Note: The term ‘Aboriginal’ is used throughout this document in preference to ‘Aboriginal and Torres Strait Islander’ in recognition that Aboriginal peoples are the original inhabitants of NSW and the primary focus of the AH&MRC is on Aboriginal health services.
# The AH&MRC

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# A better health future for Aboriginal people in NSW

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The AH&MRC

Who we are

The Aboriginal Health & Medical Research Council of New South Wales (AH&MRC) is the peak representative body and voice of Aboriginal communities on health in NSW. We represent our Members, the Aboriginal Community Controlled Health Services (ACCHS) that deliver culturally appropriate comprehensive primary health care to their communities.¹

Aboriginal Community Control has its origins in Aboriginal people’s right to self-determination.² This is the right to be involved in health service delivery and decision-making according to protocols or procedures determined by Aboriginal communities based on the Aboriginal definition of health:

Aboriginal health means not just the physical well-being of an individual but the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.³

The AH&MRC is governed by a Board of Directors who are Aboriginal people elected by our Members on a regional basis. We represent and support our Members and their communities on Aboriginal health at state and national levels.

¹ The names and locations of our members are found in the ‘Our Members’ section of our website: http://www.ahmrc.org.au.
**Our vision**

Aboriginal Community Controlled Health Services are accessible, sustainable, adequately resourced, have a skilled workforce and meet the health needs and aspirations of Aboriginal peoples.

Aboriginal peoples experience self-determination in all areas of their lives.

Aboriginal peoples achieve physical, cultural, social and emotional wellbeing and contribute to the overall health, wellbeing and strength of their communities.

**Our purpose**

The purpose of the AH&MRC is to:
- lead the Aboriginal health agenda for better policies, programs, services and practices;
- ensure Aboriginal knowledge informs decision-making processes;
- support, strengthen and sustain Aboriginal Community Controlled Health Services.

**Our values**

The AH&MRC values and commits to:
- Aboriginal culture and sovereignty;
- Aboriginal Community Control;
- Aboriginal wholistic health;
- Cultural respect, integrity and inclusion;
- Human rights and social justice;
- Quality and accountability;
- Genuine and meaningful partnership.
A better health future for Aboriginal peoples in NSW

Our goals

1. To improve the health of Aboriginal peoples across NSW.
2. To improve Aboriginal peoples’ access to culturally appropriate and high quality comprehensive primary health care services.
3. To increase acceptance and respect for Aboriginal Community Control as a best practice model for achieving Aboriginal health improvement.
4. To achieve universal recognition of the AH&MRC as the lead representative organisation on Aboriginal health in NSW.
5. To strengthen the capacity of ACCHS in NSW to deliver high quality, comprehensive, wholistic primary health care services.

The following outcome indicators will tell us how far we progress towards achieving our goals:

- There are improvements in health outcomes for Aboriginal peoples that reduce the current gap between Aboriginal and non-Aboriginal people’s health outcomes in NSW;
- There is an increase in the number, scope and capacity of Aboriginal Community Controlled Health Services;
- The Aboriginal Community Controlled approach to service delivery is acknowledged and supported as a best practice model for improving health services and outcomes for Aboriginal peoples;
- External stakeholders, including State and Australian Governments, consistently seek the AH&MRC expertise in planning and decision-making on Aboriginal health in NSW and act on the direction they are given.
Focus areas and objectives

We aim to achieve these goals by focusing on four priority areas:

- Self-determination;
- Relationships;
- Workforce development;
- Health services and programs.

Each focus area has one or two objectives that will guide our work for the next three-year period, at which point the Strategic Plan will be reviewed. The objectives and reasons why each area is important are outlined in the following sections, along with the main strategies that we will implement under each area. While placed under one area, some strategies are relevant to more than one objective or area.

‘Signposts of success’ are also included, as they indicate whether progress is made and what it looks like. They are divided into ‘process’ and ‘impact’ indicators:

- **Signposts of positive impact** are used to judge progress towards or achievement of objectives and focus on the difference or change that has taken place. In the plan they are placed directly under each objective;

- **Signposts of good process** are used to judge how well strategies have worked. They focus on issues of satisfaction, quality, reaching the right audience or engaging enough people from the right audience. In the plan they are identified with the initials GP followed by a number to link them to the strategies column of the plan, e.g. GP 1.1 is the first good process signpost for Area 1.

