Report on the Needs and Impact Assessment
BreastScreen WA - Breast Cancer Screening Program
Department of Health
2007 - 2008

Substantive Equality Unit
Equal Opportunity Commission

THE POLICY FRAMEWORK FOR
SUBSTANTIVE EQUALITY
## Contents

1. Acknowledgments ........................................................................... 2

2. Executive Summary .......................................................................... 2

3. Introduction: Scope and Methodology ................................................. 3


   Who currently uses the BreastScreen WA service, by Indigenous and ethnic (CaLD) identity? 5

   Who should be using the BreastScreen WA service, but do not? 6

   Are there gaps in service delivery for Indigenous and ethnic minority (CaLD) groups? What measures can be put in place to address these gaps? 7

   Engagement of Indigenous and ethnic minority (CaLD) service-users 8

   Translating and Interpreting services 9

   On-site accessibility and appropriateness of service delivery 9

   *Case Study: The Derbarl Yerrigan Model* 10

5. Consultation strategies ...................................................................... 12

6. Recommendations ............................................................................. 13

7. Conclusion .................................................................................. 13

8. Appendices .................................................................................. 14

   Appendix 1: Needs and Impact Assessment Tool 14

   Appendix 2: Breast Screen WA Clinic, Department of Health WA PD Form 34

   Appendix 3: Participation rates by Indigenous and ethnic minority (CaLD) women 35

   Appendix 4: Indigenous Program Officer Job Description Form 36

   Appendix 5: Program Officer Statement of Duties (CaLD women) 39
1. Acknowledgments

This report is the result of collaboration between staff from the Substantive Equality Unit (‘SEU’) in the Equal Opportunity Commission and BreastScreen WA. In particular, thanks goes to Dr Liz Wyle, Medical Director of BreastScreen WA (BSWA) for supporting the Needs and Impact Assessment of BSWA and Ms Marilyne McRae from BreastScreen WA for her expertise, assistance and dedication to the project. Gathering early information for the needs and impact assessment was initially conducted by Ms Sarah Kemp from the SEU with the final analysis and report being completed by Ms Cathy Groves, Mr Enrico Burgio and Ms Marilyne McRae.

2. Executive Summary

This report outlines the findings of the Needs and Impact Assessment (‘Impact Assessment’) conducted on BreastScreen WA (‘BSWA’). As a participating department in implementing the Policy Framework for Substantive Equality (the ‘Policy Framework’), the WA Department of Health nominated BSWA as its first service to be assessed for its impact on Indigenous1 and ethnic minority groups2.

In order to assess the BSWA service, the analysis and subsequent report is structured by asking the following questions:

- Who currently uses the BreastScreen WA service, by Indigenous and ethnic identity?
- Who should be using the BreastScreen WA service, but do not?
- Are there gaps in service delivery for Indigenous and ethnic minority groups? What measures can be put in place to address these gaps?

Following an Impact Assessment conducted on BSWA, principally on the written BSWA policies and, procedures and the practices of the Health Promotion and Recruitment division, this report highlights a small number of recommendations to strengthen the recruitment of Indigenous women and to examine corresponding areas of service and their patterns to ensure the

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1 The distinctive languages and cultures existing within and between Aboriginal and Torres Strait Islander communities is recognised under the singular term ‘Indigenous’. It is recognised that each community has its own language, culture, customs and traditions and the term ‘Indigenous’ is not meant to imply homogeneity. Further, all references to ‘ethnic’ or ‘ethnic minority’ groups is not inclusive of Indigenous peoples, who are rightfully regarded as First Nation peoples of Australia. BSWA refers to Aboriginal and Torres Strait Islander women (ATSIs) collectively.

2 BSWA refers to ‘ethnic minority women’ as women from Culturally and Linguistically Diverse backgrounds (CaLD) based on the Australian Bureau of Statistics (ABS) descriptor ‘language other than English spoken at home.’
needs of subgroups of the population can be revealed. These can be found at page 13 of the report.

Overall, it was found that many elements of the BSWA service can be considered ‘best practice’ in service delivery to Indigenous and ethnic minority groups. Regarding any impacts on Indigenous and ethnic minority women, BSWA is acutely aware of these and has instituted specific strategies to address the impacts and varying needs of these women. BSWA has notably moved on from the ‘Access and Equity Model’ of service delivery to embrace the very principles of substantive equality which underpin the Policy Framework. BSWA should therefore be commended for its effort to ensure services meet the needs of Indigenous and ethnic minority women.

3. Introduction: Scope and Methodology

Substantive equality aims to achieve equal outcomes of service for Indigenous and ethnic minority groups in the Western Australian community. Therefore, substantive equality is not about providing the same service in the same way; it is about finding out what services are needed and responding to that need so that equal outcomes are achieved and barriers removed. The Policy Framework provides a model to achieve a comprehensive and integrated implementation of substantive equality in a public sector setting. It acknowledges that seemingly neutral policies, practices or procedures may result in unintended inequalities of service for Indigenous and/or ethnic minority groups.

The methodology for this Impact Assessment follows that set out in the Policy Framework and utilises the Impact Assessment Tool designed by the Substantive Equality Unit of the Equal Opportunity Commission. This can be found at Appendix 1. The Impact Assessment Tool outlines the process by which a review can be conducted on the policies, practices and procedures of a service area, in this case the BSWA service nominated by the Department of Health.

This report represents the findings of an initial screening conducted on the BSWA service. It does not represent the second phase contemplated by the Policy Framework, namely a full screening incorporating full client and stakeholder consultation. As the overwhelming majority of findings relate to best practice, it was decided that there was no need for the EOC to proceed to the second full screening phase of the Impact Assessment. However, it is recommended that BSWA gain client feedback on aspects of the services related to BSWA (Refer to Recommendations on page 13).

With regards to the scope of the Impact Assessment, a few preliminary points must be made. Firstly, BSWA as an entire service area was too broad and extensive in scope to be adequately considered by the Impact Assessment.
Instead, the analysis largely focussed on the Health Promotion and Recruitment program of BSWA. The aim of the BSWA program is to:

...maximise the proportion of women aged 50 - 69 who are screened every two years. The Breast Screen Australia Program aims to...reduce morbidity and mortality from breast cancer in the target population of women aged 50 to 69 years; and to ensure equitable access to women aged 50 - 69 to the Program.

