

KEY RECOMMENDATIONS

1. Structures for community consultation and governance

- Establish a structure for ongoing community consultation and governance in each LGA that supports the health of the local Aboriginal community
- Investigate the provision of leadership training for health workers and community members to support the implementation of this recommendation

2. Community outreach

- Adopt creative means for providing community outreach to engage with and educate Aboriginal communities. Utilise local communication platforms such as Koori Mail and contacting families through schools

3. Aboriginal-specific health services

- Explore the potential to provide specific services to Aboriginal communities where possible (eg. in Penrith)
- Look into regular Aboriginal health clinics and/or forums in local hospitals and Community Health Centres
- Schedule a regular Mootang Tarimi Aboriginal Screening and Assessment Service in isolated parts of each LGA
- Dental clinics were a strong need in each LGA
- Find ways to make hospital and other services more friendly and welcoming to Aboriginal people

4. Aboriginal Health Workers

- Consider provision of Aboriginal health workers (male and female) to accompany some community nurse visits and other specialist services
- Investigate ante and post natal services in the Lithgow area for Aboriginal people by engaging with Aboriginal women and the Aboriginal Maternal and Infant Service
- Investigate engagement opportunities for Men's health

5. Capacity within Aboriginal Organisations

- Provide support to local Aboriginal organisations to enhance their capacity for accessing grants and service delivery
- Support local Aboriginal organisations such as Merana in the Hawkesbury area to build up services
- Support access to 24 hour GP clinics in Penrith as an alternative to emergency presentations and address waiting problems in Emergency Departments

6. Accessible meeting spaces

- Pursue accessible spaces for Aboriginal community meetings within health campuses in each LGA
- Consider easily accessible 'one-stop shops' that are a hub which can be used by different services and agencies

7. Transport

- Establish criteria for transport for Aboriginal community member's to access health and other services through public/private partnerships and working with existing organisations
- Clarify disability criteria for access to services and transport

8. Information Sharing and Referrals

- Establish better partnerships between services for information sharing and referral pathways
- Pursue partnerships with other agencies such as Department of Justice to follow-up with health issues for people after release from prison

9. Child and Youth Aboriginal Health Programs

- Explore potential for the development of health programs for Aboriginal children and youth to improve engagement and familiarity with health services

10. Cultural Awareness Training

- Continue to promote cultural awareness and training for all services to improve Closing the Gap awareness and cultural safety for Aboriginal people accessing services

11. Family Approaches

- Ensure services are adopting holistic and whole family approaches to Aboriginal health

12. Clinical Team

- Aboriginal workers to be seen as integral members of the clinical team(s), recognising the importance of these positions to Aboriginal community members by providing workforce continuity and planning

13. Ongoing Consultation

- Provide regular feedback and ongoing consultation with Aboriginal communities

14. NBMLHD and NBMML Commitment

- Continue the accountability and commitment of the Nepean Blue Mountains Local Health District and Nepean-Blue Mountains Medicare Local to the local Aboriginal communities

15. Indicators

- Work with communities to develop appropriate key indicators and data collection in line with community identified priorities

Nepean Blue Mountains

Aboriginal Community Sharing and Learning Circles

SUMMARY REPORT 2014 - 2015

In 2013-14, Nepean-Blue Mountains Medicare Local (NBMML) and Nepean Blue Mountains Local Health District (NBMLHD) committed to consulting with the Aboriginal Communities across the Nepean Blue Mountains (NBM) region through Sharing and Learning Circles.

Sharing and Learning Circles were held in each of the four Local Government Areas (LGAs) of Blue Mountains, Hawkesbury, Lithgow and Penrith.

The Sharing and Learning Circles built on the successful Blue Mountains Sharing and Learning Circle that was initiated in 2008 and followed up in 2013.

The purpose of the Aboriginal Sharing and Learning Circles was to:

- Consider the health and well-being of local Aboriginal communities,
- Identify those areas of need that have not been addressed,
- Discuss new challenges,
- Develop potential strategies to meet those existing and emerging needs, and
- Discuss governance structures to facilitate continued engagement with the local Aboriginal communities.

The Sharing and Learning Circle is intended to create a vision for improving access to, services and ultimately improve health-related outcomes for members of local Aboriginal communities.

This report provides an overview of the outcomes of the Sharing and Learning Circles held in the four Nepean Blue Mountains LGAs. LGA-specific Sharing and Learning Circle reports have been prepared.

Participants at each Sharing and Learning Circle included Aboriginal community members and health services staff from each locality.

At the Blue Mountains Sharing and Learning Circle there were 43 participants with at least 20 community members plus 20-23 staff from various health services.

At Hawkesbury there were 27 community members and eight organisations participating in at least one of the four Sharing and Learning Circles.

The Lithgow Learning and Sharing Circle attracted 44 participants with nine identifying as community members and 15 organisations represented, and at Penrith 49 participants included 15 community members and 18 organisations.

Each Sharing and Learning Circle involved brief presentations by NBMML, NBMLHD and others as appropriate to each area, including the Blue Mountains Aboriginal Coalition, Lithgow Hospital and the Hawkesbury District Health Service.

These were followed by large or small group discussion of issues and progress in health services for Aboriginal people, led by the preferences of each participating Aboriginal community.

Follow up meetings assisted to identify priorities within the issues raised.

