



NSW Aboriginal Cancer Primary Care Pathways Program | Aboriginal Cancer Care Coordinator

Grant Guidelines

May 2025



AH&MRC
Aboriginal Health & Medical
Research Council of NSW

Office address:
Gadigal Country
Level 4, 280 Pitt Street,
Sydney NSW 2000

Postal address:
PO Box 193
Matraville NSW 2036

T +61 2 9212 4777
E ahmrc@ahmrc.org.au
W www.ahmrc.org.au



Aboriginal Cancer Care Coordinator Grant Guidelines

Grant:	Three-year service funding
Administering entity:	Aboriginal Health & Medical Research Council of NSW
Date Application Open:	12th May 2025
Date Application Close:	30th May 2025
Enquiries:	If you have any questions, please contact Sushira Sharma, Project Officer via email at ssharma@ahmrc.org.au .





Contents

Program Overview	4
Grant Overview.....	5
Objectives and Outcomes	5
Available Funding	6
Use of Funds	6
Essential Requirements for Applicants	7
Eligibility Criteria	7
Assessment Criteria	7
Grant Assessment Process	8
Notification of application outcome.....	8
Successful grant applications	8
Grant agreement	8
Grant payment.....	8
Grant Reporting and Acquittal Requirements.....	9
Performance and Progress Reporting.....	9
Financial Reporting.....	9
Grant Evaluation	10
Evaluation Objectives	10
Evaluation Approach.....	10
Data Collection Methods	10
Appendices	11
Appendix 1	11
Core Components of Model of Cancer Care	11
Appendix 2	14
Key principles of Model of Cancer Care	14
Appendix 3	17
Aboriginal Cancer Care Coordinator: Position Description Template.....	17





Program Overview

The [Aboriginal Health and Medical Research Council NSW \(AH&MRC\)](#) and [The Cancer Institute NSW](#) have partnered to develop the Aboriginal Cancer Primary Care Pathways Program (*The Program*) for Aboriginal and Torres Strait Islander people and communities impacted by cancer in NSW. The aim of *The Program* is to address the gap in the integration of services and transition between primary care and cancer services and reduce the mortality and morbidity rates for Aboriginal and Torres Strait Islander people. The activities of *The Program* will contribute towards Closing the Gap in life expectancy within a generation by 2031, as per [SEO1 of the National Agreement](#).

The Program will be implemented across NSW in rural, regional and metropolitan primary care services and focus on providing culturally appropriate access to services along the cancer pathway. *The Program* will deliver a model of cancer care for the NSW Aboriginal Cancer Care Pathways that will support access to prevention, cancer screening and diagnostic services for Aboriginal and Torres Strait Islander peoples. *The Program* also aims to enhance the uptake of [715 health checks](#), increasing opportunities for comprehensive health assessments of Aboriginal people and earlier intervention and cancer prevention initiatives.

Through the introduction of Aboriginal Cancer Care Coordinator (ACCC) positions, *The Program* will assist in the prevention of cancer and facilitate earlier cancer diagnosis within Aboriginal communities. These new cancer care pathways positions will promote accessibility and engagement, remove barriers to accessing and participating in cancer screening, enhance referrals, improve liaising with cancer services and treatment, and improve health literacy.



Grant Overview

This grant supports the recruitment of 15 Aboriginal Cancer Care Coordinators (ACCC) in Aboriginal Community-Controlled Health Organisations across NSW to improve culturally safe cancer care services. The funding aims to enhance patient experience and support throughout the cancer continuum within Aboriginal and Torres Strait Islander communities. The roles will mainly focus on the following but not limited to:

- Supporting Aboriginal patients and their families through the cancer care continuum, from prevention to survivorship or palliative care
- Facilitating early cancer detection, screening, and referral pathways
- Promoting culturally appropriate, patient-centred care and health literacy
- Strengthening integration between primary healthcare and cancer treatment services.