This aim is measured by the national screening objective of recruitment of at least 70% of women in the target population (aged 50 to 69) to participate in breast screening in the most recent 24 month period.4

Secondly, the Impact Assessment was largely conducted on the written policies, practices and procedures of BSWA as, given the private and personal nature of the service provided and the geographical coverage of the service, there was limited opportunity to observe actual practice. However, one visit was undertaken at the Perth Screening Clinic and several interviews were conducted with relevant BSWA staff over an 8 month period in 2007/2008.

Finally, the scope of analysis of the Impact Assessment is limited to mammography services within BSWA. Mammography is currently the only proven and viable method for BSWA to conduct breast cancer screening services and there remains limited Australian research and data relating to specific barriers to participation mammography may pose for Indigenous and ethnic minority women. Therefore, all references in this report to ‘screening’ should be understood as referring to mammography only.


BSWA has state-wide responsibility of providing a high-quality free breast cancer screening service, targeting asymptomatic women aged 50 to 69 years, and thereby improving the likelihood of successful treatment. Women aged 40 to 49 and over 70 years are also eligible for the screening service. Assessment of screen-detection lesions up to and including a definitive diagnosis of breast cancer or referral for diagnostic open biopsy is also a part of the service provided.

There are eight BSWA clinics in the Perth metropolitan area and four mobile clinics, which service around 100 rural towns every two years, including in the south west, south eastern and northern regions of the State.

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3 BSWA Policy and Procedures Manual (BreastScreen Australia, BreastScreen WA and WA Department of Health), Section 3, pg.1
Who currently uses the BreastScreen WA service, by Indigenous and ethnic (CaLD) identity?

In order to determine the current recipients of BSWA services, the Impact Assessment reviewed the Data Management and Support Services Programme. Both how women come into contact with the BSWA service and how BSWA determines participation data were examined.

Women are invited to the BSWA program from the age of 50 to 69 years by an invitation letter. Identity and eligibility details are sourced from the Australian Electoral Commission (‘Electoral Roll’). Updates from the Electoral Roll are received by BSWA every three months, in order to add women to the BSWA Mammography Screening Registry. These updates enable new women to receive initial invitation letters and repeat women to receive reminder letters if their address has changed and their letter has been returned marked ‘return to sender’. If eligible women contact BSWA and are not already on the Electoral Roll, they can be placed on the Mammography Screening Registry.

Women are generally screened every two years, and are sent reminder letters prior to their re-screen due date. The screening service runs on an appointment system, with the State Coordination Unit in Perth managing all appointment bookings, clinic availabilities and schedules. An annual Recruitment Plan is developed by BSWA to plan strategies for maximum participation of eligible women in the service. The Plan is developed in conjunction with consumer reference groups, such as the BSWA and WA Cervical Cancer Prevention Program (WACCPP) Indigenous Women’s Reference Group, and the BSWA Consumer Reference Group.

Once women are booked in for screening, they are required to complete a grey form detailing personal and GP details. This form can be found at Appendix 2.5 The form asks participants if they ‘speak a language other than English at home’ as well as if they are ‘of Aboriginal or Torres Strait Islander origin’. These questions provide data on service-user identity, by Indigenous and ethnic minority status.

Monitoring of BSWA services occurs through a series of regular reports, including metropolitan clinic appointment bookings, mobile clinic visit summaries and monthly and year-to-date Screening Summary Report and Participation Rate Statistics, disaggregated by:

- All women in the target population;
- All women by age group;
- Ethnic minority (CaLD) women; and
- Indigenous women.

5 Breast Screen WA Clinic, Department of Health WA PD Form.
These statistics provide a meaningful assessment of the women who are using the BSWA service. Analysis of such data, in conjunction with general population statistical data can provide information on gaps, strengths and weaknesses in service planning, implementation and review for Indigenous and ethnic minority clients.

The initial screening also asks that the assessment is applied to other protected characteristics under the Equal Opportunity Act 1984 as is relevant, for example impairment. Although the views of women with disabilities who participate in the BSWA program were not sought, it was found that BSWA has specific policies and procedures related to women with disabilities. Wheelchair access to clinics is a standard measure and complies with legal provisions covering the rights of people with disabilities. Relevant information is provided for those who are hearing, visually and intellectually impaired. BSWA works in partnership with the Disability Services Commission to meet the required needs of women with disabilities.

Who should be using the BreastScreen WA service, but do not?

In order to determine which women should be using the BSWA service (but are not), the mechanisms by which population data is sourced and participation statistics are reviewed was examined.

BSWA uses annual updates of population data received from the Australia Bureau of Statistics (‘ABS’) in order to develop screening participation performance statistics for eligible women, and for monitoring and evaluation of services (including promotion and recruitment) for all women, including ‘special needs groups’. ‘Special needs groups’ include Indigenous and ethnic minority women as well as rural and remote women.

BSWA source population data from ABS Census Data, namely ABS Estimated Resident Population Tables at the level of Statistical Local Areas (for example, Bayswater or Swan). Four indicators are used to identify populations, namely Age, Country of birth, Main language other than English spoken at home, and Indigenous status. Clearly Age determines the target population of women. ‘Special needs groups’ are determined by the indicators of Indigenous status (to identify Indigenous women) and the intersection of Country of birth and Main language other than English spoken at home (to identify ethnic minority women).

Attached at Appendix 3 are the BSWA participation rates of Indigenous (ATSI) and ethnic minority (CaLD) status women in the BSWA target age group 50 - 69 year for the two year cycle July 2006 - June 2008. As is evident, within the target group, these most recent 2006-2008 statistics reveal that Indigenous women had a participation rate of 44%; women speaking a language other than English at home had a participation rate of 74%; and all

6 Appendix 3 and see page 37 of BreastScreen WA Statistical Report 2000-2005 (BSWA website).
women had a participation rate of 58%. The trend of statistics reveal that, between 2000 and 2008, Indigenous women were underrepresented in screening participation, whereas ethnic minority women were in fact over-represented when compared to non-Indigenous and non-ethnic minority women. These statistics, however, are at best an approximation of participation rates given that some women receive mammography services from private providers and there is no feasible method for determining the number of women accessing these private services.

