

South Western Sydney Local Health District

Aboriginal Health Plan to 2027

Closing the Gap is everyone's business.

In consultation and partnership with the local Aboriginal communities, South Western Sydney Local Health District will make its services and facilities culturally safe.

We are committed to achieving equitable outcomes for Aboriginal people.

Disclaimer: Aboriginal and Torres Strait Islander people are advised that this document contains images of deceased persons. Their images are reproduced with the permission of the family.



Foreword

In 2017, we released our *Aboriginal Health Commitment Statement and Aboriginal Health Plan 2017–2021*, which articulated our commitment to closing the gap in Aboriginal health outcomes and outlined the steps we would take as an organisation to achieve this.

Since 2017 we have worked collaboratively with Aboriginal communities and our partner organisations and made significant investment in Aboriginal health programs and in the development of our Aboriginal workforce. We have seen clear improvements in the social determinants of health, the experiences Aboriginal people have of hospital care and the early engagement of parents in programs aimed at giving children the best start in life.

As our services grow and develop, we are increasingly understanding the importance of culture and cultural connection in achieving improved health outcomes for Aboriginal communities. Cultural strengths mapping and cultural competency are now core components of service delivery and we continue to evaluate implementation and evolve our services accordingly.

We know that a sustained effort is required to ensure our services are culturally safe and responsive. To this end we actively engage Aboriginal people in developing our new facilities and services, we gather patient feedback and use this to drive continuous improvement and we continue to build our Aboriginal

health workforce through the creation of targeted and identified positions in core clinical areas.

We are increasingly focusing on maternal health and the early years and continuing to build on the success of programs focusing on early antenatal care, smoking cessation in pregnancy and early childhood care including breastfeeding and immunisation. Over the next five years we will further concentrate on building strong and safe families, offering proactive support and intervention as required.

We will also continue to focus on reducing the impacts of chronic disease, mental ill health, substance use and family violence on local Aboriginal people and communities. We will provide more accessible services, supporting and empowering people to live healthier lives with enhanced social, emotional and physical wellbeing.

To ensure we continue to deliver the highest quality of services, we will continue to implement and embed Transforming Your Experience across the District. We will also embed research and evaluation into practice and continue to contribute to the evidence base in Aboriginal health.

We would like to thank the many Aboriginal people across our staff, our partner organisations and communities who have contributed generously to the development of this plan and look forward to working alongside you to further close the gap.



Mr Sam Haddad
Board Chair, SWSLHD



Ms Amanda Larkin
Chief Executive, SWSLHD



Annette Houston
Board Member, Chair of
the SWSLHD Aboriginal
Health Committee



The design concept featured throughout this plan was created by Karen Beetson in collaboration with AJC Designs.

The three smaller circles acknowledge the three nations whose land the South Western Sydney Local Health District operates on the Darug, Gundungurra and Dharawal. The cockatoo, lyrebird and goanna represent those nations and the Aboriginal peoples who live within those boundaries.

The pathways to and from those smaller circles demonstrate the strong links and connections our services have with our communities and the information that is shared back and forth.

The circles and pathways on the bottom of the page shows how our work is connected and shared with other health districts and communities.

Contents

Foreword	2
Introduction	4
Aim of the SWSLHD Aboriginal Health Plan	4
Key Terminology	5
An Aboriginal Perspective of Health	6
Principles for the delivery of care to Aboriginal people in south west Sydney	7
A Partnership Approach	7
Profile of the Aboriginal Community in south west Sydney	8
Community Profile	9
Health Profile	10
Plan on a Page	11
Outcome Area 1: Leading a culturally responsive organisation	12
Outcome Area 2: Social Equity	14
Outcome Area 3: Child, Youth and Family Health	16
Outcome Area 4: Chronic Disease Prevention and Management	18
Outcome Area 5: Mental Health and Wellbeing	20
Outcome Area 6: Substance Use	22
Outcome Area 7: Strong and Safe Families	24
Outcome Area 8: Hospital-Based Care Pathways	26
Outcome Area 9: Workforce	28
Outcome Area 10: Research	30
Implementation and Monitoring	32
References	32

Introduction

Closing the Gap in health outcomes between Aboriginal people and other Australians is a key priority for all levels of government in Australia as outlined in the National Agreement on Closing the Gap (the National Agreement). The objective of the National Agreement is to enable Aboriginal and Torres Strait Islander people and Commonwealth and State governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

The National Agreement focuses on four priority reform areas and seventeen socioeconomic outcome areas, each of which has specific targets. Commonwealth and State governments have committed to achieving the targets across all areas.

Whilst South Western Sydney Local Health District (SWSLHD) will support the achievement of all targets, health services will focus on three key outcome areas:

- 1. People enjoy long and healthy lives -**
Close the Gap in life expectancy within a generation, by 2031
- 2. Children are born healthy and strong -**
By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%

- 3. People enjoy high levels of social and emotional wellbeing -**
Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero

The SWSLHD Aboriginal Health Plan to 2027 has been developed in collaboration with the local community and staff through an ongoing process to determine key priorities for the future and to describe effective service delivery. This plan builds significantly on previous work in the District, outlined in the SWSLHD Aboriginal Health Plan 2017-2021 and articulated in the Transforming Your Experience (TYE) program.



Aim of the SWSLHD Aboriginal Health Plan

As articulated in the SWSLHD Strategic Plan 2022-2027, SWSLHD is working towards **Closing the gap for Aboriginal people and communities to improve equity of outcomes.**



Key Terminology

Aboriginal	<p>South west Sydney is home to both Aboriginal and Torres Strait Islander peoples and all services designed to target Aboriginal people and their families are equally available to people from the islands of the Torres Strait. In this document the term 'Aboriginal' is used in preference to 'Aboriginal and Torres Strait Islander' or 'Indigenous' in recognition that Aboriginal people are the original inhabitants of NSW.</p>
Aboriginal Health	<p>Aboriginal Health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community. It is a whole of life view and includes the cyclical concept of life-death-life.</p>
Cultural Safety	<p>A culturally safe environment is one that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is also an environment where there is shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.</p>
Cultural Responsiveness	<p>Cultural responsiveness means healthcare services are respectful of and relevant to the health beliefs, practices and cultural needs of the communities they service. This involves continuous learning, self-exploration and reflection. It's being open to new ideas that may conflict with the ideas, beliefs and values of your own culture, and being able to see these differences as equal. This is more than cultural awareness.</p> <p>Organisations have processes and systems in place to achieve cultural change and to embed it in everyday behaviour.</p>

An Aboriginal Perspective of Health



© Gee, Dudgeon, Schultz, Hart and Kelly, 2013

Figure 1: Aboriginal perspective of individual health (adapted from National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023)

Aboriginal people have a holistic view of health that is more than the absence of disease.

The Figure 1 depicts an Aboriginal perspective of individual health, based on seven domains. Whilst individual health is shown at the centre, there is a recognition that individual good health requires a connection to body; mind and emotions; family and kinship; community; culture; country; spirit, spirituality and ancestors.

There is also recognition that health is influenced by historical, political and social determinants. Prior to colonisation, Aboriginal cultures were strong and well developed. Aboriginal communities were self-determining and Aboriginal children were nurtured and protected. Colonisation has had a destructive impact on Aboriginal communities, culture and health.

Historic government policies resulted in displacement of people from their traditional lands, loss of cultural practices and language, fragmentation of families, extensive experience of violence, abuse and neglect, the introduction of diseases and the introduction of

addictive substances such as alcohol and tobacco which have no place in traditional ways of life.

However, as the oldest continuous culture in the world, Aboriginal people have demonstrated their resilience and strength in continuing to thrive despite these factors.

This framework provides the basis on which health care will be provided to Aboriginal people in south west Sydney and underpins the following principles.





