



The Glen



Bungree
ABORIGINAL ASSOCIATION

Aboriginal Collaborative Memorandum of Understanding

**Bungree Aboriginal Association Ltd
and The Glen Group
2024-2027**



Aboriginal Collaborative Memorandum of Understanding

Table of Content

3	1. Purpose
3	2. Members
3	2.1 The Glen Group
3	2.2 Bungree Aboriginal Association
3	3. Guiding Principles
3	3.1 Collaborative Partnership
4	4. Objectives of the Partnership
4	5. Intellectual Property
4	5.1 Use of Intellectual Property
4	5.2 Sharing of Intellectual Property
4	6. Conflicts Resolution
4	7. Review of Agreement
5	8. This Agreement is Not Legally
5	9. Insurance
5	10. Signatures

Aboriginal Collaborative Memorandum of Understanding

1. Purpose

This “Memorandum of Understanding” (the MoU) outlines the relationship of cooperation between Bungree Aboriginal Association (BAA) and The Glen Group (TGG).

The main objective of this MoU is to promote ongoing service collaboration to connect care for the local Aboriginal community. This will involve communication to connect the right people with the right services at the right time across services and with the right provider.

For patients of BAA and TGG this will mean better collaborative care arrangements which focus upon the identified needs of the community.

The proposed benefits of this MoU are:

- Continued promotion of community wellbeing;
- Collaborative health care support and training across organisations;
- Better identification of health and social inequities (e.g. factors affecting access);
- Timely intervention to mitigate these inequities;
- Improved community engagement with and navigation of the health and social support services and systems;
- Better health and wellbeing outcomes for TGG participants.

Each party to this MoU acknowledges and respects the role that other parties play within the local Aboriginal community.

2. Members

2.1 The Glen Group (TGG)

The Glen Group operates residential drug and alcohol rehabilitation centres on the Central Coast of NSW – The Glen for Men at Chittaway Point (est. 1994) and The Glen for Women at Wyong Creek (est. 2022). We welcome Indigenous and non-Indigenous men and women from all over Australia and we operate under the ADARRN (Aboriginal Drug and Alcohol Residential Rehabilitation Network) Model of Care. The ADARRN MoC considers culture to be at the centre of everything we do.

The Glen’s 12 week program offers a culturally safe, supportive environment to recover from addiction and

start building practical life skills for clients over 18-years old. The Glen also offers a transition program to support clients achieve their psychosocial goals such as education, employing, finances and housing.

We treat the person as a whole. This means that we don’t just treat your addiction. We look at the triggers in your life that are causing the addictive behaviours and help you find ways to manage them.

Our aim is to empower men and women to be the leaders in their own lives. We will nurture the skills and behaviours that help you leave the program with a sense of purpose. Learn more about our program here.

2.2 Bungree Aboriginal Association

Bungree is a large, multi service Aboriginal community organisation delivering a diverse range of services, programs and products to Aboriginal and non-Aboriginal people through our five (5) operating sections, 1. Housing and Homelessness 2. Children, Youth and Family 3. My Age Care 4. Disability Services 5. Population Health.

Bungree operates and delivers across multiple Local Government Areas including Central Coast, Lake Macquarie, Cessnock, Maitland, Newcastle, Raymond Terrace and Karuah. Bungree’s primary office is located at Gosford on the Central Coast with a new office at Cessnock opening in early March 2023.

Bungree’s programs, services and other products exist to improve the health and wellbeing of our clients, carers and community members – those who are aged, people with a disability, the homeless, vulnerable, socially disadvantaged and isolated, and children, youth and families.

3. Guiding Principles

This MoU is based on the following principles:

- The health and wellbeing of the Aboriginal community is a National priority;
- Recognition of Aboriginal self-determination and a collaborative approach are fundamental to the achievements of improved outcomes for the community;

Aboriginal Collaborative Memorandum of Understanding

- Individual health and wellbeing is closely related to the general wellbeing of communities, thus calling for a holistic approach;
- Mutual respect of each other's role, goals and culture;
- This MoU serves to guide activities relating to BAA and TGG in 'closing the gap' for health and other inequities for the local Aboriginal community.

