion and endorsement. The subcommittees are centred around:
  - Aboriginal Health Outcomes
  - Cultural Capability
  - Aboriginal workforce
2. Reporting against the *Healthy Mob, Strong Community* Aboriginal Health Plan from SESLHD Sites and Services will be required at 6 monthly intervals. This reporting will utilise the template provided in Appendix 4.

The Aboriginal Health Plan Steering Committee will provide a 6 monthly report to the SESLHD Executive and Board, outlining key achievements, areas of progress and areas where additional work is required.





# Implementation Plan



Through consultation, Community consistently highlighted that implementation of the plan needed to be grounded in the view of Aboriginal health being everyone’s business, with a collaborative and whole-of-system approach being key in achieving this. With the strategic function of the Aboriginal Health Directorate being essential to ensure that a Cultural lens can be engrained throughout the organisation, Community also consistently highlighted three areas where targeted work was needed. These areas were Emergency Departments, Mental Health Services and Paediatric and Youth Services. Data from across the District supports the identification of these as areas of focus, and highlights the need to prioritise targeted work within them. Whilst many of the actions identified in the Implementation Plan are the collective responsibility of all staff across SESLHD, specific actions have been identified across these priority areas to ensure focused initiatives are undertaken.



To realise the vision of *Healthy Mob, Strong Community*, internal partnerships between Sites, Services and Directorates and the Aboriginal Health Directorate are imperative. This is because being experts in knowing how to work alongside Community to empower and drive self-determination, working with the Aboriginal Health Directorate will ensure that we deliver responsive and culturally appropriate care to Community. Successful implementation therefore requires a collaborative partnership with the Aboriginal Health Directorate, in approach to all actions of the plan.

| KEY                                 |  |
|-------------------------------------|--|
| Responsibility                      | Definition   |
| Aboriginal Health Directorate       | Work that is led by the Aboriginal Health Directorate  |
| Facilities, Service, Directorates * | Work that is led by staff in Facilities, Services and Directorates across the District, and at a number of levels* |

**\*NOTE: Actions for the Facilities Services and Directorates have been sub-divided into the following levels:**

|   |  |
|---|--|
| All District Facility and Service Executive           | Work that is led by Facility and Service Executive across the District   |
| All Clinical Staff                                    | Work that is the responsibility of all clinical staff working within the District  |
| All Service Managers                                  | Work that is led by staff across the District who are managers of their service (including clinical, corporate and administrative) |
| All SESLHD Staff                                      | Work that is the responsibility of every person working within the District  |
| Child, Youth & Family Services                        | Targeted work led within Child, Youth & Family Services leadership teams across the District                                       |
| CMC & Virtual Care Services                           | Target work led within Virtual Care leadership teams, including the CMC  |
| Emergency Departments / Critical Care Clinical Stream | Targeted work lead within Emergency Department/Critical Care Clinical Stream leadership teams across the District                  |
| Mental Health Services                                | Targeted work lead within Mental Health Services leadership teams across the District  |
| Organisational Development & Learning                 | Work that is the responsibility of Organisational Development and Learning teams across the District                               |
| Paediatric and Maternity Services                     | Targeted work lead within Paediatric and Maternity Services leadership teams across the District                                   |
| Paediatric Services Stream                            | Targeted work lead within Paediatric Services Stream leadership teams across the District  |
| Population & Community Health                         | Targeted work led within Population & Community Health leadership teams across the District  |
| SESLHD Executive                                      | Work that is led by the District Executive   |





# Community Informed Decision-Making

| Actions   | Responsibility                              |
|---|---|
| Aboriginal Community Council convened to oversee implementation of this plan  | Aboriginal Health Directorate               |
| Guidance on community engagement to support managers in appropriate engagement with Aboriginal community                            | Aboriginal Health Directorate               |
| All managers engage Community as per guidance in design, delivery and evaluation of services  | All Service Managers                        |
| High level district planning of dates of cultural significance  | Aboriginal Health Directorate               |
| Lead event planning for dates of significance   | All District Facility and Service Executive |
| All staff have access to events recognising dates of significance   | All District Facility and Service Executive |
| Provide oversight of Community events that prioritise relationship building i.e. Community Barbeques and/or health promotion events | Aboriginal Health Directorate               |



