

CHILD AND ADOLESCENT HEALTH SERVICE RECONCILIATION ACTION PLAN

Updated December 2008

Our Vision

The Child and Adolescent Health Service (CAHS) was established in 2006 as one of four area health services in Western Australia (WA) the others being the WA Country Health Service, North Metropolitan Area Health Service and South Metropolitan Area Health Service. The establishment of CAHS acknowledges the special needs of children and young people and the particular requirements of paediatric health care.

The focus of the Child and Adolescent Health Service is on improving the health status of children, young people and their families. The CAHS vision is:

Supporting families, carers and communities to improve and protect the health of Western Australian children and young people by providing safe, high quality, accountable and sustainable health services.

CAHS recognise the challenges facing Aboriginal families in Western Australia and is committed to the improvement of the health of Aboriginal children and adolescents and to a reduction in the gap between the health status of Aboriginal and non-Aboriginal children.

Health measures in Western Australia have indicated continuing improvements in childhood mortality and morbidity. Despite this there is ongoing disparity between Aboriginal and non-Aboriginal children, with Aboriginal infant and child mortality four times that of non-Aboriginal children, overall hospitalisation of Aboriginal children two times higher and rates of infection for Aboriginal children five times higher. Better access and attendance to health services can contribute to the improvement of the health of Aboriginal children and adolescents. This goes beyond geography and staffing and includes issues of user friendliness, ease of access and increased understanding of health service processes.

Issues such as transport, finance, language, surroundings and privacy need to be addressed [[Nyoongar Health Plan 2004](#)].

Our Business

The Child and Adolescent Health Service incorporate Princess Margaret Hospital for Children (PMH) and Child and Adolescent Community Health (CACH).

CACH comprises of child health services, school health services and child development services across metropolitan Perth, together with state wide policy, planning and workforce development for child and community health services across WA.

PMH is the sole tertiary paediatric hospital for Western Australia and provides both tertiary and secondary children's health services across the state. Annually it has ~60,000 emergency presentations, over 23,000 admissions and over 140,000 outpatient attendances. Six percent of emergency department presentations, eight percent of admissions and seven percent of outpatients are Aboriginal children or adolescents.

Our Approach to Reconciliation

CAHS recognises the work done by WA Health employees with Aboriginal people across Western Australia to improve the health of Aboriginal children and adolescents. However, we acknowledge that individual efforts for improvement of Aboriginal health will be enhanced by a sustained commitment from CAHS Health Service Executive to an organisation-wide approach to the complex issues facing Aboriginal people in Western Australia. Necessary intergenerational change and improvement requires leadership in planning, developing, resource allocation and implementation of services and structures that can be sustained over time.

Areas requiring focus and improvement include:

- Aboriginal staffing/employment in the organisation, particularly Princess Margaret Hospital.
- Coordination and support of Aboriginal services
- Aboriginal friendly areas in the hospital and health service facilities
- Use of Welcome to Country and Acknowledgement of Traditional Ownership at relevant Health Service meetings
- Development of the Health Service to become a friendly and accessible organisation for Aboriginal people.

With the support of the CAHS Health Service Executive and the initial work of the CAHS Reconciliation Action Plan Working Party, there is an opportunity for CAHS to build on existing commitments, but more importantly, address some of the current deficiencies. The CAHS Reconciliation Action Plan Working Party has been reformed as the Aboriginal Health

Action and Advisory Committee and has broad health service and Aboriginal community representation.

The Western Australian Department of Health has produced the

[WA Aboriginal Health Impact Statement and Guidelines \(2005\)](#) and the [WA Health Aboriginal Cultural Respect – Implementation Framework \(2005\)](#). This framework targets achievable goals and sets out methodology that focuses on strategic partnerships. The framework has four key parts:

1. An Aboriginal impact statement for policy and program development
2. Services reform through cultural partnerships, education, review and practice development
3. Aboriginal workforce development
4. Monitoring and evaluation

The Aboriginal Health Action and Advisory Committee have responsibility for driving the reconciliation initiatives that relate to the key parts of the framework.