3.1 Collaborative Partnership

The collaborative objectives and methods of this MoU are underpinned by the following guiding principles:

- People in our communities should be involved in the decisions that affect them;
- People in our communities deserve high quality health and related services shaped around their needs and priorities;
- Strategies and policies should reflect local Aboriginal and Torres Strait Islander circumstances and aspirations;
- Aboriginal world views that health is not just the physical wellbeing of the individual, but the social, spiritual, emotional and cultural wellbeing of the whole community;
- Aboriginal people empowering themselves by taking all appropriate and necessary powers and responsibility for our own lives and futures. Aboriginal people have the right to development of our economic, social and cultural life trajectory;
- Recognising the impact of history in trauma and loss;

4. Objectives of the MoU

The Parties involved will work collaboratively to:

- Improve the participant / client journey through developing integrated and coordinated services;
- Support each other in the services they deliver to provide holistic services and supports to both participants and families within the local community;
- Develop an integrated approach to care for our community by providing a wide range of programs and services that assist our vulnerable and isolated people and families such as our elderly and frail, people with a disability, people who are experiencing or are at risk of homelessness, children, youth and families.

- Cooperate in the facilitation of professional development and up skilling of relevant skills to staff of both services that is required to address identified needs of the Aboriginal community;
- Support each party to participate in research, project and program initiatives, training, education opportunities when reasonably requested;
- Promote ongoing community engagement and consumer participation with the health and social support systems at various levels.

5. Intellectual Property

Each party retains the right to intellectual property created by their own organisation, including data.

Any intellectual property that is jointly created under the auspices of this MoU will continue to exist as joint property between the Parties. This will be agreed in writing by the Parties as a binding agreement. If there is a dispute about who created any intellectual property it may need to be resolved by a negotiation between, firstly the Parties involved, and then if unresolved, it may progress to the chief executives.

Evidence of who is the rightful owner of intellectual property created may be required and the final decision will be determined by the Parties Chief Executives.

5.1 Use of Intellectual Property

Each party acknowledges that to ensure the collaborative objectives of this MoU, information and resources must be shared, and as such, each party may use the information and/or intellectual property that is jointly created, provided it is used for the purpose and to the extent necessary to achieve the objectives of this MoU.

5.2 Sharing of Intellectual Property and other information

All information sharing shall be in accordance with the Privacy Act 1988, Health Records and Information Privacy Act 2002 (NSW) and the Privacy and Personal Information Protection Act 1998 (NSW) where applicable .

6. Conflict Resolution

In the event of conflict or disagreement that may arise in respect of this MoU or any projects or other

Aboriginal Collaborative Memorandum of Understanding

work undertaken under the auspices of this MoU, BAA and the TGG hereby agree to meet and seek in good faith to resolve the conflict or disagreement in a timely respectful manner and keep the dispute confidential and between the respective organisations only:

Where a conflict remains unresolved, the dispute shall be referred to the respective service or divisional managers in the first instance, then if the matter is still unresolved it shall be referred to the relevant organisation Chief Executives/Executive Directors for dispute resolution.

Following discussion at the above clause, should resolution still not possible, an independent mediator acceptable to all Parties shall be appointed.

7. Review of MoU

This MoU will operate for a period of 3 years from the date of last execution. This will ensure currency and enduring relevance to the health needs of the local Aboriginal community. This MoU will be reviewed by the Parties as required or at the end of this timeframe.

Any party may withdraw from this MoU by serving one month written notice in writing to all other party. Such withdrawal will not affect any other agreement that may exist between any or all of the Parties

8. This Agreement is not Legally Binding

We hereby commit to a formal collaborative structure between Bungree Aboriginal Association and TGG that is based on the above. This MoU is not intended to be legally binding

9. Insurance

The Parties are to maintain their own insurances in relation to any activities undertaken in relation to this MoU. Any claim is to be made under the applicable Parties insurance.

10. Signatures

Signed By:

Bungree Aboriginal Association Chairperson:
Adam McEwen



The Glen Group Chairperson:
Cheryl Bailey