Objectives and Outcomes

The objectives of the grant are to:

1. Increase the Aboriginal cancer workforce across the NSW primary health care sector.
2. Implement a multidisciplinary model of cancer care to improve access to holistic, culturally appropriate health services.
3. Support Aboriginal and Torres Strait Islander cancer patients and their families throughout their cancer journey from screenings to survivorship/ palliative care while improving health literacy and self-determination.

The intended outcomes of the grant are:

1. Increased capacity of ACCHOs to provide cancer care to Aboriginal and Torres Strait Islander patients with cancer.
2. Increased participation in 715 health checks to increase focus on cancer prevention, screening and early cancer detection and intervention.
3. Improved patient outcomes, ensuring Aboriginal and Torres Strait Islander people receive culturally appropriate, timely, effective and equitable care.





Available Funding

The total value of this grant is \$5.75 million (excl GST) for 15 ACCC positions across three years.

Each ACCHO may apply for one ACCC position, to a maximum value of \$383,600 (excl GST) across three years. Funding will be allocated annually as per the table below:

Year	Funding Available (excl GST)
Year 1	\$124,600
Year 2	\$127,866.67
Year 3	\$131,133.33

Use of Funds

Salary expenditure for the ACCC may account for up to 90% of the annual funding. Administrative costs may not exceed 20% of the total annual funding. Examples of administrative costs include:

- Development of culturally appropriate cancer education resources to improve health literacy.
- Training and professional development for ACCCs.
- Implementing community engagement initiatives to promote early detection and cancer screening participation.
- Providing IT equipment to assist the ACCCs carry out their duties.

Funding from this grant cannot be used for the following costs:

- Capital Works or infrastructure projects.
- General operational costs unrelated to the ACCC role.
- Transport/ accommodation for cancer patients.



Essential Requirements for Applicants

The applicants must meet the eligibility criteria as well as use examples to demonstrate how they meet the selection criteria on the Application Form.

Eligibility Criteria

To be eligible to receive a grant, the potential grantee must:

- Be an Aboriginal Community Controlled Health Services providing primary care services,
- Be based in New South Wales,
- Have an Australian Business Number, and
- Be registered for the purposes of GST.

Assessment Criteria

Criterion 1: Evidence of need

- The application must provide evidence of cancer burden and disparities in accessing cancer care.
- The application must demonstrate current service gaps in cancer screening, treatment access and care coordination.
- The application must include information on any existing positions that are currently delivering cancer care support including details of the day-to-day activities and the funding term (e.g., whether the roles are permanent, casual or temporary, full-time or part-time).

Criterion 2: Service capacity

- The application must reflect on the readiness to recruit and support an ACCC within their organisation.
- The service must demonstrate quality service delivery of culturally safe and community-driven healthcare.

Criterion 3: Integration of Model of Cancer Care within the current service delivery

- The application must demonstrate commitment to embedding the Core Components of Model of Cancer Care ([see Appendix 1](#)) and Key Principles of Model of Cancer Care ([see Appendix 2](#)) within their current service delivery.
- The application must provide examples of how the ACCC role will improve cancer outcomes whilst integrating the Model of Cancer Care ([see Appendix 3](#)).





Grant Assessment Process

A panel composed of representatives from the AH&MRC, Cancer Institute NSW and Centre for Aboriginal Health (CAH) will assess all applications.

The panel will score applications based on an assessment of merit against the stated Eligibility and Assessment Criteria.

Notification of application outcome

All applicants will be notified in writing of their application outcome after about 4 weeks from the Closing Date.

Successful grant applications

Grant agreement

If the application is successful, the ACCHO must enter into a legally binding Funding Agreement with the AH&MRC. Each agreement has general terms and conditions that cannot be changed.

Grant payment

Upon successful application, services will be required to submit an invoice for the total grant amount, inclusive of GST, to the AH&MRC.





Grant Reporting and Acquittal Requirements

Successful applicants must submit a 6-monthly Progress Report in line with the timeframes in the Funding Agreement. A report template will be provided in the Funding Agreement to successful applicants. These reports will ensure accountability for the use of funds and provide further insights into program outcomes. The report will include:

- A summary of what Grant Funds were used for.
- Details of the activities undertaken by ACCC, outlining impact on screening rates, patient care and experience, and service integration.
- Details of the benefits of Grant Funds to the service.
- Summary of any barriers/issues in utilising Grant Funds.

