



POLICY

Aboriginal Child and School Health

Scope (Staff):	Community health
Scope (Area):	CACH

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Aim

To promote a strengths-based perspective that supports the workforce to deliver a culturally safe service to *Aboriginal children, families and communities in the Perth metropolitan area.

Risk

Provision of services that are not culturally safe or based on a progressive universalism approach may impact negatively on the health outcomes of Aboriginal children and their families. The risk is a failure to meet the needs of Aboriginal children and families to access child health services.

Background

Aboriginal and Torres Strait Islander people have a holistic view of health that is not adequately met by the biomedical model of health care.¹ For Aboriginal people, health is:

... not just the physical wellbeing of an individual but refers to the social, emotional, and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life–death–life.²

*OD 0435/13 - 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. No disrespect is intended to our Torres Strait Islander colleagues and community.

The historical context Aboriginal people experience due to colonisation has ongoing effects to this day. These include dispossession, disparities in social determinants of health, harmful government policies, lack of implementation of cultural determinants of health, intergenerational trauma, ongoing discrimination, and abuse and this impacts on health and wellbeing today.³

Inequalities in health care access and use are considered important drivers of this difference.⁶ This includes systemic problems such as issues with access to healthcare, a deep-seated mistrust of government services and the lack of understanding of Aboriginal cultural values or traditional knowledge systems in the health system.

Services can elevate these issues by focusing on the following:

- Improving access to appropriate, high-quality and timely health care.
- Addressing inefficient communication, poor service coordination and a lack of continuity of care in order to reducing of levels of fear and anxiety and low attendance at subsequent appointment.⁷

Community health and wellbeing

Child growth and development is best supported by families and communities that are well resourced and well informed, including the following:

- A strong sense of identity cultural and connection to family community and Country.
- Community interaction, supporting each other, having elders to talk to, families making spirits healthy, participating in ceremony, and passing on culture.
- Kids playing sport and families who have access to healthy food and bush foods.
- Storytelling, participation in cultural activities and recognition of the kinship carer roles and responsibilities in raising children and young people.
- Safe places where people yarn, listen, learn, belong, friendly and connected to culture. Both physical and spiritual health and inclusive of mind, body and spirit.
- Individual, family and community responsibility, where people are engaged and respectful of the need to be accountable as a collective for Aboriginal health and wellbeing.^{5, 8}

A case study assessing protective factors and further reading is available in the [Culture and Health](#) factor paper in the [Factors impacting health and development guideline](#).

Increasing protective factors

- Support Aboriginal people to choose healthy lifestyles and engage with prevention and early intervention messages and activities.
- Increase care coordination and the establishment of partnerships between Aboriginal community-controlled health services and mainstream health services.

- Holistic care coordination and partnerships across government agencies and non-government organisations that impact on individual, family and community wellbeing.

Protective factors contribute to providing a physical and psychosocial environment that enable people to feel strong and resilient and in which a child might achieve optimal growth, development and wellbeing.⁹ Consideration of protective factors supports a strengths-based family centred approach which enhances engagement with the family.⁹ It acknowledges that for Aboriginal children and their family protective factors such as connection to community and culture, kinship and a sense of belonging can positively influence health outcomes.^{10, 11}

Kinship

“In some communities, the mother’s sisters (aunties) are also considered as the child’s mothers. This practice is very strong in some communities. The mother’s cousins are also considered sisters in some families and have a role in raising the children.”¹²

The kinship system is a feature of Aboriginal social organisation and family relationships. It is a complex system that determines how people relate to each other and their responsibilities and obligations in relation to one another.¹²

Culturally informed service delivery

Cultural safety is a term that refers to, “a health system where Indigenous cultural values, strengths and differences are respected; and racism and inequity are addressed”.¹³

Creating culturally safe environments and service delivery ensures parents feel they can feel safe with their practitioner, particularly if they need to raise a concern they may have about their child. See, [Training and Professional Development](#).

Key elements of a culturally informed service include:

- Genuine shared decision making and partnerships.
- Identification and elimination of racism.
- Access to person-centred and family centred care.
- Social and emotional wellbeing and trauma-aware, healing informed approaches.
- Culturally informed and evidence-based evaluation, research and practice.⁵

Strategic Direction: A culturally respectful and non-discriminatory health system

WA Health recognises racism as a key social determinant of health for Aboriginal people. Health care, whether government or community provided, is to be free of racism and discrimination. To achieve this, staff require access to cultural education and training opportunities and for the outcomes of the training to be embedded in:

- day-to-day involvement with Aboriginal clients and colleagues.

