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Decision Making Framework for NSW Health Aboriginal Health Practitioners

undertaking clinical activities



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Introduction

Traditionally, Aboriginal Health Workers in NSW Health have been employed in non-clinical roles such as liaison, cultural brokerage, advocacy, health promotion, prevention and education. Over the past 20 years the scopes of practice of NSW Health Aboriginal Health Workers has changed due to the variety of Aboriginal Health Worker training that has been available across the sector.

On the 1st July 2012 national registration of Aboriginal Health Practitioners occurred. Aboriginal Health Practitioners provide direct clinical services to the Aboriginal community. The registrable qualification for Aboriginal Health Practitioners is the Certificate IV Aboriginal Primary Health Care Practice.

In the past, education for Aboriginal Health Workers has been varied and non-specified in NSW Health. It has contributed positively in increasing the knowledge, skills and abilities of Aboriginal Health Workers but there is still a lack of understanding around the scopes of practice due to this variety.

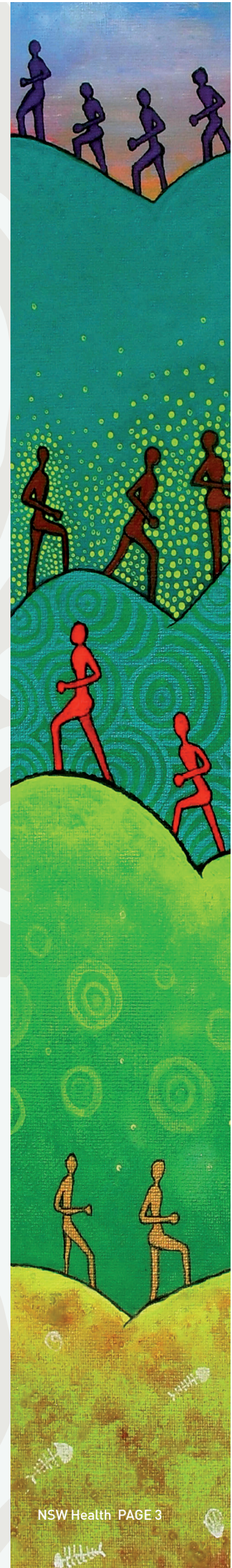
Within the workforce there is also limited understanding of the qualifications underpinning Aboriginal Health Practitioners – the Certificate IV Aboriginal Primary Health Care Practice. A lack of role clarity and minimum qualifications framework for Aboriginal Health Workers has made it difficult to standardise scopes of practice and direct Aboriginal Health Workers into appropriate education or training programs.

Not only does this impinge on the ability of the Aboriginal Health Worker to fulfil their roles, it also impacts on the ability of other health professionals to understand their roles and support them.

According to the 2012 NSW Health Aboriginal Workforce Survey, 80% of Aboriginal Health Workers had undertaken post-secondary education (12% have attained a Certificate III, 21% have Certificate IV, 17% hold a Diploma and 27% hold a degree based qualification).

It is due to this wide variety in education that it is essential to ensure that scopes of practice, or delegation of activities, to any Aboriginal Health Worker is applied within a robust risk management framework. Application of this framework will enable Local Health Districts the process of ensuring that Aboriginal Health Practitioners are trained, competent, ready and supported to undertake clinical activities.

This Framework aligns with the Nursing and Midwifery Board of Australia's Professional Codes & Guidelines.



Purpose of a Decision Making Framework for Aboriginal Health Practitioners

This framework will enable NSW Health organisations to make local decisions regarding Aboriginal Health Practitioners undertaking clinical activities. It will help to address the fact that Aboriginal Health Practitioners currently have a variety of qualifications at differing levels, and that the NSW Aboriginal community needs are ever changing.

Clinical activities in this Framework are defined as being 'concerned with observation and treatment of a disease in the patient. Clinical activities can also be performed in the delivery of preventative health services.

This framework aims to provide a process whereby an individual's scope of practice can be rigorously considered under a decision making framework, including the undertaking of clinical activities that are safe, timely and meet the Aboriginal community and health service needs.

It will also assist other health professionals in delegating clinical activities which would normally fit within their own scopes of practice, to Aboriginal Health Practitioners who have been appropriately trained and qualified in that particular clinical activity e.g. audiometry, basic physical assessments, venipuncture etc.

Definition of a NSW Health Aboriginal Health Practitioner

An Aboriginal Health Practitioner is defined as the following.

