



OUR
2023 – 2028
STRATEGY

STRATEGIC PLAN



SAWCAN

STRONGER TOGETHER



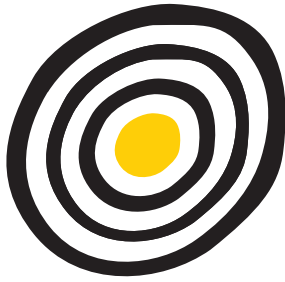
About SAWCAN

SAWCAN formally commenced in 2020 as a partnership consortium consisting of five ACCHOs on the Eyre Peninsula and Far West Coast of South Australia:

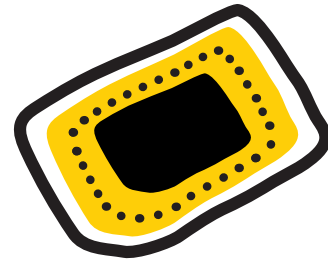
- Nunyara Aboriginal Health Service in Whyalla
- Port Lincoln Aboriginal Health Service in Port Lincoln
- Yadu Health Aboriginal Corporation in Ceduna
- Tullawon Health Service in Yalata
- Oak Valley Health Service in Oak Valley.

Together, the five member ACCHOs provide comprehensive primary health care to approximately 5,500 Aboriginal people in a region from Whyalla to the WA border (approx. 1,300km geographical distance).

The purpose of SAWCAN is to work collaboratively as a region to:



Build capacity within the region to achieve improved health and wellness outcomes for Aboriginal people.



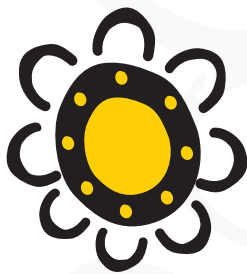
Leverage opportunities by advocating as one voice.



Demonstrate a strengths-based approach to achieving large scale solutions.



Become a central point of contact that provides advice and direction to external parties on Aboriginal-specific funds and programs coming into our region where it relates to health and wellbeing.



Share and co-operate with each other to utilise each other's skills, experience and specialist knowledge.



Act as a point of truth-telling and supporting each other.

SAWCAN's work is delivered via the framework of regional cooperation and coordinated service delivery for our patients and clients.

Our Story So Far



For decades the five ACCHOs have been informally collaborating because our region is in a unique position where many of the Aboriginal peoples are related. The population is also highly transient because of this relational element. So, for us it just makes sense for us to work together under a more formalised structure.

For our region and our communities, SAWCAN is a practical expression of self-determination. The partnership happened organically. This is not a structure or a special project that was imposed upon us by governments.

In 2018 the five ACCHOs came together to talk about collective, community-based solutions to the poor uptake and poor roll-out of the NDIS. Working together over a two-year period (2018-2020) as a partnership and united voice, SAWCAN was able to lobby for funds to develop a community-led regional disability project. By receiving this grant money we were able to build foundations and formalise the structures of SAWCAN.

In 2022, SAWCAN entered the Indigenous Governance Awards - category 1: outstanding examples of governance in Indigenous-led non-incorporated initiatives.

SAWCAN was awarded a Highly Commended in this category. This has strengthened our resolve to continue building our governance and internal systems to support our ambition and vision for our community. The following two paragraphs were taken directly from the award's report and guide the development of SAWCAN's systems and processes.

“SAWCAN's innovation was noted as a key strength by the Judging Panel, specifically, the unification and pooling of resources, funds, grant applications and data sharing across all five ACCHOs... Due to the infancy of SAWCAN, the panel flagged that increasing demands could put heightened levels of pressure on the Network and it was noted that to mitigate this required increased strategic and future planning.

SAWCAN's development in response to key community health and wellbeing needs across the region was a key example of effective Indigenous governance for the panel... a highlight for the judging panel was SAWCAN's ability to shift government department attitudes towards funding arrangements to benefit the Community - effective self-determination... To ensure SAWCAN's continuation of effectiveness, an area of improvement outlined was the need for greater development in key processes such as conflict resolution, strategic planning, and the outlining of the Network's priorities.”

Our Partners



The success of **SAWCAN** is built upon sound relationships with our key partners. This means that we are not in competition with, nor is our intent to duplicate the work of other services or organisations in South Australia.

We are complementary to the existing support / advocacy models.

Our partners are far-reaching across the state, and nationally, and include:

- Aboriginal Health Council of SA (AHCSA)
- Country and Metro Primary Health Network (PHN)
- Local Health Networks (LHNs), specifically Eyre and Far North and Flinders and Upper North
- State Government Departments
- National Indigenous Australians Agency (NIAA)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- Federal Government Departments
- South Australian Health and Medical Research Institute (SAHMRI)
- University of South Australia.