- service design and delivery.
- policy and planning at all levels.

It is acknowledged that everyone has the right to participate in decisions which affect their lives.¹⁴ It is important to give attention to issues of accessibility, including access to information in a form and a language which can be understood. CAHS are committed to ensuring Individuals and communities understand their rights, and to participate fully in the development of policy and practices which affect their lives.¹⁴

Key points

- Community health staff deliver comprehensive services including prevention, early detection and intervention to improve services to Aboriginal children and their families in the first 1000 days, see the [Child health services policy](#) and the *Culture and health factor paper* (accessed through [Factors affecting child health and development](#) guideline).
- Child health services for Aboriginal children and their families are delivered by community health nurses across the metropolitan area and operate through a model of progressive universalism.
- The *Aboriginal Health Team - child health procedure (under development)* describes the child health services delivered to Aboriginal children and their families by the multidisciplinary team based on clinical needs.
- The Enhanced Child Health Schedule (ECHS) will be offered in the Aboriginal Health Team from 2025 to Aboriginal children and their families as per ECHS program criteria and protective factors.
- Community health staff recognise and understand parent-infant-child attachment within Aboriginal cultural and historical contexts, based on circle of security principles, connection to community, culture, country, spirituality, family and kinship.
- All community health staff are required to complete the mandatory Aboriginal Culture Awareness e-learning training in accordance with the relevant practice framework.
- Training must be completed by all Community health staff prior to using any ASQ™ tool, including using ASQ-TRAK (if trained) with Aboriginal clients. Staff will use the most culturally appropriate screening tool available when working with Aboriginal families as per the [Ages and Stages Questionnaires Guideline](#).

Statewide and National Policy Context

There are several state and national documents that underpin the CAHS Community health work practices and service delivery that seek to close the gaps in Aboriginal health outcomes within the child health population. The main ones being the:

- National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- WA Aboriginal Health and Wellbeing Framework 2015 – 2030⁵

- Cultural Respect Framework 2016-2026
- The First 1000 Days: An Evidence Paper ¹⁵

Strategic Direction: Prevention and early intervention

CAHS aspires to there being no difference in health outcomes of Aboriginal and non-Aboriginal children in Western Australia; that Aboriginal children and families have increased engagement with and improved access to CAHS' services, a strong Aboriginal health capability across CAHS and an increased Aboriginal workforce. ¹⁶ This is reinforced through the establishment of [Cultural Safety at CAHS](#) which contributes to:

- delivering a culturally secure health service to Aboriginal people,
- working towards sustainable and effective change for improved long-term Aboriginal Health outcomes. Making 'Aboriginal health everyone's business' and
- Aboriginal people living long, well and healthy lives.

To achieve this, services should focus on improving:

- health literacy through social marketing and education activities.
- access to information, testing, and treatment, care and support services.
- availability, access to tools and equipment to support healthy behaviour choices. ⁵

CAHS is committed to promoting and facilitating reconciliation between Aboriginal staff, families, children and young people and the wider CAHS community. The actions within the CAHS Reconciliation Action Plan (RAP) aim to ensure that all Aboriginal children, young people and families visiting our health service have a positive interaction with staff, the environment and the service they receive.

CACH Aboriginal health services

All Aboriginal clients residing in the Perth metropolitan area are eligible for Child and School Health Services. Services are offered to reflect universal health provision and include services that are proportionate to client need. The purpose of this policy is to inform staff of some of the age-appropriate health needs to consider when providing services to Aboriginal children and their families.

Identifying Clients of Aboriginal descent

The NSQHS Comprehensive care standard 5.8 require health care services to have a process to routinely ask clients if they identify as being of Aboriginal origin and record this in a clinical data information system (CDIS).

CACH staff are required to ask the question whenever the status is not clearly recorded in CDIS or on client records. While it is compulsory for staff to ask, it is not compulsory for the person/client to answer. For more information, see [Identifying Aboriginal clients in Community Health resource](#).

As per the mandatory poster list here: [Posters and templates CACH intranet page](#), the following poster should be displayed: [Are you Aboriginal or Torres Strait Islander?](#)

Aboriginal clients and their families can access service levels available in CACH, including:

- Universal
- Universal Plus
- Partnership (Child health only)
- Enhanced Child Health Schedule (Child health service provided by the Aboriginal Health Team).