Performance and Progress Reporting

- Grant recipients must provide interim and final reports, outlining achievements against key performance indicators (KPIs) and deliverables specified in the Funding Agreement.
- Reports should include qualitative and quantitative data demonstrating the effectiveness of funded activities.
- Case studies, testimonials, or patient feedback should be included where possible to highlight program impact.
- Any deviations from the planned activities and their justification must be documented.

Financial Reporting

- A financial acquittal statement must be submitted at the conclusion of the grant period, detailing expenditure against approved budget allocations.
- Reports must be submitted within the stipulated timeframe.
- Any unspent funds must be reported, outlining the appropriate steps for fund return or reallocation.

Failure to submit required reports in a timely manner may affect future funding eligibility.





Grant Evaluation

The Cancer Institute NSW and the Aboriginal Health & Medical Research Council of NSW have commissioned Kowa Collaboration (Kowa) to develop an Evaluation Framework for the Program. The Evaluation Framework will provide guidance on how the program outcomes will be measured to determine how well the Program achieved its objective. The grant-funded activities will be evaluated to assess their impact, efficiency, and outcomes.

Evaluation Objectives

- Assess the effectiveness of grant-funded initiatives in improving cancer care access and outcomes for Aboriginal communities.
- Identify enablers and barriers to implementation.
- Ensure community engagement and cultural appropriateness of the Program.
- Inform future funding and policy directions.

Evaluation Approach

The evaluation will incorporate both qualitative and quantitative methodologies:

- **Process Evaluation:** Examining how the grant activities were implemented, adherence to timelines, and engagement with Aboriginal and Torres Strait Islander communities. Kowa would also seek to facilitate collaborative workshops with the Aboriginal Community Controlled Health Services where the 15 Aboriginal Cancer Care Coordinator positions sit, utilising Impact Yarns and Collaborative Yarning methodology to gather data in relation to the provision of cancer care in primary care settings.
- **Outcome Evaluation:** Measuring the direct impact of funded activities, including health outcomes, service uptake, and patient experience and how they align with Model of Cancer Care Core Components and Key Principles.
- **Economic Evaluation:** Where feasible, assessing cost-effectiveness and sustainability of funded initiatives.

Data Collection Methods

- Surveys, interviews and group yarning sessions with Aboriginal Cancer Care Coordinators, Aboriginal and Torres Strait Islander communities impacted by cancer (including patients and their families), community members, and other stakeholders.
- Analysis of service utilisation data, patient outcomes, and community feedback.
- Review of performance reports submitted by grant recipients.

Findings from the evaluation will inform continuous improvement of the Program and contribute to the evidence base for Aboriginal cancer care initiatives in NSW.





Appendices

Appendix 1

[Core Components of Model of Cancer Care](#)

Appendix 2

[Key Principles of Model of Cancer Care](#)

Appendix 3

[ACCC Position Description Template](#)

Appendix 1

Core Components of Model of Cancer Care

The core components of the model of cancer care for Aboriginal and Torres Strait Islander peoples form the foundation for providing effective, culturally safe, and equitable cancer services across ACCHOs and mainstream health services. The 'core components' are a person- and community-centred approach to guide every aspect of cancer care, ensuring that Aboriginal and Torres Strait Islander people receive culturally appropriate, timely, equitable and holistic support throughout their cancer journey.

These four core components are the pillars that form the foundation upon which the model of cancer care is built, ensuring that services are not only effective but also resonate with the cultural and personal needs of Aboriginal and Torres Strait Islander peoples, leading to healthier and longer lives and better health outcomes, whilst fostering trust, engagement, and a stronger and well-connected workforce.

These core components of the Model of Cancer Care align with the Priority Reform Areas of the National Agreement on Closing the Gap by embedding shared decision-making, Aboriginal Community-Controlled healthcare, strengthening of the Aboriginal workforce and integrated service delivery.

