



# Strategic Plan

2008 – 2013



MAARI MA HEALTH

The plan aims to build on what we have achieved to date... but we are also looking to develop our efforts in the child development & wellbeing area.



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We are all looking forward to the challenges of the next 5 years



# Forward

Richard Weston



The Maari Ma Strategic Plan for the period 2008 – 2013 maps out the priorities for our Corporation over the next 5 years. The plan was developed over a 9-month period through consultations with our employees, our Board of Directors, our key service delivery partners and our funders.

In summary the plan focuses on 5 key result areas.

The plan aims to build on what we have achieved to date in our work tackling chronic diseases but we are also looking to develop our efforts in the child development & wellbeing area.

We are also looking to develop an integrated and structured approach to developing our Aboriginal staff with a focus on enhancing Aboriginal leadership within the Corporation.

A clear message came through the staff workshop and in discussions with our Board of Directors that we must consolidate our Social and Community Programs and make them part of our core business.

Furthermore, we must ensure that Maari Ma doesn't grow too fast or overextend itself as it develops. We must ensure that we communicate openly with our communities and that we are prepared to accept criticism where it is warranted and that we will act to address that criticism to improve on our weaknesses.

And finally Maari Ma will continue to develop our formal partnerships with the Royal Flying Doctor Service, Greater Western Area Health Service,

## We are all looking forward to the challenges of the next 5 years to build on the last 13 years of Maari Ma's development and continuing our efforts to close the gap.

Sydney University Department of Rural Health and the Barrier Network of General Practice. We are also keen to develop new relationships in research, service development and within our social & community program area.

Another avenue we will look more closely at will be in garnering corporate and philanthropic support for the work that we do.

We are all looking forward to the challenges of the next 5 years to build on the last 13 years of Maari Ma's development and continuing our efforts to close the gap.

Richard Weston  
Regional Director



We know that we are the only people who can tackle our own problems and create our own future.



## Purpose



Maari Ma has existed for a decade now, more if the time leading to our establishment is counted. This Strategic Plan is for the Maari Ma Board to provide the direction for the Corporation over the next five years.

Much has been achieved. We have improved the access of our people to health services and their treatment by them. We have set up and run our own primary health clinic in Broken Hill and increased the employment of our people in health services.

**We also want to build on our leadership in health service development to explore other aspects of our healing.**

In 2007 Maari Ma won the NSW Minister for Health Award for our Management Agreement with the Area Health Service under which Maari Ma runs local health services in our remote communities. We also won the 2007 National Excellence in Indigenous Health Award for the same program. Our chronic disease strategy was one of the first in NSW and continues to define our leadership in Aboriginal health. Our people talk about health more and they have higher expectations of health services, including our own.

But there remains much to do. We want to continue as leaders in developing the health of our people: especially in adult chronic disease, in maternal and child health and in social and emotional wellbeing. We know that we need to continue with very basic services without which our people do not access health.

We want to continue to define our relationships by respect and honesty, with our partners and with our communities. We want to attract more of our people to careers in health and to participation in our community activities. We want to partner with the leaders in Aboriginal health across the nation. We also want to build on our leadership in health service development to explore other aspects of our healing.

As Aboriginal people we need to build on our knowledge of land, culture and family and to use that knowledge to provide opportunities for healing and building strength. We want to support our young people to understand and operate in the mainstream community, safe and secure in their knowledge of who they are and where they come from.

We know that we are the only people who can tackle our own problems and create our own future. Maari Ma wants to play its part in doing this.



# Vision Statement

## Our Vision

Aboriginal people live longer and close the gap – families, individuals and communities achieve good health, well-being and self-determination, supported by Maari Ma



## Our Role

Maari Ma is a leader and a partner, winning respect and showing it to clients, community and other organisations, and providing services that reflect best practice to the communities in our region





Empowerment of clients in health service interactions

## Key Result Areas

### 1) Striving for best practice in everything we do



Maari Ma has achieved a reputation as a leader and an innovator in health services for Aboriginal people. It is fundamental to our vision that this is maintained. This will require keeping abreast of developments, continuing to invest in people and systems. Transparent accountability is also a value we hold strongly: accountability to communities, funders and ourselves.

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#### Strategies

- a. Consolidate Chronic Disease Strategy and continuous quality improvement of health service delivery
- b. Develop collaboratively with relevant organisations a strategic plan for child development and well-being, focusing initially on the early years (pregnancy to school entry)

- c. Maintain engagement of staff, technical experts, community and clients, including investment in renewing technical expertise
- d. Ensure cultural competence of non-Aboriginal staff
- e. Empower clients in health service interactions / build self-management models and change service practices

#### Capacity Issues

- i. Aboriginal staff and leadership
- ii. Continued access to high level technical staff
- iii. Continued support of whole organisation and community through length of time and 'hard slog' before big results show

#### Measures in two years

- iv. Improved SAT results
- v. Child development and wellbeing plan developed and implementation of priority strategies initiated
- vi. Program statistics – increase in activity
- vii. Have a full complement of staff, with measurable increasing client and community commitment
- viii. Increased proportion of clients making and attending their appointments



Attract local Aboriginal young people to careers in health and community development

## Key Result Areas

### 2) Develop Aboriginal leadership



Aboriginal leadership is crucial at many levels, including in the community – talking to families – and in the organisation – developing Aboriginal managers and health professionals. We want to see Aboriginal people at all levels of our organisation, as professionals and role models, inspiring us and our young people. This is crucial to our direction and requires creativity and partnerships, including with the education sector. We will value our staff and support the hard work they do for our communities.