# Equity and Access

| Actions   | Responsibility                                       |
|---|--|
| Establish regular reporting of the Aboriginal Health Implementation Plan into Aboriginal Community Council                                    | Aboriginal Health Directorate                        |
| Develop and implement solutions to reduce the number of Aboriginal people who discharge themselves from care prior to completion of treatment | Emergency Departments /Critical Care Clinical Stream |
| Develop and implement strategies to reduce unplanned representations to the same emergency department within 48 hours                         | Emergency Departments /Critical Care Clinical Stream |
| Develop and implement solutions to reduce smoking and vaping rates inpregnancy and youth groups   | Paediatric and Maternity Services                    |
| Develop and implement solutions to improve influenza vaccination rates for Aboriginal children under 5 years                                  | Population and Community Health                      |
| Use 'Principles of Aboriginal Health' (p15) in services being accessed by Aboriginal people   | All SESLHD Staff                                     |
| Address service gaps to ensure consisent access to services for Aboriginal youth across SESLHD  | Population and Community Health                      |
| Address service gaps to ensure consisent access across the lifespan to services for Aboriginal Mental Health services across SESLHD           | Mental Health Service                                |
| Establish an on-line service directory for Aboriginal people seeking to access our services   | Aboriginal Health Directorate                        |
| Partner with Site and Service leads to optimise the provision of culturally safe virtual care models  | CMC and Virtual Care Services                        |
| Develop solutions that integrate opportunistic care pathways for Aboriginal people  | Aboriginal Health Directorate                        |





|  |                                  |
|--|----------------------------------|
| Implement the solutions that integrate opportunistic care pathways for Aboriginal people   | All Clinical Staff               |
| Consider and prioritise opportunities for place-based care (e.g. in Aboriginal carers lounge, outside, community centre, or in the home settings)  | Aboriginal Health Directorate    |
| Improve the flexibility of clinical processes to better enable patient-centred care  | Aboriginal Health Directorate    |
| Develop and implement solutions to ensure Mental Health patients are followed up within 7 days from acute discharge through the development of culturally appropriate programs and services. | Mental Health Service            |
| Actively engage with the Aboriginal Health Directorate in Mental Health service planning   | Mental Health Service            |
| Engage and collaborate with the Aboriginal Health Directorate in the development of services for Aboriginal people   | All SESLHD Staff                 |
| Review and address the systemic, cultural and psychosocial barriers that Aboriginal youth experience in accessing healthcare services  | Paediatric Services Stream       |
| Develop guidance protocols for considering the impact of procedures and policies on access by Aboriginal people  | Aboriginal Health Directorate    |
| Ensure there is appropriate Aboriginal representation when making decisions that impact Aboriginal people  | All SESLHD Staff                 |
| Strengthen Aboriginal workforce representation in Out-of-Home Care pathways  | Child, Youth and Family Services |



# Working in Partnership

| Actions   | Responsibility                |
|---|-------------------------------|
| Engage with the Aboriginal Health Directorate to coordinate and manage partnerships with Aboriginal Community Controlled Organisations                                    | All Service Managers          |
| Engage with Aboriginal Community Controlled Health Organisations to establish and improve partnerships that support Aboriginal outcomes                                   | Aboriginal Health Directorate |
| Work alongside Stolen Generation Organisation (SGO's) to support the healing journey for members of the Stolen Generation and their families                              | Aboriginal Health Directorate |
| Work with local NGO's, Aboriginal Community Controlled Health Organisations and other government agencies to build the relationship with SESLHD                           | Aboriginal Health Directorate |
| Ensure discharge summaries are provided to Aboriginal Community Controlled Health Organisations in a timely manner to support information exchange across the partnership | All Clinical Staff            |