1. **Enhanced Trust and Accessibility:** ACCHOs and AMS are well connected and trusted within Aboriginal and Torres Strait Islander communities, creating a safe space for mob to feel more comfortable in accessing healthcare. Aligning with **Priority Reform 2** of the National Agreement, this component focuses on building the community-controlled sector and prioritises Aboriginal leadership and workforce capacity that fosters a sense of respect, representation and inclusion in cancer care pathways.

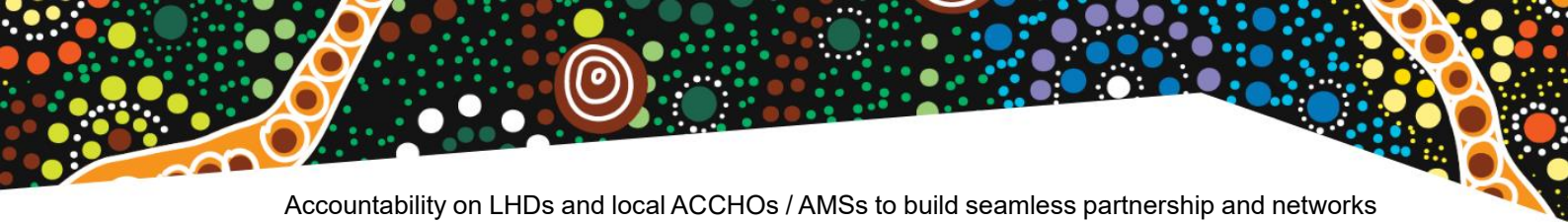
Compared to mainstream primary healthcare providers, ACCHOs and AMSs often deliver better outcomes for Aboriginal and Torres Strait Islander communities, are the preferred healthcare settings for many Aboriginal people¹ and highly cost-effective.² By embedding cultural safety and respect, equitable access, holistic care, and collaboration and coordination across services into every stage of cancer care, the model creates a framework where Aboriginal and Torres Strait Islander patients feel respected, understood, and supported. This approach builds trust within the community by ensuring that care is culturally safe, patient-centred, and responsive to Aboriginal beliefs and practices, empowering patients and families to engage more openly with healthcare providers. Additionally, improved accessibility addresses barriers to care by offering fair, timely, and inclusive services while streamlining pathways to diagnosis, treatment, follow-up care, and survivorship regardless of location or socio-economic factors.

2. **Integrated Cancer Care:** Ensuring high quality holistic cancer care for Aboriginal and Torres Strait Islander communities is delivered appropriately and timely to mob affected by cancer.

¹ [2023–24 NSW Indigenous Expenditure Report](#)

² [NAC NACCHOKeyFacts 250227 Online-1.pdf](#)





Accountability on LHDs and local ACCHOs / AMSs to build seamless partnership and networks to ensure this model is flexible to deliver care at all stages of cancer care aligns with the **Priority Reform 3**, transforming government organisations, emphasising on the need for collaboration between mainstream services, ACCHOs and AMSs.

Integrated Cancer Care is a central component of the model of cancer care for Aboriginal and Torres Strait Islander peoples, designed to provide a seamless, supportive experience across the continuum of cancer journey from prevention through to survivorship or palliative care (journey to dreaming). This approach combines health promotion, community engagement, and patient-centred care to address the needs of Aboriginal and Torres Strait Islander patients and their communities.

Through health promotion and education, patients and communities receive culturally relevant information about cancer prevention, early detection, and the benefits of timely treatment, enabling informed health choices. Community engagement ensures that care delivery is co-designed and shaped by the insights and values of Aboriginal and Torres Strait Islander peoples, fostering a deeper understanding and trust in healthcare services, while building capacity.

Patient-centred care is the heart of this integrated approach, ensuring that each patient's physical, emotional, spiritual, and cultural needs are respected and addressed. Collaborative partnerships among healthcare providers, Aboriginal health workers, and Aboriginal Community-Controlled Organisations further enhance the integration of services, reducing gaps in care and improving access. Incorporating continuous improvement in practices to enhance cancer services and a commitment to keeping up to date with the evolving needs of Aboriginal people and advancements in cancer medicine will enable providing high quality cancer care.