1. An Aboriginal and/or Torres Strait Islander person which means someone who:
 - is of Aboriginal and/or Torres Strait Islander descent; and
 - identifies as an Aboriginal and/or Torres Strait Islander; and
 - is accepted as such by the Aboriginal and/or Torres Strait Islander community in which they live, or formerly lived.
2. Is employed in an Aboriginal identified Aboriginal Health Practitioner position* in NSW Health;
3. Has undertaken a Certificate IV Aboriginal Primary Health Care Practice (including undergoing recognition of prior learning processes against current qualifications);
4. Works within a primary health care framework to achieve better health outcomes and better access to health services for Aboriginal people; and
5. Provides flexible, holistic and culturally sensitive health services to Aboriginal clients and the community.

*See Glossary of Terms for the meaning of *identified positions*

Scopes of Practice for Aboriginal Health Practitioners

The scopes of practice for Aboriginal Health Practitioners are to be bound and defined within the following three parameters:

1. Level of Education, Knowledge, Skills and Work Experience

An Aboriginal Health Practitioner's practice will be determined by the education, knowledge, skills and work experience they have gained through accredited education and qualifications.

2. Requirements of the Role (Job Description)

The requirements of the role will also determine the scope of practice of Aboriginal Health Practitioners.

Job descriptions should articulate position details, qualification requirements, key functions, scope of practice, responsibilities and specific clinical activities.

Job descriptions should be developed and reviewed in accordance to an appropriate health service delivery evaluation of community need.

3. Supervision and support for the position

The types of clinical activities that an Aboriginal Health Practitioner can undertake is dependent on the type of clinical supervision and support that is provided.

Aboriginal Health Practitioners will require direct or indirect clinical supervision and support, depending on the types of activity being performed and the context with which the clinical activity is being performed.

Direct supervision is when the supervisor is present and observes, works with, guides and directs the Aboriginal Health Practitioner.

Indirect supervision is when the supervisor works in the same facility or organisation, but does not constantly observe the activities of the Aboriginal Health Practitioner. The supervisor must be available for reasonable access. What is reasonable will depend on the clinical activity, the context, the needs of the consumer and the needs of the Aboriginal Health Practitioner.



Delegation of clinical activities to Aboriginal Health Practitioners

Delegation relates to a process whereby members of a certain health professional group delegate certain clinical activities to an Aboriginal Health Practitioner, which would normally fit within those health professionals scopes of practice.

The delegator retains accountability for the decision to delegate and for monitoring outcomes.

Delegation may either be:

- Transfer of authority to a competent Aboriginal Health Practitioner to perform a specific clinical activity in a specific context; or
- Conferring of authority to perform a specific clinical activity in a specific context on a competent Aboriginal Health Practitioner who would not normally have autonomous authority to perform the activity.

Responsibilities when delegating

To maintain a high standard of care when delegating clinical activities, the health professional's responsibilities include:

- teaching (although this may be undertaken by another competent person; and teaching alone is not delegation)
- competence assessment
- providing guidance, assistance, support and clinically focused supervision
- ensuring that the Aboriginal Health Practitioner understands their accountability and is willing to accept the delegation

- evaluation of outcomes (health outcomes and service delivery outcomes)
- reflection of practice.

Responsibilities when accepting a delegation

A key component of delegation is the readiness of the Aboriginal Health Practitioner to accept the delegation. The Aboriginal Health Practitioner has the responsibility to:

- negotiate, in good faith, the teaching, competence assessment and level of clinically-focused supervision needed
- notify in a timely manner if unable to perform the activity for an ethical or other reason
- be aware of the extent of the delegation and the associated monitoring and reporting requirements
- seek support and direct clinically-focused supervision until confident of own ability to perform the activity
- perform the activity safely
- participate in evaluation of the delegation.

It is the health professionals responsibility to provide direct or indirect supervision according to the nature of the delegated task. The health professional should understand the role and function of the Aboriginal Health Practitioner to ensure that they are not required to function beyond the limits of their education, competence, experience and lawful authority.

How to Use the Decision Making Framework

This Decision Making Framework is to be used when developing scopes of practice for Aboriginal Health Practitioners including delegating any clinical activities to Aboriginal Health Practitioners in NSW Health.

ALL components of the Decision Making Framework must be achieved prior to delegation of a clinical activity to an Aboriginal Health Practitioner. The components of the Framework are listed in no particular order and can be completed in any order.