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KEY HEALTH PRIORITIES from Sharing and Learning Circles

Blue Mountains	Hawkesbury	Lithgow	Penrith
Mental Health	Assistance with obtaining funding	Community lack of awareness of services	Transport
Aged Care	Transport	Lack of awareness of Aboriginal communities	Accessing information/ services – One stop shop
Drug and Alcohol	Lack of Aboriginal workers and services	Need for Aboriginal workers	Need for Aboriginal specific services, including drug and alcohol and dental services
Workforce	Stronger partnership with LHD and local services to expand programs in Hawkesbury	Services need to win confidence and trust	Hospital and community waiting lists Access to Close the Gap initiatives
Community access to information	Gender and Age specific groups/ programs	Lack of Aboriginal services	Mental health
Transport	Aboriginal Community committee	Transport	Men's health

UNDERSTANDING the key health priorities

Access to transport

One of the most significant barriers to accessing health services by Aboriginal people in all areas is the lack of transport options. Many do not have access to cars or public transport making it difficult to attend health services.

Knowledge of services

Another key barrier is lack of knowledge and understanding of health services available. Aboriginal people are not aware of the support and services available to them and are subsequently unable to identify their health needs or how these needs could be addressed.

Trust in health services

Aboriginal people lack trust in health services and are more likely to access them only in crisis situations. In some cases health services are accessed in LGAs outside a person's residential area.

Access to services

Some Aboriginal communities noted the problem of their people not going to services, resulting in services being withdrawn due to lack of attendance. Lack of trust and understanding of how health services function and what they can provide contribute to this lack of use.

Some emphasis must be placed on services reaching out to Aboriginal

communities. This could be achieved by providing meetings and forums in key areas in each LGA where Aboriginal people live. These meetings need to help Aboriginal people become familiar with the services and could work to build trust, so this should be consultative rather than simply 'informative. Ideally, clinics could be offered at these locations at set times.

It also became clear that a great deal of discrimination is still faced by Aboriginal people in accessing services, including GPs and pharmacies. Health services need to be better informed about Closing the Gap entitlements and practices need to be more welcoming of Aboriginal people.

Aboriginal health services

Aboriginal-specific services are not available in some areas like Hawkesbury, Lithgow and Penrith. While Aboriginal women in the Hawkesbury area might give birth at Nepean hospital, Aboriginal-specific follow up services are not available when they return home. Access to dental services was also a problem in all areas.

Clearly there is a need to provide services to Aboriginal communities at alternative sites or with Aboriginal workers accompanying mainstream services.

Ante and post-natal services were identified in Lithgow. Lithgow hospital is incorporating Aboriginal input into maternity support and there is scope for exploring different options for shared antenatal care for Aboriginal



UNDERSTANDING the key health priorities

people. Local Aboriginal communities need education/information and the provision of Aboriginal midwifery services. Cultural awareness as well as engagement with Aboriginal communities is needed to enable better understanding of Aboriginal women's maternal needs and therefore resulting in greater use of maternal care services.

There needs to be a commitment made to offering Aboriginal-specific services through existing providers throughout the region with consideration of a possible one-stop shop for Aboriginal people to inform them about health services, offer forums and facilitate access to clinics.

Communication between services needs to be improved so that connected pathways are established between hospital and community services.

Communication pathways

The lack of a structure for community involvement in addressing health needs has clearly held back progress. Services attending the Sharing and Learning Circles presented a sincere desire to work with Aboriginal communities and to inform them of the services available to them but lacked a clear structure for communication and engagement.

Creative means of communication are required that extend beyond the usual means. Schools provide a strong means of communicating with Aboriginal communities that is not generally used by health services. Suggestions were also made to use mediums such as Koori radio, Koori Mail and Indigenous Times as well as Facebook and Twitter.

Aboriginal health workers

Outreach to Aboriginal communities is imperative and could take a variety of forms. There is an evident need for the employment of Aboriginal health workers, both male and female in local health and other services to help bridge some of the gaps in engaging and providing services to Aboriginal people.

In addition, Aboriginal workers require a supportive network and connection within the community so that they are not isolated in their work context.

Areas where a need was expressed

for more Aboriginal workers included maternity services in Lithgow, post-natal services in Hawkesbury, Mental Health services in Penrith and Blue Mountains, Oral Health services in Penrith, Lithgow and Hawkesbury, as well as Drug and Alcohol, Aged care and Men's health in all areas.

Cultural Safety

Health services at all levels need to ensure that health providers have much greater awareness and better practical understanding of the Aboriginal culture, their specific health issues and the effect of past trauma on their well-being.

This could be assisted through local health service providers extending their cultural awareness, practicing cultural safety in delivering health services and developing Aboriginal-specific health services.

Community engagement and governance

Engagement opportunities between Aboriginal people and health and other services need to be developed to help Aboriginal communities become familiar with the services and start to trust them.

Engagement needs to be consultative using discussion rather than simply information delivery. The lack of a structure for community involvement in

addressing health needs has held back progress in each area.

The NSW State Plan 2012-2021 under Goal 11 'Keep people healthy and out of hospital' states:

In line with these identified priorities greater emphasis should be placed on the needs of Aboriginal people and the availability of services that they can relate to. Attention must be paid to the increased governance by Aboriginal communities of their health needs and service provision.

Health promotion

Effective Aboriginal health promotion requires Aboriginal governance and leadership in the planning, delivery and evaluation of health promotion initiatives.

This involves investment in supporting Aboriginal communities to govern and lead comprehensive planning for health and development and delivery of programs to address community-defined priority health problems.

Evidence suggests sustained action for 10 years (or more) is necessary for population-wide improvements in health outcomes to be measurable.¹

1. Wise, M., Angus, S., Harris, E. and Parker, S. 2012, Scoping Study of Health Promotion Tools for Aboriginal and Torres Strait Islander People, The Lowitja Institute, Melbourne)