Responsibilities and Timetable/Monitoring and Evaluation

Responsibility for implementation and monitoring of the Reconciliation Action Plan initiatives will be with the Aboriginal Health Action and Advisory Committee and the Health Service Executive. Progress against the various indicators will be reported annually via reports to Health Service Executive and on the CAHS Reconciliation Action Plan which is available on the CAHS intranet and internet sites.

Our Reconciliation Initiatives

Reconciliation Action Area 1: RESPONSIBILITY: <i>To make Reconciliation a priority across the whole of the Child and Adolescent Health Service and to ensure Indigenous people and organisations play a key role. .</i>				
Action	Responsibility	Timeline	Measurable Target	WA Health cultural respect framework reference
1. Formation and function of an Aboriginal Health Action and Advisory Committee reporting to the Health Service Executive with broad hospital, community health, and Indigenous community representation.	Child and Adolescent Health Service (CAHS)	Commenced October 2008 Review - yearly	Representatives confirmed Terms of Reference Established Meetings 1 – 2 monthly Yearly reports to the Health Service Executive	2a
Reconciliation Action Area 2: CULTURE: <i>To increase awareness of and respect for Indigenous people, families, communities and culture at all levels of the Child and Adolescent Health Service and its services (Princess Margaret Hospital and the Child and Adolescent Community Health Directorate); and demonstrate acknowledgement of the special place that Indigenous people hold as Australia's first peoples.</i>				
1. All departments to ensure that existing and new staff attend indigenous cultural awareness training and education about local and state-wide Aboriginal culture and communities.	CAHS	CACH commenced 2008. PMH to recommence 2009	Indigenous cultural awareness training part of new staff induction program. All departments/areas to have regular Indigenous cultural awareness training.	2b

2. Development of WA Health Guidelines and Protocols for Welcome to Country and Acknowledgement of Traditional Ownership	WA Health	Ratified by SHEF Sept. 08. Launched WA Health Conference Oct. 2008	Protocol developed and part of core hospital practice	2b
3. Aboriginal Recognition: Flying of the Aboriginal Flag Health Service Recognition of significant Aboriginal events, such as: a. National Sorry Day - Annually b. National Reconciliation Week - Annually c. NAIDOC week – Annually d. National Aboriginal and Islander Children's Day e. International Day of the Worlds Indigenous People	PMH CAHS - AHAAC	Ongoing from 2006 May 2007 and ongoing		2b
4. Regular hospital visits by Aboriginal pastoral care representatives	PMH	Commenced ~ 3 visits per week	Aboriginal PCRs regularly available for both Indigenous and non-Indigenous patients.	
5. Improved focus on Indigenous health in health service educational activities (including annual grand round presentation)	CAHS	Commence 2008	Annual grand round presentations on Indigenous health Inclusion of Indigenous child health in all comprehensive health service education programmes	
6. Construction of an outdoor Aboriginal meeting place ("Ngulla Coolungarra Mia") on campus – funded by PMH Foundation (commencing construction June 2007)	PMH	Opened 31 July 2008	Aboriginal meeting place used by Indigenous and non-Indigenous visitors and staff	

Reconciliation Action Area 3: *Employment and professional development:* Increase the number of Indigenous people working and undertaking training and professional development in the Child and Adolescent Health Service.

1. Pro-active Aboriginal employment and recruitment practices to encourage the training and employment of Aboriginal people at all levels in the health service – including job descriptions, advertising, training.	CAHS and WA Health Aboriginal workforce Strategic Sub-comm.	By 2008 and ongoing	Target of four Indigenous employees by July 2009:	
2. Restructure of community health with the establishment of the Metropolitan Aboriginal Health Service, Child and Adolescent Community Health	CACH	Commenced July 2008	Implementation with new program for Aboriginal child health	
3. Establishment of the Centre for Aboriginal Clinical Child Health in the School of Paediatrics and Child Health (SPACH) in the University of WA	PMH	By 2009	Centre funded and positions advertised	
4. Employment of Aboriginal Senior Policy Officer (HSU Level 7), under 50 D of the EOI Act, by Child and Adolescent Community Health Policy	CACH	By end 2008	Position filled	3a
5. Appointment of two Aboriginal Liaison Officers for Princess Margaret Hospital. Done in conjunction with the Metropolitan Aboriginal Health Service, Child and Adolescent Community Health	PMH/CAHS	End 2008	Positions filled	3a
6. Appointment of Aboriginal Mental Health Worker working within Psychological Medicine CCU facilitating appropriate care across inpatient, community and outreach services for PMH patients.	PMH	October 2008	Full time Aboriginal Health Worker appointed.	3a
7. Regular (quarterly) meetings for WA Health Staff for Aboriginal people for information sharing, support and planning. Supported by CAHS – venue, catering & transport. Consideration of involvement of non-WA Health services (e.g.: Derbyl Yerrigan) and teleconferencing for rural based staff	CAHS/ WA Health	Commence mid 2009	Regular meetings in place by 2009	