Decision Making Framework for Aboriginal Health Practitioners Undertaking Clinical Activities

Desired Client Outcomes	The performance of the clinical activity by an Aboriginal Health Practitioner will achieve the desired client outcomes , and the client consents, if at all possible, to the clinical activity being performed by an Aboriginal Health Practitioner.
Lawful	The performance of the clinical activity by an Aboriginal Health Practitioner is lawful (legislation, common law).
Organisational /Cultural Support	There is organisational and cultural safety support in the form of national, state and local policies/frameworks/guidelines/WH&S practices and protocols for Aboriginal Health Practitioners performing clinical activities. Organisations have a responsibility to ensure Aboriginal Health Practitioners delivering such activities are also supported by all professionals including Principal Aboriginal Health Workers, Senior Aboriginal Health Workers and other Aboriginal staff in a culturally safe health care and work environment.
Professional Consensus	There is professional consensus (i.e. support from a professional group – nursing/midwifery profession, allied health profession, oral health or medical profession) and evidence for the performance of this clinical activity by an Aboriginal Health Practitioner.
Competent	The Aboriginal Health Practitioner is competent (i.e. has the necessary qualification, education, experience and skill) to perform the clinical activity safely.
Assessed	The Aboriginal Health Practitioner's competence in relation to the clinical activity has been assessed by a relevant health professional (i.e. Registered Nurse/Midwife, Allied Health Professional, Oral Health Professional or Doctor).
Ready	The Aboriginal Health Practitioner is ready (prepared and confident) to perform the clinical activity and understands their level of accountability for the clinical activity and knows who to ask for assistance and to whom they report.
Clinical Supervision and Support	There is a Registered Nurse/Midwife, Allied Health Professional, Oral Health Professional or Doctor available to provide the required level of clinical supervision and support , including education.
Reflection and Evaluation	The Aboriginal Health Practitioner must undergo a process of reflective practice/performance development to ensure that the Aboriginal Health Practitioner remains clinically competent and the Clients health outcome is monitored.



How to Ensure Aboriginal Health Practitioners are Prepared

ASK THESE QUESTIONS

Below is a series of questions that can be asked in order to prepare your organisation for an Aboriginal Health Practitioner to undertake clinical activities:

Desired Client Outcomes

Is the performance of the clinical activity by an Aboriginal Health Practitioner in the Client's best interests?

Has a Health Professional undertaken a comprehensive health assessment to establish Client's needs/or the need to improve access to care?

Has the health care team consulted with the Client in regards to the Aboriginal Health Practitioner providing some clinical activities?

Lawful

Is the clinical activity being undertaken by either an Aboriginal Health Practitioner or Aboriginal Health Practitioner being supervised by an appropriately qualified and/or registered health practitioner? Is this clinical activity within the current, contemporary scope of Aboriginal Health Practitioner practice? Is there any legislation which prohibits the Aboriginal Health Practitioner from undertaking the clinical activity?

Is the Aboriginal Health Practitioner appropriately registered to undertake the clinical activity?

Aboriginal Health Practitioners are required to hold a Certificate IV Aboriginal Primary Health Care Practice and be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) supported by the Australian Health Practitioner Regulation Agency (AHPRA).

If other health professionals should assist, supervise or perform the clinical activity, are they readily available?

Organisational Support

Is this practice supported by the organisation (e.g. policies, procedures, models of care and scopes of practice for the Aboriginal Health Practitioner's, clinical pathways for normal and abnormal findings, referral mechanisms)?

Does the Aboriginal Health Practitioner have an up-to-date job description which indicates skills required, qualifications, responsibilities and clinical activities that can be performed?

If organisational authorisation is needed, does the Aboriginal Health Practitioner have it or can it be obtained before performing the clinical activity?

Is the skill mix in the organisation adequate for the level of support/supervision needed to safely perform the clinical activity?

Have potential risks been identified and strategies to avoid or minimise them been identified and implemented?

- Client's health status
- Complexity of care required by the Client
- Knowledge and skills of the Aboriginal Health Practitioner

If this is a new practice:

- Are there processes in place for maintaining performance into the future?
- Have relevant parties been involved in the planning for implementation?

Professional Consensus

Have discussions occurred across the multidisciplinary team in relation to the Aboriginal Health Practitioner undertaking certain clinical activities?

Is there consensus from the health professional group in which that clinical activity would normally sit?

