Recognising the Strength of Culture
Aboriginal Cultural Response for the Child and Family Health Service
Discussion Paper
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Definitions

**Aboriginal:** ‘Aboriginal and Torres Strait Islander’ and ‘Indigenous’ are terms used interchangeably to refer to Aboriginal people and Torres Strait Islander people. In this document, ‘Aboriginal’ refers to Australia’s first people.

**Culture:** The Child and Family Health Service recognise the multitude of diverse Aboriginal cultures that exist and acknowledge that cultural and heritage beliefs are still important today.

**Inequality / Inequity:** Health equity is the notion that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential if it can be avoided.

- Health inequalities are differences in health status between population groups
- Health inequities are differences in health status between population groups that are socially produced, systematic in their unequal distribution across the population, avoidable and unfair (VicHealth, 2015)

This paper refers to the health inequity between Aboriginal and non-Aboriginal children and families. Addressing health inequity should involve “systematic and sustained efforts to overcome barriers to access and utilisation of health services that perpetuate health inequalities.” (Aboriginal Families Study: Policy Brief # 3, Antenatal Care: Achieving Equitable Access, 2015)

**Quotes:** The quotes in speech bubbles within this paper have been provided by the Child and Family Health Service Aboriginal staff and community members.
Section 1: Introduction

1.1 Purpose of this paper
This discussion paper aims to ensure that the Child and Family Health Service’s future service delivery framework, as proposed in the ‘Case for Change’ Discussion Paper optimises the outcomes for Aboriginal children and families along with the wider population.

The paper:
- identifies the key issues and evidence that differentiate the needs of Aboriginal children and families from non-Aboriginal children and families;
- summarises the consultations that have occurred to date;
- proposes what needs to be in place to ensure the proposed service delivery framework will meet the needs and expectations of Aboriginal children and their families;
- seeks your feedback on six key questions.

Feedback received on this discussion paper will be used to strengthen the Child and Family Health Service’s service delivery framework.

As noted in the Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (Department of Health, 2014) the value in approaches that work well for Aboriginal children and families are not limited to them. Such approaches also work well for other socially disadvantaged groups and culturally and linguistically diverse communities. (Department of Health, 2014)

1.2 The enhanced service delivery framework
The Child and Family Health Service (‘the Service’) is proposing changes to its service delivery framework. These proposed enhancements:
- build upon the 2009 service delivery framework,
- take into account national and state policy directions,
- translate evidence into practice and
- develop service options, including those that will take advantage of opportunities offered by technology.

A key document that was used to inform the development of the proposed service delivery framework was Five by Five: A Supporting Systems Framework for Child Health and Development (A. Sawyer, Gialamas, Pearce, Sawyer, & Lynch, 2014). This reviews the basics of child health and development, including key milestones, and proposes a platform from which services could locate research activities and service practice. (See Appendix 1 Five by Five: A Supporting Systems Framework for Child Health and Development Fact Sheet.)

The proposed enhanced service delivery framework provides a structure for the provision of all services including those for Aboriginal families. It proposes a tiered, child-centred response that will address the barriers that parents face and provide services to those families who need them most.

A discussion paper seeking feedback on this proposed framework has been circulated for feedback.
Overarching components of the proposed framework include:

- How service responses are organised – around five levels (see ‘The Case for Change: Proposing an Enhanced Service Delivery Framework’ Discussion Paper.)
- How service responses will be delivered – varying from parent-directed (Level 1), nurse facilitated (Level 2), nurse-led (Level 3), allied health-led (Level 4) and statutory response (Level 5)
- The point at which engagement occurs – postnatally from Level 1 - 3 and antenatally where indicated for Levels 4 & 5
- The primary pathways by which families access the Child and Family Health Service – via an enhanced, standardised, evidence-based screening process
- The approaches that will be used – for example supporting self-management, coming from a strengths-based perspective and acknowledging the importance of working in partnership.
- The principles on which it is based – for example child-focussed, addressing inequity and using and building on the existing evidence base.

Following the development of the final version of the service delivery framework, (to include feedback obtained from this discussion paper) work will commence to add the operational detail. This will include:

- Workforce, Human Resources & Industrial Relations
- Change management
- Performance
- Quality and safety
- Resourcing
- Communication

For further information, the following relevant documents are accessible online:

  - Full paper
  - Fact Sheet

  - Full paper
1.3 This consultation process

Your feedback is important to us. In order to make services for Aboriginal children and families the best they can be, we all need to play a part. Please read this discussion paper and then let us know what you think. A seven-week period is provided to review this discussion paper and provide feedback. The consultation period runs until 03/06/2016.

To guide feedback, there are six consultation questions within this document - in the section where they are most relevant. They are also listed below:

- **Consultation question 1:** Do you have any suggestions on how to embed cultural considerations into practice?
- **Consultation question 2:** Do you have any suggestions about how we can make our systems of care as culturally responsive as they can be?
- **Consultation question 3:** How can we ensure that our services are accessible for Aboriginal families and support ongoing engagement where required?
- **Consultation question 4:** How can we strengthen the role of Aboriginal workers in service delivery?
- **Consultation question 5:** Do you have any other ideas about how we can support staff?
- **Consultation question 6:** Are there any further comments you would like to make about this discussion paper?

The six questions can be found at [www.surveymonkey.com/s/StrengthofCultureDiscussionPaper](http://www.surveymonkey.com/s/StrengthofCultureDiscussionPaper)

Alternatively feedback can be forwarded to: CaFHSfeedback@sa.gov.au or posted to:

- **Reco gnising the Strength of Culture – feedback**
- The Child and Family Health Service
- 295 South Terrace
- ADELAIDE SA 5000

The proposed timeline for development of the final framework is as follows:

- **February 2015:** ‘Recognising the Strength of Culture’ discussion paper finalised. The paper reflects the information and research available at that time.

- **April 2016:** Release of the discussion paper for a seven week consultation period.

- **June 2016:** Feedback from discussion paper is due.

- **July 2016:** Feedback received will help to shape the final version of the Child and Family Health Service’s service delivery framework.