8. Consideration of a graduate program for Aboriginal Health Workers at CAHS	PMH	By 2009	Scoping paper completed and program strategy in place by 2009.	3a
9. Annual funded scholarship for a WA medical student for an elective in Indigenous child health in Australia or internationally	CAHS	Commenced 2006	Review at end of 5 years to determine impact on career choice, etc	
10. Commencement of Aboriginal volunteer program, in association with PMH volunteer service and Aboriginal Liaison Officers.	PMH	Commenced 2007, not sustained	Recommence 2009	
Reconciliation Action Area 4: PRACTICE To ensure the Child and Adolescent Health Service is culturally appropriate, safe and accessible for Indigenous people and families receive the support they need both in hospital and in their communities.				
1. Ensuring effective Aboriginal consultation around health service and hospital planning, policy and program development, including the use of Aboriginal impact statements. This includes all planning for clinical service delivery and infrastructure, including the Clinical Service Plan for CAHS and any redevelopment of PMH.	CAHS	End 2009	All health service and hospital planning, policy and program development to be culturally safe and appropriate.	1a
2. Ensuring appropriate policies, education and action related to deaths of Aboriginal babies and children. Indigenous program/module development for the Good Grief Modules (Grief and Loss Committee)	CAHS	End 2008	Good Grief Modules to be culturally safe and appropriate	2c
3. Practical strategies to improve access to and attendance at Princess Margaret Hospital by Aboriginal families, particularly to outpatient departments – including improving transport (bus or other), expanding the Country Health Connections 'Meet and Assist Program' and promoting outreach practices and services.	PMH	End 2008	Ongoing audit of non-attendance with demonstrated improvement over 2 years	

<p>4. Development of Indigenous specific/friendly resources/information for families, such as the Asthma Action Plan.</p>	<p>PMH</p>	<p>Initial pamphlet development by January 2008</p>	<p>Culturally appropriate communication strategy and materials available for Indigenous people.</p>	
<p>5. Development of video/DVDs a. About hospital/health services for rural and remote Aboriginal families coming to PMH b. About rural and remote Aboriginal communities for CAHS staff</p>	<p>PMH</p>	<p>2009</p>	<p>DVD developed and available a. in rural and remote communities and b. for Indigenous education for staff</p>	
<p>6. Commencement of a weekly resident remote Aboriginal mothers' group morning tea gathering (as per the successful weekly meeting occurring at King Edward Memorial Hospital).</p>	<p>CAHS</p>	<p>Commenced July 2007 Recommence in 2009</p>	<p>Success measured by ongoing participation by Aboriginal mothers and families</p>	
<p>7. Active involvement in advocacy and planning for accommodation for rural and remote Aboriginal families receiving services at PMH. Co-operation with Office of Aboriginal Health, WA Country Health Services, Aboriginal Hostels in developments.</p>	<p>PMH</p>	<p>2009</p>	<p>Appropriate accommodation provided for all Aboriginal families receiving services at PMH</p>	

8. Development of alternative service models for Indigenous families who are known not to access mainstream child and maternal health services. This would include close working relationships with Aboriginal Community Controlled Health Organisations.	CACH	Service model developed by end 2008	Service model developed	2a
9. The Metropolitan Aboriginal Health Service will formalise the program for advocacy and support for better services for Aboriginal children and families	CACH	2008		2c