#### Strategies

- a. Commit resources and planning up-front to the development of Aboriginal staff, including succession planning to increase Aboriginal leadership within all levels of Maari Ma
- b. Attract local Aboriginal young people to careers in health and community development
- c. Continue to engage with Aboriginal men and women in the community about health and social leadership

#### Capacity Issues

- i. Integration in work plans, performance reviews
- ii. Development of planning and performance evaluation ability
- iii. Money will need to be put aside in the budget for staff development

We want to see Aboriginal people at all levels of our organisation, as professionals and role models, inspiring us and our young people.

#### Measures in two years

- iv. Recurring budget established for staff development
- v. Increasing number of Aboriginal staff, Aboriginal staff completing training and being appointed to greater range of positions in Maari Ma
- vi. Engagement with schools and other places to engage Aboriginal young people in talking about careers in health
- vii. Integration of social programs in primary health care work





We have watched in pain as our young people and our brothers and sisters become alienated and dispirited

## Key Result Areas

### 3) Consolidate Maari Ma's social and community programs as a core part of our business



The impact of European settlement and colonisation on our people has been profound; and its impact has stretched across generations for 220 years. We have watched in pain as our young people and our brothers and sisters become alienated and dispirited. Some give up or become self-destructive or dangerous to their families. We have seen poor attendance at school, self-defeating behaviour, a poor start in life, and distressed families for too many of our young people growing up.

## We are committed to speaking clearly within our families and communities...

We are committed to speaking clearly within our families and communities about these issues and to addressing the social and emotional roots of this alienation. We will take steps to redress these circumstances, through community education, through advocacy and through innovative responses.

One innovative response we will pursue is the development of the Haythorpe property where families can engage in activities with spiritual and cultural healing outcomes. Haythorpe represents an opportunity for our people to re-engage with traditional ways of caring for family and country.

#### Strategies

- a. Develop appropriate management structures and program plans for the range of our social and community programs, including in the youth, children and social and emotional well-being areas
- b. Embed these programs into our core business as an essential part of our approach to primary health care, with the same rigour and attention to evidence, workforce and program development as other programs
- c. Where new program opportunities arise, especially as these require new skills and resources in the organisation, ensure adequate planning and assessment
- d. Developing proactive linkages between primary health care and early childhood education and social services
- e. Developing greater capacity in both community-based research and community engagement / communications to explore health issues in communities and to talk to communities about health issues and services

#### Capacity Issues

- i. Management structures need to develop and accommodate increased corporate management load
- ii. Finite planning and managerial skills, especially in new areas of business

#### Measures in two years

- iii. Management structure in place
- iv. Plans written and resourced







## Key Result Areas

### 4) Address the implications of increasing growth and maturing of our organisation



We wish to state our unequivocal support for our staff and management and will do more to celebrate their achievements. They are the key to our ability to achieve our purpose – closing the gap for our people.

We recognise that, as Maari Ma grows and takes on new challenges, that we, the Board, must play an active role to work with our Regional Director and management to maintain Maari Ma's balance and capacity, where necessary to set priorities and avoid over-extending our resources.

We need to promote our commitment to accountability and demonstrate to our communities our openness and our results. If this leads to uncomfortable criticism we are happy to accept that criticism. The absolute priority is that our people's needs are met.

#### Strategies

- a. Invest in community engagement and communication, including through program activities, social events and by direct community discussion and accessibility
- b. Adapt and reform our organisational structures and skills mix in a planned way to maintain an integrated, balanced and sustainable organisation
- c. Document and develop planning approaches from our experience in successful development models
- d. Work with Commonwealth Department of Health and Ageing to move to three-year funding agreement

## We need to promote our commitment to accountability and demonstrate to our communities our openness and our results.

- e. Work with Commonwealth Department of Health and Ageing to develop capital funding strategies for modification and improvement of Aboriginal Primary Health Care Services in Broken Hill and housing for staff of that service


#### Capacity Issues

- i. Management structures need to develop and accommodate increased corporate management load
- ii. Provide new staff with an orientation that makes them ready to perform at their best from day one
- iii. Constantly re-energise community engagement and groom future leaders, including Board members

#### Measures in two years

- iv. Increased median length of service of employees
- v. Improved service assessment scores





Greater balance in organisation with increasing reputation in social and community programs

## Key Result Areas

### 5) Developing and maintaining partnerships and mainstream engagement



The Board reaffirms our commitment to partnership: the high priority we place on improving the performance of mainstream services for Aboriginal people; our commitment to reaching out to all members of the communities we serve; and to improving service coordination with other Aboriginal health organisations, even when we express different philosophies.

- c. Continue to pursue strategic and professional relationships with all funders and other stakeholders
- d. Cooperation with other community health providers, including Coomealla Health Aboriginal Corporation in the southern area of our region, an area we recognise is not supported by the same level of service as other communities which we serve.

## Continue to pursue strategic and professional relationships with all funders and other stakeholders

Maari Ma does not provide and can never provide the full range of services our people need and therefore we recognise that our partnerships with other providers, both government and non-government, are an essential element of our service to our communities.

#### Strategies

- a. Continue to pursue core Maari Ma strategy of engagement with mainstream health service systems
- b. Work with Centre for Remote Health partners to optimise contribution of this grouping to remote health development in western NSW

#### Capacity Issues

- i. Paradoxically, Maari Ma's success can cause tension with its partners – this perception must be addressed with those partners
- ii. The success of social and community program areas needs to match the strength of health advocacy

#### Measures in two years

- iii. Continued budget growth
- iv. Greater balance in organisation with increasing reputation in social and community programs
- v. Greater development of integrated models of care on the ground – for example, across health, education and social program areas





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