The signposts of good process are not written so there is one for every strategy. Collectively, the signposts outlined for each area will demonstrate if the strategies used to achieve the objective are effective and appropriate.
Area 1: Self-determination

Objective 1: To increase the effectiveness of the AH&MRC’s active involvement in decision-making regarding Aboriginal health in NSW.

Signposts of positive impact

- Aboriginal health funding, planning, implementation and evaluation decisions in NSW:
  - are based on the knowledge and expertise of the ACCH Sector;
  - reflect locally-based health needs and priorities;
  - result in increased resource allocations over longer timeframes that match the level of need.

Why is this important? Aboriginal people’s involvement in all aspects of health care planning, implementation and evaluation is a human right and fundamental to the philosophy of Aboriginal Community Control and the achievement of good health outcomes. This is consistent with the United Nations Declaration on the Rights of Indigenous people, to which Australia became a signatory in 2009. As the peak body and voice of Aboriginal communities on health in NSW, the AH&MRC must have an integral and valued decision-making role in State and Australian Government health funding, planning, implementation and evaluation. Many current funding decisions are made without early and direct involvement of the AH&MRC, leaving limited opportunities to shape decisions so they reflect the priorities of Aboriginal communities across NSW, both statewide and local priorities and concerns. If the stated shared commitments of State Government, Australian Government and the AH&MRC are to be met, then decisions must be informed by those with the most expertise on what is effective in Aboriginal health services – the Aboriginal Community Controlled Health (ACCH) Sector.

Strategies

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<tr>
<th>Strategies</th>
<th>Signposts of good process</th>
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<tbody>
<tr>
<td>1.1 Promote a human rights approach to health.</td>
<td>GP 1.1 A human rights approach and the principles of Aboriginal Community Control are consistently evident in all AH&amp;MRC documents and submissions and responses to external stakeholders.</td>
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<td>1.2 Advocate for early and active involvement, including local level involvement, in all decision-making processes that impact on Aboriginal people’s health.</td>
<td>GP 1.2 Colleagues in the ACCH Sector report that the AH&amp;MRC consistently demonstrates the principles of Aboriginal Community Control in its decision-making processes.</td>
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<tr>
<td>1.3 Ensure the principles of Aboriginal Community Control are apparent in our decision-making processes within and beyond the ACCH Sector.</td>
<td>GP 1.3 The AH&amp;MRC Members are highly satisfied with:</td>
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<td>1.4 Develop, refine and promote AH&amp;MRC policy positions that respond to the aspirations and needs of ACCHS and current heath environment and policy agendas.</td>
<td>- the policy positions that the AH&amp;MRC develops and promotes on their behalf;</td>
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<td>1.5 Foster and support strong leadership, governance and management within the AH&amp;MRC and Member ACCHS.</td>
<td>- how the AH&amp;MRC supports them to develop strong leadership governance and management.</td>
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<td>1.6 Identify and implement viable options for increasing the financial independence of the AH&amp;MRC.</td>
<td>GP 1.4 The scope and number of documents developed and distributed by the AH&amp;MRC on effective and sustainable health services and programs increases over the life of the plan.</td>
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<td>1.7 Promote and support long-term, comprehensive, needs-based, statewide and local health planning that is linked to funding commitments.</td>
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Area 2: Relationships

Objective 2: To improve the quality and effectiveness of relationships with all stakeholders.

Signposts of positive impact

- Partnerships with external stakeholders:
  - outline clear expectations on the mutual benefits of the partnership;
  - acknowledge and embrace Aboriginal Community Control principles;
  - demonstrate greater accountability to the AH&MRC;
  - result in meaningful outcomes for the ACCH Sector.

- AH&MRC Members report that they experience well-targeted and responsive support from the AH&MRC Secretariat.

Why is this important? External relationships - Improving health experiences and outcomes for Aboriginal peoples requires effective relationships within and beyond the Aboriginal Community Controlled Health (ACCH) Sector. Strengthening the quality, effectiveness and accountability of partnerships with external stakeholders will ensure they offer greater meaning and value to the AH&MRC. Internal relationships - AH&MRC Members expect the Secretariat to make common representations for them, both individually and collectively, and support their local work in meeting the health needs of their communities. Therefore, the Secretariat will continue identifying and implementing strategies that increase its responsiveness to Members within its capacity as the peak body.