Our Vision



Our vision at **SAWCAN** is to:
Build our capacity to
achieve improved health
and wellness for Aboriginal
people in our region.

The way we will work together to achieve this
vision is through four key principles:



How We Work Together



We have designed the following diagram to show how each of the member ACCHOs works within the structure of SAWCAN.



1. Commitment to the regional approach of the health and wellbeing of our communities

Member organisations

- CEO attendance at meetings, or appointment of proxies with full decision-making authority
- Active support of safe client journey across the region
- Respect the opinions, experience and contributions of member organisations
- Commitment to consider the benefits and risks of proposals to all member organisations
- Work to achieve consensus; where not possible we follow our governance framework that describes how we work through challenges to maintain continuity of service.

SAWCAN

- Understand individual positions of member organisations and leverage organisational strengths and contributions
- Organisation of meetings, secretariat and facilitation support
- Clear framework for prioritisation of projects and program design
- Ensure clear entry, participation and exit criteria to maintain integrity of collaborative model
- Ensure there is a balance between maintaining the autonomy of member services and simultaneously harnessing the power of the collective.

How We Work Together

2. Commitment to a momentum for change

Member organisations

- Provide organisational leadership and understand the direct impact of change
- Understand the risk profile of new projects and treatments accordingly
- Commit to exploring new opportunities for research and development of new health service approaches.

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- Support change through designing clear outcomes, funding and evaluation
- Pace engagement for new programs to ensure stability of both individual organisations and regional collective
- Be aware of extent of unmet need in region
- Commitment to evaluation of our programs to ensure they are leading practice.

3. Visibility and the power of the regional voice, advocacy

Member organisations

- Standing agenda item on Board and Executive Agendas
- SAWCAN and induction information in Board and Executive orientation packs
- SAWCAN information in 'new client info packs' where appropriate
- Monitor and measure community impact of new programs.

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- Annual attendance of the SAWCAN Executive at member organisations' Board meetings
- Collect and collate information from across the region to inform advocacy
- Maintain connection with national and state programs of change - Referendum, Voice, National Agreement on Closing the Gap, NDIS, Aged Care.

4. Projects to be managed with transparency and clarity of responsibilities

Member organisations

- Transparency of funding pathways and consequent staff positions
- Provide day to day supervision of clinical and community health work.

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- Clear program outcomes
- Advocate for new program funding and grant applications
- Work towards co-design and funding stabilisation.

1



Anticipate and
respond to the health
and wellbeing needs
of our community

2



Build
capacity
of our
workforce

3



Innovate
and create
community
impact

4



Evolve
SAWCAN
towards
sustainability

Strategic Outcomes



Strategic Outcome One:

Anticipate and respond to the health and wellbeing needs of our community



By working together we provide continuity of care and ensure the community gets the healthcare they need, when they need it, where they need it.

SAWCAN has agreed that our specific focus areas over the next five years will be:

- Social and Emotional Wellbeing
- Environmental Health
- Communicable Disease
- Child and Maternal Health
- Youth
- Disability Support
- Aged Care

1.1 Identify emerging community health needs and prepare regional responses

Objectives

SAWCAN will identify priority community health needs.

Actions

For each focus area SAWCAN will prepare a roadmap on how to approach/advocate for each priority area.

Implementation	2023	2024	2025	2026	2027	2028
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1.2 Community Population Health Data Project

Objectives

Work towards being able to share data to understand our community health needs and apply research and new approaches.

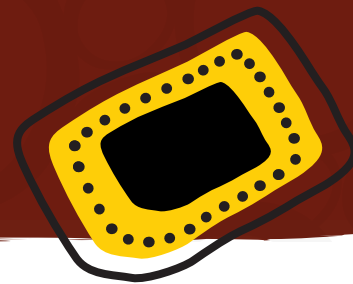
Actions

- Work on our ability to share, analyse and understand our data
- Apply research to data/health gaps to acquire new knowledge
- Communicate our data to our community, funders, key stakeholders and regulators
- Apply new health approaches.

Implementation	2023	2024	2025	2026	2027	2028
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Strategic Outcome Two:

Build capacity of our workforce



Our health services need workers and practitioners across many sectors, including medical, nursing, allied health, aged care, disability, finance, IT and HR.