- **From July 2016:** Work begins to add the operational detail to the Child and Family Health Service’s service delivery framework.
Section 2: Executive summary

The Child and Family Health Service proposed enhanced Service Delivery Framework Discussion Paper puts forward a strong case for change. Based on current and emerging evidence, a tiered, child-centred response is proposed to addresses the barriers that parents face and to provide services to those families who need them most.

This paper outlines the need to ‘do things differently’ to ensure that the proposed framework achieves better health and development outcomes for Aboriginal children and families. It presents a chance to fully integrate services for Aboriginal children and families into a strong, evidence-based service-wide framework.

Improving the health of Aboriginal people and making services more relevant, accessible, and culturally appropriate are a key priorities for the South Australian government. The South Australia Health Care Act 2008 identifies one of the key principles for the provision of health services as follows:

‘...Aboriginal people and Torres Strait Islanders should be recognised as having a special heritage and the health system should, in interacting with Aboriginal people and Torres Strait Islanders, support values that respect their historical and contemporary cultures;’ (SA Health Care Act 2008)

Aboriginal people continue to experience significant health disadvantage. Health and development inequalities between Aboriginal and non-Aboriginal children are well documented, as are the potential psychosocial health risk factors faced by many mothers of Aboriginal children that are likely to impact on effective parenting. Feedback from consultations confirm that there are areas for improvement within services provided to Aboriginal children and families by the Child and Family Health Service.

The things that will need to be different to ensure that Aboriginal children and families receive the services required to achieve the best health and development outcomes are identified as follows:

- The strength and resilience that many Aboriginal families experience through their culture will be acknowledged and this will be incorporated into practice to support good health and development outcomes.
- Systems, processes and resources will be systematically reviewed to ensure that culturally responsive systems of care are developed.
- Aboriginal families will have equitable access to services that address barriers to effective parenting regardless of where they live within the State. Services will be culturally safe and responsive to the needs and expectations of Aboriginal families.
- The Child and Family Health Service will increase the number of Aboriginal employees, and Aboriginal specific positions will be reviewed with a view to increasing their involvement in clinical care.
- All staff working with Aboriginal children and families will have a high level of knowledge and skill in relation to cultural competence. Aboriginal staff members will be assisted to manage the unique considerations involved in being part of a community that they support.

In the journey towards better health and development outcomes there is still a way to go, however the Child and Family Health Service have already travelled a good distance, having many years’ experience working with Aboriginal children and families, having a committed and skilled workforce and also having the desire and energy to improve. The proposed Service Delivery Framework is a good vehicle and the five main areas listed above provide a roadmap for the journey ahead.
Section 3: Setting the scene

3.1 The importance of culture

‘Culture is fundamental to health and wellbeing for Aboriginal families and is a source of strength and resilience for many.’

(Department of Health, 2014)

Cultural views of health and wellbeing and the importance of family need to be understood when working with Aboriginal families. For Aboriginal people, health represents a holistic concept of wellbeing, not simply an absence of illness:

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

(National Aboriginal Community Controlled Health Organisation, 2012 cited in Osborne, Baum & Brown, 2013)

The interconnection of social, emotional, physical and cultural factors for Aboriginal people means that each of these factors contribute to individual experiences of health and wellbeing. Services need to be responsive to cultural needs and have an understanding of a social model of health and wellbeing, recognising the broader social determinants impacting upon health outcomes for Aboriginal people.

‘My culture and my family are fundamentally the most important aspect of my life – everything I do is connected to my identity’

Relationships and family are central to Aboriginal culture and are deeply connected to spirituality, identity and wellbeing (The Secretariat of National Aboriginal and Islander Child Care, 2010). ‘Aboriginal kinship reflects a complex and dynamic system that is not captured by existing non-Aboriginal definitions of family’ (Lohoar, Butera & Kennedy, 2014). There is no one way in which Aboriginal people raise their children and the roles and responsibilities of extended family members differs in each family (Department of Health, 2014).

The kinship system defines how people are related to each other and each person’s place within the community. In a contemporary context this kinship system has become diverse and has adapted to the changing context. The level at which this kinship system defines relationships and interactions varies across communities and individual families.

Some key aspects of this contemporary kinship system include:

- The connection between people: When an Aboriginal person asks another Aboriginal person, “Who’s your mob?” they are asking where do you come from, where do you belong and who are your family, they are making a connection within the kinship system (Muswellbrook Shire Council, 2013).
- The status of elders and the respect Aboriginal people have for elders: Elders have gained recognition within their community as key decision makers, they teach important traditional skills and customs, pass on knowledge and share personal stories (The Secretariat of National Aboriginal and Islander Child Care, 2010).
• Interactions with each other: How people treat each other, the responsibility people have to each other and community expectations (Muswellbrook Shire Council, 2013).

Family is an integral part of a person’s life and can provide additional support and act as a strength and protective factor (Australian Institute of Family Studies, 2013). However it can also contribute to additional pressure on Aboriginal families when they have kinship obligations to share their resources and provide support to family members (Muswellbrook Shire Council, 2013). Within Aboriginal communities children are highly valued and the evidence-base for the importance of the early years further highlights that strengthening Aboriginal families is imperative in order to achieve positive outcomes for children.

‘The aim of parenting for Aboriginal and Torres Strait Islander people is to let the child know who they are in relationship to their family, their kin, their people, their environment and the living spirits of their ancestors and land. These relationships define a child’s identity by defining how they are connected to everything in life.’

(The Secretariat of National Aboriginal and Islander Child Care, 2010)

Drawing on the literature, four key themes have been identified as strengths of Aboriginal family life and child-rearing practices:

• collective community approaches and the shared responsibility of raising children contributes to improved family functioning and building strength in communities
• child rearing practices prioritise autonomy and independence, which contributes to the development of coping skills and resilience
• the contributions of elders / experienced family members in teaching children about the world around them and their place within it contributes to positive family and community functioning
• the role of spirituality in providing a strong sense of identity and connection contributes to improved family functioning, as families are more able to cope with challenges.