Principles for the delivery of care to Aboriginal people in south west Sydney

The following principles underpin how the health and wellbeing of Aboriginal people living in south west Sydney will be improved by 2027:

- Aboriginal people will lead the design and delivery of health services and health care environments to meet the needs of local Aboriginal communities
- Cultural wellbeing and the cultural and social determinants of health will be understood and embedded in service design and delivery
- High quality, culturally safe and culturally responsive care that is compassionate and personalised, will be delivered across all services
- SWSLHD Aboriginal Health services will be holistic, strengths-based, trauma-informed and responsive to community experiences and priorities across the lifespan
- Attention will be focused on prevention of disease and premature death

- Delivery of early intervention initiatives will reduce the impact of health and social issues
- Opportunities for employment and career building will be provided across disciplines and services within SWSLHD
- Partnerships with Aboriginal Community Controlled Organisations will guide and inform decision making and service delivery in line with the principles of self determination
- SWSLHD will be accountable to the community for delivering improved Aboriginal health outcomes

A Partnership Approach

Closing the Gap in Aboriginal Health outcomes requires a partnership approach to service design and delivery, which is led by Aboriginal people, for Aboriginal people. Figure 2 depicts the partnership approach to closing the gap in Aboriginal health outcomes in south west Sydney.

Implementation of the strategies contained within this plan are dependent on collaboration between partners.

Aboriginal people and communities

Research Organisations

Tharawal Aboriginal Medical Services

Gandangara Health Services

KARI Ltd

SWSLHD Aboriginal Health Services

Other SWSLHD Health Services

South Western Sydney Primary Health Network

Other government departments

Non government services

Western Sydney University

Figure 2: Partnerships in Service Design and Delivery

Profile of the Aboriginal Community in south west Sydney

The Darug, Gundungurra and Dharawal nations are closely aligned with the geographic area known as south west Sydney. South west Sydney comprises the Local Government Areas (LGA) of Canterbury-Bankstown (the former Bankstown LGA only), Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee.

Aboriginal people living in south west Sydney may be traditional custodians of this land or be from other parts of Australia with broader connections to country and family. Notably many Aboriginal residents of south west Sydney have moved to the area due to the availability of public housing, affordable housing and support services.

In 2021, south west Sydney was home to 21,727 Aboriginal and/or Torres Strait Islander people, representing 2% of the District's total population. This is an increase of 8,661 people from 2011. Of these people, 426 (2%) described themselves as Torres Strait Islanders and 377 (1.7%) described themselves as both Aboriginal and Torres Strait Islander.

A third of the Aboriginal people in south west Sydney live in the Campbelltown LGA, with a further 18% living in the Liverpool and Camden LGAs. Wollondilly LGA has the highest proportion of Aboriginal residents at 4.4%, compared to 0.7% in Fairfield.

The age profile of the Aboriginal community in south west Sydney reflects the same pattern as for Australia and NSW. The Aboriginal population is characterised by high numbers of young people

and very few people aged over 65, reflecting the gap in life expectancy between Aboriginal people and other Australians. This is shown in Figure 3 below.

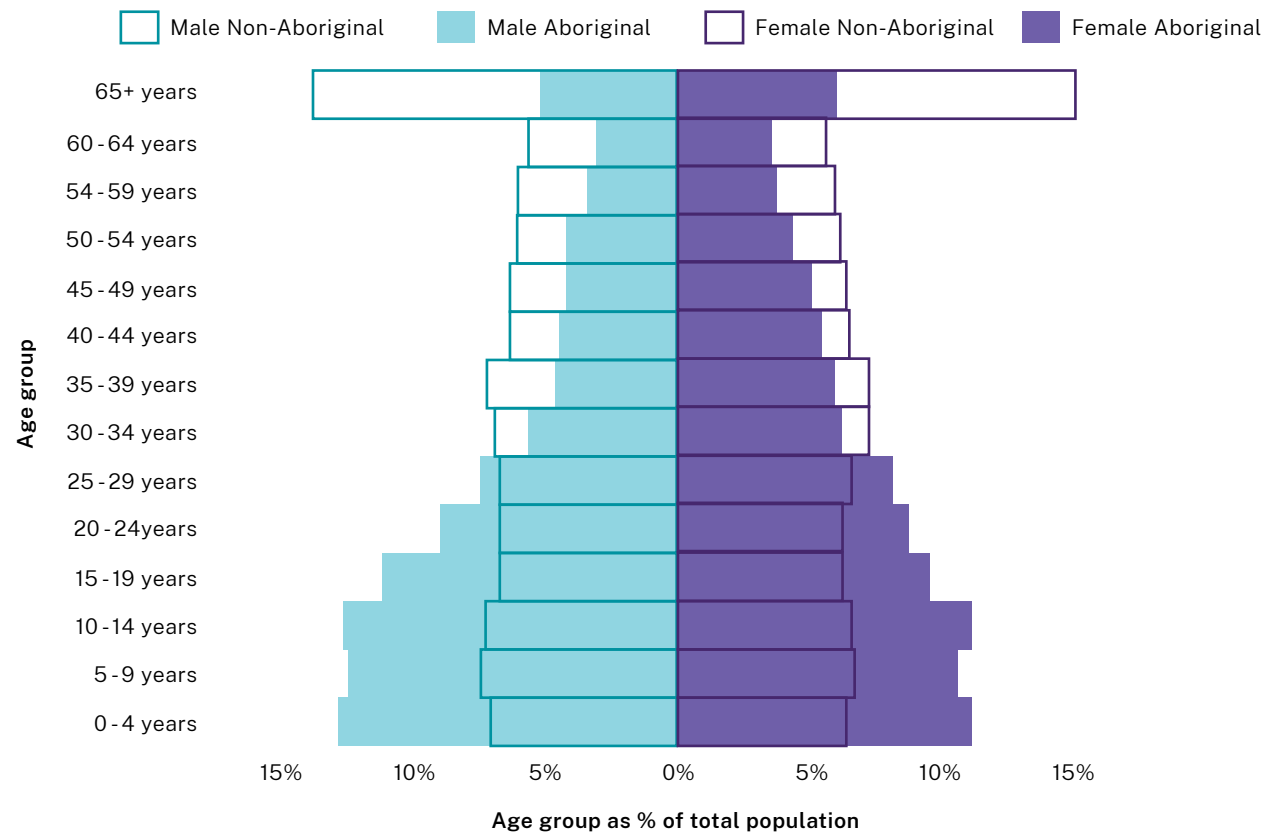


Figure 3: The Age Profile of the SWSLHD Aboriginal and Non-Aboriginal Population 2021
(Source: Australian Bureau of Statistics 2021 Census)

Community Profile

The Aboriginal community of south west Sydney is growing rapidly. Between 2011 and 2021, the community grew by 66% reflecting a high birth rate and potentially, greater longevity because of improved health and social circumstances. Internal migration may also play a part in this population increase, with Aboriginal people choosing to live in south west Sydney in order to be close to family or the high quality services and supports which are available.

Not only is the community growing in size, but also in affluence. Aboriginal residents have access to a broad range of education and employment opportunities. As shown in Figure 4, at the 2021 census, over 35% of Aboriginal residents had completed year 12 schooling (an increase from 26% in 2011) and 6% had an income of more than \$2,000 per week, compared with only 1% in 2011. Over the same period, a greater proportion of the population lives in a home with access to a motor vehicle and the proportion of people living in public housing has reduced.

However, there is still a noticeable gap between Aboriginal and non-Aboriginal people in relation to many of the social determinants of health. These factors are additional barriers which impact on the individual's ability to access health services and to develop health literacy. Reflecting the impact of forced removal on family and community structures, Aboriginal children are also more likely to live in foster care than their non-Aboriginal peers.