Are there gaps in service delivery for Indigenous and ethnic minority (CaLD) groups? What measures can be put in place to address these gaps?

BSWA is acutely aware of potential adverse impacts that the above methods of health promotion and recruitment have on Indigenous and ethnic minority women and has instituted specific strategies to address the impacts and varying needs of these women. Some of these recognised barriers to participation include:

- Limitations of the Electoral Roll in identifying potential service-users;
- Geographical isolation and transport barriers (particularly for Indigenous women);
- Cultural-specific factors (including shame and fear of cancer and association with death) associated with screening (particularly for Indigenous women);
- For Indigenous women, association with breast cancer as being a ‘white person’s disease’;
- Family and carer’s responsibilities taking priority;
- For ethnic minority women, lack of understanding of free health screenings, due to differences between Australia and the women’s country of origin; and
- Prior experiences of discrimination in relation to the provision of health services (including lack of cultural appropriateness).

7 Further, it is noted that in particular the metropolitan rates of participation for Indigenous women are the lowest in Western Australia. BreastScreen WA Statistical Report 2000-2005 (BSWA website).

8 School of Public Health and Tropical Medicine, James Cook University, ‘Early detection and management of breast and cervical cancer in Aboriginal and Torres Strait Islander Women: supporting the role of the General Practitioner’, October 2002, p. 17.

9 T. Ferdous, ‘Using Formal Health Education Sessions to increase Mammography use among Women of Non-English Speaking Backgrounds in Rockhampton’, Thesis in Master of Health Sciences, Central Queensland University, Rockhampton, Australia, November 2006.
Detailed below are specific ‘best practice’ strategies introduced by BSWA to address barriers in this regard.

**Engagement of Indigenous and ethnic minority (CaLD) service-users**

BSWA is aware that the primary mechanism for recruitment of women to screening services being through the Electoral Roll poses problems for groups, particularly Indigenous and ethnic minority women, who are under represented on the Electoral Roll. Accordingly, BSWA has undertaken to develop key relationship and collaborative practices with relevant Indigenous and ethnic minority community health workers. Particularly for Indigenous community health workers, the BSWA Indigenous Program Officer is instrumental in this regard. These partnerships enable BSWA to successfully recruit women who are not present on the Electoral Roll, particularly those in rural and remote areas. Further, a BSWA Program Officer is instrumental in working with minority ethnic (CaLD) groups, often engaging interpreters to inform women of the BSWA service. This position has within its job description essential criteria for sound knowledge of health issues affecting culturally and linguistically diverse communities (Refer Appendix 5.)

Initial service-user communication, by way of the invitation letter and brochure, is translated into 29 different languages. Additional recruitment strategies for initial Indigenous and ethnic minority service-users include:

- Face to face presentations to Indigenous and ethnic minority women
- Community announcements (including in a variety of languages) on community Indigenous and ethnic radio;
- Working in partnership with Indigenous and ethnic health workers;
- Newspaper advertising (in a variety of languages);
- Brochures and fact sheets (translated in a variety of languages) including Indigenous-specific resources; and
- Displays and promotions at relevant community events.

These additional recruitment strategies enable barriers in the primary mechanism of using the Electoral Roll to be overcome.

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Translating and Interpreting services

The use of a free translating and interpreting service is promoted and advertised at all stages of promotion and recruitment to BSWA services, including:

- Initial invitation letter;
- Phone booking of appointment (including ascertaining particular language needs of women, once they call);
- Attendance at screening facility;
- Personal Details form;
- Publications, brochures and community announcements; and
- BSWA website.

Translating and interpreting services are flexible so that they can respond appropriately to community need. For example, interpreting assistance is occasionally sought from local community health workers for Indigenous women in remote areas, where it is more culturally sensitive to do so.

On-site accessibility and appropriateness of service delivery

A variety of initiatives have been put in place in relation to the on-site provision of BSWA services, in order to make them more culturally sensitive and appropriate. These ‘best practices’ include:

- Group block bookings arranged for communities of Indigenous or ethnic minority women, to create a relaxed and supportive environment for the provision of screening services. Flexibility of appointment times is also factored in, to accommodate different cultural notions of time;
- Presence of Indigenous elders during mobile screenings of Indigenous women, to provide comfort and support;
- Provision of transport facilities (particularly in regional and remote areas) for women to attend screening faculties;
- An exemption for BSWA from the sexual discrimination provisions of the *Equal Opportunity Act 1984*, allowing BSWA to lawfully employ exclusively women in screening facilities (and thus accommodating cultural and religious needs of all Indigenous and ethnic minority women); and
- Language translators provided at the clinics.
Case Study: The Derbarl Yerrigan Model

Derbarl Yerrigan provides a ‘best practice’ case study example of the creation of a fully accessible and culturally sensitive health service facility for Indigenous women. BSWA should be commended for its participation and success in Derbarl Yerrigan. The case study shows BSWA’s clear progression from an ‘Access and Equity Model’ of service delivery to embracing principles of substantive equality.

Screening visits to the Derbarl Yerrigan Health Service in East Perth commenced in January 2006 and are continuing on a bi-annual basis, using the mobile screening unit and locating this unit within the property of Derbarl Yerrigan. This strategy enables eligible Indigenous women attending Derbarl Yerrigan to access screening services in conjunction with their other health services in the one location. Indigenous women have the opportunity to attend the screening clinic on a flexible basis with or without a set appointment time, as the visit is integrated with other areas of health care offered by Derbarl Yerrigan. The location of the mobile screening unit at Derbarl Yerrigan enables liaison and partnership between the BSWA Indigenous Program Officer and Derbarl Yerrigan staff, particularly the Indigenous Health Workers and Health Promotion Officers.

Significant planning and consultation was conducted prior to the mobile screening unit commencing operations at Derbarl Yerrigan in 2006, including information sessions for health workers, client research and contacting eligible clients. Light refreshments were made available for women attending Derbarl Yerrigan during the screening week. The BSWA Report of the Screening Visit to Derbarl Yerrigan Health Service in 2006 highlighted the benefit and opportunity for women to attend for screening without the requirement to make a prior appointment. Feedback from the women who were screened indicated a range of reasons for attending Derbarl Yerrigan for screening, including:

- Hearing about it from Indigenous Health Workers;
- Attending because it coincided with another health appointment;
- Seeing the bus and taking the opportunity to attend; and/or
- Hearing about the mobile screening unit from someone else who had attended.