(Lohoar, Butera & Kennedy, 2014.)

A focus on strengths and resilience of Aboriginal peoples and culture provides a more balanced understanding of Aboriginal families and enables services to develop positive relationships and work in partnership with Aboriginal families and communities (Department of Health, 2014). The inherent strengths of culture for families has been identified as a protective factor for Aboriginal children (Lohoar, Butera & Kennedy, 2014).

Ensuring that Aboriginal children and families have a strong connection with culture and that services are responsive to cultural needs contributes to improved outcomes for Aboriginal children and families and to breaking the cycle of intergenerational disadvantage.

‘My culture, my family and my identity help me through hard times’
3.2 Demographics

The 2011 census identified that there were 30,432 Aboriginal people in South Australia, comprising 1.9% of the state’s total population (Australian Bureau of Statistics, 2012). Of these, around 11 per cent were aged 0-4 years compared with around six per cent of non-Aboriginal children who were aged 0-4 years. Refer to Appendix 2 Location of children aged 0-4 years in South Australia.

The Child and Family Health Service are notified of births by hospitals, or when a family presents for a service. Data recorded by the Child and Family Health Service shows the following distribution of Aboriginal children aged 0-4 who are living in South Australia, grouped by service delivery regions. See Figure 1 below.

![Figure 1: Distribution of children aged 0-4 years within the Child and Family Health Service regions](image)

3.3 Current service delivery model for the Child and Family Health Service

The Child and Family Health Service is an integral part of the early childhood development system in South Australia, providing services from more than 120 sites to an overall population of approximately 20,000 births per annum, including approximately 900 births of Aboriginal children (Scheil, Scott, Catcheside, Sage & Kennare, 2013). It supports families with children from birth up to five years of age with a focus on the early years.

The Child and Family Health Service recognises that communities are diverse and people’s individual preferences will vary. For example, when seeking health services, some Aboriginal people will choose a mainstream service, while others may prefer to access services through an Aboriginal Health Service or Aboriginal Community Controlled Health Service. Aboriginal families in South Australia have access to the same breadth of the Child and Family Health Service support as non-Aboriginal families.

Soon after a baby comes home, the Child and Family Health Service offers all families a first contact (the Universal Contact Visit) to provide immediate feeding and settling support and advice, as well as
screening and assisting in the development of goals to assist meeting the needs of their child. Over 90% of the general population and 80% of parents of Aboriginal children engage with the Child and Family Health Service via a Universal Contact Visit.

Families who identify as Aboriginal may elect to receive support to improve the accessibility of services, including outreach, and the provision of services complemented by an Aboriginal Cultural Consultant or delivered by an Aboriginal Family and Community Health Worker. These workers however are not currently available in all the Child and Family Health Service locations.

The Aboriginal Cultural Consultant provides a cultural link between the nurse and the family, supporting culturally safe practices, and has an integral role supporting the development of the relationship with the nurse, providing cultural insights, cultural context and a link to community resources and services.

At the primary health care level, there is a range of services available to families who require a little extra help. Where additional input is required families can access the appropriate service to meet their varied and variable needs, from both within and external to the Child and Family Health Service.

Families who are identified through the Universal Contact Visit as requiring additional support to assist their child to develop in a safe and nurturing environment may be linked to a variety of programs and services:

- **Family Home Visiting** is a two-year, nurse-led preventative parenting program delivered over 34 visits to support parents around a range of issues including attachment and development and to link them in to other support services. Currently some 1600 families are in the program at any one time, including around 195 Aboriginal families.

- For those families who have more complex issues and are living in the northern and western metropolitan suburbs, a referral can be made to the Child and Family Health Service’s Early Parent-Child Service. This program is led by allied health staff, and focuses on working with the parent and their issues that hinder parenting. An Aboriginal Family and Community Health Worker is employed in each team and works in partnership with other team members to provide holistic and culturally safe services. Currently some 180 families are being supported by these services at any one time, including around 20 Aboriginal families.

- For families living within and outside of these regions, there is a range of providers who also engage with and deliver a range of services to families with more complex issues.

- Additional external specialist help may be required by adult mental health services, drug and alcohol services and/or domestic violence services, amongst others.

Local strategies have developed over time to support Aboriginal families’ ongoing engagement and to address their needs. Consequently, there are variations in the ongoing role of Aboriginal Cultural Consultants in supporting families across the Child and Family Health Service regions. For example, in the Southern metropolitan region, the Aboriginal Cultural Consultants in partnership with nursing staff have implemented an approach, referred to as the ‘Access Visit model’ aimed at improving ongoing engagement with families and positive child health outcomes. Aboriginal Cultural Consultants proactively seek ongoing contact with Aboriginal families, and offer both home visits and designated clinic services to support families’ participation in health checks, developmental screening and immunisation. Referral within the Child and Family Health Service to more targeted and intensive service responses to support the changes required for effective parenting, has been limited. Alternatively, in some rural regions, a ‘brief response’ has been extended beyond the general three month period to enable follow up and ongoing contact with some families.
For families who live on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, Nganampa Health Service is the primary child health service provider with responsibility for the assessment and monitoring of child health and growth. The visiting Child and Family Health Service nurses provide parenting support in four priority program areas which were identified through the initial consultations. These are: nutrition, health and hygiene, infant safety and child development.

The Aboriginal Infants Support Service is an initiative under the South Australian Government’s commitment to Closing the Gap provided by the Child and Family Health Service in the Northern and Southern metropolitan regions of Adelaide. The program aims to provide culturally responsive support to vulnerable pregnant women and infants who are experiencing significant adversity. The program works closely with perinatal services, (including the Aboriginal Family Birthing Program and Aboriginal Infant Maternal Care workers where implemented), to identify psychosocial factors impacting upon maternal and infant health and to assist families by linking them to support services.