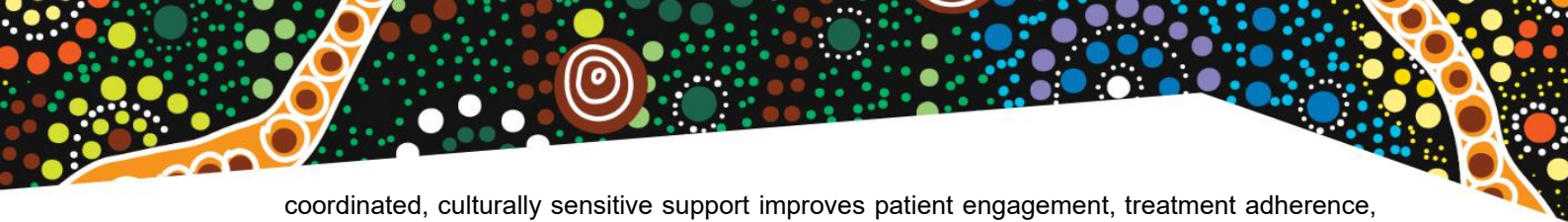
3. **Coordination of Continuity of Cancer Care:** Aboriginal Cancer Care Coordinator (ACCC) to coordinate and deliver cancer support to mob affected by cancer across the continuum of their cancer journey. ACCC to accompany patients from community (ACCHO) to LHD, as well as other healthcare providers and services, ensuring seamless, person-centred support.

The Coordination of Continuity of Cancer Care is integral to the foundation of the model of cancer care delivered through the Aboriginal Cancer Care Coordinator's role, ensuring that Aboriginal and Torres Strait Islander patients receive consistent, connected care throughout their cancer journey. The Cancer Care Coordinator facilitates seamless support and transition between stages of care, right from prevention and early detection to screening and diagnosis, through to treatment, follow-up, and, if needed, palliative care, creating a cohesive and holistic experience for each patient. This is achieved through transforming organisations, sharing access to meaningful data and information, enabling shared decision-making, as per **Priority Reform 4**.

This role embeds patient-centred care, adapting services to meet the physical, emotional, and cultural needs of Aboriginal and Torres Strait Islander patients that may present from diverse cultures and beliefs. Through collaborative partnerships with healthcare providers, ACCHOs, AMSs and local communities, the ACCC ensures that each aspect of care is respectful, culturally safe, and aligned with patients' values.

By proactively addressing barriers to access and trust, such as geographic isolation or lack of health literacy, the Cancer Care Coordinator builds continuity in care, empowering patients and families to navigate the healthcare system with confidence and self-determination. This





coordinated, culturally sensitive support improves patient engagement, treatment adherence, and ultimately enhances cancer outcomes for Aboriginal and Torres Strait Islander peoples.

4. **Adaptability and Sustainability:** Ensuring that this model is adaptable across all areas of care. Peak bodies to provide strong advocacy for sustainable funding and grant opportunities into cancer care. Creation of ACCC networks to share localised resources and supports.

Adaptability and Sustainability are essential principles in the model of cancer care for Aboriginal and Torres Strait Islander peoples, ensuring that services remain responsive to evolving patient needs and community contexts. The model's adaptability not only allows cancer care to be tailored to individual cultural, social, and geographic factors, with the Aboriginal Cancer Care Coordinator playing a key role in continuously refining care practices based on patient needs and emerging best practices in Aboriginal health, but also ensures that the model remains flexible and adaptable across a variety of services from ACCHOs to LHDs, PHNs, cancer specialists and other agencies that provide cancer support.

