



## Child and Adolescent Health Service Reconciliation Action Plan for the Year 2012

### **Our Vision for reconciliation**

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 and Torres Strait Islander peoples in Western Australia and is committed to the improvement of the health of Aboriginal and Torres Strait Islander children and adolescents and to a reduction in the gap between the health status of Aboriginal and Torres Strait Islander children 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 and Torres Strait Islander children two times higher and rates of infection for Aboriginal and Torres Strait Islander children five times higher. Better access and attendance to health services can contribute to the improvement of the health of Aboriginal and Torres Strait Islander 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), Child and Adolescent Community Health (CACH) and the Child and Adolescent Mental Health Service (CAMHS).

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 and Torres Strait Islander children or adolescents.

Child and Adolescent Health Service comprises of approximately 1900 employees. It is estimated that 30 staff members are Aboriginal or Torres Strait Islander peoples, however it is difficult to provide exact figures as employees are asked to self identify.

## **Our RAP**

The Aboriginal Health Action and Advisory Committee was established on 8 October 2008. The group was previously known as the Reconciliation Action Plan Working Party, which first met in Feb 2007. Since 2008, a RAP has been developed and updated on an annual basis.

The Aboriginal Health Action and Advisory (AHAA) Committee developed the 2011 RAP with support from CAHS staff. The AHAA Committee is responsible for implementing and evaluating the progress of RAP actions. The Committee membership includes Aboriginal health professionals from CAHS, Child and Adolescent Community Health (CACH), Princess Margaret Hospital (PMH), the Health Consumers' Council, the Heart Foundation, Marr Mooditj, Yorganop, Derbarl Yerrigan, Aboriginal Health Council of WA and others.

Our Achievements in 2011:

- Commencement of a monthly Aboriginal mothers group morning tea gathering at PMH).
- Flying of the Aboriginal and Torres Strait Islander flags at all times at PMH.
- Business case for the development of a DVD for Aboriginal and Torres Strait Islander patients coming to Princess Margaret Hospital from rural areas, submitted to the Princess Margaret Hospital Foundation

## **Our Approach to Reconciliation**

CAHS recognises the work done by WA Health employees with Aboriginal and Torres Strait Islander people across Western Australia to improve the health of Aboriginal and Torres Strait Islander children and adolescents. However, we acknowledge that individual efforts for improvement of Aboriginal and Torres Strait Islander health will be enhanced by a sustained commitment from CAHS Health Service Executive to an organisation-wide approach to the complex issues facing Aboriginal and Torres Strait Islander 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 identified requiring focus and improvement for Aboriginal and Torres Strait Islander People include:

- Staffing/employment in the organisation, particularly Princess Margaret Hospital
- Coordination and support of services
- Culturally supportive health services and facilities that create a sense of belonging
- 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 and Torres Strait Islander peoples

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 and Torres Strait Islander 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.

Relationships	<b>Ensuring Aboriginal and Torres Strait Islander families, patients and staff feel welcome and respected and patients have equal access to health care.</b>			
<b>Reconciliation Action Area 1: RESPONSIBILITY:</b> <i>To make Reconciliation a priority across the whole of the Child and Adolescent Health Service and to ensure Aboriginal people and organisations play a key role. .</i>				
Action	Responsibility	Timeline	Measurable Target	
1. Maintenance of an Aboriginal Health Action and Advisory Committee reporting to the Health Service Executive with broad hospital, community health, and Aboriginal community representation.	Child and Adolescent Health Service (CAHS) Co-chairperson	December 2012	Maintain and update membership Meetings 2 monthly Yearly reports to the Health Service Executive via RAP reports	
2. Aboriginal program/modules developed for the Good Grief Modules (Grief and Loss Committee) to ensuring appropriate policies, education and action related to deaths of Aboriginal babies and children	Chair, Grief and Loss Committee	December 2012	Cultural issues including Aboriginal cultural issues to be incorporated into all 6 existing Good Grief modules. To be conducted in partnership with the Aboriginal Liaison Officers and other Aboriginal staff who have a thorough knowledge and experience around grief and loss issues within the Aboriginal culture. Staff to be educated on the content within the Good Grief modules via departmental meetings and other clinical forums.	
3. Development of Aboriginal specific/friendly resources/information for families in conjunction with the Aboriginal Liaison Officers (ALOs).	Aboriginal Liaison Officers	December 2012	Culturally appropriate communication strategy and materials developed, used by clinicians and made available on the intranet. PMH ALOs to implement Asthma Action Plans in 2012. PMH ALOs will work with Diabetes team in 2012 to develop education program that will be responsive to Aboriginal people. Dental, Nutrition and Ear health resources could also be developed in the long-term. PMH ALOs will be developing welcome kits for Aboriginal	