In addition to the Child and Family Health Service, families may access maternal and child health, and early childhood services from a range of other service providers at different times and based on needs. This includes services provided by federal and state governments, non-government organisations, and Aboriginal Community Controlled Health Organisations. The complexity of this system can result in fragmentation of services for families (Department of Health, 2014).
Section 4: Continuous improvement and change - what we know

4.1 Disparity in health and development outcomes

...‘the Indigenous experience in Australia is one marked by strength and resilience as much as by inequity and disadvantage...Issues of early childhood health, education and parenting cannot be separated from the history of disempowerment and separation from land, family and culture experienced by Indigenous Australians’ (Bowes & Grace, 2014)

Inequalities in early childhood development between Aboriginal and non-Aboriginal children are well documented. The disparity in early outcomes for Aboriginal children is evidenced by higher child mortality rates, babies with lower birth weights, poorer health outcomes, increased developmental vulnerability and lower achievements on national literacy and numeracy tests. (Wise, 2013)

Osborne, Baum & Brown (2013) outline the impact of broader social and economic determinants including education, housing, employment and income, on the health of Aboriginal children and families. This disadvantage is compounded by intergenerational trauma where the effects of racism, and policies and practices that were oppressive and discriminatory have continued to negatively effect the wellbeing of Aboriginal people (Department of Health, 2014).

In 2011, 693 Aboriginal women gave birth in South Australia, which represented 3.5% of all births. Perinatal data from the Pregnancy Outcome Unit in South Australia 2011 report indicates:

‘Eighteen percent of Aboriginal women were teenagers (compared with 3.6% of non-Aboriginal women). ... . the proportion of preterm births (<37 weeks gestation) and low birth weights (<2,500g) were twice as high for Aboriginal women as for non-Aboriginal births. The perinatal mortality rate of babies of Aboriginal women was twice that of non-Aboriginal women (19.9 compared with 9.2 per 1,000 births)’ (Scheil, Scott, Catcheside, Sage & Kennare, 2013)

The Aboriginal Families Study (2013), a population –based survey researched the experiences of mothers having an Aboriginal baby in South Australia between July 2011 and June 2013. Key findings reported include:

- Many Aboriginal women experience major and multiple social health issues during their pregnancy: ‘52% of women reported three or more stressful life events and social health issues... One in four women (24%) reported five to eight of these issues’. In comparison, in a population-based survey of non-Aboriginal women giving birth in South Australia and Victoria in 2008, 18% of women reported experiencing three or more social health issues.
- ‘Younger women - 15 to 19 years - were more likely to report three or more social health issues or stressful life events in pregnancy than older women’.
- The range of social health issues Aboriginal women were found to be coping with included: housing stress; death of a family member or friend; partner having drug or alcohol problems; and experiences of family or community conflict with one in six women being physically assaulted.
- ‘one in four women (26%) were experiencing high to very high levels of psychological distress, and one in three (35%) a moderate level of psychological distress.’

(Aboriginal Families Study: Policy Brief #2 Social Health Issues in Pregnancy, 2013)

The Aboriginal Families Study (2013) highlights that this level of social adversity is likely to affect women’s ability to access services, and impact upon both maternal and child health outcomes. This leads the authors to advocate for women to be provided with appropriate assistance for social health issues affecting women during pregnancy, to assist families to ‘stay healthy and give children the best possible start in life’.

(Aboriginal Families Study: Policy Brief #1 Antenatal care, 2013)

The Australian Early Development Census: 2012 Summary Report - November 2013 provides census information about how children are developing as they enter school across five developmental domains: physical health and wellbeing; social competence emotional maturity; language and cognitive skills and communication skills and general knowledge. The key findings outlined in this report include:

‘The majority of Aboriginal and Torres Strait Islander children are developmentally on track on each of the five developmental domains. However Indigenous children are more than twice as likely to be developmentally vulnerable than non-Indigenous children. . . . Children who reside in very remote Australia are more likely to be developmentally vulnerable. Close to half (44.5 per cent) of children in very remote communities are developmentally vulnerable, compared to around one-fifth (21.1 per cent) of children from major cities.’


The Secretariat of National Aboriginal and Islander Child Care (SNAICC) implemented a national initiative ‘Family Matters, Kids safe in culture, not in care’ in 2014 to investigate and address the high number of Aboriginal children in out-of-home care. Their report highlights that:

‘while, Aboriginal and Torres Strait Islander children make up just 3.5 per cent of the child population (aged 0 – 17 years) in SA they comprise 30 per cent of all children in out-of-home care. Aboriginal and Torres Strait Islander children are 11.5 times more likely to be in out-of-home care than non-Aboriginal children’

(The Secretariat of National Aboriginal and Islander Child Care, 2014).

What does this mean for the Child and Family Health Service?

Sawyer et al. (2014) have estimated the distribution of the total South Australian population according to increasing barriers to effective parenting – and present this information in a diagram on page 2, Appendix 1. However, while Aboriginal families will experience the same range of barriers to effective parenting that all families face, inequities highlighted in this section suggest that the distribution of families within the five levels will be very different. The challenge for the Child and Family Health Service is to ensure that all service level responses are accessible and appropriate for Aboriginal families, but also given the likely difference in distribution, to take this into account for planning. Practically, this would mean that staff who are engaged to work specifically with Aboriginal families are located within the service delivery streams where most Aboriginal families are anticipated to present.

Aboriginal families will most often present requiring a higher service level response because of the significant health disadvantages they experience, rather than because of their Aboriginality. The Service will need to be vigilant in articulating that its response is based on this.
4.2 Responding to national and local policy context

Appendix 3 documents a broad range of national, state and local policies which inform service delivery based on available evidence to address the needs of Aboriginal children and families. Of these, three key documents are discussed further:

- The draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (2014)
- The National Aboriginal and Torres Strait Islander Health Plan 2013-2023

The draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (Department of Health, 2014) articulates that all programs should be planned and implemented to incorporate evidence that is applicable to the setting and context. Further, it acknowledges the challenge that policy makers and service providers have in utilising the best available evidence while also implementing services with diverse communities and actively contributing to building the evidence base.

The paper provides valuable insights that can be applied to the Child and Family Health Service. It articulates the need for a holistic and flexible approach to maximise health and wellbeing outcomes, and highlights

‘the importance of cultural competence and the need for individuals and organisations to develop the capacity to work effectively within the cultural context of each client’

(Department of Health, 2014).