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These responses highlight the benefit of locating a screening unit within an Indigenous health care setting, with support from Indigenous Health Workers even when they are from other health-related services, and enabling Indigenous women the opportunity to attend for screening without a prior booked appointment. Almost 50% of Indigenous women screened during the 2006 location of the mobile clinic at Derbarl Yerrigan stated in their feedback questionnaire that they would prefer to return only to Derbarl Yerrigan Health Service for their next screening.

Feedback from Indigenous women screened suggests that in order to be responsive to the needs of Indigenous women, health services need to be provided in a holistic manner with Indigenous ownership and meaningful input into the way the service is provided. Many women screened indicated they preferred to come to a service that was for Indigenous people and one which was understanding of the needs and supports required for Indigenous women. Feedback also stated that a lot of Indigenous women did not like attending other metropolitan clinics, as they were not as understanding or as friendly. The report also strongly indicated the benefits of transport assistance for rural and remote Indigenous women, travelling to mobile screenings or clinics, and block bookings.

The above is a good example of how feedback from Indigenous women could support the development and planning of future services. Therefore, routine feedback from eligible Indigenous and ethnic minority (CaLD) women across Western Australia is recommended as a model of best practice.

These benefits are evidenced by the significantly higher participation rates for Indigenous women in rural and remote areas of Western Australia that resulted due to the consultation, approach and methodology used by the mobile screening units, including block bookings, collaboration with Indigenous Health Workers, transport assistance and the Indigenous Program Officer’s recognised role in using appropriate methods of communication and relationship-building based on the needs of the community. It can be seen that, when translated to a metropolitan context, the model of the mobile screening unit mirrors the success in regional and remote regions for an appropriate metropolitan location. This is particularly important given the lower participation of metropolitan Indigenous women in breast screening.

14 Research indicates that a focus on specific body parts for services such as BreastScreen Australia, is inappropriate for Indigenous women as they view this approach as ‘fragmented organ-based’. Reports suggest Indigenous women’s needs may be better recognised with holistic health programs which covers a number of screenings and checks. School of Public Health and Tropical Medicine, James Cook University. ‘Early detection and management of breast and cervical cancer in Aboriginal and Torres Strait Islander Women: supporting the role of the General Practitioner’, October 2002, p. 18.

15 Pilkington, L, ‘BreastScreen WA Screening visit to Derbarl Yerrigan Health Service - East Perth, 23-27 January 2006, Report’ (BreastScreen WA, BreastScreen Australia and Western Australian Department of Health), 14, 15.
5. Consultation strategies

BSWA is acutely aware of the need to continually consult, work in partnership, and engage Indigenous and ethnic minority community representatives, in order to ensure services are appropriate to cultural needs.

In relation to Indigenous women, the appointment of the BSWA Indigenous Program Officer is a ‘best practice’ example of a well-resourced consultation mechanism. The BSWA Indigenous Program Officer JDF can be found at Appendix 4. Specifically, the role of the position is to liaise and consult widely with Indigenous women and communities across WA in order to ensure policies and practices of the screening services better meet the needs of Indigenous women. The BSWA Indigenous Program Officer is also responsible for the joint BSWA Cervical Cancer Prevention Programs and Indigenous Women’s Reference Group. Established in 2002, the group has as its goal:

To increase participation rate of Aboriginal and Torres Strait Islander women in the BreastScreen WA and Western Australian Cervical Cancer Prevention Program screening programs.16

Further, the BSWA Consumer Reference Group is a further example of ‘best practice’ consultation: The BSWA Policies and Procedures Manual states:

The Consumer Reference Group was established to provide a client perspective and assist BSWA to review promotional resources and strategies. Members represent a broad cross section of professionals and consumers who advocate for rural women, health review, women’s health, breast cancer support services and groups with special needs.17

The Group provides an opportunity for clients to participate in the planning, development and evaluation of promotion and recruitment projects. Representatives from service-providers, government agencies and community organisations are present, including both Indigenous and ethnic community representatives.

It is also evident that BSWA continues to explore new methods to engage and consult with client groups through research and review of statistics and client feedback. It is suggested that models of consultation and review of client services adopted by BSWA could be adopted and mirrored in other areas of health services in Western Australia.


6. Recommendations

The overwhelming majority of findings relate to best practice. As is evident, the participation of ethnic minority women is significantly high whereas Indigenous women’s participation is relatively low. In this regard it is recommended:

1. Investigate the views of eligible Indigenous women who have not participated in the BSWA program to ascertain their levels of knowledge about the service and their attitudes towards the service.

2. Develop a culturally relevant strategy to receive feedback\(^{18}\) from Indigenous and ethnic minority (CaLD) women who are currently participating in the BSWA program regarding the extent of their satisfaction (including lapsed attendees of the BSWA program).

7. Conclusion

This report follows an Impact Assessment conducted on BSWA, principally on the BSWA written policies, procedures and the practices of the Health Promotion and Recruitment division. It is concluded that many facets of the BSWA service can be considered ‘best practice’ in service delivery to Indigenous and ethnic minority groups. Regarding any impacts on Indigenous and ethnic minority women, BSWA is acutely aware of these and has instituted specific strategies to address the impacts and varying needs of these women. BSWA has notably moved on from the ‘Access and Equity Model’ of service delivery to embrace the very principles of substantive equality underpinned by the Policy Framework.

BreastScreen WA should be commended for its efforts in this regard and should be viewed as an example for other government service-providers in WA.

\(^{18}\) It would be considered highly relevant to ascertain whether the surveyed women have an impairment/disability and to gain data on the type of the disability.
8. Appendices

Appendix 1: Needs and Impact Assessment Tool
Introduction

This document is a guide to carrying out a Needs and Impact Assessment as part of implementing the Policy Framework for Substantive Equality (Policy Framework) and accompanies the document ‘Implementing the Policy Framework for Substantive Equality’, (also known as the Implementation Guide). Portfolio officers at the Substantive Equality Unit at the Equal Opportunity Commission (EOC) are available to help and provide training on using this tool.

