



Aboriginal Health Impact Statement and Declaration Policy

The policy uses the term 'Aboriginal' throughout. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

1. Purpose

The purpose of the *Aboriginal Health Impact Statement and Declaration Policy* (the policy) is to ensure WA health entities are responsive to the needs of Aboriginal people through their policies, programs and strategies. The policy supports a whole-of-organisation approach and commitment to address systemic and institutional racism.

More specifically, the policy supports WA health entities to identify the needs of Aboriginal people through engagement and embedding cultural safety in the development, review, amendment or discontinuation of a policy document, health program or strategy. It mandates Cultural Governance for policy, program and strategy decisions that may impact Aboriginal people.

This policy supports WA health entities to implement Priority Reform 3 of the National Agreement on Closing the Gap, with a focus on Transformational Elements:

- a. Identify and eliminate racism
- b. Embed and practice meaningful cultural safety
- c. Deliver services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people
- d. Improve engagement with Aboriginal and Torres Strait Islander people.

The [WA Aboriginal Health and Wellbeing Framework 2015-2030](#) provides the guiding principles that underpin the policy requirements. Strategic Direction 3 of the Framework recognises that a culturally respectful and non-discriminatory health system is a key enabler to improving health outcomes for Aboriginal people and establishes the need to embed structures, policies and processes across health to ensure this can be achieved.

Legislation pertinent to this policy includes:

- *Public Sector Management Act 1994*
- *Health Services Act 2016*

This policy is a mandatory requirement for Health Service Providers (HSPs) under the *Clinical Services and Planning Policy Framework* pursuant to section 26(2)(d) of the *Health Services Act 2016*.

This policy is also a mandatory requirement for the Department of Health pursuant to section 29 of the *Public Sector Management Act 1994*.

This policy should be read in conjunction with:

- [MP 0071/17 Aboriginal Health and Wellbeing Policy](#).

2. Applicability

This policy is applicable to WA health entities, excluding the Quadriplegic Centre.

3. Policy Requirements

3.1 When a policy document, health program or strategy (initiative) is developed, amended, reviewed, or discontinued, WA health entities are required to ensure:

- An [Aboriginal Health Impact Statement and Declaration](#) (Aboriginal Health ISD) is completed unless an exemption from the Aboriginal Health ISD process has been granted by the HSP's Aboriginal Health Strategy Unit (AHSU) or Department of Health's Aboriginal Health Policy Directorate (AHPD).
- Part A of the Aboriginal Health ISD e-form is completed prior to undertaking the development, review, amendment or discontinuation of the initiative.
- Part B of the Aboriginal Health ISD e-form is completed when impacts or benefits for Aboriginal people are identified and/or where consultation will be undertaken with Aboriginal stakeholders.
- If engagement with AHSU, AHPD or other Aboriginal stakeholders is undertaken, the advice is integrated into the development, amendment, review or discontinuation of the initiative when relevant and feasible to do so.
- The completed ISD is approved by the author's line manager or sponsor
- Aboriginal Health ISD authors provide all related local documentation including policies, programs, strategies, processes, procedures and/or protocols to the AHPD/AHSU upon request.

3.2 To request an exemption from requirement 3.1 for amendments, reviews or the discontinuation of a policy document, health program or strategy, the author must submit an ISD for the initiative indicating that an exemption is sought. The exemption must only be granted:

- by the health entities AHSU or AHPD under the direction of the Aboriginal Health Director.
- if the initiative and foreseeable changes to the initiative are unlikely to impact Aboriginal people.

If granted, the exemption will only apply to the document(s) named in Part A of the ISD under *1. Title*.

3.3 WA health entities, through their Director of Aboriginal Health, must establish local Cultural Governance mechanisms that empowers their AHSU or AHPD to monitor and advise on initiatives through the ISD process.

- 3.4 WA health entities must develop guidance and implement local processes which are consistent with this policy for:
- 3.4.1 developing and progressing the Aboriginal Health ISD e-form
 - 3.4.2 obtaining assistance to complete the ISD process
 - 3.4.3 the scope of activities for which an Aboriginal Health ISD e-form must be completed
 - 3.4.4 the period of time within which the line manager must review and approve/not approve the Aboriginal Health ISD
 - 3.4.5 the period of time within which the AHSU/AHPD must review and approve/not approve a request for exemptions from the ISD process.
- 3.5 HSPs must monitor and report on the use of the Aboriginal Health ISD e-form by completing the Aboriginal Health and Wellbeing Annual Report in accordance with [MP0071/17 Aboriginal Health and Wellbeing Policy](#).
- 3.6 The System Manager must:
- maintain a database of completed Aboriginal Health ISD e-forms
 - monitor compliance with this policy
 - report results of compliance monitoring to the Health Executive Committee.

Exemption

Health Support Services and PathWest are exempt from requirement 3.3 and 3.4.5.

