

Kimberley Aboriginal Health Planning Forum Kimberley Regional Aboriginal Men’s Health Sub-committee (DRAFT) Terms of Reference

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 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 co-ordinated planning and action. They are established by KAHPF as needed, in consideration of regional health need and aligned to KAHPF key priorities. Each subcommittee 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 Kimberley Regional Aboriginal Men’s Health Sub-committee

The Kimberley Regional Aboriginal Men’s Health 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 the health, wellness and mental health outcomes of Kimberley males, reduce incidences of self-harm, violence and AOD use, increase proportion of men who have regular health checks, support men’s wellness groups and build the number and capacity of male health workforce in the Kimberley regions.

Objectives of Kimberley Regional Aboriginal Men’s Health Sub-committee

The Kimberley Regional Aboriginal Men’s Health Sub-committee objectives are to bring together men who are working in Aboriginal health in the Kimberley to:

- Establish a baseline of current health issues impacting on the wellbeing of Aboriginal men in the Kimberley;
- Establish agreed targets for improved health outcomes;
- Identify and develop opportunities that contribute to improved health outcomes, including frameworks for health services to consider the needs of Aboriginal men;
- Raise awareness of the specific cultural and health needs of men;
- Advocate for resources to address gaps in service provision;
- Build and consolidate partnerships
- Promote a strengths based approach; and
- Share and exchange relevant information.
- 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 Action Plans

Values of the KRAMHS

- Operate in a manner that is accessible, accountable, respectful and inclusive;
- Acknowledge and respect the diversity of masculinity and the diversity of expressions;
- Operate in a collaborative manner which builds on existing structures and networks wherever possible;
- Work to support actions and initiatives which consolidate and strengthen existing services
- Seek to promote equitable service delivery in the Kimberley region that meet the needs of Aboriginal men; and
- Maintain a commitment to cultural security and respect for local cultural practices and traditions.

Role of the KRAMHS

- Foster information exchange between services/agencies;
- Show leadership in the area of men’s health by representing community views and providing information to support advocacy to the KAHPF;
- Act as a forum where issues can be discussed;
- Provide input into the Kimberley Aboriginal Primary Health Plan and any other relevant men’s health planning processes; and
- Identify opportunities to implement changes which address men’s health issues in the region.

KRAMHS structure, powers.

- The KRAMHS does not have decision making powers as an entity which cut across the authority of individual health service governance and management bodies;
- The KRAMHS does not have any mandate to grant ethics approvals for research being proposed in the region;
- Working groups established by the KRAMHS shall be given power to make decisions on behalf of the KRAMHS regarding projects with which the working group has been tasked;
- No member may speak on behalf of the KRAMHS without the mandate of the KRAMHS given at a KRAMHS meeting;
- KRAMHS members who act outside the Terms of Reference may be asked to leave the KRAMHS;

Membership

The Kimberley Regional Aboriginal Men’s Health sub-committee is comprised of representatives from KAHPF member organisations who have a key role in Kimberley Regional Aboriginal Men’s 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:

- *Kimberley Aboriginal Medical Services (KAMS)*
- *Ord Valley Aboriginal Health Service (OVAHS)*
- *Yura Yungi Aboriginal Medical Service (YYAMS)*
- *Derby Aboriginal Health Service (DAHS)*
- *Broome Regional Aboriginal Medical Service (BRAMS)*
- *Western Australia Country Health Service (WACHS), Kimberley*
- *Kimberley Population Health Unit (KPHU)*
- *Headspace Broome*
- *Men’s Outreach Service*
- *Youth representative*
- *Community representative*
- *AARNJA*
- *Aboriginal Legal Service (ALS)*

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

Chair and secretariat

The sub-committee will be chaired by one member of the sub-committee for a period of 12 months. The role of secretariat will be undertaken 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 from the ACCHS sector.

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 KAHPF and continuing organisational membership will be considered.

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

Frequency of meetings

The sub-committee will meet a minimum of 4 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 work flow 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: _____

Agreed to by: _____

Sub-committee chair: _____

On behalf of KAHPF: _____

Signature: _____

Signature: _____

Date: _____

Date: _____