# Aboriginal Workforce

| Actions  | Responsibility                              |
|--|---|
| Develop a strategy to increase the number of Aboriginal people within management roles   | Aboriginal Health Directorate               |
| Implement strategy developed by Aboriginal Health Directorate to increase the number of Aboriginal people within management roles  | All District Facility and Service Executive |
| Continue to grow and implement an Aboriginal traineeship program and engaging with schools to promote careers in Health to Aboriginal young people in SESLHD   | Aboriginal Health Directorate               |
| Implement processes that increase the visibility of vacant roles to Community and Aboriginal employment agencies/organisations   | Aboriginal Health Directorate               |
| Understand which services have higher representation of Aboriginal people, and develop strategies to ensure Aboriginal staff members are included in those teams in positions so they can affect change and ensure culturally appropriate care | Aboriginal Health Directorate               |
| Implement strategies to ensure Aboriginal staff members are included in those teams in positions so they can affect change and ensure culturally appropriate care  | All District Facility and Service Executive |
| Increase the number of Aboriginal Health staff in services targeted toward Aboriginal children and their families  | Child, Youth and Family Services            |
| Review the position descriptions of the Aboriginal workforce and ensure classifications align with roles and responsibilities  | Aboriginal Health Directorate               |
| Continually review vacancies to identify where there are opportunities to create targeted positions  | All Service Managers                        |
| Develop a model for cultural supervision of Aboriginal employees to better support this workforce  | Aboriginal Health Directorate               |
| Develop a guide for non-Aboriginal managers who manage Aboriginal staff in 'ways of working'   | Aboriginal Health Directorate               |
| Continue to grow yarning circles across SESLHD to promote connection for Aboriginal staff  | Aboriginal Health Directorate               |
| Develop an Aboriginal leadership program within SESLHD   | Organisational Development & Learning       |



# Cultural Safety

| Actions  | Responsibility                                       |
|--|--|
| Implement solutions that address gaps highlighted by Community within Emergency Departments  | Emergency Departments /Critical Care Clinical Stream |
| Develop innovative processes to capture data around experiences and barriers for Aboriginal consumers  | Aboriginal Health Directorate                        |
| Undertake an audit of environments/facilities to improve cultural appropriateness, including identification of inhibitors to cultural safety | SESLHD Executive                                     |
| Develop and implement cultural responsiveness training for managers of the Aboriginal workforce  | Aboriginal Health Directorate                        |
| Develop processes that outline structured pathways when patients identify as Aboriginal  | Aboriginal Health Directorate                        |
| Implement processes that outline structured pathways when patients identify as Aboriginal  | All SESLHD Staff                                     |
| Ensure there are structures that support the prioritisation of Aboriginal-led service models   | SESLHD Executive                                     |
| Ensure completion of both the face to face and online modules of Respecting the Difference training  | All SESLHD Staff                                     |
| Support staff to implement the learnings from Respecting the Difference training   | Aboriginal Health Directorate                        |
| Develop and implement the 'Reporting on Aboriginality Education Package' across SESLHD   | Aboriginal Health Directorate                        |





# Data Sovereignty and Governance

| Actions  | Responsibility                |
|--|-------------------------------|
| Engage with Sites and Services to develop solutions that improve reporting of data involving Aboriginal people   | Aboriginal Health Directorate |
| Lead the review of data and feedback to inform service gaps  | Aboriginal Health Directorate |
| Develop and increase awareness and understanding of the principles of Aboriginal Data Governance and Sovereignty | Aboriginal Health Directorate |
| Implement and embed principles of Aboriginal Data Governance and Sovereignty into planning and service models    | All Service Managers          |



# Appendix 1

## Community Consultations Summary



# Community Consultations Summary



The SESLHD Aboriginal Health Directorate (AHD) brought together local Aboriginal people, Aboriginal health services, and members of the SESLHD workforce to ensure the community's voice informed the direction of the health plan. Two separate consultation forums were held, one at South Juniors, Kingsford and the second at Tradies, Caringbah. Session 1 was attended by 16 community members, while Session 2 saw 25 community members attending.

The consultation sessions were designed to ensure that the future plans for Aboriginal Health in SESLHD represent the needs identified by Aboriginal people. At each of the sessions, the following questions were discussed:

- What is working well?
- Where are the issues?
- What are the opportunities to improve services for Aboriginal people in SESLHD?