4 Compliance Monitoring

HSPs must comply with this policy by reporting on the Aboriginal Health ISD policy as required through completion of the Aboriginal Health and Wellbeing Annual Report in accordance with [MP 0071/17 Aboriginal Health and Wellbeing Policy](#). In addition, Health Service Providers must provide all related local documentation including policies, processes, procedures and/or protocols to the System Manager upon request.

AHPD is responsible for monitoring and reporting on the Department's compliance with this policy annually.

The System Manager, through AHPD, will review the endorsed Aboriginal Health and Wellbeing Action Plans and Annual Reports to ensure compliance with this policy.

The Department of Health is also required to report on the completion of the Aboriginal Health and Wellbeing Annual Report in accordance with [MP 0071/17 Aboriginal Health and Wellbeing Policy](#). These results are subject to review for assurance purposes.

The System Manager will carry out compliance audits and reviews to ascertain state-wide compliance with this policy. This may include auditing how well health entities:

- identify the needs of Aboriginal people
- support equitable access for Aboriginal people
- engage with the advice provided by the AHSU, AHPD and/or other Aboriginal stakeholder groups
- undertake meaningful consultation with Aboriginal stakeholders proportional to the impacts identified
- embed feedback from Aboriginal stakeholders where relevant and feasible to do so.

In addition, the system manager may request the WA Health Aboriginal Data Governance Committee review compliance audits and reviews to ascertain that health entities use of Aboriginal Health ISD data is compliant with the [MP 0190/25 Aboriginal Data Governance Policy](#).

5 Related Documents

The following documents are mandatory pursuant to this policy:

- [A10 Aboriginal Health Impact Statement and Declaration](#)

6 Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [Aboriginal Health Impact Statement and Declaration Policy: Implementation Guide](#)
- [Aboriginal Health Impact Statement and Declaration Vignette](#) via [Vimeo](#)
- [WA Aboriginal Health Executive Roundtable 2023 Recommendations Report](#)
- [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#)
- [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031](#)
- [Aboriginal Empowerment Strategy – Western Australia 2021-2029](#)
- [United Nations Declaration on the Rights of Indigenous Peoples](#)

7 Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Aboriginal Health Impact Statement and Declaration	A process through which it is declared and demonstrated that health impacts on, and opportunities for, Aboriginal people have been considered and appropriately incorporated into policies and relevant health initiatives.
Aboriginal Health Strategy Unit (AHSU)	The team or division responsible for providing Aboriginal leadership and delivering strategic Aboriginal health policy and programs across an HSP. The AHSU's: <ul style="list-style-type: none"> • provide Cultural Governance support for the HSP's ISD process • review and approve the HSPs applications for exemptions from requirement 4.1.
Aboriginal Health Policy Directorate (AHPD)	The Department of Health directorate responsible for developing statewide Aboriginal health policy and facilitating a collaborative and coordinated approach within the WA public health system, to improve health outcomes for all Aboriginal people living in Western Australia. AHPD: <ul style="list-style-type: none"> • provides Cultural Governance support for the Department of Health's ISD process • reviews and approves the Department of Health's applications for exemptions from requirement 4.1

	<ul style="list-style-type: none"> • monitors health entities' compliance with this policy.
Aboriginal Health and Wellbeing Annual Report	The report is aligned to the <i>WA Aboriginal Health and Wellbeing Framework 2015-2030</i> through reporting on achievements against the Health Service Provider's <i>Aboriginal Health and Wellbeing Action Plan</i> .
Aboriginal stakeholders	Include, but not limited to: WA Health Aboriginal employees; WA Health senior Aboriginal representatives; Aboriginal Health Teams/Aboriginal Health Strategy Units in WA Health; Aboriginal advisory committees; Aboriginal Community Controlled Health Services; Aboriginal adult consumers accessing WA Health services; Aboriginal child consumers accessing WA Health services and their parent/carers; and Aboriginal community members.
Cultural governance	Formal governance structures in the WA Health system that ensure Aboriginal voices, as subject matter experts, inform decisions that impact on Aboriginal people and communities. Through agreed roles and responsibilities, this cultural lens reinforces the unique rights of Aboriginal people, the first peoples of Western Australia, to be self-determining over their own health and wellbeing. Aboriginal voices at all levels are needed to embed the Cultural Determinants of health into policy and practice.
Health program	An organised series of activities directed towards the attainment of defined health objectives and targets for the purpose of promoting, maintaining or restoring health. This includes but is not limited to, programs, service delivery models, service evaluations or reviews, service redesigns, and models of care; as well as plans and applications towards the development of health programs including funding applications, business cases and implementation plans, activity workplans and outcome frameworks.
Initiative	Refers to a policy document, health program or strategy.
Health Service Provider	Health Service Provider means a Health Service Provider established under section 32 of the <i>Health Services Act 2016</i> .
Institutional racism	Institutional racism exists when racism is established as a normal behaviour within an organisation, institution, or society. It includes the policies and practices that inform the operations of organisations and institutions.
Policy document	Includes policies and the documents that further explain, support, or guide the implementation of the policy and includes, but is not limited to, frameworks, standards, strategies, plans, procedures, handbooks, guidelines, tools and templates.