Needs and Impact Assessments aim to ensure that public sector service delivery in WA is efficiently shaped to reflect the needs and priorities of its diverse population.

When carried out effectively a Needs and Impact Assessment will help reveal a department’s resources and skill requirements for appropriately meeting client need. In this respect Needs and Impact Assessments are a necessary element of departmental strategic planning and the identification of staff learning and development needs.

This Needs and Impact Assessment tool offers a department an opportunity to review its current practice for its operational efficiency and adequacy from the client’s point of view, as well as to explore potential adverse impacts on different Indigenous and ethnic minority groups.

The main aim of this tool is to help organisations understand the impact of their policies and service delivery practices¹ and procedures on different Indigenous and ethnic groups.

How will this tool benefit your department?

We know that as generic policy is translated into specific practices, it may have unintended consequences. We know that the same policy may impact differently on different client groups. Consequently by carrying out assessments on policies as they are developed, and by assessing operational practice it will be possible to:

• Develop services that respond equitably and appropriately to the needs of different Indigenous peoples and ethnic minority groups

¹ Practices can include specific initiatives and projects to achieve a specified objective including functions and events being carried out sporadically or regularly.

“Responding to the different needs and priorities of individuals and communities”

2
• Identify inequalities in service or benefits that may arise, directly or indirectly as a result of the policy or practice and identify ways of addressing these
• Identify issues relating to personnel or specific resources that may have been overlooked
• Improve the quality and cost effectiveness of services by addressing the priorities of distinct client populations
• Encourage greater public involvement in policy development
• Increase public confidence and satisfaction in the services provided
• Improve job satisfaction for staff.

Deciding what to assess

This Needs and Impact Assessment tool will be used in two main ways:

1. Assess all major initiatives, (including changes to or new policies, practices and procedures) before they are implemented, and
2. Assess policies, practices and procedures which are within the service area(s) as negotiated annually with the Commissioner for Equality Opportunity.

For example, policies, practices and procedures may include a new computer program related to service delivery, or new or revised processes for recruitment.

It is important to recognise not all policies, practices and procedures implemented by a department are generated within that department. However a department will generally have had some input into the development of such policies and may be expected to implement them as part of its strategic and operational planning. As a consequence, the department will be assessed on how the policy, practice or procedure affects its clients and will be responsible for developing strategies and setting objectives to address any adverse impact.

Most policies, practices and procedures will have the potential to affect different groups of people in different ways. The Needs and Impact Assessment Tool will help identify any adverse impact.
Initial Screening for all major initiatives

Under the Policy Framework each department’s existing process for adopting new policies, practices and procedures (including any major initiatives) should now include an initial screening for substantive equality. This process as outlined in the flowchart on page five, consists of an initial screening. If required this is followed by a full assessment. The CEO will sign off after the initial screening, when it is established there is no adverse impact on Indigenous and ethnic minority groups, or steps have been put in place to minimise the impact.

If there is any doubt regarding the results of the screening process, please consult with the Equal Opportunity Commission.
Initial Screening for all new major initiatives, including policies, procedures and practices.

1. Carry out initial screening.

2. Does initial Screening show potential adverse impact?
   - No: CEO signs off. If positive impact is identified, EOC is notified of best practice.
   - Yes: Is potential adverse impact minor?
     - No: CEO does not sign off
     - Yes: Have steps been taken to minimise the impact?
       - No: Proceed to full assessment as outlined on page seven.
       - Yes: CEO signs off.

3. Does full assessment confirm major adverse impact on an identified group?
   - No: CEO signs off. If positive impact is identified, EOC is notified of best practice.
   - Yes: CEO does not sign off until amendments are made.
The Needs and Impact Assessment Process

The flowchart on page five related to all new major initiatives within the department (including new policies, procedures and practices, and changes to existing policies, procedures and practices). The following flowchart relates to policies, practices and procedures within the service/divisional area nominated for implementation of the Policy Framework. The second stage of this flowchart - full assessment - also applies to all major initiatives within the department.

The first step of the needs and impact assessment process is an initial screening where the impact of the policy or practice on Indigenous and/or ethnic groups is assessed. The second step is a full assessment. This should only be used if the initial screening reveals a major adverse impact on a particular group(s). The flowchart on the next page outlines this two-step process.
Assessment for service / divisional area

Step 1: Initial Screening
- Carry out Initial Screening.
- Does initial screening show potential major adverse impact on a group?
  - No
    - If positive impact is identified, EOC is notified of best practice.
  - Yes
    - Is potential adverse impact minor?
      - Yes
        - Can steps to minimise impact be identified?
          - Yes
            - Measures are put in place to minimise impact.
          - No
            - Measures are put in place to minimise impact.
      - No
        - No further action.

Step 2: Full Assessment
- Carry out Full Assessment.
- Have actions been identified?
  - No
    - No further action.
  - Yes
    - Complete action plan.
The Needs and Impact Assessment Process

In carrying out a Needs and Impact Assessment, needs and impact are interrelated and you should consider if the needs of groups are being met when assessing whether a policy, practice or procedure may have an adverse impact.

The initial screening is intended to reveal if a policy, practice or procedure could impact adversely on different indigenous or ethnic groups. Where a potential for major adverse impact is identified, the full assessment tool will help when planning to address the issues identified.

Remember to consider whether clients with particular characteristics are likely to be adversely impacted by the policy, practice or procedure and include this in the initial screening. In addition to race, particular characteristics as defined by the grounds of discrimination in the Equal Opportunity Act 1984 include age, pregnancy, family responsibility, religious conviction, family status, sex, impairment, spent convictions, marital status, sexual orientation, political conviction and gender history. An additional consideration is the regional impact for those living in a geographically isolated area.

Where can you source information for your assessment?

1. The personnel involved in developing the policy, practice or procedure
2. The personnel who are anticipated to be/are actively involved in implementing the policy or carrying out the practice
3. Public sector personnel with specific Indigenous, ethnic or cultural expertise
4. The Equity Officer or other Equal Opportunity specialists within your department
5. Representatives of groups or agencies who are actively involved in promoting the interests of Indigenous peoples or people from different ethnic groups
6. Demographic analyses and census data
7. Internal data already collected on your client group
8. Relevant information from client complaints
9. Relevant academic and government analyses
10. Recent/relevant surveys or consultations
11. Recent audit or performance reviews
12. Reports of comparable innovations from other departments/governments/countries.