Strategies

| GP 2.1 | The AH&MRC Management and Board are highly satisfied with the revised structure and content of partnership agreements with external stakeholders. |
| GP 2.2 | Resources on working effectively and respectfully in the ACCH Sector have been promoted and distributed widely across NSW and are used as the basis for any new partnership agreements. |
| GP 2.3 | The AH&MRC Board approves revised membership support guidelines for the AH&MRC Secretariat. |
### Area 3: Workforce development

**Objective 3:** To strengthen the capability and competence of the Aboriginal health workforce.

**Signposts of positive impact**

- The number, range and levels of qualifications held by the Aboriginal health workforce, which are relevant to the needs of NSW Aboriginal communities, increase over the life of the plan.

**Why is this important?**  A capable and competent Aboriginal health workforce is a vital factor that contributes to better health outcomes for Aboriginal peoples. The AH&MRC has made a long-standing commitment to supporting workforce development in Aboriginal health, including through establishment of a Registered Training Organisation, the AH&MRC Aboriginal Health College, which has primary responsibility for the education of Aboriginal Health Workers in NSW. This work has contributed to increased numbers of Aboriginal people within the Aboriginal health workforce undertaking training and education and gaining relevant qualifications. It has also helped develop the competence of non-Aboriginal people working in Aboriginal health. Workforce development remains a high priority area for the AH&MRC in meeting increasing demands for the current and future Aboriginal health workforce.

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<tr>
<td><strong>3.1</strong> Undertake a workforce planning needs analysis project that identifies workforce and recruitment gaps, current and future training needs, leadership development needs, succession planning needs and the availability of career pathways for the Aboriginal health workforce.</td>
<td><strong>GP 3.1</strong> The AH&amp;MRC has a clear picture of workforce planning needs, a plan of action for how to address them and access to resources for implementing and monitoring the plan.</td>
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| **3.2** Use the outcomes of Strategy 3.1 to develop and implement strategies that:  
  - promote Aboriginal health as a career;  
  - support career development for the Aboriginal health workforce, including multi-skilling and skill development in specialised areas;  
  - retain skilled staff within the Aboriginal health workforce;  
  - improve pathways to tertiary education. | **GP 3.2** The AH&MRC and AH&MRC Aboriginal Health College are highly satisfied with the number, range and quality of partnerships they have with education providers that provide career pathway options for Aboriginal health workforce. |
| **3.3** Develop and maintain partnerships with education providers that create career pathway options for the Aboriginal health workforce, including through the AH&MRC Aboriginal Health College. | **GP 3.3** AH&MRC Members report examples of improved cultural safety in mainstream health organisations with whom they collaborate to provide services. |
| **3.4** Advocate for mainstream health organisations to develop and implement strategies that achieve improved cultural safety at an individual staff and organisational level. | **GP 3.4** Aboriginal health organisations are highly satisfied with the availability and quality of the AH&MRC cultural safety training for non-Aboriginal staff working in Aboriginal health. |
| **3.5** Provide and/or support cultural safety training for non-Aboriginal staff working in Aboriginal health, including through the AH&MRC Aboriginal Health College. | |
Area 4: Health services and programs

Objective 4: To ensure Aboriginal health programs and services are effective, sustainable and reflect local Aboriginal community needs.

Signposts of positive impact

- Aboriginal communities confirm that:
  - they have been involved in planning health services and programs;
  - available health services and programs reflect the priority needs in their region.

- Aboriginal health programs and services are:
  - based on evidence that they use effective interventions and culturally appropriate processes;
  - funded in a sustainable manner.

Why is this important? The Aboriginal definition of health emphasises a wholistic approach that addresses the physical, social, emotional and cultural wellbeing of the whole Aboriginal community. This broad definition and the unique circumstances of Aboriginal communities across NSW will shape how needs are defined. As noted in Area 1, at present, policy, strategies and funding programs do not address Aboriginal people’s health needs adequately. The AH&MRC has access to and is continuing to build a body of knowledge about effective practice in providing and sustaining Aboriginal health programs and services. This needs to be brought to bear on planning and funding decisions.

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| 4.1 Promote and support effective measures that reflect transparent community engagement for the planning and implementation of Aboriginal Health programs and services in NSW. | GP 4.1 AH&MRC Members report that they gain timely and valuable support from the AH&MRC to:  
- advocate for sustainable, evidence-informed and culturally appropriate health programs and services;  
- maximise funding opportunities to establish or extend their programs and services;  
- address barriers to service and program access;  
- strengthen their capacity in evaluating their services and programs. |
| 4.2 Advocate for and support the development of sustainable, evidence-informed and culturally appropriate health programs and services. | GP 4.2 The scope and number of documents developed and distributed by the AH&MRC on effective and sustainable health services and programs increases over the life of the plan. |
| 4.3 Support AH&MRC Members in maximising funding opportunities to extend, strengthen or develop sustainable health programs and services that reflect the priority needs of their communities. | |
| 4.4 Work closely with AH&MRC Members to identify, advocate for and take action that reduces barriers to Aboriginal peoples accessing required health services and programs. | |
| 4.5 Strengthen the capacity of AH&MRC Members in evaluating their services and programs as part of continuous quality improvement. | |
| 4.6 Expand the body of knowledge on effective and sustainable Aboriginal health services and programs through quality research and evaluation. | |
Our current work