Sustainability is achieved through building robust partnerships with ACCHOs, AMSs, LHDs, peak bodies and government organisations supporting Aboriginal and Torres Strait Islander workforce and leadership in healthcare, with a strong focus on advocating for consistent sustainable funding and resources into cancer care to create a long-term foundation of cancer awareness and prevention. Additionally, the creation of ACCC networks allow for the cancer workforce to share localised resources, experiences and supports, strengthening collaboration and ensuring easy access to best practice, culturally tailored tools and more resources, aligning with **Priority Reform 1** to develop formal partnerships and shared decision-making. This ensures that culturally appropriate, patient-centred care is available for anyone impacted by or at risk of cancer. Together, adaptability and sustainability foster a resilient model of cancer care that upholds trust, continuity, and accessibility for Aboriginal and Torres Strait Islander cancer patients over time.





Appendix 2

Key principles of Model of Cancer Care

The key principles of the model of cancer care align with the **Strategic Directions of the NSW Aboriginal Health Plan** by strengthening community leadership, improving service integration, and ensuring culturally responsive care. These principles address the disparities in cancer outcomes for Aboriginal and Torres Strait Islander peoples by embedding **self-determination, community-controlled healthcare, and equitable access** into cancer care pathways, ultimately working toward sustainable, long-term improvements in Aboriginal and Torres Strait Islander health and wellbeing.

1. **Cultural respect, awareness and safety:** This principle ensures that cancer care is delivered in a way that honours, respects and aligns with the cultural beliefs, practices and identities of Aboriginal and Torres Strait Islander peoples.


Aligned with **Strategic Direction 1:** Growing and Supporting the Aboriginal Health Workforce, this principle focuses on valuing and supporting Aboriginal people as well as the need for a culturally responsive healthcare system that promotes and strengthens Aboriginal leadership and workforce capacity.

- Recognising and respecting the diverse cultures, traditions and languages of Aboriginal and Torres Strait Islander peoples: It is imperative for services to acknowledge and understand the diversity in Aboriginal cultures, values and traditions to support cancer patients, their families and kin and ensure that their spiritual, emotional and community needs are considered alongside their cancer care.
 - Endorsing culturally safe practices for Aboriginal and Torres Strait Islander peoples: Aboriginal and Torres Strait Islander people must feel respected and understood along their cancer journey, creating safer spaces and providing cancer care that is culturally appropriate.
 - Awareness training for 'Cultural Responsiveness' for healthcare workforce: Ensuring, undertaking and advocating for cultural awareness and responsive training to create awareness in the healthcare workforce, particularly the mainstream cancer services. By building cultural responsiveness, promote health careers (Strategic Priority 1.2) implementing flexible and place-based education pathways and workforce opportunities including leadership and partnership with Aboriginal people and community-controlled organisations.
2. **Holistic and comprehensive care approach:** This principle ensures that the cancer care focuses on a 'whole person' approach encompassing their physical, emotional, spiritual and social wellbeing.

Aligned with **Strategic Direction 2:** Providing holistic, integrated and person-centred care, this principle emphasises on culturally appropriate, patient-centred cancer care.

- Recognise the interconnectedness of social, emotional, spiritual and cultural factors: Aligning care plans with Indigenous beliefs and acknowledging the interconnectedness of social, emotional, spiritual and cultural to reflect the broader understanding of wellbeing and culturally appropriate care delivery.
- Care on Country: Incorporating cultural healing into cancer care plans and having an in-depth understanding of connection to land as well as the need for accessible,





sustainable and ongoing services and support Aboriginal cancer patients to reduce frustration, lack of trust and suffering.

- Holistic and self-determination: Care that addresses the whole person and kin, and their individual needs as well as empowers them to have choice in treatment plans that best align with their cultural beliefs and needs. This comprehensive approach can shape patient experiences especially when aligned with cultural values, needs and expectations.

3. **Equity and access:** This principle focuses on ensuring that Aboriginal and Torres Strait Islander patients have fair and equal access to high-quality cancer care, regardless of geographic location, socio-economic status, or other barriers.

Aligned with **Strategic Direction 4:** Addressing the social, cultural, economic, political, commercial and planetary determinants of health aligns with this principle with a focus on reducing disparities in healthcare access and outcomes, providing equitable and quality cancer care across NSW.