These sources should also be utilised in more depth for a full assessment.

Additional information can be accessed at www.ec.wa.gov.au.
Step One: Initial Screening

1. Prior to starting the screening process it is essential that:
   a) The intended purpose of the policy, practice or procedure is clear.
   b) Where this initiative originated is understood by asking the following questions:
      ▪ Who generated it and on whose behalf?
      ▪ Who has participated in its development?
      ▪ Who is expected to implement it?

2. Using this background information, start the screening exercise through:
   a) Succinctly stating what the key purpose of the policy, practice or procedure is (a good understanding of the policy, practice or procedure will enable you to briefly describe its purpose).
   b) Identifying the intended beneficiaries of the policy, practice or procedure by asking the following questions:
      ▪ Who are the intended beneficiaries?
      ▪ What specific needs are being addressed?

3. It is likely additional information will be needed before being able to assess whether the policy, practice or procedure can contribute to meeting different needs, or whether it has an unintended adverse impact on some groups. The information you require depends on the policy, practice or procedure under review.

The Step One: Initial Screening process is a means of making a preliminary judgement about the potential impact of a new policy, practice or procedure; or the actual impact of an existing policy, practice or procedure.

Step Two: Full Assessment

1. Forming a judgment about whether there is a need to proceed to a full assessment will involve weighing up a number of issues, including any evidence that:
   a) The policy, practice or procedure has or may have a major adverse impact on some Indigenous or ethnic minority groups.
   b) Although the policy, practice or procedure does, or is likely to, achieve its stated aims, there is evidence some Indigenous or ethnic minority groups have different expectations of what such a policy, practice or procedure should achieve.
   c) The implementation of the policy, practice or procedure has affected, or might adversely affect relations between different groups because some this initiative is low on their priorities for resource allocation.

1 Given the commitment of this review to the achievement of substantive equality it is necessary to be actively sensitive to the ways in which the same need may be met through different preferred means in different groups. You should also be alert to the fact that different groups may not share the priorities of the person who initiated the policy, practice or procedure in how resources should be committed to different needs.
2. You can set the focus of the full assessment by referring back to the initial screening and asking the following questions:
   - What issues were raised about the potential adverse impact?
   - Has full consultation already taken place and what issues did it raise?

3. Consultation is essential for accurate needs assessment and an important part of the full assessment step. Refer to the 'Community Participation and Consultation Guide' which is attached to 'Implementing the Policy Framework for Substantive Equality', (Implementation Guide).

4. Reports and research may be useful in completing your assessment. Consider departmental reports, external research and other publications.

   It is important to put in place an action plan outlining steps to eradicate the anticipated adverse impact of the policy, practice or procedure.

5. The action plan needs to clearly indicate the issues, proposed actions, the lead officer, priority, resource implications, timeframe and desired outcomes. As well as developing the action plan, it is important that:
   a) Processes are put in place to monitor the implementation and outcomes
   b) Any best practice that emerges is captured and passed on to the Equal Opportunity Commission to inform and enhance the needs assessment process in other departments.
Initial Screening - Impact Assessment Form

1. Name of policy, procedure or practice (including any major initiatives):
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. What is its key purpose?
   (If specific needs are identified – note them here)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Where did the initiative originate?
   (Who generated it on whose behalf? Who has participated in its development? Refer to
   the questions on page 9 and the list on page 8 for guidance.)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Who do you need to speak with for the initial screening (refer to the list on page 8)?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
5. What are the main activities? Which departments are implementing them?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Who was this policy, procedure or practice intended to benefit most?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. If you have reported that there is a potential adverse outcome from this policy, please indicate:

Is the adverse impact intended? Yes □ No □
Is the extent of the adverse impact major or minor? Major □ Minor □

8. Where the anticipated adverse impact is minor, can you identify any means to minimise or remove the impact? (If 'Yes' and measures can be put in place to minimise impact, you may not need to proceed to a full assessment).

Yes □ No □

If yes specify how:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

"Responding to the different needs and priorities of individuals and communities"
9. Where you report a potentially positive impact for the policy, practice or procedure do you have any suggestions about how this outcome can be implemented in other service areas? 

Yes ☐ No ☐

If yes please specify:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

If in no. 6 above you have indicated that the policy, practice or procedure could have a major adverse impact you must proceed to a full assessment.

*Use the table on page 14 to summarise your evaluation.*
### INITIAL SCREENING IMPACT ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>Group</th>
<th>Positive Impact (i.e. it could benefit, based on the information sourced on p.8.)</th>
<th>Adverse Impact (i.e. it could disadvantage, based on the information sources outlined on p.8.)</th>
<th>Other characteristics of group (all ‘grounds‘ in EO Act, e.g. age, gender, religion, impairment, and any regional impact)</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous – all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(All persons of Aboriginal and / or Torres Strait Islander descent.)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous – specific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please indicate which specific community / people of Aboriginal and / or Torres Strait Islander descent, e.g. Noongar.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic minority – all</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(All persons from ethnic minority groups.)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic minority – specific</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please indicate which specific community / group and create as many categories as appropriate.)</td>
<td></td>
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</tbody>
</table>

"Respecting the different needs and priorities of individuals and communities"
Full Assessment - Impact Assessment Form

1. Name of policy, practice, procedure (including any major initiatives):

2. Referring back to the initial screening - identify the issues raised about the potential adverse impact of this initiative:

3. Referring back to the initial screening - identify whether previous consultations have taken place. If there has already been full consultation, what does it indicate about the adverse impact of the policy, practice or procedure?

4. From these issues, generate specific questions that you will need to answer in order to understand how the adverse impact is created, and what needs to be done for it to be corrected:

"Responding to the different needs and priorities of individuals and communities"
5. Identify the stakeholders who should be consulted:

**Client population**


**Service providers**


6. Identify the persons or organisations who should be consulted in order to generate the appropriate information regarding the process, resourcing and impact of the policy, practice or procedure. For example, if there are any gaps in the previous or planned consultation and research, are there any ‘experts’ or advisers who can be contacted to get additional information?