Note: The WACHS Enhanced Child Health Schedule is out of scope for this CACH policy. See, [WACHS Policies](#) for more information.

Birth Notifications

The CACH Aboriginal Health Team (AHT) [Model of Care](#) is integrated in CACH through the *AHT - child health contact procedure (under development)*. All birth notifications where the child is identified as Aboriginal are allocated to the Aboriginal Health Team. See, [Aboriginal children birth notification flowchart](#) and [AHT referral information](#).

Child Health

To address the specific health care needs of Aboriginal children, the Aboriginal child health services policy is divided into age-appropriate health care information for child and school health staff to consider when serving clients. Staff should provide a holistic assessment by considering protective and risk factors, and the most appropriate form of communication for health promotion.

The table below is divided in the high priority areas for CACH staff to consider when providing services to Aboriginal clients. It is important to consider protective and risk factors for the child and select the appropriate level of service delivery (Universal, Universal Plus, Partnership and ECHS (AHT only)).

Promotion of General Protective Factors

- Encourage healthy nutrition, immunisation, regular physical activity, positive mental health and wellbeing, prevention of overweight and obesity.
- Address risk factors by providing early childhood education, safe child settings, family support and education.

For more information, see the [Child health services policy](#).

CHILD HEALTH	
Steps	Additional information
<p style="text-align: center;">BREASTFEEDING</p> <p>Background</p> <p>Reduced transmission of cultural breastfeeding practices and the introduction of infant formula/bottle feeding has impacted rates among Aboriginal mothers. Rates are higher in remote areas compared to major cities.¹⁷</p> <p>Protective factor</p> <p>Among Aboriginal mothers, a key enabling factor is that breastfeeding is an accepted traditional practice. Having family support, knowledge that breastfeeding is the healthiest option for the infant and incurs no (or little) cost, and access to culturally appropriate health practitioners and services also enable breastfeeding.</p> <p>Steps</p> <ul style="list-style-type: none"> Consider background information in service delivery 	<p>Policy documents</p> <ul style="list-style-type: none"> Breastfeeding protection, promotion and support policy. Form - Breastfeeding Assessment Guide <p>Resources</p> <ul style="list-style-type: none"> Breastfeeding: good for Baby, good for Mum. Get up and grow. Breastfeeding: Strong mum strong babies.
<p style="text-align: center;">GROWTH</p> <p>Background</p> <ul style="list-style-type: none"> Aboriginal children are more likely to be overweight or obese than non-Aboriginal children. <p>Steps</p> <ul style="list-style-type: none"> Encourage healthy nutrition (emphasis on iron rich foods), regular physical activity, regular sleep routine and the prevention of obesity through family support and education. <p>Resources</p> <p>For appropriate client resources, see Aboriginal Child Health matrix and the Nutrition Resource Catalogue.</p>	<p>Policy documents</p> <ul style="list-style-type: none"> Body mass index assessment Growth - birth to 18 years Growth accelerated upward trajectory. See process – child health flowchart. Length assessment 0 to 2 years Nutrition for children – birth to 18 years Physical assessment 0 to 4 years Sleep 0 – 5 years Weight assessment 0 to 2 years

CHILD HEALTH	
Steps	Additional information
<p style="text-align: center;">EAR HEALTH</p> <p>Background</p> <ul style="list-style-type: none"> Aboriginal children experience ear disease, recurrent infections and hearing loss at rates that are among the highest prevalence in the world.^{8,18} A barrier to accessing care is that ear disease is largely considered normalised. Therefore, health promotion is a priority to increase health literacy. <p>Steps</p> <ul style="list-style-type: none"> The Office of the Auditor General Improving Aboriginal Children's Ear Health report recommends implementation of ear and additional ear health screening for Aboriginal children aged 0-5 years. The additional screenings and prevention activity are from birth to school age. It is critical to enable early identification of abnormalities, preventing ear disease and optimising health and development. 	<p>Policy documents</p> <p>Hearing and ear health guideline:</p> <ul style="list-style-type: none"> Audiometry Otoscopy Tympanometry <p>CACH Aboriginal Ear Nose Throat (ENT) Clinic provides a free specialist ENT service. See referral information.</p> <p>Resources</p> <ul style="list-style-type: none"> For appropriate client resources, see the Aboriginal child health resources matrix.
<p style="text-align: center;">IMMUNISATION</p> <p>Background</p> <ul style="list-style-type: none"> As of June 2024, Western Australia has the lowest coverage rates compared to other Australian states and territories for scheduled immunisations at 1 year old (85%) and 2 years old (82%).¹⁹ <p>Steps</p> <ul style="list-style-type: none"> The Department of Health WA aims to increase immunisation coverage rates for Aboriginal children aged under 2 years to 95% target.¹⁹ 	<p>Policy documents</p> <ul style="list-style-type: none"> Immunisation – childhood. <p>Resources</p> <ul style="list-style-type: none"> Aboriginal childhood immunisation CACH local immunisation clinics in the Perth metropolitan area

