

Kimberley Aboriginal Health Planning Forum

Maternal, Child, Youth and Family Health Sub-committee

Terms of Reference

Revised 17th February 2023

Background

The Kimberley Aboriginal Health Planning Forum (KAHPF), originally called the Kimberley Aboriginal Health Plan Steering Committee, was formed in 1998 with the task of developing a Kimberley Regional Aboriginal Health Plan. Over time, the role of the KAHPF has subsequently expanded. The KAHPF is now the peak regional health forum for improving health outcomes for Aboriginal people in the Kimberley.

Primary health care services across the Kimberley are delivered by a range of Aboriginal community controlled, government and non-government services and agencies. While these services each play a pivotal role in contributing to improved and sustainable health outcomes for Aboriginal people in the Kimberley, KAHPF has always acknowledged the importance of collective investment, partnerships, and accountability to each other. Accordingly, KAHPF strives towards being the collective voice for the regional planning, coordination and advocacy of key actions required to deliver high quality comprehensive, culturally responsive primary health care services to Aboriginal people in the Kimberley. In addition, a unifying view about the role of social determinants in health is needed. The Aboriginal Community Controlled model of care utilised in the Kimberley considers the importance of culture, spirit, country, family, community and language on the physical health and social and emotional wellbeing of Aboriginal people.

In December 2018 the KAHPF Strategic Plan 2018-2028 was developed and endorsed by the KAHPF. This Plan outlines the key priorities to drive improvements in health outcomes for Aboriginal people in the Kimberley and was developed by KAHPF members in consultation with Sub-committees and a time-limited working group of KAHPF. KAHPF takes ultimate responsibility for overseeing its implementation through its members and Sub-committees.

Sub-committees

KAHPF may identify and establish Sub-committees and working groups to support and progress key activities to improve Aboriginal health in the Kimberley region. Sub-committees are the engine room of KAHPF and focus on issues requiring coordinated planning and action. They are established by KAHPF as needed, in consideration of regional health need and aligned to KAHPF key priorities. Each Sub-committee has Terms of Reference, membership reflecting KAHPF members and is responsible for the development a three-year action plan for endorsement by KAHPF. These action plans enable KAHPF to monitor progress and provide feedback to advance its key priorities. Sub-committee reports will form a standing agenda item at KAHPF meetings, reporting on progress against the endorsed action plans. In addition, KAHPF will review Sub-committees' progress, results, and barriers annually. Sub-committees may not speak or act on behalf of KAHPF without prior permission of the KAHPF.

Rationale of MCYFH Sub-committee

The Maternal, Child, Youth and Family Health (MCYFH) Sub-committee has a collaborative purpose that aims to benefit all members and the communities they serve by working together to identify strategies and activities to improve maternal, child, youth, and family health in the region. In addition, the Kimberley Ear Health Coordinating Panel has been established as a working group of the MCYFH Sub-committee.

Objectives of MCYFH Sub-committee

The MCYFH Sub-committee objectives are to:

- To improve the health of Aboriginal and Torres Strait Islander women, children, youth, and families in the Kimberley through coordinated regional planning and development of maternal and child health programs and services.
- Develop a 3-year Action Plan and progress activities that contribute to achieving the key priorities of the Plan.
- Identify key barriers and enablers to achieving progress on the Action Plan.
- Provide regular reports to the KAHPF on progress against the agreed Action Plan.
- Meet face-to-face with the KAHPF annually, via the Chair, to seek feedback and discuss progress, challenges, results and barriers to progressing the Action Plan.

Membership

The MCYFH Sub-committee is comprised of representatives from KAHPF member organisations who have a key role in maternal, child, youth and family health. The Chair is responsible for maintaining an up-to-date member list and providing a copy to the KAHPF Secretariat as changes occur.

Current membership includes:

- 1.1 Kimberley Aboriginal Medical Service Ltd (KAMS)
- 1.2 Kimberley Population Health Unit (KPHU)
- 1.3 WA Country Health Service (WACHS)
- 1.4 Boab Health Services
- 1.5 Broome Regional Aboriginal Medical Service (BRAMS)
- 1.6 Derby Aboriginal Health Service (DAHS)
- 1.7 Ord Valley Aboriginal Health Service (OVAHS)
- 1.8 Yura Yungi Medical Service (YYMS)
- 1.9 Nindilingarri Cultural Health Services (NCHS)
- 1.10 Department of Communities
- 1.11 Save the Children
- 1.12 Royal Flying Doctor Service
- 1.13 Other

On occasion the MCYFH Sub-committee may invite a limited number of officers, observers, or guests relevant to the agenda items being discussed.

Chair and secretariat

The MCYFH Sub-committee will be chaired by one member of the MCYFH Sub-committee for a period of 12 months. The role of secretariat will be undertaken by one member of the Sub-committee for a period of 12 months. The responsibilities of the chair and secretariat includes development of agendas and meeting papers, minute taking, following up outstanding actions, communication with KAHPF and other key stakeholders, meeting venue booking, and other functions as required.

Attendance and participation

Members are encouraged to attend meetings in person whenever possible. Where this is not possible video conference or teleconference link ups will be available. A quorum requires attendance by a minimum of 51% core members, including a representative from WACHS and one Aboriginal Community Controlled Health Organisation.

KAHPF values consistent agency representation across the Sub-committees. If the usual delegate is unable to attend, members are encouraged to send proxy representatives with authority to discuss, endorse and make decisions on behalf of their organisation to the meeting. If a member fails to attend or to send a nominated delegate to three consecutive meetings without an apology the Secretariat will enquire into the reasons for their non-attendance. This will be reported back to the Sub-committee and continuing organisational membership will be considered.

Sub-committee members may not speak or act on behalf of KAHPF without prior permission of the KAHPF.

Frequency of meetings

The MCFYH Sub-committee will meet a minimum of 4-6 times a year, with at least one (1) meeting held in a location other than Broome. Sub-committees should align their meetings so that they occur in the month between each KAHPF meeting to ensure workflow and reporting between KAHPF and Sub-committees.

All members are responsible for covering their own costs to attend meetings.

Review of Terms of Reference

The terms of reference will be reviewed and ratified every 12 months at the last meeting of each year and a copy provided to the KAHPF Secretariat for endorsement by KAHPF.

Agreed to by:

Sub-committee chair: Aimee Sullivan

Date: 06/04/2023

On behalf of KAHPF: Sarah Tobias

Date: 27/04/2023