<table>
<thead>
<tr>
<th>WHO?</th>
<th>WHAT INFORMATION?</th>
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</table>
7. Identify other departmental reports, external research or studies that may have relevance for your assessment.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>HOW WILL IT BE SOURCED?</th>
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</tbody>
</table>

Name of officer completing this assessment: ____________________________

Signed (Completing Officer): __________________________________________

Signed date: ________________________________________________________
## NEEDS ASSESSMENT IMPACT TOOL – ACTION PLAN

Name of Policy, Practice, or Procedure (including major initiatives)

1. Identify the actions that have been agreed in order to eradicate the anticipated adverse impact of the policy, practice or procedure.

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>ACTIONS</th>
<th>LEAD OFFICER RESPONSIBLE</th>
<th>PRIORITY</th>
<th>RESOURCE REQUIREMENTS (if any)</th>
<th>TIMEFRAME</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
9. What measures have you started to identify against which this action plan can be monitored?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

10. Indicate the processes that have been put in place to monitor the implementation and outcomes of these remedies.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Specify the timeframe for this review.

Start date: ___________________________________________________________________

Completion of data collection date: _____________________________________________

Completion of report date: ____________________________________________________

Name of officer completing this assessment: _________________________________

Signed (Completing Officer): ________________________________________________

Signed date: __________________________________________________________________
Post Consultation and Review (for example, new policies)

11. Are there any insights / strategies that have emerged from this review process that have a wider relevance (for example to other government departments)? It will be useful to notify the Equal Opportunity Commission of these and of any best practice identified.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Appendix 2: Breast Screen WA Clinic, Department of Health WA PD Form
Appendix 3: Participation rates by Indigenous and ethnic minority (CaLD) women

Participation rate of Indigenous women

Forty-four percent of the target population of Indigenous women aged 50 to 69 years were screened in the period July 2006 to June 2007. (Using ABS 2001 Census of Population and Housing).

Participation rate of CaLD women

Seventy-four percent of the target population of Indigenous women aged 50 to 69 years were screened in the period July 2006 to June 2007. (Using ABS 2001 Census of Population and Housing).

Legend for BSWA screening clinics
CM: Cannington
FM: Fremantle
MB: Mirrabooka
ML: Midland
NR: Northern Region mobile van
OM: Outer Metro mobile PC: Perth City
SE: South Eastern mobile van
SW: South Western Region mobile van
WR: Joondalup
RK: Rockingham
JP: Padbury
Appendix 4: Indigenous Program Officer Job Description Form

Department of Health
Government of Western Australia

Job Description Form
Position No: HE504025

Effective Date of Document:
21 December 2005
(Updated version of 2004)

SECTION 1 - POSITION IDENTIFICATION

Title: Indigenous Program Officer
Classification: Level 6
Award: Health Services Union

SECTION 2 - REPORTING RELATIONSHIPS

<table>
<thead>
<tr>
<th>UNIT</th>
<th>UNIT MANAGER</th>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population Health</td>
<td>Executive Director</td>
<td>SAT Group 2 Min</td>
</tr>
<tr>
<td>Group:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directorate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Prevention and Detection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Branch:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BreastScreen WA</td>
<td>Medical Director</td>
<td>Level 13-17 or Level 15-23 (AMA)</td>
</tr>
<tr>
<td>Section:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Promotion and Recruitment</td>
<td>Manager</td>
<td>HSU Level 7</td>
</tr>
<tr>
<td>Unit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THIS POSITION</td>
<td></td>
<td>HSU Level 6</td>
</tr>
</tbody>
</table>

Positions under direct supervision and control:

<table>
<thead>
<tr>
<th>Position No:</th>
<th>Title</th>
<th>Classification</th>
</tr>
</thead>
</table>

SECTION 3 - KEY RESPONSIBILITIES

State BRIEFLY the key responsibilities or prime function of the position. Refer to definitions of terms to ensure the correct meaning of verbs frequently used eg. Coordinates, Maintains, etc.

Leads and negotiates with Aboriginal health organisations and health workers in the development, planning, implementation and evaluation of a health education program to increase the participation of Aboriginal women in the breast cancer screening program.

Assoc Code 329-211
### SECTION 4 - STATEMENT OF DUTIES

**Effective Date of Document:** 21 December 2005
(Updated version of 2004)

<table>
<thead>
<tr>
<th>TITLE</th>
<th>CLASSIFICATION</th>
<th>POSITION NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Officer</td>
<td>Level 6 (HSU)</td>
<td>HE04025</td>
</tr>
</tbody>
</table>

**BRIEF SUMMARY OF DUTIES TO BE PERFORMED LISTED IN DESCENDING ORDER OF IMPORTANCE**

<table>
<thead>
<tr>
<th>Duty No</th>
<th>Duties</th>
<th>Freq. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Liaises and negotiates with ATSI health workers, community health organisations, public health services and other appropriate individuals and agencies in the development of health education programs to increase indigenous women's participation in the breast cancer screening and assessment program in accordance with National Accreditation Guidelines.</td>
<td>D 100</td>
</tr>
<tr>
<td>2.</td>
<td>Plans, implements and evaluates health promotional and educational programs for ATSI women statewide.</td>
<td>D</td>
</tr>
<tr>
<td>3.</td>
<td>Develops, implements and evaluates strategies to include breast cancer screening in a broader women's health context within the medical profession and the community.</td>
<td>D</td>
</tr>
<tr>
<td>4.</td>
<td>Provides advice and support to the Health Promotion team, Medical Director, Medical Officer (GP Liaison) and other senior staff on Aboriginal women’s health issues to ensure that the program policy and strategies are culturally appropriate.</td>
<td>R</td>
</tr>
<tr>
<td>5.</td>
<td>Develops, conducts and evaluates educational seminars, talks and workshops for health professionals, clients and staff to increase their awareness of Aboriginal women’s health and cultural issues, as they relate to breast cancer and screening.</td>
<td>R</td>
</tr>
<tr>
<td>6.</td>
<td>Develops contacts with client and community groups, health organisations and professional groups.</td>
<td>R</td>
</tr>
<tr>
<td>7.</td>
<td>Plans, develops, conducts and evaluates educational and training sessions for ATSI community and health professionals in relation to breast cancer screening issues and guidelines.</td>
<td>R</td>
</tr>
<tr>
<td>8.</td>
<td>Develops appropriate health promotional and educational resources for both ATSI women and health professionals.</td>
<td>R</td>
</tr>
<tr>
<td>9.</td>
<td>Represents BreastScreen WA on relevant State and National Committees and Working Groups as required.</td>
<td>O</td>
</tr>
<tr>
<td>10.</td>
<td>Performs other duties as required.</td>
<td>O</td>
</tr>
</tbody>
</table>

**Organisation Contacts:**

Will the occupant of this position be required to communicate with positions outside the normal reporting lines?