## What we heard

Overall, key themes identified included a need for services in SESLHD to be equitable, culturally safe, and led by Aboriginal people.

Below is a summary of the key points that were raised in the consultation sessions.



Song lines and bloodlines of Aboriginal community members in SESLHD, go much deeper than the geographic boundaries of the LHD. This image is a visual representation of this diversity, which attendees were asked to share during both Community Consultation events



## What are we doing well?

Community members identified a broad mix of capabilities, services, and ways of working that SESLHD delivered well.

### Aboriginal workforce

The SESLHD Aboriginal workforce were a key factor in the delivery of effective and culturally safe services for patients. This workforce was identified as providing the essentials to effective care provision including an understanding of the importance of involving family in care, translating hospital jargon, and advocating for the community. Staff consistency reportedly also helped build and maintain trust and rapport with Community.

*“The staff are passionate and strong-minded people that are not scared to voice their opinions with their community’s best interest at heart.”*

### Aboriginal specific programs

Paediatric services in Northern SESLHD and the Bulbuwil healthy-lifestyle program were two key services that SESLHD provided that Aboriginal community viewed favourably.

Paediatric services in Northern SESLHD reportedly linked well across Sydney Children’s Hospital Network, with a workforce that included Aboriginal health workers, Occupational Therapists, Social Workers, Speech Pathologists, full-time Childhood Nurses, amongst others.

*“Children are the future, they must be nurtured. Happy and healthy children equal strong adults”*

The Bulbuwil Aboriginal Lifestyle Support Program was also viewed very favourably as a community-centred program for Aboriginal people and their families who are at risk of or have a chronic health condition.

### Facilities

Community reported the Carer’s Lounges in hospitals throughout SESLHD as a safe space. Features of these rooms included hanging artwork in areas, storytelling, and murals. This had the impact of making hospital spaces less daunting for Aboriginal community members.

### Models of care

Where appropriate, services delivered in community were reported to be preferred to hospital settings. People spoke to the increased opportunity to involve family in care, empowering the family to help and support the patient. Community spoke favourably of 48-hour follow up calls post-discharge, as well as no-rush appointments where community members could take their time with clinicians.

*“When family are involved, you feel more supported”*





## What aren't we doing well?

### Gaps in services

Issues raised included long wait times for services, poor continuity of care – with communication between care teams lacking, and information material often difficult to interpret.

Community consultations identified a range of service areas that SESLHD could improve for the Aboriginal community such as culturally specific mental health services and youth health services.

Community members reported that many services do not recognise cultural perspectives or have an understanding of the impact of physical land and the environment on health.

Finally, community members stated they felt hospitals over promised on services while they stayed in the hospital and under delivered once they were outpatients.

*“Care teams don't talk to each other, we get multiple calls from multiple clinicians asking the same thing.”*

### Turning Consultation to Action

Aboriginal community members wanted to see more clearly the results of consultation processes. It was stated that promises have been made that have not been followed through, and that historically, consultation has involved speaking to communities to tick a box. To improve on this, community stated that more action and accountability were needed.

*“We're fighting for the same things our older people have been fighting for”*

### Supporting our workforce

Consultations identified issues in the SESLHD workforce for both Aboriginal staff and community. Participants noted the cultural burden placed on Aboriginal staff to represent entire communities or be the expert on issues they did not always feel comfortable in. It was raised that there is a lack of understanding of the additional cultural load for Aboriginal Health Workers with some patients continuing to seek services or ask questions outside of work hours. Issues around remuneration and career progression were also highlighted.

It was identified that there is a need for more Aboriginal clinicians in SESLHD.

Cultural sensitivity training and trauma informed training at all levels of staff was identified as an area of need. Many community members shared experiences that contributed to or triggered historic traumas due to unsuitable service provision by staff in hospitals.

### Facilities

When discussing facilities, SESLHD's Emergency Departments were often raised as an area for improvement. Community members reported that Emergency Departments looked unwelcoming and did not have a sufficient level of 'cultural safety'. It was noted that at times Aboriginal people did not feel welcome when coming to Emergency, and that staff could be short or rude.