Does the multidisciplinary team understand the qualifications and training that the Aboriginal Health Practitioner has undertaken in order to complete the clinical activity?

Competent

Does the Aboriginal Health Practitioner have the knowledge, skill, authority and ability (capacity) to undertake the clinical activity autonomously or with education, support and supervision? (Assessment to review qualifications, past experience, on the job training etc.)

Assessed

Has the Aboriginal Health Practitioner been adequately assessed by a Health Professional (outside of the educational institution) ensuring they are competent in undertaking the clinical activity?

Is there a documented process whereby the Aboriginal Health Practitioner will maintain their skills through annual competence assessment and ongoing education? (e.g. First Aid, Work Health & Safety, Infection Control, Manual Handling, etc.) and Professional Development.

Ready

Is the Aboriginal Health Practitioner confident and do they understand their accountability and reporting responsibilities in performing the clinical activity?

Does the Aboriginal Health Practitioner understand the extent of their individual scopes of practice and what to do when asked to work outside of their scope? (e.g. referral, consultation with Manager etc.)



Clinical Supervision and Support

Is the level of education, supervision/ support available by another health professional adequate?

Is there a system for ongoing education and maintenance of competence in place?

Have those health professionals who are providing clinical supervision and support undertaken Aboriginal cultural training as per the Respecting the Difference: Aboriginal Cultural Training Framework for NSW Health (PD2011_069) to better understand some of the issues that an Aboriginal Health Practitioner may face?

Have supervision and support requirements been identified according to the types of settings that the clinical activity will be undertaken (e.g. acute hospital setting, community health setting and home setting)? What kind of supervision and support is required in each setting?

Reflection and Evaluation

Is there a formal monitoring process of the Client's health status to ensure that performance of the clinical activity by an Aboriginal Health Practitioner is meeting their needs?

Is there a formal monitoring process of the program outcomes to ensure that performance of the clinical activity by an Aboriginal Health Practitioner is positively contributing to the program?

Is there a process of reflective practice/ performance management in place to ensure that the Aboriginal Health Practitioner remains competent at undertaking this clinical activity?

IF YOU HAVE ANSWERED 'YES' TO ALL OF THE ABOVE THEN:

1. The Aboriginal Health Practitioner can perform the clinical activity;
2. Document all decisions and actions.

Glossary of Terms

Accountability/ Accountable	Accountability means that Aboriginal Health Practitioners must be prepared to answer to others, such as health care consumers, other health professionals, their regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The health professional who delegates an activity to an Aboriginal Health Practitioner is accountable, not only for the delegation decision, but also for monitoring the standard of performance of the activity by the Aboriginal Health Practitioner, and for evaluating the outcomes of the delegation.
Activity/Activities	An activity is a service provided to consumers as part of a plan of care. Activities may be clearly defined individual tasks, or more comprehensive care. The term can also refer to interventions, or actions taken by a health worker to produce a beneficial outcome for a health consumer. These actions may include, but are not limited to: direct care, monitoring, teaching, counselling, facilitating and advocating.
Client	Clients are individuals, groups or communities of health care consumers who work in partnership with Aboriginal Health Practitioners and health professionals to plan and receive health care. The term Client includes patients, residents and/or their families/representatives/significant others.
Clinical Activities	Clinical activities are defined as being concerned with observation and treatment of a disease in the patient and processes undertaken for primary health care including early identification and intervention.
Competence/ Competent	Competence is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability.
Competence assessment	<p>Assessment of an individual's competence may occur through structured educational programs or a peer review process. Evidence of a person's competence may include:</p> <ul style="list-style-type: none"> ■ written transcripts of the skills/knowledge they have obtained in a formal course ■ their in-service education session records ■ direct observation of their skill ■ questioning of their knowledge base ■ assessment from the consumer's perspective using agreed criteria ■ self-assessment through reflection on performance in comparison with professional standards.