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			<p>families.</p> <p>Welcome kits will be distributed to rural and remote Aboriginal patients that are unfamiliar with Perth or are attending PMH for the first time.</p> <p>The ALOs will create and distribute the kits initially. However, this may change in the future if additional resources are gained.</p> <p>Central notice board will be installed at PMH to provide information for the whole community about Aboriginal events and programs.</p>
4. Development of video/DVDs about hospital/health services for rural and remote Aboriginal families coming to PMH CAHS	Aboriginal Health Action and Advisory Committee	December 2012	DVD developed and available for Aboriginal families using the PMH facility.
5. Identify strategies to improve access and attendance at Princess Margaret Hospital by Aboriginal families, particularly to outpatient departments. Strategy to include transport (bus or other), expanding the meet and greet program and promoting outreach practices and services.	Nursing Coordinator Outpatient Redesign  Aboriginal Health Action and Advisory Committee	December 2012	Develop and submit a business case to the PMH Foundation to gain funding for the employment of a bus driver.

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<p>6. Aboriginal Health Action and Advisory Committee to be consulted on all major 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 development of the new children's hospital for WA.</p>	<p>Chairman, Paediatric Medicine Clinical Care Unit</p> <p>Manager Chief Executive Office</p> <p>Project Officer, New Children's Hospital</p>	<p>December 2012</p>	<p>All health service and hospital planning, policy and program development to be culturally safe and appropriate.</p> <p>Ongoing engagement through the design phase of New Children's Hospital development with AHAA Committee.</p>
<p>7. New Children's Hospital project consultation with Aboriginal Health Action and Advisory Committee regarding design</p>	<p>Chairman, Paediatric Medicine Clinical Care Unit</p> <p>Project Officer, New Children's Hospital</p>	<p>December 2012</p>	<p>Aboriginal community and youth to engage with architects for the design of the New Children's Hospital</p>
<p>8. Aboriginal Recognition: Health Service Recognition of significant events, such as:</p> <ol style="list-style-type: none"> <li>a. National Sorry Day - Annually</li> <li>b. National Reconciliation Week - Annually</li> <li>c. NAIDOC week – Annually</li> <li>d. National Aboriginal and Islander Children's Day</li> </ol>	<p>Aboriginal Liaison Officers</p>	<p>December 2012</p>	<p>In 2012 at PMH we will celebrate/ acknowledge:</p> <ul style="list-style-type: none"> <li>• National Sorry Day</li> <li>• National Reconciliation Week</li> <li>• NAIDOC week</li> <li>• National Aboriginal and Islander Children's Day</li> <li>• Apology Day</li> <li>• International Day of Indigenous People</li> </ul>

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e. International Day of the Worlds Indigenous People			
9. Improved focus on Aboriginal and Torres Strait Islander health in health service educational activities (including annual grand round presentation)	Chairman, Paediatric Medicine Clinical Care Unit  Manager Chief Executive Office	December 2012	Annual grand round presentations on Aboriginal and Torres Strait Islander health held.  Welcome to Country or Acknowledgements to be implemented at Annual Grand Rounds.  Inclusion of Aboriginal and Torres Strait Islander child health in all comprehensive health service education programmes
10. Active involvement in advocacy and planning for accommodation for rural and remote Aboriginal families receiving services at PMH. Co-operation with Aboriginal Health Division (AHD), WA Country Health Services (WACHS), Aboriginal Hostels in developments.	Aboriginal Health Action and Advisory Committee	December 2012	Appropriate accommodation provided for all Aboriginal families receiving services at PMH e.g. at Derbarl Bidjar and Allawah Grove hostels.  Engage with Ronald McDonald House regarding planning for the QEII development.  Partner with Aboriginal Health Division.

<b>Respect</b>	<b>Demonstrate respect for Aboriginal people, culture, land, history through service delivery that acknowledges the culture and values of Aboriginal patients and their families.</b>		
<b>Reconciliation Action Area 2: CULTURE:</b> <i>To increase awareness of and respect for Aboriginal and Torres Strait Islander 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 Aboriginal people hold as Australia's first peoples.</i>			
Action	Responsibility	Timeline	Measurable Target
1. All departments to ensure that existing and new staff attend cultural training and education, including the implementation of the Cultural Competency Toolkit.	Manager, Corporate Development	December 2012	Cultural awareness training part of new staff induction program. 20 % of staff to have regular cultural awareness training.
2. Ensure WA Health Guidelines and Protocols for Welcome to Country and Acknowledgement of Traditional Ownership are available to all staff.  Protocols to be delivered at all major WA Health official events.	Manager Chief Executive Office Communications Manager	December 2012	Protocols are part of core health service practice and are available on DoH and CAHS intranets.  Protocols also to be available to the wider community on the CAHS website.