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 provides the policy framework as part of the federal government’s Closing the Gap initiative to improve health outcomes. The Health Plan has a focus on early childhood development and the need to strengthen universal maternal, child and family health services. The Health Plan builds on existing strategies for improving Aboriginal health and prioritises continuous improvement of accessibility, appropriateness and impact by delivering services free of racism and inequality which are based on the best possible evidence. It focuses on social and emotional wellbeing as the platform for care and prioritises the active engagement of individuals and communities in decision making. The key emphasis of the Plan is:

‘the centrality of culture in the health of Aboriginal and Torres Strait Islander people and the rights of individuals to a safe, healthy and empowered life.’

(Commonwealth of Australia, 2013)

In 2013, the Women’s and Children’s Health Network released Making Aboriginal Health and Wellbeing Everyone’s Business: the Updated Aboriginal Health Improvement Action Plan 2012-2016. Priority 1: Child Health - A healthy start in life, has determined that programs are to address the inequities in health and their social determinants (SA Health, 2013). It emphasises the need for tailored and responsive services that meet the needs of children, and calls for Women’s and Children’s Health Network services to develop strategies to increase the number of Aboriginal families with whom we engage, and to do this assertively (SA Health, 2013). The Women’s and Children’s Health Network is:

‘committed to improving the health status of Aboriginal and Torres Strait Islander children, young people and women by making our services more accessible and relevant for Aboriginal and Torres Strait Islander children and their families’

(SA Health, 2013)
What does this mean for the Child and Family Health Service?

The key themes from each of the three documents identified are consistent with the proposed enhanced service delivery framework. In particular to provide approaches to care which are holistic, strengths-based and in partnership with families and communities, we need to utilise the highest quality evidence which take into account:

- social determinants of health,
- primary health care principles, and
- comprehensive assessment processes.

There are some additional themes which need further consideration for Aboriginal families and these will be addressed in Section 5. They include:

- **Strengths of culture**: A focus on the inherent strengths of Aboriginal culture for Aboriginal families and an ability to maximise these strengths when developing services and working with Aboriginal children and families.
- **Accessible and culturally responsive services**: Services which are designed to be accessible and able to meet the diverse needs of Aboriginal children and families.
- **Workforce and supporting staff**: The recruitment and retention of Aboriginal staff and supporting Aboriginal staff who may also be members of the community with which they work.

Key national and state policies provide extensive recommendations which are grounded in the evidence to improve outcomes for Aboriginal families. The Child and Family Health Service will ensure that the development and implementation of culturally responsive services for Aboriginal families is consistent with, and aligned to, both the national and local policy context.

### 4.3 Translating research into practice

The limited evaluation of specific programs aimed at improving Aboriginal child health, and the need for further longitudinal research to build a high-quality evidence base and better understanding of the impact of interventions for Aboriginal children and families is highlighted in the literature (Bowes and Grace, 2014; Brown, Weetra, Glover, Buckskin, Ah Kit, Leane, Mitchell, Stuart-Butler, Turner, Gartland & Yelland, 2015).

However, the available evidence provides direction about the key approaches to care that are important for the delivery of culturally responsive services, and the characteristics of programs that have been associated with positive outcomes for Aboriginal children and families.


This report highlights that obtaining community support and the engagement of local leaders is essential for a program’s success. Employment and participation of community members in program delivery builds
capacity within the local community and also assists developing trust and relationships.

The authors point out however that it is ‘vital that the service environment is not only a safe place for participating Indigenous children and families, but also a safe place for Indigenous workers where... the requirements placed on them do not bring them into conflict with their community’ (Bowes and Grace 2014).

Bowes and Grace (2014) highlight that it cannot be assumed that an Aboriginal version of a program will be relevant to all Aboriginal communities; ‘types of adaptations required for a program are likely to be unique to the context and culture of each community’ (Bowes and Grace, 2014).

The Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families (Department of Health, 2014) identifies the following key approaches as supporting the delivery of culturally competent care:

- family-centred care, including consideration of the roles of extended family members and kin
- strengths-based approaches, including ‘strengthening of protective factors such as cultural practices, values and kinship structure which promote child and family wellbeing’ (Department of Health, 2014)
- relationship-based care promoting continuity of care across services, and coordinated care arrangements
- trauma-informed approaches which recognise the impact of trauma on individuals and families and supports empowerment and healing
- reflective practices
- multi-disciplinary care, involving a collaborative, team-based approach

Other characteristics of high quality services identified by the Framework include: the provision of comprehensive, holistic assessment; flexible service delivery to facilitate and maintain service engagement, and improved transition support including effective information sharing between service providers and clear referral pathways. The Draft National Framework recommends a local or regional, place-based model of care as a means of strengthening service collaboration and reducing fragmentation in service delivery.

The Aboriginal Families Study (2015) examined the experiences of South Australian women attending mainstream public antenatal care with those accessing care via Aboriginal Family Birthing Program (AFBP) services (care provided by Aboriginal Maternal Infant Care (AMIC) workers, working in partnership with midwives, obstetricians and General Practitioners). Women receiving antenatal care from a metropolitan or regional Aboriginal Family Birthing Program service or Aboriginal Health Service, ‘were more likely to rate their care as “very good” than women attending mainstream public antenatal care services’. (Brown et al, 2015)

The key factors that were identified as leading to more positive experiences for women include:

> ‘the tailoring of services to meet the specific needs of Aboriginal women, the involvement of Aboriginal women health workers in the delivery of services, partnerships between hospitals and community-based agencies, flexibility to provide outreach services and transport, and integration of clinical care with primary health care’ (Brown et al, 2015.)