CHILD HEALTH	
Steps	Additional information
<p>CHEST/RESPIRATORY ASSESSMENT</p> <p>Background</p> <ul style="list-style-type: none"> Barriers that delay or prevent assessment: cough normalisation, lack of health literacy information and a sense of disempowerment (belief that there will be no medical action and inability to challenge doctors).²⁰ Chest/respiratory concern is a high priority due to an increased prevalence of asthma in Aboriginal children (aged 0-14).²¹ Expressed enablers include health literacy information and health practitioner training to assess and treat chronic wet cough in children.²⁰ <p>Steps</p> <ul style="list-style-type: none"> Assess as per Physical assessment procedure and provide health information 	<p>Policy documents</p> <ul style="list-style-type: none"> <i>Physical assessment 0-4 years</i> <p>Resources</p> <ul style="list-style-type: none"> Keeping our mob healthy fact sheets - wheezing or noisy breathing. Background information for staff, not for families. The Kids Research Institute – wet cough
<p>SKIN CONDITIONS</p> <p>Background</p> <p>The Kids Research Institute Australia National Healthy Skin Guidelines 2nd edition emphasises the following:</p> <ul style="list-style-type: none"> Impetigo, scabies, crusted scabies, fungal skin infections, atopic dermatitis, molluscum contagiosum and head lice are too often considered by health practitioners, and sometimes by affected people and families themselves, as minor irritants or even as “normal”. The Kids Research Institute says the treatment and prevention of scabies should be a high priority. 	<p>Policy documents</p> <p><i>Physical assessment 0-4 years.</i></p> <p>Resources</p> <p>The Kids Research Institute Australia National Healthy Skin Guideline 2nd edition and supporting resources:</p> <ul style="list-style-type: none"> Recognising & Treating Skin Infection visual clinical handbook Community Health online quiz – Staff resource to help to assist with identifying skin conditions. Clinical fact sheets Keeping our mob healthy - Background information for staff, not for families.

CHILD HEALTH	
Steps	Additional information
<p>Provide a welcoming environment</p> <p>Consider displaying Aboriginal artwork available within CAHS and CACH. Communicate with your manager around options available in CACH.</p>	<ul style="list-style-type: none"> • Display mandatory posters as per: Posters and templates (health.wa.gov.au) • NSQHS 1.33 refers to demonstrating a welcoming environment that recognised importance of cultural beliefs and practices.

School health - adolescent and youth health

To address the specific health care needs of school-aged children, School health staff should review the age-specific high priority areas when providing services to Aboriginal adolescents and youths. At this stage of life, there is a potential to prevent the development of disease or risk of injury and improve overall health and wellbeing.

[School-aged health services](#) policy

- [Primary](#) and [Secondary](#)

Promotion of General protective factors:

- Youth receive the services and support they need to thrive and grow into healthy young adults.
- Aboriginal children and families are provided with the opportunities to engage with evidence-based prevention and early intervention initiatives and the knowledge and skills to choose healthy lifestyles to support good health and wellbeing.
- Encourage healthy nutrition, immunisation, regular physical activity, positive mental health, prevention of obesity. Address risks by providing early childhood education, safe child settings, environmental health, family support and education.
- Support healthy behaviour choices by encouraging safe sex practices, positive mental health and wellbeing.⁵

SCHOOL HEALTH	
Steps	Additional Information
<p>EAR HEALTH</p> <ul style="list-style-type: none"> • Targeted screening assessments available in response to concerns expressed by families, school staff or child. 	<ul style="list-style-type: none"> • Hearing and ear health • Key health education for Aboriginal families in Appendix B of <i>hearing and ear health guideline</i>.