### Geography

Community members regularly brought up the postcode lottery – meaning the availability of services respective to where you live. It was noted that paediatric services were largely available in the north of SESLHD but not the South, and adult services vice versa.

*“There are meaningless boundaries”*

# Opportunities

## Services

Participants stated they would value better funded and more targeted services – particularly for Aboriginal led and designed programs. Initiatives such as an Aboriginal Health Bus to move throughout the district and provide health services to community that may face accessibility issues, were identified as being beneficial.

## Education and awareness

Improved access to education and awareness around SESLHD’s Aboriginal health services was highlighted as an opportunity for community to feel more engaged with and aware of services and how to access them. Opportunities identified to improve awareness included distributing first 2,000 days resources, Black Pages, or a digital map with filters for different services.

Care navigators were also suggested as a strategy to help community members access health appointments and services.

*“Few people in community know what an Aboriginal Health Worker is or how to access them”*

## Community engagement

Community events, consultations and engagement were highlighted as opportunities for SESLHD to be more visible and engaged with Aboriginal community. Having community drop-in events that allow Aboriginal people to yarn with Aboriginal and non-Aboriginal health staff could increase connectedness and provide a soft-entry point for people.

## Workforce

Strengthening the Aboriginal Health workforce was identified as a way to improve culturally safe care. Suggestions included establishing partnerships with universities to have students work with Aboriginal patients to understand and acknowledge any complexities they may not have considered. Another proposal was to have clearer pathways for career progression.





# Aboriginal and Torres Strait Islander Community Consultation 25th March







# Appendix 2

## Strategic Alignment





## Exceptional Care, Healthier Lives Strategic Plan 2022-2025

The Exceptional Care, Healthier Lives Strategy 2022-2025 outlines South Eastern Sydney Local Health District's vision to transform the health, wellbeing and experiences of everyone who lives and works within the District. To deliver on this, the Strategy is guided by four strategic priorities:

- Partnering For Healthier Communities
- Providing Person-Centred Care
- Supporting Teams to Thrive; and
- Shaping the Future

To achieve this vision, the SESLHD recognises the need to tailor services to meet the needs of Aboriginal people, and both remove the barriers to care that they experience and close the gap in health inequity. The *Healthy Mob, Strong Community* Aboriginal Health Plan has been developed to achieve this, and in complementing the *Exceptional Care, Healthier Lives* Strategic Plan, works in tandem to prioritise work that needs to be done to adopt an Aboriginal Cultural lens, and ensure SESLHD can be a trusted partner in the delivery of culturally safe care.



## SESLHD Health Care Services Plan 2023-2033

As a commitment to improvement and innovation in service provision, and as demographics and expectations of consumers evolve, the SESLHD *Health Care Services Plan 2023-2033* guides the strategic allocation of resources across the District over the next ten years. In guiding the allocation, the plan outlines four missions:

- Continuously improve care to optimise the consumer experience and outcomes
- Enhance care in the community
- Deliver safe, integrated and comprehensive, person-centred care
- Develop models for the delivery of specialised services at scale

Making comment on the importance of collaboration and equity in this allocation, *Healthy Mob, Strong Community* will work in purposeful alignment with this plan, and to ensure an Aboriginal Cultural lens can be considered in this allocation. Both plans share a demand to centre genuine partnerships and tailor services to meet the needs of Aboriginal people, and in doing so, provide an actionable path to ensure that innovative, flexible and person-centred care is prioritised.



## Diversity, Inclusion and Belonging Strategy 2024-2026

The SESLHD *Diversity, Inclusion and Belonging Strategy 2024-2026* is grounded in the view to embrace the diverse talents, backgrounds, skills and experiences of staff within the District. This is because foundational to the delivery exceptional care to patients and the community, are an engaged and supported workforce; as it is in these environments where innovation and collaboration can thrive.