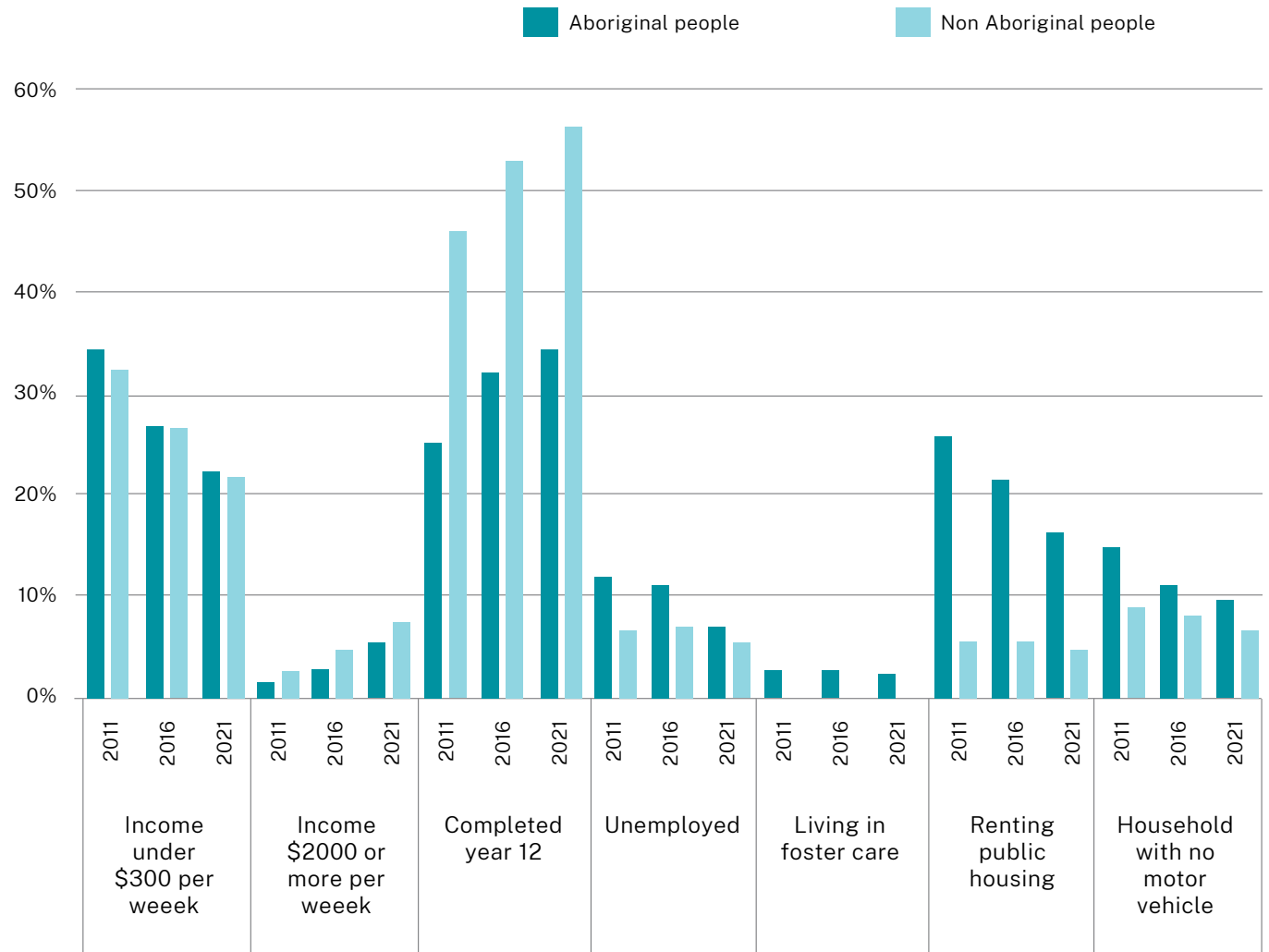


Figure 4: Social Determinants of Health, 2011 – 2021

(Source: ABS Census of Population and Housing, 2011 and 2021)

Health Profile

Whilst improvements in the social determinants of health have been noted between 2011 and 2021, Aboriginal people continue to experience poorer health than other Australians. These differences are largely attributable to the ongoing impacts of historic government policies that have resulted in Aboriginal people not having access to the same opportunities for good health and wellbeing as others in the community.

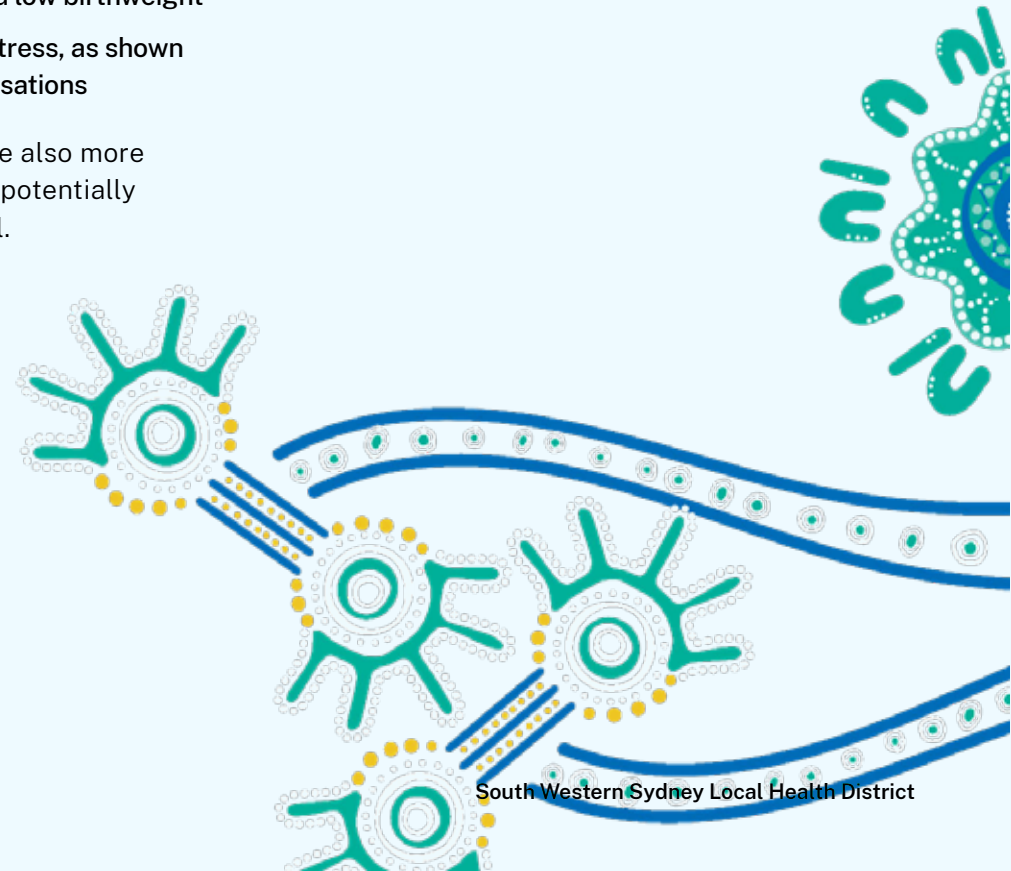
Local data on the health status of Aboriginal people is not always available. However, in south west Sydney and/or NSW, the health profile of Aboriginal people, when compared to other Australians, shows:

- **Higher rates of smoking, smoking during pregnancy and exposure to passive smoking**
- **Lower rates of fruit and vegetable consumption**
- **Lower rates of physical activity**
- **Higher rates of obesity**
- **Higher rates of diabetes**
- **Lower rates of breast screening participation**
- **Lower rates of antenatal care before 14 weeks**
- **Lower rates of breastfeeding**
- **Higher rates of babies born with a low birthweight**
- **Higher rates of psychological distress, as shown by intentional self-harm hospitalisations**

Aboriginal people living in NSW are also more likely than other residents to have potentially preventable admissions to hospital.