This study concludes that the ‘positive experiences reported by many women using the program have the potential to translate into improved outcomes for Aboriginal families’ (Brown et al, 2015).
What does this mean for the Child and Family Health Service?
The available evidence identifies program characteristics associated with successful service delivery with Aboriginal families and children. This includes but is not limited to:

- the recognition of culture as a source of strength and the need to work collaboratively with Aboriginal families and communities to build protective factors
- the provision of culturally responsive and tailored services to address specific needs of Aboriginal families and local contexts
- involving Aboriginal people (both workers and community) to deliver services

The challenge for the Child Family and Family Service is to incorporate recommended program elements and approaches into the Child and Family Health Service’s proposed enhanced service delivery framework. Further investigation of specific programs achieving positive outcomes for Aboriginal families and children will need to occur as part of the development of the operational detail.

Consistent with the evidence, the Child and Family Health Service recognises the importance of early intervention and antenatal engagement for all families experiencing significant, highly complex barriers to effective parenting. (See ‘The Case for Change’ Discussion Paper). Aboriginal families are often coping with major social health issues (Aboriginal Families Study: Policy Brief # 2 Social Health Issues in Pregnancy, 2013), therefore better outcomes will be achieved by strengthening partnerships with the antenatal providers who work with Aboriginal families to facilitate early identification and referral to services. This is consistent with the National Perinatal Depression Initiative which supports discussions to identify psychosocial factors that may impact on effective parenting. See section 5.3.

The fact that available evidence is still emerging requires the Child and Family Health Service to rigorously assess the impact of services. This will enable the Service to continually improve and contribute to the development of a stronger evidence base to provide effective models of care and achieve positive outcomes for Aboriginal children and families.

4.4 Consultation findings to date
During 2014, targeted consultations occurred within the Child and Family Health Service regarding aspects of current service practices with Aboriginal families. Staff involved in these consultations included Aboriginal Cultural Consultants, key nursing representatives from urban and regional settings, nurses providing services to the remote Anangu Pitjantjatjara Yankunytjatjara (APY) Lands and managers.

Consultations with representatives from the Pitjantjatjara Yankunytjatjara Education (PYE) Committee and key service providers on the APY Lands were also undertaken during July – August 2014.

Appendix 4 provides a list of external stakeholders consulted and more details of the key consultation findings and lessons learned to date.

Key issues and opportunities identified in relation to current services for Aboriginal families include:

Improved engagement:
- The need for greater flexibility and proactive strategies to build partnerships with families and to support engagement.
- Acknowledgement of the high level of mobility of some Aboriginal families, and the need to improve continuity of care for families moving between the Child and Family Health Service regions.
Holistic assessments and care planning:
- The need for comprehensive psychosocial assessments and coordinated care planning with Aboriginal families to address complex barriers and psychosocial issues impacting upon parenting and child outcomes.
- Acknowledgement of the complexity of issues experienced by some Aboriginal families and communities including the effects of intergenerational trauma, cultural disconnection and family disruption, and grief and loss issues, requiring consideration in developing effective models of care.

Comprehensive services:
- A consistent, state-wide service response framework is required to standardise the support available to Aboriginal children and families across the Child and Family Health Service regions.
- The need for service responses to address psychosocial risk factors.
- A recognition that rural and remote regions may require different service arrangements to achieve desired outcomes, taking into account both the Child and Family Health Service resources and other local service arrangements and community considerations.

Strengthening Aboriginal workers role in service delivery:
- Aboriginal Cultural Consultants are employed across the state to provide a cultural link between the nurse and family at initial contact and supporting culturally safe practice. However their role in ongoing service responses has developed differently across regions.
- The scope of Aboriginal specific positions has capacity for providing further clinical care.
- The need for workers on the APY Lands to work alongside a ‘Malpa’ (Anangu friend/worker) to support the delivery of culturally safe practices and build capacity of community members.

Strengthening understanding and working together:
- The need to strengthen the partnership approach between Aboriginal and non-Aboriginal workers to support a shared accountability to improve outcomes for Aboriginal children and families.
- The importance of Aboriginal communities being consulted and engaged with service planning and delivery, and the need to recognise the voice of Aboriginal workers within the Child and Family Health Service as members of their community.

What does this mean for the Child and Family Health Service?
Experiences by Aboriginal and non-Aboriginal workers and partners have provided valuable insights into what is working well and where improvements are required. The commitment and motivation to achieve better outcomes for Aboriginal children and families was strongly evident throughout consultations and provides a solid foundation for service improvements. Consultation findings are consistent with key themes from the literature and in policy. They demonstrate that there are a range of areas within the Child and Family Health Service that require improvement. The issues identified are considered further in Section 5.
Section 5: Responding to the needs of Aboriginal children and families

The following section outlines the main ways in which the Child and Family Health Service will need to respond to the differential needs of Aboriginal children and families as demonstrated in the disparity in health and development outcomes, as identified in the research and policy and as confirmed in consultations.

The ways in which these needs will be met will be grouped into five areas:

- Strength of culture
- Culturally responsive systems of care
- Accessibility and engagement
- Workforce
- Supporting staff

Figure 2: Responding to the needs of Aboriginal children and families.
5.1 Strength of culture

All families have a unique set of strengths and for Aboriginal families one of these strengths may well be their culture – which can act as a source of resilience and a protective factor. The Child and Family Health Service uses a strengths-based approach to underpin services provided to all families so the challenge is to ensure that Aboriginal culture is perceived as a strength and this translates into practice with Aboriginal families.

For this to happen, staff will need to engage in conversations with Aboriginal families about the role of culture in supporting effective parenting. This is consistent with the approach of the Family Partnership Model. This Model is a partnership based, goal oriented change management intervention that has been in use within the Service for around 12 years and has recently been updated. It places an emphasis on achieving good health outcomes for families through the establishment of trust, confidence and a good, purposeful partnership with the family. The Model reflects culturally competent practice and provides the service with the means to operationalise the importance of culture with Aboriginal families through the systems and processes that are currently being strengthened in line with Model improvements.

In addition to the philosophy, systems and processes of the Family Partnership Model, the Service will be required to:

- Consistently adopt positive language & reinforce the “strengths of culture” message
- Support staff – see section 5.5
- Implement culturally responsive systems of care – see section 5.2

Consultation question 1: Do you have any suggestions on how to embed cultural considerations into practice?

