

**Submission
No 263**

**INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO
HEALTH AND HOSPITAL SERVICES IN RURAL,
REGIONAL AND REMOTE NEW SOUTH WALES**

Organisation: Riverina Murray Regional Alliance

Date Received: 13 December 2020

RIVERINA MURRAY REGIONAL ALLIANCE

Chairperson Ruth Davys

Project Officer Melissa Bilney



About Riverina Murray Regional Alliance

The Riverina Murray Regional Alliance (“the RMRA”) was formed in 2015 in response to the reduction of government services in the area (including the closure of the Wagga offices of the Department of Aboriginal Affairs) and the need for a regional governance structure to coordinate the provision of services to Aboriginal people across the Riverina Murray region.

While RMRA has been operating since 2015, it was formally launched in 2016 as a regional mechanism through which Riverina Murray communities can collectively identify priority issues and engage with government and key service delivery stakeholders to develop targeted service responses and solutions, and directly influence how those services are delivered.

The RMRA is independent and consists of ten member communities from across a vast footprint, spanning the Wiradjuri, Wamba Wamba / Wemba Wemba, Perrepa Perrepa, Yorta Yorta and Muthi Muthi nations. It is a grass-roots organisation which aims at producing community-driven change, to strengthen our communities and to ensure effective localised response to identified service gaps and priorities. This includes empowering youth. The RMRA aims to ensure each member community has a genuine voice in determining how and what services are delivered to their communities.

The establishment of RMRA also provides an opportunity for Riverina Murray communities to engage with, and benefit from, the NSW Government's OCHRE Plan (Opportunity, Choice, Healing, Responsibility, Empowerment) which provides a policy framework for advancing the capacity of NSW Aboriginal communities to participate in local decision making focused on improving education, employment, service delivery and accountability outcomes.

2017 RMRA Healing Forum

Under the framework of the NSW Government’s OCHRE plan, a RMRA Healing Forum was held in November 2017. There were 90 participants at the event, with representation from a range of communities and agencies. The RMRA used the Healing Forum as a means to build and strengthen the knowledge and capacity within communities and government to work in partnership. The RMRA is committed to utilising the evidence that emerged from their healing forum to embed the community’s healing aspirations in future planning for the region.

Goals Identified through RMRA’s Regional Strategic Priority Plans

One of the goals identified for the Healing Forum was the recognition of the prevalence and impacts of intergenerational trauma and the identification of solutions that community and services can adopt to support healing.

The Healing Forum also recognised one of the impacts of intergenerational trauma was drug and alcohol addiction across the RMRA footprint and its effect on communities, among others such as poor physical and mental health, family violence and poor education outcomes.

The Healing Forum also recognised a number of challenges with regard to the delivery of services into communities and the availability of services for families with specific needs.

A need was identified for services to be provided by Aboriginal people to Aboriginal people, to ensure that our communities are connected to them. This includes the involvement in Aboriginal people in the design and delivery of services they received.

The strategies that were developed and described during the Healing Forum to support trauma-informed healing where across three main themes: supporting young people; building culturally responsive and safe services; and community strategies.

With respect to building culturally response and safe services, a need was identified for the development of wrap-around services and for funding for AOD programs, as well as trauma-informed training and an increased Aboriginal workforce.

The RMRA has since developed its Regional Strategic Priority Plan for 2018-2021 which identified 10 priorities. Among these areas is Health and Healing (including mental health, AOD and rehabilitation services).

Community consultations have highlighted the lack of targeted programs and support services, in particular a lack of residential care facilities to support drug rehabilitation. The goals identified under this priority include:

- Increased access to AOD programs and detox options for affected people;
- Increased number of Aboriginal staff in local health facilities and improve cultural awareness in non-indigenous staff;
- Create and promote cultural activities to maintain culture;
- Engage with relevant stakeholders to promote the effective integration of health services.

Pursuant to these goals, the Strategic Plan is aiming to:

- Increase the number of Aboriginal health professionals across the sector;
- Ensure that cultural competency training is completed by all existing NSW Health service staff;
- Increase the number of Aboriginal health professionals working in all health professions and areas across the region;
- Increase the number of referrals and visitations for physical and mental health treatments
- Establishment of a more cultural centric, holistic and integrated approach to providing AOD treatment and facilities
- Effective follow up of discharged patients
- Collaborative approach to person centred care
- Effective communication between Aboriginal Medical Services, the hospital system, specialists and health related outreach services

Specific issues for Aboriginal people concerning Health outcomes and access to health and hospital services

The RMRA urges the consideration of the following issues in the context of Aboriginal people.

- The need to support family units as a whole and to build families' capabilities;
- Need to foster greater participation of Aboriginal people in professions – all opportunities should be provided to ensure that Aboriginal people have access to training and the ability to work in professional capacities as doctors, lawyers and psychologists. This will also address the frequent issue of Aboriginal people working in only limited professional contexts (such as health liaison workers instead of nurses, counsellors instead of psychologists);
- The need for cultural safety: a need exists to make mainstream health and other services culturally safe;
- Greater representation of Aboriginal people in non-Aboriginal service providers generally;

- There needs to be recognition that a significant barrier to Aboriginal people accessing drug and alcohol treatment is that a particular service is not provided by Aboriginal people.
- Aboriginal people can be traumatised by the need to attend services that are not on country. The trauma involved is caused both to the person who has to leave their land and community, as well as to the community itself who is left behind.
- Appropriate and affordable transportation options in rural, remote and regional areas
- Intergenerational trauma, including the removal of Aboriginal children from their families as part of the Stolen Generations has led to a significant distrust of Government agencies, including a reluctance to seek help for drug use for fear of an Aboriginal user's family circumstances being reported to FaCS and potential removal of children;
- A review of the effectiveness of the PACER program, NSW Police Force Wrap around program.

The RMRA ask that consideration to the above material be given in formulating its findings and recommendations in the Final Report.

Yours sincerely

Ruth Davys
RMRA Chairperson
9th December 2020