**YES**

If yes, how frequent? 1. Internal to the organisation... 2. External to the organisation...  

**Frequency:**  D - Daily,  W - Weekly,  F - Fortnightly,  R - Regularly,  O - Occasionally,  A - Annually

Asco Code 339-211

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37 | Page
SECTION 5 - SELECTION CRITERIA

TITLE
Program Officer

CLASSIFICATION
Level 6 (HSU)

POSITION NO.
HE504025

ESSENTIAL

2. Excellent interpersonal, verbal and written communication skills including public speaking and report writing skills.
3. Demonstrated research, analytical and problem solving skills.
4. Ability to work with minimal supervision and in a team environment.
5. Demonstrated project management skills including the ability to plan, prioritise, make decisions, meet deadlines and manage resources.
6. Sound knowledge and understanding of Aboriginal women’s health issues.

DESIRABLE

1. Tertiary Qualifications in a relevant discipline.
2. Current knowledge and commitment to Equal Opportunity in all aspects of employment and service delivery.

APPOINTMENT CRITERIA

1. Current 'C' or 'C-A' class drivers licence.
2. The ability to travel and stay away from home as required.

SECTION 6 - APPOINTMENT FACTORS

<table>
<thead>
<tr>
<th>Location</th>
<th>Path</th>
<th>Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Nil</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allowances</th>
<th>Specialised Equipment Operated</th>
<th>Nil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td></td>
<td></td>
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</tbody>
</table>

SECTION 7 – CERTIFICATION

The details contained in this document are an accurate statement of the duties, responsibilities and other requirements of the position.

BRANCH/DIVISION HEAD

DIRECTOR GENERAL

SIGNATURE

SIGNATURE

DATE

DATE

As occupant of the position I have noted the statement of duties, responsibilities and other requirements as detailed in this document.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date Appointed</th>
<th>Date</th>
</tr>
</thead>
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</table>

Arco Code 329-211
Appendix 5: Program Officer Statement of Duties (CaLD women)

BRIEF STATEMENT OF DUTIES

1. PROGRAM DEVELOPMENT AND ADMINISTRATION
   1.1 Coordinates and evaluates the implementation of breast cancer screening guidelines within the BreastScreen WA (BSWA) Screening Program.
   1.2 Develops educational and promotional strategies and resources for BSWA.
   1.3 Responds to requests for information on BSWA screening guidelines.
   1.4 Researches and prepares submissions, discussion papers and reports relating to campaign and program undertaken.
   1.5 Liaise with women from Culturally and Linguistically Diverse backgrounds and other target groups within the community in regard to health promotion and recruitment for the program.
   1.6 Provide support to the Medical Director, Medical Officer (GP Liaison) and other senior staff within BreastScreen WA as required.
   1.7 Represents BSWA in the media as directed.
   1.8 Performs other duties as directed.

2. EDUCATION AND TRAINING
   2.1 Conducts educational sessions and seminars relating to the planning, development, implementation and evaluation of breast cancer screening issues and guidelines for the training of BSWA staff, general practitioners and health professionals throughout the State.
   2.2 Plans, conducts and evaluates educational and training sessions for BSWA staff for the implementation of national guidelines and breast cancer screening issues in accordance with the National Accreditation Guidelines.
   2.3 Addresses community and professional groups in relation to breast cancer screening guidelines.

3. LIAISON
   3.1 Liaises with Managers within BSWA, Senior Officers within the Department of Health (DOH) and other Government and non-Government organisations throughout the State, to facilitate the implementation of breast cancer screening guidelines.
   3.2 Represents BSWA at health promotional activities and on committees and working groups as required.
SELECTIO\n
ESSENTIAL MINIMUM REQUIREMENTS

1. Tertiary qualifications or equivalent experience and knowledge in health promotion, health science, marketing or related field.
2. Demonstrated project management skills including the development, implementation and evaluation of promotional campaigns.
3. Sound knowledge of health issues affecting culturally and linguistically diverse communities (CALD).
4. Demonstrated extensive experience in the planning, implementation and evaluation of health promotion programs.
5. Experience in public speaking at health promotional activities and addressing community and professional groups.
6. Experience in media and marketing.
7. Demonstrated ability to work without supervision and to work cooperatively with others, within a team environment.
8. Good interpersonal, verbal, and written communication skills.
9. Experience in the preparation of detailed reports.

DESIABLE REQUIREMENTS

1. Sound knowledge and understanding of population cancer screening issues and methods and women’s health issues.
2. Knowledge of BreastScreen Australia National Accreditation Guidelines and/or the National Health and Medical Research Council (NHMRC) Guidelines for screening of women with family history of breast cancer.
3. Current knowledge and commitment to Equal Opportunity in all aspects of employment and service delivery.

APPOINTMENT FACTORS:

1. Current ‘C or C-A’ class driver’s licence.
2. The ability to travel and stay away from home as required.

CERTIFICATION (Valid only if establishments registration stamp affixed to all pages.)

Area Director / Director / Head of Division / Head of Service / Head of Department: The details contained in this document are an accurate statement of the duties, responsibilities and other requirements of the job.

Title: Medical Director
Signature: [Signature]
Date: [Date]

Human Resource Delegate - Job Description Approved:

Title: [Title]
Signature: [Signature]
Date: [Date]

Occupant - I have noted the statement of duties, responsibilities and other requirements as detailed in this document.

Name (in full): [Name]
Signature: [Signature]
Date: [Date]