



Aboriginal Data Governance 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 Data Governance Policy (policy) is to ensure the WA health system recognises the rights of Aboriginal people in Western Australia (WA) to govern the collection, ownership and use of data about their people and communities.

More specifically, the policy recognises Aboriginal people's trust, expectations, and understanding of data ownership, including the ownership of Aboriginal personal and community information in accordance with the Government's Aboriginal data sovereignty commitments in the [United Nations Declaration on the Rights of Indigenous Peoples](#) and the [National Agreement on Closing the Gap](#).

This policy establishes the Aboriginal Data Governance Model which outlines the requirements for collecting, accessing, using or disclosing Aboriginal data within the WA health system, in line with [Part 17 of the Health Services Act 2016](#) and other relevant legislation.

Legislation pertinent to this policy includes:

- *Public Sector Management Act 1994*
- *Privacy and Responsible Information Sharing Act 2024*
- *Freedom of Information Act 1992*
- *State Records Act 2000*
- *Copyright Act 1968*
- *Privacy and Other Legislation Amendment Act 2024*
- *Privacy Act 1988 (Cwth)*
- *Public Health Act 2016*.

This policy is a mandatory requirement for Health Service Providers under the *Information Management Policy Framework* pursuant to section 26(2)(k) 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 is to be read in conjunction with the following:

- [MP 0152/21 Information Management Governance Policy](#)
- [MP 0071/17 Aboriginal Health and Wellbeing Policy](#)

- [MP 0162/21 Research Governance Policy](#).

This policy does not apply when the access, use or disclosure of Aboriginal data is:

- for the provision of, or in connection with the provision of, direct patient care for clinical or primary health care services
- required by law
- for research purposes where approval is required from the WA Aboriginal Human Research Ethics Committee as mandated in [MP 0162/21 Research Governance Policy](#).

2. Applicability

This policy is applicable to WA health entities.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

WA health entities are required to:

- establish and maintain local policies, processes and/or procedures to ensure compliance with the Aboriginal Data Governance Model and the Aboriginal Data Governance Principles.
- ensure staff members working with Aboriginal data, or any other information that may reasonably impact Aboriginal people differently to the general population:
 - complete the Aboriginal Data Governance Training (the Training) within three months of the date that this policy comes into effect or at the time the activity occurs (the Training is optional for all other staff but strongly recommended)
 - complete refresher training every two years
 - maintain a current record of staff progress towards completion of the Training through the health entities' My Learning System, including the number of staff members who have commenced the training, completed the training, and have not completed the training but are within the compliance period
- ensure staff members accessing, using and/or disclosing Aboriginal data complete the Aboriginal Data Use, Evaluation & Declaration (the Declaration Form) in accordance with the completion criteria specified in the Declaration Form.

4. Compliance Monitoring

WA health entities must comply with this policy by undertaking Information Management Maturity Assessments as prescribed in the [Information Management Governance Model](#).

The System Manager, through the Information and System Performance Directorate requires that Health Service Providers report the results of their two yearly self-assessed Information Management Maturity Assessment. These results are subject to review for assurance purposes. In addition, Health Service Providers must provide all related local documentation including policies, processes, procedures and/or protocols to the System Manager upon request.

The Department of Health divisions are also required to conduct two yearly Information Management Maturity Assessments. These results are subject to review for assurance purposes.

WA health entities must report to the System Manager on the number of staff members who have:

- commenced the training
- completed the training,
- completed the refresher when required, and
- not completed the training.

The System Manager and/or the WA Health Aboriginal Data Governance Committee will carry out compliance audits and reviews to ascertain the level of state-wide compliance with this policy and the Aboriginal Data Governance Model.

The System Manager and/or the WA Health Aboriginal Data Governance Committee may provide updates to Health Service Provider Directors of Aboriginal Health, Chief Executives of Health Service Providers, the Director General, the WA Health Aboriginal Data Governance Committee and/or other relevant persons regarding the findings of compliance monitoring activities.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Aboriginal Data Governance Model](#)
- [Aboriginal Data Use Evaluation & Declaration Form](#)
- [Aboriginal Data Governance Training](#)

6. Supporting Information

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

- [Aboriginal Data Governance Resource Compendium](#)
- [WA Aboriginal Health and Wellbeing Framework 2015-2030](#)

7. Definitions

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

Term	Definition
Aboriginal data	Defined by the Maiam nayri Wingara Indigenous Data Sovereignty Collective as any information or knowledge, in any format or medium, which is about and may affect Aboriginal people both collectively and individually.
Aboriginal data governance	Defined by the Maiam nayri Wingara Indigenous Data Sovereignty Collective as the right of Aboriginal people to autonomously decide what, how, and why Aboriginal data are collected, accessed, and used. It ensures that data on or about Aboriginal people reflects their priorities, values, cultures, worldviews, and diversity.

Aboriginal data sovereignty	Defined by the Maiam nayri Wingara Indigenous Data Sovereignty Collective as the right of Aboriginal people to exercise ownership over Aboriginal data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Aboriginal data.
Aboriginal related purpose	A purpose or activity that is relevant to the interests, rights, or needs of Aboriginal people and their communities. For example: <ul style="list-style-type: none"> • To protect or promote Aboriginal culture, heritage, or languages • To provide or improve services or opportunities for Aboriginal people or organisations on matters that affect them • To conduct analysis on Aboriginal issues or perspectives • To acknowledge or celebrate Aboriginal history or achievements.
Data	The term 'data' generally refers to unprocessed information, while the term 'information' refers to data that has been processed in such a way as to be meaningful to the person who receives it. In this policy the terms 'data' and 'information' are often used interchangeably and should be taken to mean both data and information.
Global Indigenous Data Alliance CARE Principles	Defined by the Global Indigenous Data Alliance as principles that provide Indigenous Peoples collective benefit, authority to control, responsibility, and ethics.
Information	The term 'information' generally refers to data that has been processed in such a way as to be meaningful to the person who receives it. Information can be personal or non-personal in nature. The terms 'data' and 'information' are often used interchangeably and should be taken to mean both data and information in this policy.
Information management maturity assessment	Information management maturity assessment is part of the compliance component of the MP 0152/21 Information Management Governance Policy . This assessment obtains an understanding of the current status of the WA health system entities, in terms of information management governance.
Information asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Staff member	For the purposes of this policy, staff member means a person employed – <ul style="list-style-type: none"> (a) employed in a Health Service Provider by an employing authority pursuant to the <i>Health Services Act 2016</i> and includes: <ul style="list-style-type: none"> (i) the chief executive of the Health Service Provider;

	<ul style="list-style-type: none"> (ii) a health executive employed in the Health Service Provider; (iii) a person employed in the Health Service Provider under section 140 of the <i>Health Services Act 2016</i>; (iv) a person seconded to the Health Service Provider under section 136 or 142 of the <i>Health Services Act 2016</i>; (b) a person engaged under a contract for services by a Health Service Provider pursuant to the <i>Health Services Act 2016</i>; (c) employed in the Department of Health by or under an employing authority pursuant to the <i>Public Sector Management Act 1994</i>.
Use	A person 'uses' information if they utilise, handle, collect or communicate information within the WA health system or employ information for a purpose.
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	<p>WA health entities include:</p> <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	<p>The WA health system is comprised of:</p> <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	Review date	Amendment(s)
MP 0190/25	27 May 2025	May 2027	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance Division, Department of Health
Approval date	21 May 2025

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