The AH&MRC’s program of work has evolved since 1985. Our current set of activities are organised across the following areas:

- Member Support Services: Governance, service development, ICT, human resources, industrial relations and accreditation;
- Public Health: Policy, representation and advocacy, research and workforce development;
- College of Aboriginal Health: Aboriginal and non-Aboriginal workforce development;
- Ethics and Research: Review and support of ethical research proposals;
- Budgets and Finance: Financial management and advice.

Our Members

The list of AH&MRC Members can be found on the AH&MRC website:

http://www.ahmrc.org.au
Aboriginal Community Controlled Health Service (ACCHS): An incorporated Aboriginal organisation, initiated by a local Aboriginal community, based in a local Aboriginal community, governed by an Aboriginal body which is elected by the local Aboriginal community, delivering a wholistic and culturally appropriate health service to the community which controls it.4

Aboriginal Health Worker (AHW): Aboriginal Health Workers are Aboriginal people who work within a wholistic primary health care framework, as determined by the local Aboriginal community, to achieve better health outcomes for Aboriginal individuals/families and their communities. The diversity of their roles will be reflected in industry driven and recognised qualifications, which are appropriate to the jurisdictions in which they work.

Aboriginal health workforce: The Aboriginal health workforce includes Aboriginal and non-Aboriginal people in any role or position who are working in an Aboriginal Community Controlled Health service or mainstream health services providing services to Aboriginal people.

AH&MRC Members: These are services in NSW which meet the criteria for being an ACCHS, as defined above, and choose to be members of the AH&MRC.

Goal: An overall statement of what people hope to achieve over the long term.

Needs-based planning: This is planning for health services based on a comprehensive understanding of the needs of a community or group of people. It involves gathered information from a number of sources, including but is not limited to: direct engagement with the community or group of people who can define and describe their needs and priorities, records of service use and service demand, comparison with high quality services provided to similar communities in similar contexts but other locations, epidemiological studies that reflect both past and future predicted needs, and known or predicted patterns of health problems and trajectories.

Objective: A specific statement of the change or outcomes that need to be achieved to help achieve a goal(s).

Qualifications: Qualifications referred to in this plan include both accredited Vocational Education Training (VET) and university training. VET training qualifications include Certificate III, IV, Diploma and Advanced Diploma levels.

Self-determination: This is the right to be involved in health service delivery and decision-making according to protocols or procedures determined by Aboriginal communities based on the Aboriginal definition of health.

**Strategy:** The approach that will be taken to achieve an objective – what you do to reach the objective.

**Workforce development:** Workforce development is what organisations do to make sure their staff have the knowledge, skills and commitment to do their jobs in line with the organisation’s goals and commitments to the community. The most familiar approach to workforce development is supporting staff to participate in formal learning programs. Some programs may lead to a qualification or a skill set, while others update staff on the latest issues in a specific health, wellbeing or service area, e.g. professional development. Other approaches include supporting people to take on new responsibilities or job roles; or setting up mentoring programs, either between staff within the organisation or with a personnel from outside the organisation. Organisations may set up processes for staff to reflect on their work, identifying what they know, have learned to date, and what they can do next to improve; this is called performance review.

**Workforce planning:** In workforce planning, organisations have a clear picture of the numbers, knowledge and skills of their existing staff and what other staff or positions they may need in order to provide a good service and other needed services. Organisations may need other staff because they know that some of their staff plan to leave or retire – this is called succession planning. For example, they may not have the staff they require in order to provide their full range of services, so need to plan how to deal with this situation. They may need additional staff or positions to provide opportunities for trainees to move into existing or future jobs, or expand the range of services for the community.
Location
Level 3, 66 Wentworth Ave
Surry Hills, NSW, 2010
Phone: (02) 9212 4777
Fax: (02) 9212 7211
Website: www.ahmrc.org.au

Postal Address
PO Box 1565
Strawberry Hills NSW 2012