Improving the social determinants of health, increasing health protective behaviours and improving chronic disease management in the community will result in less Aboriginal people being hospitalised for conditions such as dental disease, pneumonia and influenza, asthma, chronic obstructive pulmonary disease, congestive cardiac failure, heart attack, diabetes, cellulitis, ear nose and throat conditions or urinary tract infections.

Detailed health profile information can be found in South West Sydney: Our Health, SWSLHD Closing the Gap Report Cards and from HealthStatsNSW.



Plan on a Page

SWSLHD Vision

Leading safe, sustainable care for healthier communities.

Aim

Close the gap for Aboriginal people and communities to improve equity of outcomes.











Values

Collaboration

Openness

Respect

Empowerment

Outcome Area	1. Leading a culturally responsive organisation 	2. Social Equity 	3. Child, Youth and Family Health 	4. Chronic Disease Prevention and Management 	5. Mental Health and Wellbeing 
Aim	To provide strong Aboriginal Health leadership across all SWSLHD facilities and services to foster a culturally responsive organisation for patients and staff	To improve social equity outcomes through partnering with Aboriginal people and other agencies to address the social determinants of health	To improve the opportunities available to Aboriginal children and young people through providing the best start to life and building family and cultural connections	To reduce the prevalence and impact of chronic disease in Aboriginal people, through improved access to preventative health programs, screening and early detection services and the delivery of integrated chronic disease management programs	To support Aboriginal people to develop and maintain mental wellbeing and provide a comprehensive range of culturally responsive mental health services across the lifespan
Outcome Area	6. Substance Use 	7. Strong and Safe Families 	8. Hospital-Based Care Pathways 	9. Workforce 	10. Research 
Aim	To minimise harm from alcohol and other drugs through the delivery of culturally responsive services that focus on the treatment of and recovery from addiction	To improve the opportunities available to Aboriginal children and young people through providing the best start to life and building family and cultural connections	To improve the accessibility and responsiveness of hospital-based care for Aboriginal people	To provide a culturally safe workplace where Aboriginal people can establish and develop both clinical and non-clinical careers	To undertake translational research projects in priority areas to support closing the gap in Aboriginal health outcomes

OUTCOME AREA 1:

Leading a culturally responsive organisation

The SWSLHD Aboriginal Health Unit is responsible for strategic planning, service development and coordination of the Aboriginal Health Service through oversight for all Aboriginal specific programs within the LHD via strategic committees that report to the Aboriginal Health Committee of the Board. The Aboriginal Health Unit is also responsible for building the capacity of mainstream health services to provide culturally responsive trauma-informed and for supporting the Aboriginal health workforce.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Maintained a focus on improving the health outcomes of Aboriginal people through strong leadership from the SWSLHD Board and its Aboriginal Health Committee
- Maintained strong partnerships with Tharawal Aboriginal Medical Service (AMS), Gandangara Local Aboriginal Land Council and KARI Ltd. that have enabled the development of a range of innovative service models that have improved Aboriginal health outcomes
- Implemented a cultural supervision model for the Aboriginal Health Service
- Enhanced the cultural safety of services and workplaces through delivery of the Respecting the Difference education program, with additional targeted modules in high-risk environments
- Engaged the Aboriginal community in hospital facility redevelopment projects
- Redesigned Aboriginal Health Services to ensure the clinical models are embedded within a cultural framework

Our aim

To provide strong Aboriginal Health leadership across all SWSLHD facilities and services to foster a culturally responsive organisation for patients and staff



What will we do next

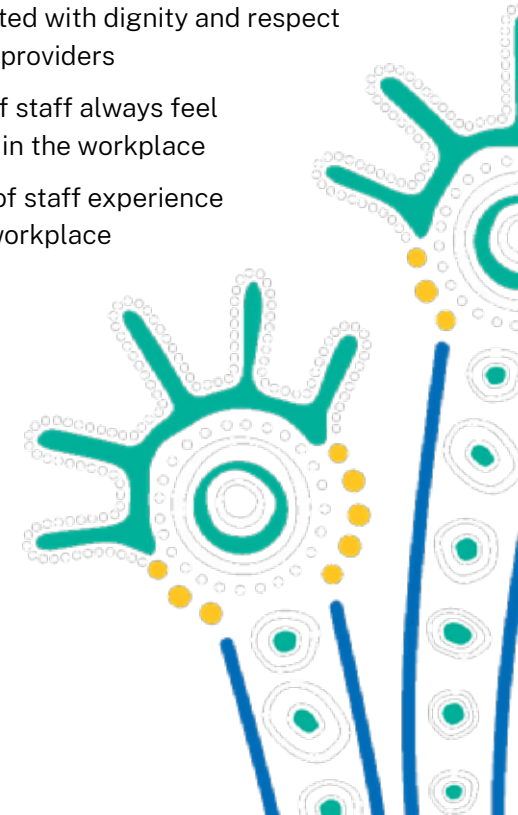
By 2027, SWSLHD will:

- 1.1. Implement the Cultural Capability Framework and Orientation Model for the Aboriginal Health Service and evaluate for expansion across facilities and services
- 1.2. Implement the revised Respecting the Difference Framework and deliver a program of supplementary education
- 1.3. Advance the Anti-racism Strategy as a collaborative between Aboriginal Health, Multicultural Health and Transforming Your Experience (TYE)
- 1.4. Create dedicated spaces for Aboriginal people in hospitals and community-based health facilities, co-designed with the Aboriginal community to provide a welcoming and healing environment
- 1.5. Produce an annual Closing the Gap Report Card collaboratively with key partner organisations and promote widely
- 1.6. Develop Co-management Guidelines for Aboriginal Health programs operating in mainstream health services
- 1.7. Continue to develop the Partnership Agreements with Tharawal AMS, Gandangara Health Services and KARI Ltd. with a focus on addressing service gaps, elevating shared clinical models and developing collaborative research projects
- 1.8. Progress the rollout of the Cultural Strengths Mapping Tool and ensure it is embedded in all Aboriginal Health Services
- 1.9. Culturally adapt and embed the TYE tools into business practices and use My Experience Matters to monitor and report on the Aboriginal Patient Experience (TYE)



How will we know we've been successful?

- At least 90% of staff have completed face to face Respecting the Difference training
- At least 83% of Aboriginal patients report they were treated with dignity and respect by health care providers
- At least 75% of staff always feel culturally safe in the workplace
- Less than 3% of staff experience racism in the workplace



OUTCOME AREA 2: Social Equity

Although significant improvements have been seen in the social determinants of health for Aboriginal people, many people in the Aboriginal community still experience a disproportional level of disadvantage. Closing the Gap will require a continued, consolidated effort with Aboriginal people leading community and government responses to the myriad of complex issues which underlie health and health behaviours.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Developed a loan equipment program enabling people to avoid a hospital admission or allow for safe discharge to the community
- Fostered an effective transport network for access to health care for clients with chronic disease through the Aboriginal Chronic Care Program (ACCP)
- Enabled more than 100 people to access appropriate housing through the Aboriginal Health Housing Pathway
- Embedded the Work and Development Order program in the ACCP

Our aim

To improve social equity outcomes through partnering with Aboriginal people and other agencies to address the social determinants of health.



What will we do next

By 2027, SWSLHD will:

- 2.1 Embed the Work and Development Order program into relevant Aboriginal Health Services and programs
- 2.2 Develop and implement referral pathways between Justice Health and the Aboriginal Health Service to support people transitioning from the justice system
- 2.3 Work with the Department of Communities and Justice to maintain and extend the Aboriginal Health Housing Pathway to improve access to appropriate and affordable housing for Aboriginal people
- 2.4 Collaborate with other agencies and community partners to develop food security programs that will provide access to quality, nutritious foods for Aboriginal people
- 2.5 Collaborate with partner organisations to improve access to culturally responsive residential aged care and respite services



- 2.6 Improve pathways for Aboriginal patients and clients to have timely access to services through the National Disability Insurance Scheme

How will we know we've been successful?