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3. The Child and Adolescent Health Service, Aboriginal Health Team will formalise the program for advocacy and support for better services for Aboriginal children and families.	Child and Adolescent Community Health, Aboriginal Health Team	December 2012	Update the Aboriginal Child Health program.
4. Aboriginal and Torres Strait Islander focused education and recreation programs for long term Aboriginal Torres Strait Islander patients. Involve and coordinate with the Coordinator of Recreational Services	New Children's Hospital, Project Officer	December 2012	<p>Radio Lollipop broadcasts to have an Aboriginal Torres Strait Islander focus.</p> <p>Partnerships to be developed with Nyoongar Radio, Aboriginal Music and Local Yirri Yarkin Actors.</p> <p>Visits from high profile Aboriginal footballers and celebrities.</p> <p>Develop PMH Foundation proposal for Aboriginal story telling.</p>
5. Aboriginal Torres Strait Islander art	New Children's Hospital, Project Officer  Percent for Art, Art Consultant	December 2012	<p>Display Aboriginal Torres Strait Islander art in key hospital areas of both PMH and the NCH.</p> <p>Aboriginal Health Action and Advisory Committee to have regular input and updates on artworks progress for the New Children's Hospital at meetings</p> <p>Art Consultant to provide regular updates at meetings on the progress of the artworks commissioned for the NCH</p>
6. Blessing and breaking of the land ceremonies	Chairman, Paediatric Medicine Clinical Care	January 2012	Engage Noongar elders via the Aboriginal Land and Sea Council to host blessing and breaking of the land

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<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Measurable Target</b>
	Unit Public Relations Officer New Children's Hospital, Project Officer		ceremonies. Other significant community members also to participate in the event.

<b>Opportunities</b>	<b>Provide opportunities for Aboriginal people, organisations and communities within Child and Adolescent Health Service to increase the number Aboriginal people employed and undertake training and professional development.</b>		
<b>Reconciliation Action Area 3: <i>Employment and professional development: Increase the number of Aboriginal people working and undertaking training and professional development in the Child and Adolescent Health Service.</i></b>			
Action	Responsibility	Timeline	Measurable Target
1. Develop an Aboriginal and Torres Strait Islander employment and recruitment strategy to improve training and employment of at all levels in the health service.	CAHS and WA Health Aboriginal workforce Strategic Sub-committee.	December 2012	Strategy developed. Employ an Aboriginal Torres Strait Islander employment officer / consultant.
2. Increase Aboriginal Torres Strait Islander employment across CAHS	CAHS Executive	December 2012	Increase number of Aboriginal Torres Strait Islander employees across CAHS by at least 10.
3. Appointment of a Director of Aboriginal Health for Child and Adolescent Health Service	CAHS Chief Executive	July 2012	Position appointed and commenced in 2012
4. Appointment of the inaugural Professor of Aboriginal Clinical Child Health in the School of Paediatrics and Child Health (SPACH) in the University of WA	Chairman, Paediatric Medicine Clinical Care Unit School of Paediatrics and Child Health, Head of School	March 2012	Position appointed and commenced in 2012
5. Annual funded scholarship for a WA medical student for an elective in Aboriginal child health in Australia or internationally	CAHS Postgraduate Medical Education	December 2012	Student identified for scholarship. Review outcomes of program every year to determine impact on career choice, etc.

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<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Measurable Target</b>
5. Ronald McDonald House to provide Aboriginal Torres Strait Islander Support staff	Chairman, Paediatric Medicine Clinical Care Unit  Project Officer, New Children's Hospital	December 2012	Advocate for the employment of Aboriginal Torres Strait Islander support staff at Ronald McDonald House.

<b>Tracking progress and reporting</b>			
<b>Action</b>	<b>Responsibility</b>	<b>Timeline</b>	<b>Measurable Target</b>
1. Review progress of RAP actions on a bi-monthly basis	Aboriginal Health Action and Advisory Committee	Bi-monthly during 2012	Review progress at bi-monthly Aboriginal Health and Action Advisory Committee meetings
2. Complete Annual RAP report on an annual basis and forward to CAHS Executive and Reconciliation Australia	Project Officer, New Children's Hospital	December 2012	Complete 2012 RAP Annual Report Report sent to CAHS Executive and Reconciliation Australia
3. Update RAP on an annual basis	Project Officer, New Children's Hospital	December 2012	Refresh RAP completed and uploaded on the Reconciliation Australia website