SCHOOL HEALTH	
Steps	Additional Information
HEALTHY RELATIONSHIPS <ul style="list-style-type: none"> Promote safe sex practices as per WA Aboriginal Health and Wellbeing Framework. 	<ul style="list-style-type: none"> Sexual health and healthy relationships in adolescence Resource library GDHR
MENTAL HEALTH AND WELLBEING <p>Background</p> <ul style="list-style-type: none"> The rate of suicide among Aboriginal people is three times higher than non-Aboriginal people in WA.²² <p>Steps</p> <ul style="list-style-type: none"> Promote positive mental health and suicide prevention 	<p>Policy documents</p> <ul style="list-style-type: none"> Mental health in adolescence HEEADSSS Handbook for nurses working in secondary school. See, safety and spirituality section. Suicide risk response protocol
GROWTH - PHYSICAL ACTIVITY AND NUTRITION <p>Background</p> <ul style="list-style-type: none"> Indigenous children are more likely to be overweight or obese (aged 2-14) than non-indigenous children.²³ <p>Steps</p> <ul style="list-style-type: none"> Encourage healthy nutrition, regular physical activity, positive mental health and sleep hygiene practices Ensure access to person-centred and family-centred care. 	<p>Policy documents</p> <ul style="list-style-type: none"> Growth - birth to 18 years Adolescent health brief intervention Health promotion in schools <p>Resources</p> <ul style="list-style-type: none"> Aboriginal child health resources Guide to healthy eating Water – the best drink for healthy kids

The Aboriginal Health Team

The Aboriginal Health Team (AHT) provide a family centered, strength-based service that is flexible, tailored and ensures a respectful, culturally appropriate, safe, secure and non-discriminatory service is offered to all Aboriginal families with children aged 0 to 5 years (birth to school entry) within the Perth metropolitan area.^{24, 25}

The AHT provide a holistic approach to health with a multidisciplinary team including a Medical Officer, Aboriginal Health Workers (AHW), Community Health Nurses, a Speech Pathologist, an Occupational Therapist, Administration and Health Promotion staff. For more information See [CAHS AHT model of care](#) website.

The [Enhanced Child Health Schedule](#) to be made available in 2025 for AHT clients identified as per the program criteria. For more information see, *Aboriginal Health Team – child health contacts* procedure (under development).²⁶

Resources

- See, [Aboriginal Children Birth Notification Referral Flowchart](#).
- [AHT Catchment details and map](#)
- [AHT Health Point webpage](#)
- [AHT Brochure](#)

Referral Information

To refer an Aboriginal child to the AHT, ensure they meet the eligibility criteria as per the [AHT birth notification script](#). All referrals are completed on CDIS via allocation to AHT base. You can view the [AHT suburb catchment and sites](#).

While the Aboriginal Health team service Aboriginal children and families, the local CACH centres also provide child health services to Aboriginal children and families. All Aboriginal children and families can remain with their local community health centres if they wish to do so. The AHT can still receive referrals for Aboriginal clients where CH service where unable to engage with the family.

Training and Personal Development opportunities

“The health care provider has knowledge of health information, and the client understands their and their family’s life situation and intentions. Trust needs to develop so that clients and health care providers can discuss their concerns and limitations openly and to set attainable goals”.^{27, 28}

To ensure culturally safe and respectful practice, health practitioners must:

- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors that impact individual and community health
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
- Recognise the importance of self-determined decision-making, partnership and collaboration in health care, which is driven by the individual, family and community
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal people and colleagues.²⁹

Training and Cultural Capabilities	
Steps	Additional Information
<p>Understand racism and the impact</p> <ul style="list-style-type: none"> Racism within health must be addressed to remove barriers and achieve better outcomes. Understanding the effects of racism and adversity on biological systems 	<p>Further reading available:</p> <ul style="list-style-type: none"> Applying an authentic partnership approach to facilitate optimal health of Aboriginal children. ²⁷ RACGP Chapter 1 health impacts of racism. The Unseen Bias - How do we move beyond racism in healthcare.
<p>Cultural determinants of health</p> <ul style="list-style-type: none"> Cultural determinants often intersect across the four domains of family/community, Country and place, cultural identity, and self-determination. ³⁰ 	<p>Policy documents</p> <ul style="list-style-type: none"> Culture and health factor paper. <p>Further reading</p> <ul style="list-style-type: none"> WA Aboriginal Health and Wellbeing Framework 2015 - 2030
<p>Truth telling</p> <p>Colonial processes and government policies and practices have deliberately and negatively impacted Aboriginal people.</p> <p>Content warning: the resource available discuss challenging content. Ensure that prior to accessing, discuss with line manager and colleagues as needed. The Employee Assistance Program (EAP) is also available.</p>	<ul style="list-style-type: none"> Acknowledge the brutal history of Indigenous health care, The conversation. Growing up our way practises matrix. In this video, potentially challenging content such as the stolen generation and physical abuse and neglect is flagged for staff prior to watching: My stolen childhood, and a life to rebuild Sheila Humphries TEDxPerth.
<p>Clinical yarning model</p> <p>This model is a patient-centred technique to improve communication in Aboriginal health care.</p> <ul style="list-style-type: none"> 'Yarn with me': applying clinical yarning to improve clinician-patient communication in Aboriginal health care. 	<ul style="list-style-type: none"> Western Australia Centre for Rural Health eLearning – Clinical Yarning Model <p>Additional reading</p> <ul style="list-style-type: none"> Recommended: Applying an authentic partnership approach to facilitate optimal health of Aboriginal children. ²⁷ Clinical yarning with Aboriginal and/or Torres Strait Islander peoples—a systematic scoping review of its use and impacts.