- 100% of referrals to the Aboriginal Health Housing Pathway are successfully resolved within 12 months



OUTCOME AREA 3:

Child, Youth and Family Health

Children and young people are at the centre of initiatives to Close the Gap, with the intention that any Aboriginal child born today will experience the same opportunities for good health and longevity as other Australian children. Supporting women to have a healthy pregnancy and supporting families to develop connections to culture are important components of child and family health. Equally, it is important to empower young people to make positive health choices and develop health literacy.

Recent Achievements

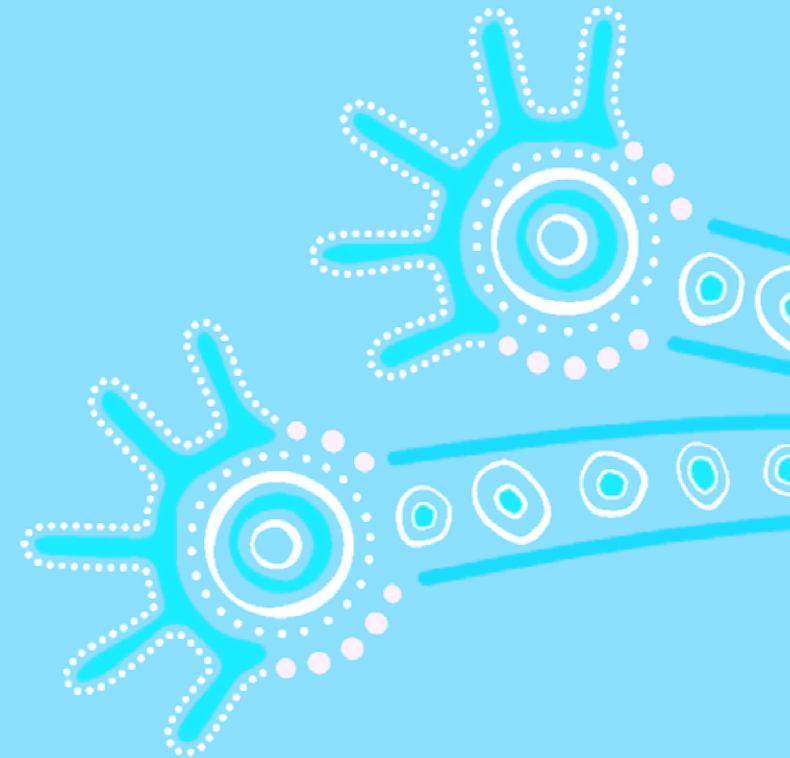
Between 2017 and 2022, SWSLHD has:

- Extended the Aboriginal specific antenatal services through the establishment of the Binya Wiyangara Clinic at Liverpool Hospital and the Tharawal AMS Midwifery Group Practice model
- Restructured the Aboriginal Child and Family Service to establish a District wide model that provides support to Aboriginal families with children aged 0-5
- Established the Aboriginal Community Paediatrics pathway
- Established the Close the Gap Social Work team providing support to vulnerable families with children aged 0-5

- Established Aboriginal paediatric allied health models in community settings that have enabled access to culturally responsive care
- Delivered the Aboriginal Health in Schools Program to high school students across south west Sydney via the Aboriginal Youth Health team

Our aim

To improve the opportunities available to Aboriginal children and young people through providing the best start to life and building family and cultural connections



What will we do next

By 2027, SWSLHD will:

- 3.1 Develop and implement District wide Aboriginal Antenatal and Perinatal Models of Care to improve the responsiveness of services to the needs of Aboriginal women who are pregnant and giving birth in SWSLHD facilities
- 3.2 Operationalise the enhanced model of care for the SWSLHD Aboriginal Child and Family Service and continue to grow the service in line with community need
- 3.3 Culturally adapt the 3A parenting intervention program and deliver it in a range of settings to support children and their families to meet key developmental milestones
- 3.4 Increase access to allied health services to address the needs of school aged children with a developmental delay
- 3.5 Develop the Aboriginal Youth Health Service through:
 - Establishing an Aboriginal identified position to support the cultural responsiveness of the Wellbeing Health In-reach Nurse Program

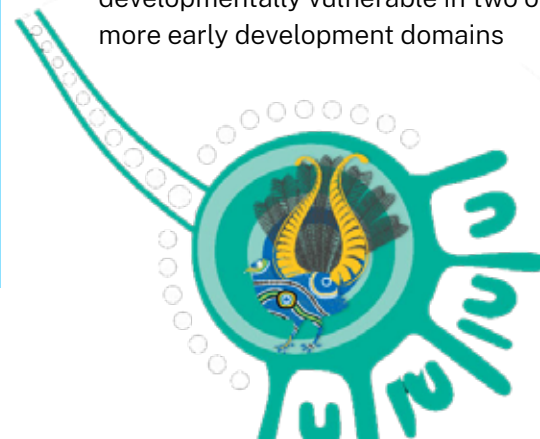


- Extending the delivery of education and support programs targeting health literacy, strengthening connections to culture, participation in protective health and wellbeing behaviours

- 3.6 Establish health education and support programs for young LGBTIQ+ people in partnership with Gandangara Health Services and Tharawal AMS

How will we know we've been successful?

- At least 80% of women pregnant with an Aboriginal baby receive antenatal care before 14 weeks
- At least 80% of Aboriginal women report they did not smoke during pregnancy
- Less than 6% of babies born with low birth weight
- Increase immunisation rates for Aboriginal children at 1 year to over 96% and maintain immunisation rates for Aboriginal children at 5 years at over 96%
- Reduce % of Aboriginal children developmentally vulnerable in one or more early development domains
- Reduce % of Aboriginal children developmentally vulnerable in two or more early development domains



OUTCOME AREA 4:

Chronic Disease Prevention and Management

Chronic diseases include diabetes, renal disease, heart disease, respiratory disease, musculoskeletal conditions and cancer. In many cases, these diseases are preventable through people living active, healthy lifestyles. Many Aboriginal people are living with more than one chronic disease, impacting on quality of life and longevity.

The ACCP provides access to preventative care, education and support to assist people living with a chronic disease to maintain or improve their health and to minimise the impact of those diseases on their long-term health and wellbeing, as well as reducing the risk of hospitalisation and death. These services are delivered in partnership with mainstream services and community-based partners.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Grown the ACCP to provide support to 855 active clients living with chronic disease, including people living with cancer
- Established a new Aboriginal Community Health Centre, Wellama, at Bankstown to provide a more accessible service to Aboriginal people in the northern part of the District
- Established a metabolic pathway specifically for Aboriginal people that includes a dedicated clinic at Tharawal AMS

- Delivered a range of additional outreach clinics across priority medical specialties, nursing and allied health to improve the accessibility and cultural safety of services and developed pathways into higher level care services when required

Our aim

To reduce the prevalence and impact of chronic disease in Aboriginal people, through improved access to preventative health programs, screening and early detection services and the delivery of integrated chronic disease management programs

What will we do next

By 2027, SWSLHD will:

- 4.1 Increase the capacity of clinical and Aboriginal Health staff to undertake brief smoking cessation interventions and improve referrals to the Aboriginal Quit Line
- 4.2 Collaborate with community partners to provide a range of group programs addressing healthy lifestyle issues such as nutrition, shopping, budgeting,

exercise and smoking cessation and to facilitate a peer approach to chronic disease self-management and embed these as part of the ACCP model