The strategy represents SESLHD's commitment toward achieving this, and crafts a number of strategies to support a workforce who can reflect the community that we provide services to. In challenging the ways that we incorporate cultural safety into our daily operations, and ensuring that the District can attract, recruit and retain Aboriginal and Torres Strait Islander staff, both this strategy and the *Healthy Mob, Strong Community* Aboriginal Health Plan reflect on how the District will prioritise inclusive spaces for both consumers and staff.



## NSW Aboriginal Health Plan 2024-2034

*Healthy Mob, Strong Community* was drafted in the context and to complement the NSW Aboriginal Health Plan. With a shared intention to partner with communities to improve service delivery and health equity, the NSW plan was created in partnership with the Aboriginal Health and Medical Research Council to ensure that responsibility for achieving health equity and Closing the Gap for Aboriginal people in NSW, was embedded in all NSW Health operations.

The NSW plan establishes the foundations for the wider strategy and directions that NSW Health are to work towards in achieving this vision. The SESLHD *Healthy Mob, Strong Community* Aboriginal Health Plan exists as an extension of this plan, that as guided by Community, represents how our efforts within the District will work to achieve this common aim of improving health equity for Aboriginal people.

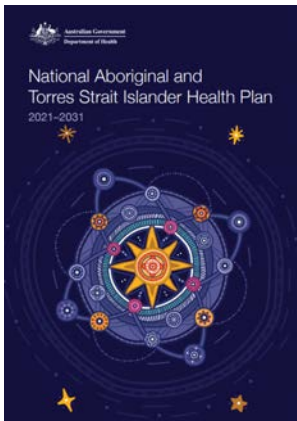


## NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025

The NSW Aboriginal Mental Health and Wellbeing Strategy was developed to support NSW Health services to plan and deliver culturally safe, accessible, responsive and flexible mental health and wellbeing care for Aboriginal people. In embracing the Aboriginal social and emotional wellbeing model it highlights how across the lifespan, we can approach Aboriginal mental health and wellbeing through a strength-based approach to improve health outcomes.

*Healthy Mob, Strong Community* draws on the key goals and principles outlined in this Strategy. Together, both documents represent how on a journey to healing, we can continue to work in partnership with Community to support improved mental health and social and emotional wellbeing for Aboriginal people, within the District.





## National Aboriginal and Torres Strait Islander Health Plan 2021-2031

The National Aboriginal and Torres Strait Islander Health Plan provides the strategic framework for all government and health organisations in Australia to work within, to address the health disparities experienced by Aboriginal and Torres Strait Islander people. Fundamentally aligned to the Close the Gap strategy, both this plan and the SESLHD *Healthy Mob, Strong Community* Aboriginal Health Plan are grounded in the importance of centring Culture for Aboriginal people, and adopting a holistic approach that considers these cultural and other social determinants, across the lifespan. With a call for flexibility in the ways that states, territories and partners implement these priorities, *Healthy Mob, Strong Community* adopts a local approach to achieving these targets, and ensures that Community has an active voice in prioritising this within the District.



## Closing The Gap Strategy

Developed in genuine partnership between Australian governments and Aboriginal Communities, Close the Gap is the national strategy that aims to close the health and life expectancy gap for Aboriginal and Torres Strait Islander peoples, within a generation. The strategy calls for changes in how governments and agencies partner with Aboriginal communities, and outlines four priority reform areas in achieving this:

- Formal Partnerships and Shared Decision Making
- Building the Community-Controlled Sector
- Transforming Government Organisations
- Shared Access to Data and Information at a Regional Level

These reform areas and the Close the Gap strategy as a whole, are heavily embedded within the SESLHD *Healthy Mob, Strong Community* Aboriginal Health Plan. Representing the local efforts that are contributing towards these targets, and as determined by Community, both plans work to ensure that Aboriginal ways of knowing, being and doing are centred, and that we can be accountable to providing culturally safe and responsive care.