Training and Cultural Capabilities	
Steps	Additional Information
Cultural security <ul style="list-style-type: none"> Originally conceptualised by Irihapeti Ramsden who described it as a framework that could help people, 'become aware of their social conditioning and how it has affected them and therefore their practice.'³¹ 	<p>For more information, see Cultural Safety at CAHS (health.wa.gov.au)</p> <ul style="list-style-type: none"> AIHW Cultural safety in health care for Indigenous Australians
Cultural Information Directory <ul style="list-style-type: none"> This CAHS directory provides basic background reading and information to help staff develop a better understanding and sensitivity to Aboriginal culture and communities. 	<ul style="list-style-type: none"> Cultural Information directory Sympathy vs Empathy Dr Camara Jones Explains the Cliff of Good Health Your identity map – 8 ways
Internal training <p>Mandatory training: Aboriginal Cultural eLearning</p> <p>Recommended: Aboriginal Person-centred care training. This is a face-to-face full day training available for CACH staff at Mill Street. Obtain line manager approval before applying on My Learning.</p> <p>Warning the subject matter covers sensitive topics. See the Employee Assistance Program (EAP).</p>	<ul style="list-style-type: none"> Aboriginal Cultural Learning (health.wa.gov.au) Aboriginal Person Centred Care Training – available on MyLearning. <p>For further information please email: Aboriginal Person Centred Care Training Email: SMHS.APCCTraining@health.wa.gov.au</p>
Aboriginal Health Strategy <p>The Aboriginal Health Strategy Team provides the following support to ensure CAHS services deliver culturally appropriate healthcare:</p> <ul style="list-style-type: none"> Engages with the Aboriginal community to gather advice and feedback Provides leadership in relation to the WA Health Aboriginal Health and 	<p>Health Point Aboriginal Health Strategy</p> <ul style="list-style-type: none"> Aboriginal Person Centred Care Training – register on My Learning. CAHS Aboriginal Health and Wellbeing Plan Aboriginal Health Champions Program Aboriginal Impact Statement Declaration

Training and Cultural Capabilities	
Steps	Additional Information
<p>Wellbeing Framework and Implementation Plan</p> <ul style="list-style-type: none"> • Advocates for Aboriginal children and families • Coordinates cultural training such as yarning circles, in-person training and workshops 	

For more information, see [NSQHS User Guide for Aboriginal and Torres Strait Islander Health](#).

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Related internal policies, procedures and guidelines

The following documents can be accessed in the CH Clinical Nursing Manual: [HealthPoint link](#) or [Internet link](#) or for WACHS staff in the [WACHS Policy link](#)

[Aboriginal child health services referral flowchart](#)

[Ages and Stages Questionnaire](#)

[CAHS child and family centred care](#)

[CAHS language services](#)

[Child health services](#)

[Hearing and ear health](#)

[Immunisation](#)

[Partnership child health service](#)

[Practice guide for Community Health Nurses](#)

Related external resources (including related forms)

CAHS [Practice Framework for Community Health Nurses](#)

[Cultural Respect Framework 2016 - 2026](#)

[Connected Parenting](#) St John of God Health Care

[National Aboriginal and Torres Strait Islander Health Plan 2013–2023](#)



[NSQHS Standards User guide for Aboriginal and Torres Strait Islander health](#)

[The First Thousand Days: An Evidence Paper](#)

[WA Aboriginal Health and Wellbeing Framework 2015–2030](#)

[WA Health Workforce Strategy 2014-2024](#)

This document can be made available in alternative formats on request.

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