

Terms of Reference: **Aboriginal Advisory Committee**
(Formerly **Aboriginal Liaison and Policy Advisory Committee**)

Key words: Aboriginal Health

1. Purpose

1.1 Background

The Improving Care for Aboriginal Patients (ICAP) program was established in late 2004 in response to research that highlighted hospitals' need to take a quality improvement approach to how they delivered services to Aboriginal communities, and that any changes needed to be undertaken in consultation and partnership with Aboriginal communities.

The ICAP program cemented that intention at the policy implementation level with a partnership between the then Department of Human Services (DHS) and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) with a focus on the following reforms:

- improved identification and health care for Aboriginal patients
- recognition that Aboriginal patients are everybody's business
- improved cultural awareness of staff
- relationships with Aboriginal communities
- Improvement in discharge planning and primary care referrals.

The RCH has a long history of engagement with Aboriginal communities. The most significant improvement in this relationship was due to the implementation of a bi-partisan committee in 1997 that realised the principles of community participation, accountability and social justice. This committee (which became the Aboriginal Liaison Policy Advisory Committee- ALPAC, and now the Aboriginal Advisory Committee) gave Aboriginal communities a voice within the hospital and acknowledged their right to inform hospital decision making that would ensure equitable, responsive health care. It also served as a support mechanism to the Aboriginal staff working in the hospital.

1.2 Current Purpose

The Aboriginal Advisory Committee remains an important formal avenue of engagement between the hospital and Aboriginal communities, and continues to be a supporting mechanism for Wadja Aboriginal Family Place staff. It has a broad function that works to support the RCH in meeting the key result areas of the ICAP reforms (as listed above), and the goals set by the Victorian Government's Aboriginal Employment Plan Kareeta Yirramboi and the RCH's Reconciliation Action Plan.

2. Responsibilities

The Aboriginal Advisory Committee's role is to provide:

1. Culturally-informed guidance by Aboriginal Advisory Committee members to the RCH, via Executive, to ensure the hospital provides

- equitable, culturally safe, responsive health care that promotes improved health outcomes for Aboriginal children and their families.
2. A forum for Aboriginal organisations and communities to engage with the RCH in a safe manner regarding Aboriginal children's health, and promote the understanding that Aboriginal health is multifaceted and encompasses physical, emotional, educational, spiritual and cultural aspects of a patients' health, as well as the social determinants of health.
 3. Guidance on RCH policy, procedure and systems to ensure culturally informed best practice clinical services are provided to Aboriginal children and their families.
 4. Consultation on and review of RCH's responses and obligations to governmental policies, frameworks and strategic directions (such as Koolin Balit: Victorian Government Strategic Directions for Aboriginal Health 2012-2022 and Closing the Gap).
 5. Advice on projects, research and initiatives that relate to Aboriginal communities.

3. Membership

The Aboriginal Advisory Committee is comprised of Aboriginal Elders, Aboriginal Health Workers, community members, ICAP policy advisors, the Aboriginal Children's Commissioner and key staff from the hospital, including representation from Social Work, Mental Health and the RCH Executive.

Members are expected to commit to attending or arranging for a representative to attend a minimum of four meetings per calendar year.

The committee is co-chaired by the Executive Director, Nursing and Allied Health Services, and an appointed member of the Aboriginal communities.

4. Meetings

Meetings are held on a bi-monthly basis from February to December, and community venues are sought twice per year.

5. Reporting

The committee reports to the RCH Executive via the Executive Sponsor.

6. Term

These terms of reference are to be reviewed bi-annually. The next review date is May 2018.

7. References

Closing the Gap: <http://www.healthinonet.ecu.edu.au/closing-the-gap/key-facts/what-is-closing-the-gap>

Kareeta Yirramboi: The Victorian Government's Aboriginal Employment Plan: <http://careers.vic.gov.au/exploration/karreeta-yirramboi>

Koolin Balit: The Victorian Government Strategic Directions for Aboriginal Health 2012-2022: <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/koolin-balit>

Reconciliation Australia: <https://www.reconciliation.org.au/>

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