- 4.3 Deliver targeted programs to increase the acceptability and accessibility of breast, bowel and cervical cancer screening services in collaboration with partner organisations
- 4.4 Pilot a dedicated Aboriginal Sexual Health clinic and develop and implement screening models for blood borne viruses and sexually transmitted infections to enable earlier diagnosis and treatment
- 4.5 Implement the Deadly Liver Mob program to identify people with undiagnosed hepatitis and support access to treatment
- 4.6 Expand the Aboriginal Health Worker workforce to support Aboriginal people to participate in cancer prevention and screening, to access coordinated cancer treatment and palliative care and to support patients and families to consider end of life care planning, including organ donation
- 4.7 Develop and implement a SWSLHD Aboriginal Diabetes Prevention Strategy
- 4.8 Evaluate the ACCP, with a particular focus on the impact of service on reducing preventable hospitalisations

4.9 Based on results of evaluation, further develop the ACCP to provide support to a greater number of clients across the LHD through:

- Embedding a Care Plan model for all clients based on a cultural strengths, and risk stratification approach
- Increasing the number of Aboriginal Health Workers and Aboriginal Health Clinicians delivering the program
- Increasing the availability of outreach clinics
- Supporting Aboriginal people to engage with a trusted GP

4.10 Streamline pathways to access renal transplantation

4.11 Enhance the accessibility of public Oral Health Services through:

- Creating an Aboriginal identified role to lead and coordinate service provision to Aboriginal people
- Establishing a Centre for Excellence in Aboriginal Oral Health at Campbelltown Hospital, providing opportunities for research, teaching and service delivery

How will we know we've been successful?

- At least 60% of ACCP clients transitioning to Level 3 or 4 within 6 months of program commencement
- At least 50% of Aboriginal women have a routine screening mammogram through Breast Screen NSW
- No more than 5% of Aboriginal people with unplanned readmissions to hospital within 28 days
- At least 8% of SWSLHD Dental Clinic visits allocated to Aboriginal patients
- At least 5% reduction in chronic kidney disease hospitalisations for Aboriginal people
- At least 5% reduction in diabetes hospitalisations for Aboriginal people



OUTCOME AREA 5:

Mental Health and Wellbeing

Despite the intergenerational trauma experienced by Aboriginal people since colonisation, the Aboriginal community continues to demonstrate resilience. Mental wellbeing, evidenced by strong connection to culture, is paramount to this success.

Health Promotion services are required to support individuals and communities to focus on the things that keep them mentally strong and well, whilst culturally responsive Mental Health Services provide treatment to people with acute and long-term mental health needs. Collaborative approaches that recognise the whole person have proven to be effective.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

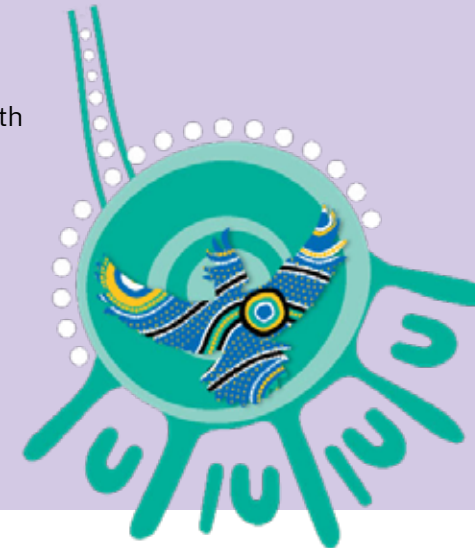
- Grown the Aboriginal Mental Health workforce to 21 full time equivalent positions working within a renewed governance structure with clear roles and responsibilities
- Implemented new models of care, enabling provision of a more comprehensive service in Infant, Child and Adolescent Mental Health Service, Perinatal and Infant Mental Health Service and inpatient settings
- Expanded the availability of psychiatry, psychology and dual diagnosis (Mental Health and Drug Health) outreach services through

partnerships with Tharawal AMS and Gandangara Health Services

- Implemented a cultural adaptation of the Getting on Track In Time (GOT IT) program with Aboriginal children and their families to promote positive social and emotional well-being and prevent mental health issues later in life.
- Improved the rate of community follow up for patients discharged from a mental health inpatient unit within 7 days
- Developed a suite of culturally adapted resources to promote mental health and wellbeing in the Aboriginal community

Our aim

To support Aboriginal people to develop and maintain mental wellbeing and provide a comprehensive range of culturally responsive mental health services across the lifespan



What will we do next

By 2027, SWSLHD will:

- 5.1 Develop and implement a range of mental wellbeing programs across the lifespan, with a focus on fostering a connection to culture as a core element of wellbeing
- 5.2 Strengthen the service provided to Aboriginal people presenting to Emergency Departments with mental health issues and establish an Aboriginal Mental Health Transfer of Care team to support patients in Mental Health inpatient units and their transition back to community
- 5.3 Implement the Aboriginal Infant Child and Adolescent Mental Health Service Model of Care
- 5.4 Identify opportunities to incorporate cultural healing interventions and group programs into Mental Health therapeutic programs for Aboriginal consumers
- 5.5 Embed the Aboriginal GOT IT program as a core component of Mental Health service delivery across the District and develop appropriate long term follow-up and step down care pathways
- 5.6 Expand the Aboriginal Mental Health workforce to provide enhanced access to culturally responsive care, particularly in Older People's Mental Health and Out of Home Care
- 5.7 Deliver additional outreach psychiatry clinics at Tharawal AMS and Gandangara Health Services



How will we know we've been successful?

- Less than 15% of Aboriginal people have an unplanned acute mental health readmission within 28 days
- At least 85% of Aboriginal mental health consumers are followed up within 7 days of acute discharge



OUTCOME AREA 6:

Substance Use

Drug and alcohol misuse disproportionately impacts Aboriginal people, families and communities. The impacts of drug and alcohol misuse are seen in relation to poor individual health outcomes and in areas such as family and community safety.

Targeted Aboriginal Drug Health Services are available to respond to the unique needs of Aboriginal people focusing on prevention of drug and alcohol misuse, minimisation of harm and drug and alcohol treatment.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Established a secondary Needle and Syringe Program at Budyari Aboriginal Community Health Centre at Miller
- Established an Aboriginal Drug Health Coordinator position with responsibility for leading the range of Aboriginal Drug Health programs and initiatives to build the responsiveness of mainstream services
- Expanded the Aboriginal Drug Health workforce to support the delivery of culturally responsive programs, including the Opioid Treatment Program and withdrawal management

- Delivered a range of coordinated clinics and programs between Mental Health and Drug Health in recognition of the dual diagnosis for many clients
- Expanded the delivery of outreach programs at Tharawal AMS and Gandangara Health Services

Our aim

To minimise harm from alcohol and other drugs through the delivery of culturally responsive services that focus on the treatment of and recovery from addiction.