5.2 Culturally responsive systems of care

The Draft National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families describes a culturally responsive system of care as one that, ‘acknowledges and incorporates - at all levels…the adaptation of services to meet culturally unique needs’. (Department of Health, 2014)

To improve its culturally responsive systems of care the Service proposes to:

- actively seek out models of effective practice, including strategies and resources that achieve positive outcomes for Aboriginal children and families and implement practice learnings.

- develop a mechanism to ensure the Service meets Department of Health directives and aligns with EQuIP National Guidelines, in particular sections on diverse needs and diverse backgrounds. Through continuous review of evidence-based best practice and policy directives, recommendations will be developed in relation to Aboriginal cultural responsiveness. This will include, but not be limited to:
  - Key strategic plans – including the annual Child and Family Health Service Operational Plan
  - Strategies - including the proposed Community Engagement strategy
  - Processes - including case file audits (especially in relation to culturally responsive practice)
Assessments and interventions - including the Family Partnership Model, the Edinburgh Post Natal Depression tool

Resources – including all online materials, the Blue Book etc.

It is envisaged that the majority will be suitable for use with Aboriginal children and families, however where gaps and shortcomings are identified they will be addressed.

5.3 Accessibility and engagement

A key consideration in ensuring that services are accessible for Aboriginal people is acceptability. The acceptability of a service has been described as “the degree to which it is culturally appropriate for the target patient base. Acceptable health services operate from a position of cultural sensitivity and respect, and allow the clients’ cultural practices to be maintained.” (Ware, 2013)

The Child and Family Health Service recognises that families’ past experiences with services, and factors including economic disadvantage, lack of transport, unstable housing, stressful life events, and current or history of child protection concerns, may impact upon a family’s ability and/or willingness to engage with the Service voluntarily.

Through the range of actions listed below, the Child and Family Health Service will strive to improve the acceptability and accessibility of the services for Aboriginal children and families, and to support them remaining involved for as long as is required to achieve optimal health and developmental outcomes:

- All families who identify as Aboriginal will be offered access to an Aboriginal worker at the initial point of contact. This will be an opt-out rather than opt-in model.

- An assertive, proactive engagement approach will be implemented to create opportunities for Aboriginal families to safely access services. Examples may include:
  
  o stronger, formalised relationships that promote effective partnerships with antenatal service providers
  o continuing to offer the national immunisation program as a point of engagement
  o developing guidance around how participation at cultural and community events may be used to engage with families and how impact is evaluated
  o where families are not able to access services, working with families and other providers to support short-term transport options

- Aboriginal families should not be required to navigate a complex service delivery ‘landscape’. The Service will develop formalised partnerships with other providers to simplify and streamline systems. This may require the Service to perform a gap analysis to ensure that neither duplication nor gaps exist, and then to strengthen existing relationships and forge new ones through the development of
formalised agreements such as Memoranda of Understanding. The intended outcome is streamlined, supported systems of care, particularly in relation to shared care and ‘handover’ processes including intake, onward referrals and discharge.

- It may not be possible to provide access to **Aboriginal workers in every service location**, particularly in country and remote areas. These geographically challenging areas will require creative responses that reflect the local service and community context. Strategies may include use of technology where appropriate to reach remote families.

- All of the Child and Family Health Service **locations will be made welcoming** to Aboriginal people as per the Women’s and Children’s Health Network **Cultural Inclusion Checklist**. This builds upon work that has commenced in 25 key sites.

### Consultation question 3:
**How can we ensure that our services are accessible for Aboriginal families and support sustained engagement where required?**

#### 5.4 Workforce

There are strong advantages cited to employing Aboriginal staff in non-Aboriginal-specific services and also in the recruitment and retention of Aboriginal health workers to ‘build effective bridges’ for Aboriginal clients. (Ware, 2013) Retaining and increasing the Aboriginal workforce is integral to addressing Aboriginal health and wellbeing. This is supported by the **South Australian Strategic Plan** Target 6.24: ‘To increase the participation of Aboriginal people...spread across all classifications, to 2 per cent and maintain or better those levels’ and in the Women’s and Children’s Health Network Target. As at 30 June 2014 the proportion of the Child and Family Health Service staff who self-identify as Aboriginal and/or Torres Strait Islander is 7.95%. While this exceeds the Women’s and Children’s Health Network Target, further work is required to ensure that all classifications are represented.

Findings from the **Aboriginal Families Study: Policy Brief # 3 Antenatal Care: Achieving Equitable Access** (2015) further support that the involvement of Aboriginal health workers results in a more positive experience, and better engagement which are likely to contribute to more positive outcomes for families.

This will require the Service to:

- work towards Aboriginal workers having a central role in service delivery for Aboriginal children and families in partnership with colleagues from a range of disciplines.
  - Review the Aboriginal Health Practitioner role and scope of practice to identify opportunities to increase involvement in the provision of clinical care and future workforce requirements.

- outline the strategies that will be implemented to increase the number of Aboriginal people who apply for, are recruited to and are retained in Aboriginal Identified, Aboriginal Specific and in general positions with the Child and Family Health Service.
5.5 Supporting staff

5.5.1 Cultural competence
Cultural competence has been identified in the literature as being fundamental to engagement with and outcomes for Aboriginal children and families. To ensure the Child and Family Health Service’s workforce has a high level of knowledge and skill in relation to cultural competence, it is proposed that the Service will:

- Develop and implement a guideline that clarifies the appropriate level of ongoing cultural learning that all staff are required to undertake based on their position, and the recommended frequency of updates. This will be informed by, and will inform, work currently underway at other South Australian health networks.
- Develop and implement a cultural supervision framework that clarifies the appropriate level of cultural supervision for all staff and teams working with Aboriginal families.
- Review the existing Child and Family Health Service orientation session to ensure that it is appropriate and contemporary in relation to cultural content, and that the role of Aboriginal workers within the Service is understood, respected and valued.