Comprehensive health assessment	<p>A comprehensive health assessment is the assessment of a consumer's health status for the purposes of planning or evaluating care. Data is collected through multiple sources, including, but not limited to, communication with the consumer, and where appropriate their significant others, reports from others involved in providing care to the consumer, health care records, direct observation, examination and measurement, and diagnostic tests.</p> <p>The interpretation of the data involves the application of health professionals knowledge and judgement. A comprehensive health assessment also involves the continuous monitoring and reviewing of assessment findings to detect changes in the consumer's health status.</p>
Context	<p>Context refers to the environment in which Aboriginal Health Practitioners practice, and which in turn influences that practice. It includes:</p> <ul style="list-style-type: none"> ■ the characteristics of the Client and the complexity of care required by them ■ the model of care, type of service or health facility and physical setting ■ the amount of clinical support and/or supervision that is available ■ the resources that are available, including the staff skill mix and level of access to other health care professionals.
Delegation/ Delegate	<p>A delegation relationship exists when one member of the multidisciplinary health care team delegates aspects of consumer care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline.</p> <p>Delegations are made to meet consumers' needs and to ensure access to health care services; that is, that the right person is available at the right time to provide the right service to a consumer. The delegator retains accountability for the decision to delegate and for monitoring outcomes.</p>
Direct Supervision	<p>Direct supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.</p>
Education	<p>Formal education includes courses leading to a recognised qualification. Informal educational methods include, but are not limited to:</p> <ul style="list-style-type: none"> ■ reading professional publications ■ completing self-directed learning packages ■ attending in-service education sessions ■ attending seminars or conferences ■ individual, one-to-one education with a person competent in the subject or skill ■ reflection on practice alone or with colleagues. <p>Practical experience and assessment of competence by a more qualified person (Registered Nurse/Midwife, Allied Health Professional or Doctor) are key components of any educational preparation for the performance of a health care activity.</p>

Evaluation/Evaluate	Evaluation is the systematic collection of evidence, measurement against standards or goals, and judgement to determine merit, worth or significance. It focuses on the Client's response to care to review the plan of care. It can also be used to determine the appropriateness of continuing to undertake an activity, or to delegate it. Relevant stakeholders who should be involved in evaluation include the Client, Aboriginal Health Practitioners and any party affected by the activity, such as other health care workers.
Health professional	Health professionals are people who have the necessary education to qualify for a licence, in their respective professions, to provide a health service for which they are individually accountable. A licensing authority grants their licence to practise and monitors their professional standards. The health professions that are licensed vary between jurisdictions. In this document, the term also refers to what are sometimes known as health practitioners or semi-regulated professions, such as paramedics, and social workers.
Identified positions	<p>"Identified positions are those in which Aboriginality is a genuine occupational qualification. Typically, such positions work directly with Aboriginal people and are involved in developing and/or delivering services and programs which have an impact on Aboriginal people and/or involve dealing with Aboriginal communities."</p> <p>Exemption is claimed under: Section 14d of the Anti-Discrimination Act 1977</p>
Indirect supervision	Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised.
Organisation/ Organisational support	Employers/organisations are responsible for providing sufficient resources to enable safe and competent care for the consumers for whom they provide health care services. This includes policies and practices that support the development of Aboriginal Health Practitioner practice to meet the needs and expectations of consumers, within a risk management framework.
Refer/Referral	Referral is the transfer of primary health care responsibility to another qualified health service provider/health professional. However, the health professional referring the consumer for care by another professional or service may need to continue to provide their professional services collaboratively in this period.
Risk Assessment/ Management Framework	<p>An effective risk management system is one incorporating strategies to:</p> <ul style="list-style-type: none"> ■ identify risks/hazards ■ assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur ■ prevent the occurrence of the risks, or minimise their impact.



Scope of Practice

A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform. The scope of professional practice is set by legislation, professional standards such as competency standards, codes of ethics, conduct and practice and public need, demand and expectation. It may therefore be broader than that of any individual within the profession. The actual scope of an individual's practice is influenced by the:

- context in which they practise
- consumers' health needs
- level of competence, education, qualifications and experience of the individual
- service provider's policy, quality and risk management framework and organisational culture.

Supervision/ Supervise

There are three types of supervision in a practice context:

- 1** managerial supervision involving performance appraisal, rostering, staffing mix, orientation, induction, team leadership etc.
- 2** professional supervision where e.g. a health educator, supervises a student undertaking a course for entry to the Aboriginal Health Practitioner profession
- 3** clinically-focused supervision, as part of delegation.

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Notes







Stepping Up by artist Jessica Birk. Aboriginal people from all parts of NSW on a journey towards the top of the hill. With one foot firmly on the earth, the other just hovering above in an effort to achieve more, with the sky being the only limit to people's opportunities.



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An initiative of NSW Health to halve the gap in employment outcomes between Aboriginal and non-Aboriginal people within a decade.