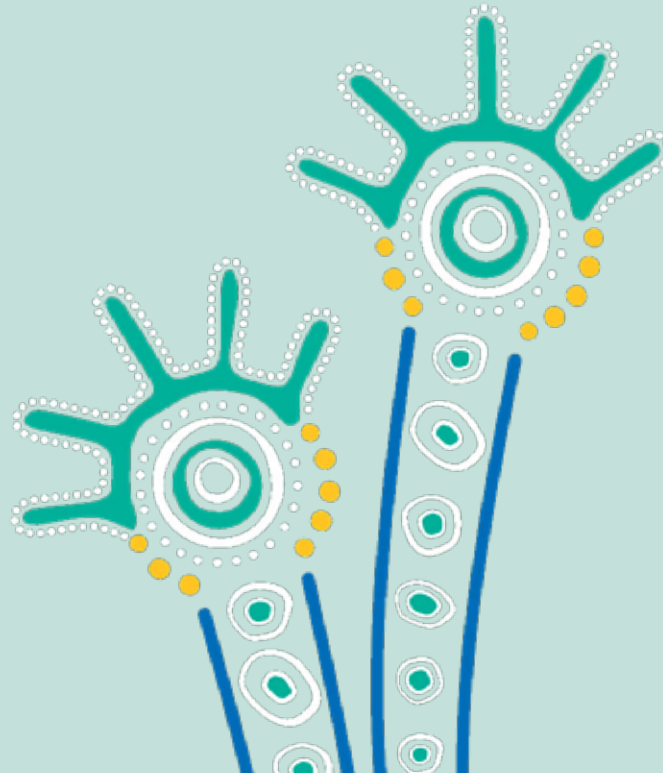


What will we do next

By 2027, SWSLHD will:

- 6.1 Integrate drug health and harm minimisation education with the Aboriginal Health in Schools program and outreach services provided across the District
- 6.2 Establish a mobile SWSLHD Aboriginal Drug Health team providing assessment, case management and referral services, with outreach Aboriginal Drug Health Clinics at Wellama (Bankstown) and Bowral
- 6.3 Incorporate screening for blood borne viruses into care delivery across Aboriginal Health settings and services
- 6.4 Develop innovative approaches to caring for clients with a dual diagnosis spanning mental health and drug health, linked to the Drug and Alcohol/Mental Health Comorbidity Team

- 6.5 Provide follow-up care to Aboriginal patients discharged after inpatient detoxification or contact with the Drug Health Consultation and Liaison service
- 6.6 Provide pathways that support Aboriginal people to access residential drug rehabilitation services



How will we know we've been successful?

- Increase in the number of Drug Health occasions of service provided to Aboriginal people

OUTCOME AREA 7:

Strong and Safe Families

Historical government policies have resulted in damage to the structure of many Aboriginal families and communities. As a result, family violence, including child abuse and neglect disproportionately impacts Aboriginal people.

Staying Safe in Community (I-PARVAN) services work collaboratively to foster strong families and communities.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Established an Aboriginal Health Worker within the Sexual Assault Counselling Service and an Aboriginal Clinician role within the New Street Service
- Established a system to facilitate cultural consultations for I-PARVAN clinicians working with Aboriginal families
- Collaborated with the Bindiliri Bala Team within the Department of Communities and Justice to support coordinated care for shared clients

- Created a system to ensure Aboriginal families participating in Perinatal Family Conferencing have access to an Aboriginal Health Worker
- Revised the Assumption of Care Policy to ensure appropriate considerations and supports for Aboriginal families

Our aim

To strengthen the delivery of a culturally responsive model of care across sexual assault, domestic violence and child protection with a focus on keeping Aboriginal families together and safe.



What will we do next

By 2027, SWSLHD will:

- 7.1 Establish a dedicated Aboriginal Staying Safe in Community Team to enhance the delivery of culturally responsive care for adults and children, with a focus on developing specialist skills within the Sexual Assault Service, Child Protection Counselling Service and Perinatal Family Conferencing Service
- 7.2 Establish a dedicated Aboriginal Domestic Violence role to work in partnership with clients and other agencies
- 7.3 Continue to build the cultural responsiveness of Staying Safe in Community services, the cultural competence of clinicians and the cultural base of therapeutic approaches
- 7.4 Undertake cultural adaptations of the Men's Behaviour Change and Love Bites Programs and deliver these programs regularly



How will we know we've been successful?

- An increase in the number of Staying Safe in Community occasions of service provided to Aboriginal people



OUTCOME AREA 8:

Hospital-Based Care Pathways

Whilst much of the care delivered to Aboriginal people in south west Sydney is delivered through community-based services, hospital care is still essential for many people throughout their lifespan. Aboriginal people have identified a lack of cultural safety in hospitals as a barrier to accessing health services.

Providing improved pathways to and from hospital care will result in better access to essential care and a better patient experience for Aboriginal people.

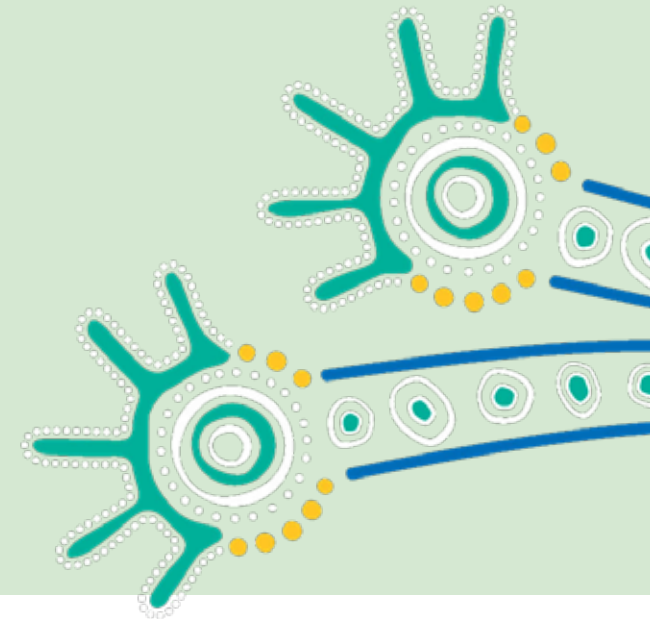
Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Increased the Aboriginal Liaison Officer workforce through the creation of identified male and female positions at Liverpool and Campbelltown Hospitals
- Established the Aboriginal Transfer of Care models for Liverpool and Campbelltown Hospitals to support Aboriginal patients to safely return to the community
- Developed a range of new specialist and allied health outpatient clinics for Aboriginal patients in partnership with Tharawal AMS and Gandangara Health Services
- Established an ophthalmology consultation and surgery pathway for Aboriginal patients
- Improved cultural responsiveness in hospitals through developing connections and escalation pathways within the facility-based Aboriginal Health Committees
- Redesigned the My Experience Matters survey to capture detailed information about the experiences of Aboriginal people in hospitals and used this data to inform practice

Our aim

To improve the accessibility and responsiveness of hospital-based care for Aboriginal people



What will we do next

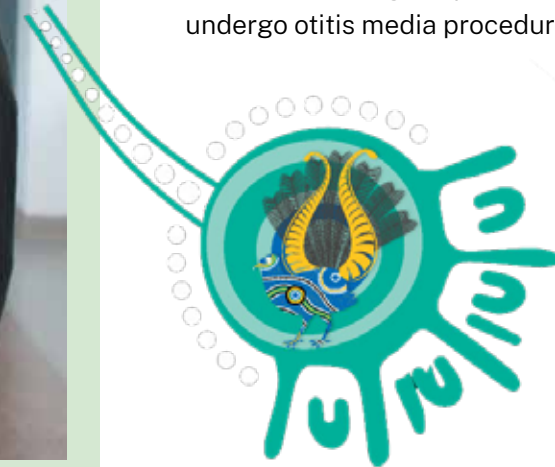
By 2027, SWSLHD will:

- 8.1 Expand the Aboriginal Liaison Officer workforce to provide full time coverage at all sites and after-hours coverage at both Campbelltown and Liverpool Hospitals, supporting an after-hours virtual model at other hospitals within the District
- 8.2 Pilot alternate approaches to engagement, triage and discharge for Aboriginal patients in Emergency Department settings
- 8.3 Identify opportunities to extend the range of specialist and allied health outpatient models working in Aboriginal Community Health Centres and with partner organisations, with a particular focus on geriatrics, speech pathology and physiotherapy
- 8.4 Develop and implement a pathway to improve access to Ear, Nose and Throat surgery for Aboriginal children across the District
- 8.5 Extend the Aboriginal Transfer of Care models at Liverpool and Campbelltown Hospitals across the District



How will we know we've been successful?