# Appendix 3

## Aboriginal Health Impact Statement



## Attachment 1:

# Aboriginal Health Impact Statement – Question Template

|                                 |  |
|---------------------------------|--|
| Title of the initiative:        | Aboriginal Health Plan 2024-2026   |
| Organisation/Department/Centre: | South Eastern Sydney Local Health District - Aboriginal Health Directorate |
| Contact name and title:         | Skye Parsons - Director of Aboriginal Health                               |
| Contact phone number:           |  |
| Date completed:                 | 31/5/2024  |

Once approval has been received from your Organisation please provide a copy of the finalised Aboriginal Health Impact Statement and related policy document to the Centre for Aboriginal Health by email: [CAH@moh.health.nsw.gov.au](mailto:CAH@moh.health.nsw.gov.au).

If your Organisation assesses that the initiative has no impact on Aboriginal people you are still required to provide a rationale for how this decision was reached by completing the summary section and questions 1 and 2 of the template.

## Summary

Provide a 200-300 word summary that demonstrates how the Aboriginal Health Impact Statement has been considered. This summary is required in addition to a more detailed response to the three components below

The Aboriginal Health Plan 2024-2026 seeks to improve the health and wellbeing of Aboriginal people across SESLHD on the traditional lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

The Aboriginal Health plan has been developed in authentic consultation with the Aboriginal Community. The consultation has included community consultation days both in the north and south of the district, consultation with the Aboriginal Health Worker workforce and the development of the Aboriginal Community Council who has been involved in the development of the plan and will continue to be consulted throughout the duration of the plan.

The Aboriginal Health Plan has set the strategic directions as;

- \* Community Informed Decision making
- \* Equity and access
- \* Working in partnership
- \* Aboriginal Workforce
- \* Cultural Safety
- \* Data Sovereignty and Governance

Each site will be given an implementation plan to will guide their process to ensure key performance indicators are identified and remain on track for completion by the 2026.

The Aboriginal Health Directorate consists of three teams. Cultural Capability, Health Outcome and Workforce.

These teams will be embedded into the site specific implementation meeting and directorates to ensure Aboriginal leadership is working alongside teams to achieve improved outcomes for Aboriginal patients.



## 1. The health context for Aboriginal people

The SESLHD geographic area lies within both the Eora and Dharawal Nations. The area encompasses the traditional lands of five Aboriginal language groups including the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples.

There are reported to be 10,350 Aboriginal people living in SESLHD constituting approximately 1.1% of the population. Aboriginal people reside all over SESLHD, however the spread of people is not consistent across all Local Government Areas (LGA's). The highest density within the district is within the Randwick LGA', where ~1.8% of the population identify as Aboriginal, this is closely followed by the Sutherland and Sydney LGA's at 1.4%.

The median age of Aboriginal people is 25-26 years for most LGA's (compared to 35-40 years for overall population).

Aboriginal and/or Torres Strait Islander children and young people between 0-15 years comprise ~2.1% of the SESLHD paediatric population.

In 2021/22, 2.2% of babies born in SESLHD were identified as Aboriginal and/ or Torres Strait Islander

In 2022/23 SESLHD had a total of 236,882 emergency presentations with Aboriginal and Torres Strait Islander people making up 2.3% of these (5,496) (increase from 1.8% in 19/20)

In 2020/21, Injury was the most frequent reason Aboriginal and Torres Strait Islander people presented to SESLHD emergency departments with 16% of presentations. (increase from 12.7% in 19/20). This was followed by Digestive System Illness, Psychiatric Illness, Circulatory System Illness and Musculoskeletal/Connective Tissue Illness

In 2022/23, 5% of patients identifying as Aboriginal or Torres Strait Islander left the emergency department 'did not wait', compared to 3.1% in the non-Aboriginal population.

In 2022/23, 9.4% of patients identifying as Aboriginal or Torres Strait Islander left the emergency department before completion of treatment, compared to 5.4 % in the non-Aboriginal population.

In 2021/22, 2% of admitted patients identifying as Aboriginal or Torres Strait Islander discharged themselves from hospital before completion of treatment, compared to 0.9% in the non-Aboriginal population. (decrease from 2.6% in 20/21)

In 2021/22, renal dialysis was the leading cause of hospitalization for Aboriginal people in SESLHD.