Strategy	A document that outlines a plan for achieving one or more of the long term aims of the organisation or system. This includes, but is not limited to, strategic plans and other organisation or system wide plans and strategies.
Systemic racism	Systemic racism can be more difficult to identify than individual or interpersonal racism, because it is often so entrenched in our societies or institutions that it is perceived as 'normal'. Systemic racism refers to the way that the cultural norms, laws, ideologies, policies and practices of a particular society, organisation or institution result in inequitable treatment, opportunities and outcomes. In many cases, the legacy of those norms, laws, policies and practices continues to reinforce the inequalities they created, long after they have ended.
WA Health Aboriginal Data Governance Committee (WAHADGC)	The peak body for the governance of Aboriginal data held within the WA health system. It provides strategic leadership and direction on the governance and management of Aboriginal data held within the WA health system.
WA health entities	WA health entities include: <ul style="list-style-type: none"> i. Health Service Providers as established by an order made under section 32 (1)(b) of the <i>Health Services Act 2016</i>. ii. Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the <i>Public Sector Management Act 1994</i>.
WA health system	The WA health system is comprised of: <ul style="list-style-type: none"> (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

8 Policy Contact

Enquiries relating to this policy may be directed to:

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9 Document Control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0160/21	11 May 2021	11 May 2021	May 2024	Original version
MP 0160/21 v.1.0	9 October 2023	10 October 2023	May 2024	Amendments as listed below.
<ul style="list-style-type: none"> • Minor amendment to Purpose section referring to Strategic Direction 3. • Removed the contracted health entities statements from the Applicability section. • Updated policy requirements to develop local procedures instead of guidelines and include reporting requirements. • Updated Compliance Monitoring section to reference the 'Aboriginal Health and Wellbeing Action Template' and 'Aboriginal Health and Wellbeing Annual Report Template'. • Supporting Information: removed WA Aboriginal Health and Wellbeing Framework 2015-2030, National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander health, National Aboriginal and Torres Strait Islander Health Plan 2013-2023, Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health. Inclusion of Aboriginal Empowerment Strategy – Western Australia 2021-2029 and Closing the Gap – WA's Implementation Plan. • Included definition for Aboriginal Health and Wellbeing Action Plan, Aboriginal health and wellbeing annual report and WA health entities. Removed definition for AHISD form. 				
MP 0160/21 v.1.1	27 October 2023	May 2024	Minor amendment as listed below.	
Supporting Information 'Closing the Gap-WA's Implementation Plan' removed and replaced with 'Closing the Gap Implementation Plan 2023-2025 Western Australia'.				
MP 0160/21 v. 2.0	25 August 2025	August 2028	Policy review and amendments as listed below.	
<ul style="list-style-type: none"> • Purpose - amended to include the needs of Aboriginal people, racism, Cultural Governance and Priority Reform 3 of the National Agreement on Closing the Gap. • Applicability - the Quadriplegic Centre has been excluded. • Policy Requirement - <ul style="list-style-type: none"> ○ The scope was broadened to include all policy documents, health programs and strategies (initiatives). ○ Initiatives that do not impact Aboriginal people can be exempted from the Aboriginal Health ISD process. ○ Mandates Cultural Governance for the Aboriginal Health ISD process. ○ Mandates the consideration of feedback from Aboriginal stakeholders. ○ Sets out when Part A and Part B must be completed. • Compliance Monitoring – examples of audit themes added. • Related document 'Aboriginal Health Impact Statement and Declaration eForm'– updated. • Supporting documents updated – now includes: 				

<ul style="list-style-type: none"> ○ Aboriginal Health Statement and Declaration: Implementation Guide ○ WA Aboriginal Health Executive Roundtable 2023 Recommendations Report ○ National Aboriginal and Torres Strait Islander Health Plan 2021-2031 ○ National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 <ul style="list-style-type: none"> • Definitions section: Inclusions of definitions: Aboriginal Health Strategy Unit, Aboriginal Health Policy Directorate, health program, policy documents, initiative, institutional racism, strategy, systemic racism and Cultural Governance, WA Health Aboriginal Data Governance Committee (WAHADGC), WA Health System. Removal of definition: Health Service Provider. 			
MP 0160/21 v.2.1	13 October 2025	August 2028	Amendments as detailed below.
<ul style="list-style-type: none"> • Supporting information: Inclusion of supporting document: Aboriginal Health Impact Statement and Declaration Vignette via Vimeo. 			

10. Approval

Approval by	Nicole O’Keefe, Assistant Director General, Strategy and Governance, Department of Health
Approval date	10 May 2021

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