- Advocate for equitable access to cancer services with timely appropriation: Improving the current healthcare system, ensuring and advocating for timely and equitable access to quality care for cancer services among Aboriginal and Torres Strait Islander people.
- Address systemic barriers and disparities in healthcare to improve cancer outcomes: Overcome barriers such as geographic isolation, language and cultural differences, and financial hardship by connecting patients with appropriate services, transportation and financial support.
- Ensuring appropriate referral linkages to cancer services: Strengthening relationships across cancer services to improve referral linkages to appropriate cancer services, thereby enhancing the integration and linkages between primary, secondary and tertiary care for continuity and coordination of holistic care (Strategic Priority 2.2). The ACCC plays a key role to ensure that Aboriginal cancer patients receive timely referrals to appropriate cancer services.

4. **Community engagement and health promotion:** This principle focuses on actively involving Aboriginal and Torres Strait Islander communities in cancer care initiatives and raising awareness about cancer prevention, early detection, and intervention.

Aligned with **Strategic Direction 3:** Enhancing health promotion, prevention and early intervention, to raise awareness on cancer risks, screening and support as well as empower communities.

- Health promotion campaigns: Raise cancer awareness and promote cancer screenings through health promotion campaigns and community development. Empower communities to take proactive approaches in their health journeys by means of educating them about cancer risks, screening and prevention through health promotion campaigns and build capacity among community leaders and elders to educate mob and promote wellbeing (Strategic Priority 3.1).
- Collaborating and codesigning with Aboriginal and Torres Strait Islander communities to improve capacity building: Build strong and effective relationships with the communities and design programs with inputs from Aboriginal and Torres Strait Islander peoples tailored to meet their specific cultural and health needs, improving their capacity to take action to improve community health outcomes (Strategic Priority 3.2).



- Community-led approaches and meaningful engagement: Facilitating outreach community-led approaches to improve access to cancer services in rural and remote areas, and promoting early detection, cancer health literacy and culturally safe practices that align with the values and knowledge of Aboriginal people, creating meaningful community engagement (Strategic Priority 3.2).

5. **Collaborative partnerships:** This principle emphasises the importance of building strong working relationships between healthcare providers, Aboriginal and Torres Strait Islander communities, and other key stakeholders to deliver holistic and culturally appropriate cancer care.

Aligned with **Strategic Direction 2** as well as **Strategic Direction 4**, fostering cooperative community-led action (SD4) while facilitating cross-sector collaboration (SD2).

- Deliver community-driven and localised care between services: Engaging with community elders and leaders to integrate their insights and knowledge into cancer care programs, making services more relevant and effective for Aboriginal people (Strategic Priority 4.1).
- Facilitating cross-sector collaboration: Build and maintain strong relationships with key stakeholders to expand outreach of services including government agencies, not-for-profits and cancer research institutions to address the social, economic and healthcare challenges impacting Aboriginal and Torres Strait Islander communities.
- Collaborate closely with relevant organisations and cancer agencies: Working closely with the mainstream healthcare services, cancer specialists to ensure coordinated and culturally safe cancer care across the continuum.

6. **Continuous learning and improvement:** This principle ensures that cancer care evolves to meet the changing needs of Aboriginal and Torres Strait Islander patients and incorporates the latest advancements in both medical care.

Aligned with **Strategic Direction 5:** Strengthening Monitoring, Evaluation, Research, and Knowledge Translation, this principle emphasises the importance of ongoing learning, improvement and adaptation of evidence-based practice.

- Continuous improvements in practices: Keeping up to date with the advancements in treatment practices and encouraging continuous improvements in best practice in cancer care, tailored to the needs of Aboriginal people (Strategic Priority 5.1).
- Better meet the evolving localised needs of Aboriginal and Torres Strait Islander peoples: Regularly updating knowledge on the evolving localised needs of Aboriginal and Torres Strait Islander communities (Strategic Priority 5.2).
- Commit to ongoing learning reflection and adaption based on evaluation findings.



