

WA HEALTH ABORIGINAL CULTURAL RESPECT – *IMPLEMENTATION FRAMEWORK*

Working toward service provision within the health system
that does not compromise the legitimate cultural rights,
views, values and expectations of Aboriginal people



Aboriginal and Torres Strait Islander people comprise about three percent of the Western Australian population, and have the greatest health and welfare needs of any group of West Australians so it makes great sense for the Department of Health to look seriously at what we do to promote and maintain Aboriginal health and family wellbeing.

The Aboriginal Cultural Respect - Implementation Framework targets achievable goals and sets out a methodology that focuses on strategic partnerships. The cultural respect implementation framework has four key parts:

- An Aboriginal impact statement for policy and program development - provides a platform to ensure that when new policies or programs are being developed that consultation and involvement of indigenous people occur before it is developed or implemented so as to ensure that appropriate services are provided.
- Services reform through cultural partnerships, education, review and practice development - that encourages health services to evaluate how they provide services and encourages the development of partnerships with Indigenous organisations and people to ensure that services are culturally appropriate and accessible.
- Aboriginal workforce development – encourages the identification and recruitment of Indigenous people in the provision of health services.
- Monitoring and evaluation – We need to ensure that the system stays sharp; that it maintains a high level of commitment.

The Aboriginal Cultural Respect - Implementation Framework requires the Department to better develop and manage health services so that all Indigenous people can expect and receive core services, delivered in an efficient and timely manner, and staff can be confident that their talents and commitment can have the best effect.

A handwritten signature in blue ink that reads "Neale Fong". The signature is fluid and cursive, with the first name "Neale" and last name "Fong" clearly legible.

Dr Neale Fong
A/Director General

Background

In June 2002, the then Minister for Health approved the Western Australian Health Department Aboriginal Cultural Security Policy. This policy sought to improve access to health services through the recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health systems administrations. The policy provided an overarching philosophy for understanding the issues that prevented Aboriginal people from accessing suitable health services.

In March 2004, The Australian Health Ministers Advisory Council (AHMAC) endorsed the National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health. This Framework identified areas to be addressed but indicated that each jurisdiction should be responsible for implementing its processes.

Implementation

As identified in the National Framework, the Office of Aboriginal Health has developed an implementation framework that targets achievable goals and sets out a methodology that focuses on strategic partnerships.

The cultural respect implementation framework has four key parts:

- an Aboriginal impact statement for policy and program development;
- services reform through cultural partnerships, education, review and practice development;
- Aboriginal workforce development; and
- monitoring and evaluation.

The outline of the framework is set out below. A departmental committee should further develop implementation plans with representatives from the policy and planning directorates and the area health services. The Office of Aboriginal Health will be responsible to support the committee and the implementation of its plan.

A 'toolkit' to guide implementation by the directorates and area health service will be developed in conjunction with the departmental committee based on the framework.

1. Policy and Program Development

| Strategy | Potential Actions |
|---|--|
| 1a Develop an Aboriginal impact statement to be used in the process of policy and program development | <ul style="list-style-type: none"> State Health Executive Forum (SHEF) approval Promote use throughout the department and area health services |

2. Services Reform

| Strategy | Potential Actions |
|---|--|
| 2a Develop local cultural partnerships to advise services | <ul style="list-style-type: none"> Develop partnerships with cultural groups (eg Kimberley Aboriginal Lore and Culture Centre) and community representatives who can advise on local cultural protocols Develop partnerships with Aboriginal Community Controlled Health Services (ACCHS) Support the development of staff exchange strategies with ACCHS Encourage local Aboriginal communities and organisations to be involved in the development of services |
| 2b Provide cultural awareness and orientation education to staff | <ul style="list-style-type: none"> Ensure that staff participate in localised cultural awareness workshops during orientation Ensure that staff participate in localised cultural awareness workshops periodically as part of professional development where there is substantial contact with Aboriginal people Raise awareness that English is not the first language of many Aboriginal clients and support access to translators where appropriate Support education of local Aboriginal communities regarding health providers and protocols to be observed |
| 2c Undertake reviews of services, or service components, to identify where they may compromise the legitimate cultural rights, views, values and expectations of Aboriginal people; and develop practices to ensure cultural respect is maintained. | <ul style="list-style-type: none"> Self assessment of services or service components through a cultural respect checklist Walk through assessments by Aboriginal cultural partners Self-assessment by health professionals on their own understanding of cultural protocols and cultural respect practices Implement procedural and staff changes in response to reviews as part of the quality improvement processes of services |

3. Workforce Development

| Strategy | Potential Actions |
|---|--|
| <p>3a Progress the implementation of Aboriginal health workforce development strategies</p> | <ul style="list-style-type: none"> • Continue implementation of the WA action plan for the National Aboriginal and Torres Strait Islander Health Workforce Plan • Implement Health Reform Committee report recommendation 58 that area health services set targets for Aboriginal employment • Support opportunities for Aboriginal staff to obtain and upgrade formal qualifications • Encourage and support opportunities for staff exchanges between ACCHS and area health services • Encourage and support opportunities for joint training programs between ACCHS and area health services • Support the completion of the national competency framework for Aboriginal health workers • Promote opportunities for Aboriginal health workers in area health services • Maintain and further develop OAH scholarships and traineeship programs |

4. Monitoring and Evaluation

| Strategy | Potential Actions |
|---|--|
| <p>4a Assess the extent to which sections of the department and area health services are implementing cultural respect processes, and the perception of Aboriginal people as to how culturally respectful services are.</p> | <ul style="list-style-type: none"> • Monitor use of the Aboriginal impact statement in program and policy proposals at divisional, area health service and SHEF level • Monitor number of cultural partnerships, cultural education sessions and services reviews by directorates and health services • Assess trends in Aboriginal hospital admission data • Conduct periodic Aboriginal patient satisfaction surveys • Consult local Aboriginal community representatives on the cultural appropriateness of local health services. |



Department of Health
Government of Western Australia

Produce by Office of Aboriginal Health
© Department of Health 2005