2.1 Design and promote opportunities for training, recruitment and future pathways or new opportunities for Aboriginal Health Workers and Practitioners

Objectives	Actions					
Develop career pathways for Aboriginal Health Workers and Practitioners that leverage SAWCAN's regional model of collaboration.	<ul style="list-style-type: none"> Establish rotations across SAWCAN network during orientation and on-boarding Regional AHW collaboration and case studies Enable retention of current Aboriginal Health Workers and Practitioners. 					
Implementation	2023	2024	2025	2026	2027	2028

2.2 Develop our regional workforce

Objectives	Actions					
Attract a skilled workforce.	For the four required key workforces: <ul style="list-style-type: none"> Clinical - medical, specialist, nursing, allied health Social Support - aged, disability, community Corporate functions - Finance, IT/data, HR, procurement Leadership and Governance <ul style="list-style-type: none"> i) Consider availability of housing for permanent and occasional staff ii) Develop a recruitment and attraction strategy iii) Redesign remuneration and packages to enable flexibility of remuneration and benefits, including housing, experiences. 					
Train, support and retain a skilled workforce.	<ul style="list-style-type: none"> Reach into schools, RTO's, universities and employment agencies/ networks to support careers in the health sector Provide employment pathways that enable mobility through SAWCAN Invest in leadership and peer support programs that allow individuals to gain experience and learning in leadership to support succession and local employment for Mob. 					
Implementation	2023	2024	2025	2026	2027	2028

Strategic Outcome Three:

Innovate and create community impact



SAWCAN is a unique place of collaboration and innovation. It provides a place where peers can support each other to find new solutions to community issues. SAWCAN would like to extend that opportunity for collaboration and innovation to the community to find solutions to our most pressing community health needs. We want to provide a space to create greater collective impact through innovation and collaboration.

3.1 Pilot community innovation program for new health and wellbeing programs in the region

Objectives			Actions			
Identify specific areas of need within the community that would benefit from new and creative solutions that are built and led by community members or groups.			<ul style="list-style-type: none"> • Invite community (particularly schools and adjacent industries) to engage in program • Run innovation finals to pitch for micro-funding. 			
Work with Aboriginal and Torres Strait Islander national peak bodies to support the program of innovation.			<ul style="list-style-type: none"> • Engage with national Aboriginal and Torres Strait Islander peak bodies on their priority areas, models of care, workforce development and funding - for example Gayaa Dhuwi on mental health needs • Evaluate the opportunities to seek alignment between emerging community health needs. 			
Implementation	2023	2024	2025	2026	2027	2028

3.2 Annual Innovation and Impact Awards

Objectives			Actions			
Awards for innovation in health and wellbeing services.			<ul style="list-style-type: none"> • Define categories and requirements for regional awards in innovation for health and wellbeing, for both individuals and teams which celebrate the collaboration of SAWCAN and promote regional benefit • Award winners from the Shark Tank competition. 			
Implementation	2023	2024	2025	2026	2027	2028

Strategic Outcome Four:

Evolve SAWCAN towards sustainability



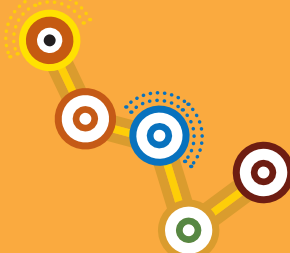
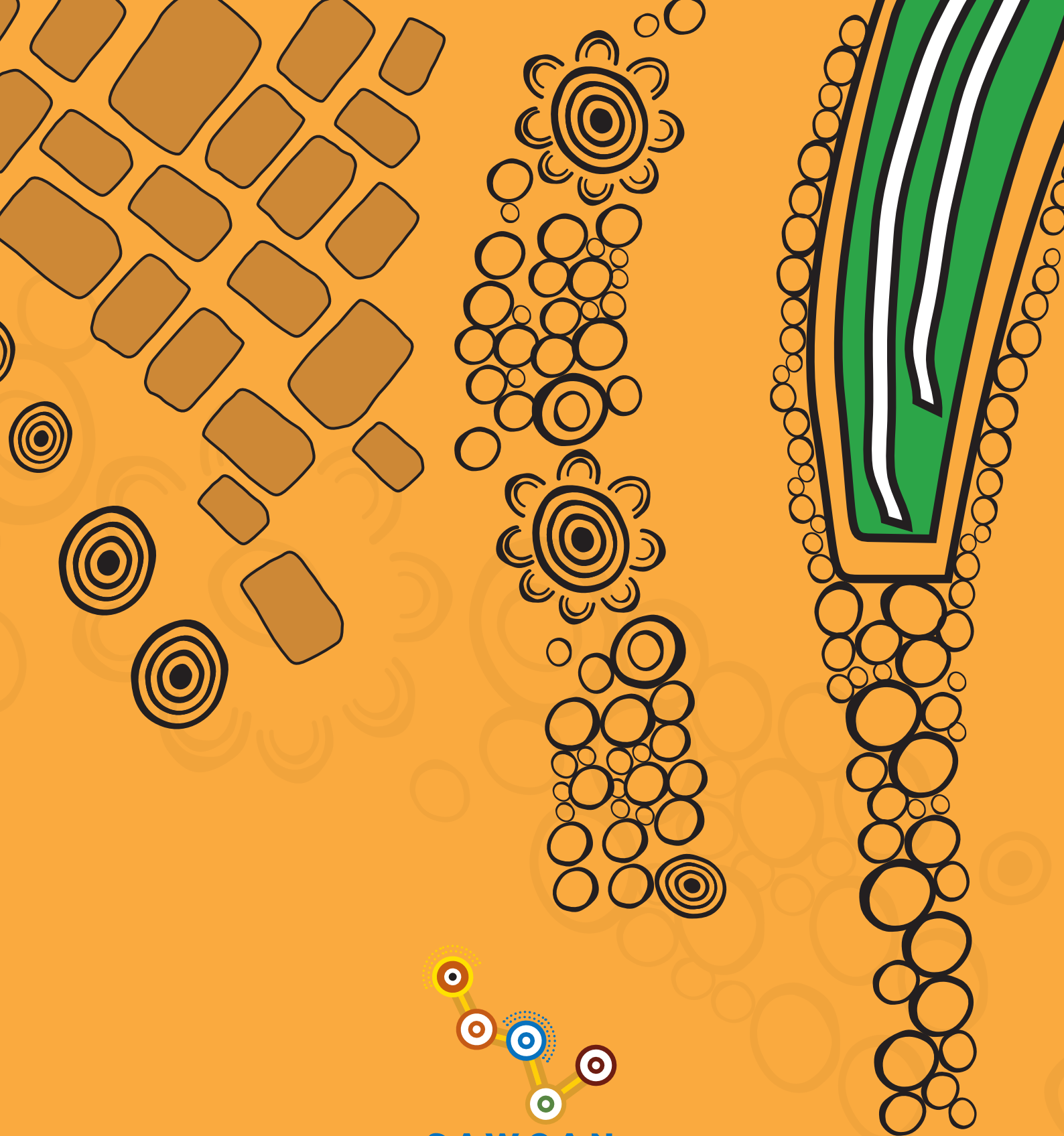
We need to evolve SAWCAN to ensure that the benefits from our cooperation over the last four years continue into the next five years.

4.1 Simplify and formalise the governing and financing structures of SAWCAN

Objectives	Actions					
Simplify financial model with transparent accounting and reporting processes.	<ul style="list-style-type: none"> Develop shared financial model that allows for flexibility, transparency of funding, ease of reporting and accounting All member organisations to ensure parallel financial governance, policies and reporting. 					
Ensure individual member Boards of SAWCAN have visibility and engagement in reporting and key strategies.	<ul style="list-style-type: none"> Regularly engage with member organisation Boards to provide an update of current projects, priorities, funding and governance models. 					
Facilitate elevation of SAWCAN as a regional partner for external organisations (research, funding, participating in tenders).	<ul style="list-style-type: none"> Identify processes where SAWCAN can operate as a representative of all five member organisations Provide a point of contact for external organisations seeking collaborative and culturally responsive approaches to research, funding and tenders. 					
Implementation	2023	2024	2025	2026	2027	2028

4.2 Extend formal governance and authorising documents and procedures within SAWCAN and member organisations

Objectives	Actions					
Agreed and defined strategic planning and prioritisation framework for SAWCAN.	<ul style="list-style-type: none"> Draft principles by which new decisions, projects or funding can be considered and assessed Design a strategic planning cycle where member organisations engage and participate in a creative, strategic process and evaluation and monitoring of the strategy is shared with SAWCAN members. 					
Each member organisation to draft and approve key governance and financial documents.	<ul style="list-style-type: none"> Define how SAWCAN will engage with Member organisations' Boards and vice versa Each member organisation to draft and approve specific engagement protocols and include engagement as a core component of member organisation CEO roles and responsibilities, including CEO position description, Delegation framework and Authorisation of proxy representation and delegation. 					
Implementation	2023	2024	2025	2026	2027	2028



SAWCAN

NUNYARA
ABORIGINAL HEALTH SERVICE INC.



YADU HEALTH
Aboriginal Corporation