Appendix 3

Aboriginal Cancer Care Coordinator: Position Description Template

POSITION TITLE:

Aboriginal Cancer Care Coordinator

LOCATION:

Aboriginal Community Controlled Health Organisations

EMPLOYMENT TYPE:

Contract 3yrs Full-Time

ROLE PURPOSE:

The Aboriginal Cancer Care Coordinator will provide culturally safe, holistic support for Aboriginal and Torres Strait Islander patients and their families throughout the cancer journey. This role focuses on patient navigation, cultural advocacy, and improving access to quality cancer care by ensuring culturally appropriate services within community-controlled healthcare settings.

KEY RESPONSIBILITIES:

1. *Patient Navigation and Advocacy:*
 - *Guide Aboriginal and Torres Strait Islander patients through the healthcare system, ensuring timely and appropriate cancer care.*
 - *Assist patients in understanding treatment options, appointment, and self-determination in healthcare decisions.*
 - *Provide emotional, social, and practical support to patients and their families, recognising the importance of cultural traditions and kinship.*
 - *Advocate for patients' needs within hospital, cancer services, and multidisciplinary teams to ensure cultural safety.*
 - *Facilitate access to 'Care on Country', telehealth services, and alternative care pathways for patients in rural and remote areas.*
2. *Culturally Safe and Holistic Support:*
 - *Ensure culturally appropriate cancer care is provided at all stages; diagnosis, treatment, survivorship, and palliative care.*
 - *Assist in coordinating referrals to supporting services.*
 - *Support families and kin in navigating the emotional and practical challenges of cancer diagnosis.*
3. *Community Engagement and Collaboration:*
 - *Maintain / Build strong partnerships with mainstream health services and community members.*
 - *Collaborate with community to enhance cancer awareness and prevention efforts.*
 - *Deliver or support community education services on cancer prevention, early detection, and treatment options.*
 - *Act as a cultural liaison between patients, families, and healthcare providers to foster trust and engagement in the cancer journey.*
4. *Integrated Care and Multidisciplinary Teamwork:*



- *Work closely with nurses, GPs, oncologists, allied health professionals, and cancer specialists to ensure a coordinated, culturally safe approach to care.*
- *Demonstrated ability to break down complex cancer-related information for Aboriginal and Torres Strait Islander patients in a culturally appropriate way.*
- *Participate in multidisciplinary team (MDT) meetings, contributing a cultural perspective to cancer treatment and patient care plans.*
- *Assist in the integration of palliative care services, ensuring end-of-life care is culturally appropriate and respectful of family and community needs.*
- *Advocate for systemic improvements in Aboriginal and Torres Strait Islander cancer care, ensuring equitable access and better health outcomes.*

SELECTION CRITERIA:

Essential Criteria:

1. *Cultural Knowledge and Connection:*
 - *Strong understanding of the cultural, social, and health-related needs of Aboriginal and Torres Strait Islander communities.*
2. *Experience in Aboriginal Health and Advocacy:*
 - *Proven experience supporting Aboriginal and Torres Strait Islander communities in navigating the healthcare system.*
 - *Understanding of cancer care pathways, treatment processes, and survivorship care.*
3. *Strong Interpersonal and Communication Skills:*
 - *Ability to build strong relationships with patients, families, and healthcare providers.*
 - *Effective communication skills to advocate for patients and influence culturally safe practices in cancer care settings.*
4. *Community Engagement and Collaboration:*
 - *Experience working with Aboriginal Community Controlled Health Organisations (ACCHOs) or Aboriginal Medical Services.*
 - *Ability to engage and empower Aboriginal and Torres Strait Islander communities in health-related matters.*
5. *Organisational and Coordination Skills:*
 - *Ability to manage multiple priorities and navigate complex healthcare pathways.*
 - *Strong problem-solving skills and adaptability to challenges in cancer care coordination.*

Desirable Criteria:

- *Identify as Aboriginal and/or Torres Strait Islander.*
 - *Experience working within an AMS, ACCHO, or Indigenous health service.*
 - *Experience working in cancer care services.*
 - *Qualifications in health, social work, or community services.*
 - *Knowledge of telehealth services and their application in rural and remote healthcare.*
-