- At least 90% of Aboriginal patients report that they received very good or good care in hospital
- Less than 10% of Aboriginal patients leave the ED without completing their care
- Less than 1% of Aboriginal patients discharge themselves from hospital against medical advice
- Less than 4% of Aboriginal patients re-present to an ED within 48 hours
- At least 16 Aboriginal paediatric patients undergo otitis media procedures per year



OUTCOME AREA 9:

Workforce

Having a strong Aboriginal workforce in SWSLHD enables us to provide more culturally responsive care to our community, to provide local employment and to enable staff to develop fulfilling careers in clinical and non-clinical fields.

The SWSLHD Aboriginal Workforce Plan 2022 – 2026 articulates the need to deliver focused attention on recruitment, retention, career progression and professional development, community engagement and cultural responsiveness.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Expanded the Aboriginal Allied Health Cadet and Nursing Cadet Programs
- Developed pathways for Aboriginal Health Workers to transition into Aboriginal Health clinicians
- Delivered the Aboriginal Trainee Program leading to a pipeline of employment

Our aim

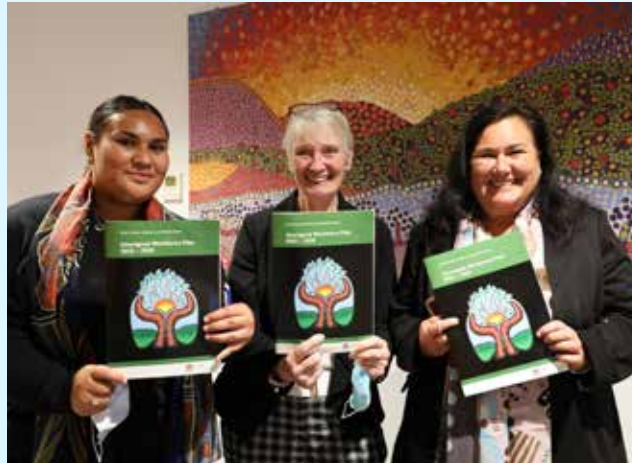
To provide a culturally safe workplace where Aboriginal people can establish and develop both clinical and non-clinical careers



What will we do next

By 2027, SWSLHD will implement the SWSLHD Aboriginal Workforce Plan with particular attention to:

- 9.1 Growing the Aboriginal clinical workforce both in Aboriginal specific and mainstream services
- 9.2 Establishing a succession planning model for the Aboriginal Health Service that supports career progression
- 9.3 Revitalising the SWSLHD Aboriginal staff network clusters to ensure Aboriginal staff feel supported and culturally connected within the workplace
- 9.4 Establishing an Aboriginal Identified role within the Staff Wellbeing and Support Unit to work with Aboriginal staff
- 9.5 Creating a system that recognises the cultural and community skills of Aboriginal people in recruitment, retention and remuneration



How will we know we've been successful?

- At least 3% of SWSLHD staff identify as Aboriginal
- Increase % of Aboriginal staff across all salary levels and occupations

OUTCOME AREA 10:

Research

Researcher interest in Aboriginal health outcomes continues to develop, as does the focus on Aboriginal people leading and participating in research on community identified priorities. This research is undertaken consistent with the direction of the Aboriginal Health and Medical Research Council's principles on undertaking research with Aboriginal people and communities . Translating research into practice is fundamental to ensuring that Aboriginal people have access to services and supports that best meet their needs. Delivering evidence-based care allows limited health and other resources to be used to their greatest effect.

Recent Achievements

Between 2017 and 2022, SWSLHD has:

- Collaborated with Western Sydney University and Tharawal AMS to establish an Aboriginal Health Academic Partnership to lead the delivery of high quality, translational research
- Participated in multiple interagency research projects including the Aboriginal Transfer of Care Translational Research Grant, Aboriginal GOT IT evaluation and Breastfeeding “Reclaiming our Tradition” research project
- Built the capacity of staff and consumers to lead and participate in research, including peer led research
- Assisted in the development of a Respectful Aboriginal Research educational resource in collaboration with Maridulu Budyari Gumal (Sydney Partnership for Health, Education, Research and Enterprise) to improve the conduct of research with Aboriginal people and communities

Our aim

To undertake translational research projects in priority areas to support closing the gap in Aboriginal health outcomes



What will we do next

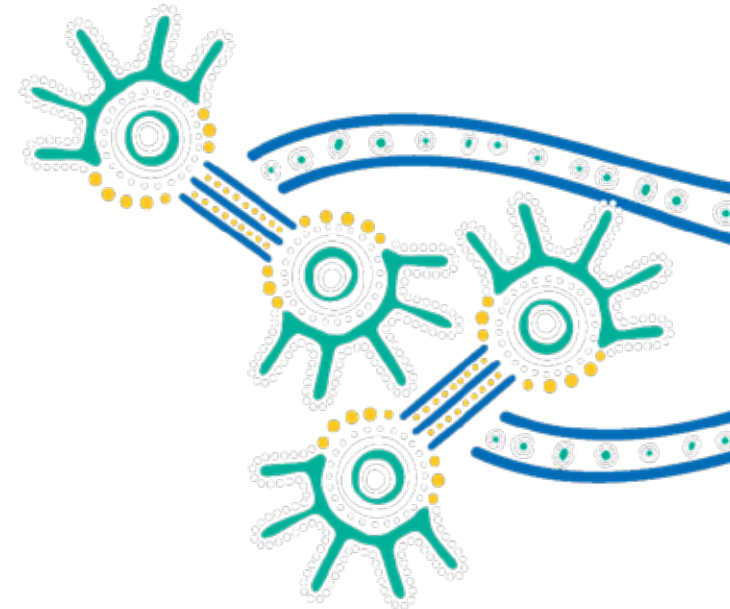
By 2027, SWSLHD will:

- 10.1 Promote the success of Aboriginal designed and led research projects, with a focus on promoting the translational outcomes of research
- 10.2 Develop dedicated research support capacity within the Aboriginal Health Unit in collaboration with Western Sydney University
- 10.3 Publish and promote Aboriginal Health Research outcomes
- 10.4 Promote access to clinical trials for Aboriginal people through a collaboration between the Aboriginal Health Unit and Research Directorate



How will we know we've been successful?

- Increase in grant funding allocated to Aboriginal led research projects
- Increase in collaborative projects progressed with partner organisations



Implementation and Monitoring



The SWSLHD Aboriginal Health Plan will be implemented progressively to 2027.

The Aboriginal Health Unit will have overall accountability for the implementation of the Plan. However, responsibility for implementing individual strategies will be shared across facilities and services and as documented, partner organisations.

The Aboriginal Health Unit will provide regular progress reports to the SWSLHD Aboriginal Health Board Committee to allow continuous monitoring of Plan implementation. In addition, an annual Closing the Gap Report Card will be produced and published, documenting progress against all the outcome measures described within this plan.

At the recommendation of the Aboriginal Health Board Committee, adjustments to the strategies contained within this plan may be made, to respond to changes in the operating environment and emerging opportunities.

References

- ⁱ National Aboriginal Community Controlled Health Organisation <http://www.naccho.org.au/about/aboriginal-health/definitions/> accessed 11 October 2016
- ⁱⁱ Royal Australian College of General Practitioners (2011) Cultural Awareness Education and Cultural Safety Training. Royal Australian College of General Practitioners, Canberra.
- ⁱⁱⁱ Aboriginal culture and history - Victorian Public Sector Commission
- ^{iv} South Western Sydney Local Health District. 2016. Closing the Gap Report Card 2016, Liverpool NSW
- ^v Australian Bureau of Statistics, ABS Census of People, Population and Housing 2021
- ^{vi} Australian Bureau of Statistics, ABS Census of People, Population and Housing 2011
- ^{vii} Aboriginal Health & Medical Research Council of NSW (ahmrc.org.au), Ethics Resources

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ISBN: 978 1 74079 248 6