In 2022, 95.4% of Aboriginal 5 years olds were fully vaccinated in SESLHD compared to 92.4% of non-Aboriginal children. (decrease from 96.8% in 2020)

In 2022/23, unplanned readmission rates for Aboriginal people were 7.36%, compared to 5.6% for all unplanned readmissions. (increase from 6.53% in 21/22)

Approximately 5% of non-admitted mental health services events are used by Aboriginal people.

Approximately 15% of Aboriginal children report living with a mental health condition.  
32% of children accessing the Child Protection Counselling Service identify as Aboriginal and/or Torres Strait Islander

The Aboriginal Health Plan aligns with the following strategic directions;

- \* Exceptional Care Healthier Lives Strategic Plan 2022-2025
- \* SESLHD Health Care Services Plan 2023-2033
- \* Diversity, Inclusion and Belonging Strategy 2024-2026
- \* NSW Aboriginal Health Plan 2013-2023
- \* National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- \* Commonwealth Closing the Gap 2024 Implementation Plan

## 2. The potential impact of the policy, program or strategy on Aboriginal people including approaches to mitigate any potential undesired effects

The Aboriginal Health Plan has been developed both in thorough consultation with the local Aboriginal community and also the NSW Health priorities for improved health outcomes for Aboriginal people.

It is anticipated that the Aboriginal Health Plan 2024-2026 will have a positive impact of the health and wellbeing of Aboriginal people within SESLHD.

There will be opportunities to gain clearer understanding of clinical processes that may be amended to ensure equity of service for Aboriginal patients.

It is a plan that has been developed with the community voice at the centre of program redesign and it ensures that across SESLHD that Aboriginal Health becomes everyone's business.

An identified undesired effect may be that the Aboriginal Health Plan does not address the specific needs of the Aboriginal population.

A site specific implementation plan will be used to ensure sites and services remain on track with the key deliverables outlined in the plan.

NSW Health has limited resources that are currently being stretched across different clinical areas. There is no additional budget available to create new programs to suit the needs of Aboriginal patients. It will take negotiation and flexibility across services to prioritize Aboriginal patient needs in their already established clinical services.



### 3. Engagement with Aboriginal people

The 2024-2026 Aboriginal Health Plan has been developed for Aboriginal community by the Aboriginal community. This Aboriginal Health plan is unique in its approach to engaging Aboriginal community members across the district in various methods to ensure thorough understanding of the health challenges that impact our Aboriginal Community.

Consultation has been in the form of two Community Consultations, Aboriginal Health Worker consultation and the development of the Aboriginal Community Council.

Expressions of interest were extended to Aboriginal community members across a wide range of organisations.

The Aboriginal Community Council has met monthly throughout the development of the plan and will continue to meet quarterly to discuss the implementation of the plan.

**Approved by:**

Skye Parsons

**Date:**

12/08/2024

**Title/position:**

Director Aboriginal Health

**Organisation/Department/Centre:**

Aboriginal Health

**Contact phone number:**

**Signature:**



By signing this document you agree that the initiative satisfactorily meets the three key components of the Aboriginal Health Impact Statement.

Note: Must be approved by the relevant Executive Director or Director of the local health district, pillar organisation or Centre within the NSW Ministry of Health





# Appendix 4

## Reporting Template

The Aboriginal Health Plan Steering Committee will provide a 6 monthly report to the SESLHD Executive and Board, outlining key achievements, areas of progress and areas where additional work is required. To inform this report, SESLHD Sites and Services will utilise the template below to provide progress reports against the *Healthy Mob, Strong Community* Aboriginal Health Plan at 6 monthly intervals. The progress reports will be collated by the Aboriginal Health Directorate.

**Date of Report:**

| Strategic Direction                | Our Commitment | Achievements | Focus over next 12 months |
|------------------------------------|----------------|--------------|---------------------------|
| Community Informed Decision-Making |                |              |                           |
| Equity and Access                  |                |              |                           |
| Working in Partnership             |                |              |                           |
| Aboriginal Workforce               |                |              |                           |
| Cultural Safety                    |                |              |                           |
| Data Sovereignty and Governance    |                |              |                           |

Additional achievements of note:





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# Reference List

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# Healthy Mob, Strong Community

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SESLHD Aboriginal Health Plan 2024-2026