5.5.2 Supporting the Aboriginal workforce
The complexity of Aboriginal workers being a part of the community in which they work can negatively impact on workers socially and emotionally. Aboriginal workers are required to balance community and kinship responsibilities with organisational responsibilities. This extends to the interactions between Aboriginal workers and has implications for governance arrangements. It requires services to support Aboriginal workers to balance kinship demands and the demands of their role and the organisation (Muswellbrook Shire Council, 2013).

It is proposed that the Service will therefore:

- Acknowledge and address the challenges and unique considerations for Aboriginal workers who may be part of the community that they support. This may be through building enhanced support structures, including reflective practice, in line with SA Health’s policies and procedures.

Consultation question 4:
How can we strengthen the role of Aboriginal workers in service delivery?

Consultation question 5:
Do you have any other ideas about how we can support staff?
5.6 Your Feedback

Your feedback is important to shape the Child and Family Health Service’s proposed service delivery framework. This framework is intended to support the needs of all families and contribute to addressing inequity. It is a roadmap that will take Child and Family Health Service from its current base into the future.

Our final consultation question is your chance to give us productive feedback that will help shape the future Service to be the best it can be for Aboriginal children and families.

The six questions can be found at www.surveymonkey.com/s/StrengthofCultureDiscussionPaper

Alternatively feedback can be forwarded to: CaFHSfeedback@sa.gov.au or posted to:

Recognising the Strength of Culture – feedback
The Child and Family Health Service
295 South Terrace
ADELAIDE SA 5000

Thank you for taking the time to read this paper and for any contribution that you can make. Your input is appreciated.
Section 6: Appendices
Appendix 1: Five by Five Report Fact Sheet

BetterStart
Child Health and Development Research Group

FACT SHEET

Five by Five
A Supporting Systems Framework for Child Health and Development

The first five years of life are a crucial period for child health and development. The goal is for every child to have a strong start in life. These goals are summarised in the concept that we call ‘Five by Five’—5 basic developmental domains that are achieved in 5 stages:

<table>
<thead>
<tr>
<th>5 dimensions of healthy development:</th>
<th>5 stages of healthy development:</th>
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<tbody>
<tr>
<td>1. Physical</td>
<td>1. Pregnancy</td>
</tr>
<tr>
<td>2. Language</td>
<td>2. Post-natal</td>
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<tr>
<td>3. Attachment</td>
<td>3. Infancy</td>
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<tr>
<td>4. Social emotional</td>
<td>4. Toddlerhood</td>
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<tr>
<td>5. Cognitive</td>
<td>5. Early childhood</td>
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</table>

Underlying the Five by Five framework are a number of principles. The goals of healthy development are the same for all children, and effective parenting is the key ingredient for achieving the Five by Five. While all carers want to parent effectively, some may face barriers that can disrupt effective parenting. Where this is the case services need to recognise and respond to these barriers.

Supporting the Five by Five
As shown in Figure 1, the child is the central focus, and effective parenting (parenting that is responsive to the child’s needs, and characterised by warm and nurturing interactions that are accepting and mindful of the child), is the major driver of achieving Five by Five. We have to be concerned about how well parents and carers are able to provide effective parenting.

We assume all carers want to parent effectively but there are large social inequalities in the resources required for effective parenting, and some parents will experience circumstances that may create barriers to effective parenting. Circumstances might relate to physical health of the parent or child (for example chronic illness or physical disability), psychosocial wellbeing (for example post-natal depression or lack of social support) and socioeconomic disadvantage (for example, low income, poor housing, or limited access to services).

Figure 1: A child-centred approach for social system support of the Five by Five.
Recognising the Strength of Culture Discussion Paper April 2016

Supporting systems (schools, health, child protection, child care and early learning and non-government organisations) must respond to those barriers and work together to ensure the Five by Five for every child, in every family and every caring situation. It is not just about recognising barriers, it is also about supporting how parents and carers respond to those barriers.

**Parenting Support at the Population Level**

While nobody yet knows the true levels of barriers faced by different segments of the population, Figure 2 provides our best estimates of the South Australian population according to increasing barriers to effective parenting.

The centre of the figure illustrates the five levels of parenting need in the population. The proportion of children represented at each level decreases in size as parenting circumstances become more complex and the barriers to effective parenting increase. As barriers increase a greater service response is required, but regardless of the level, the focus is on the child’s right to be safe, nurtured and have the opportunity to achieve the Five by Five.

![Figure 2: A potential distribution of the population according to increasing barriers to parenting.](image)

**Proportionate Universal Support Systems**

In South Australia a proportionate universal approach is used to support the Five by Five, where support is provided for everyone, but with greater support going to those with greater need. Inherent to a proportionate universal system is deciding who would most benefit from a more intensive support response. There are a number of ways to do this including targeting geographic areas and communities, identifying families based on characteristics known to be associated with child health and development outcomes, and the clinical judgement of health professionals about whether families require more intensive services.

**A Learning Support System Informed by Research**

There is growing political and community interest in supporting early childhood development in Australia. However, it is imperative to build practical evidence, specific to the Australian context, regarding how childhood programmes and services can best support effective parenting and achievement of the Five by Five. This requires academic research that is fundamentally oriented to answering questions of practical significance to the systems that support the Five by Five.
## Appendix 2: Location of children aged 0-4 years in South Australia.

Australian Bureau of Statistics, Census Data: 2011 Table Builder
LGA by INGP by AGE5P - Age in Five Year Age Groups

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<thead>
<tr>
<th>Local Government Area</th>
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<th>Aboriginal and/or Torres Strait Islander 0-4 years</th>
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### Appendix 3: Strategic Policy Framework

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<td>Investing in the Early Years: A National Early Childhood Development Strategy</td>
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<td>The National Plan to Reduce Violence Against Women and their Children</td>
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Appendix 4: Targeted consultation findings to date

Over the past couple of years, consultations have occurred with key stakeholders in relation to services provided to Aboriginal children and families. Key stakeholders included Aboriginal Cultural Consultants and nursing representatives within the Child and Family Health Service, those involved with Child and Family Health Services program on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, and the Pitjantjatjara Yankunytjatjara Education (PYE) Committee, Anangu Education Workers and Co-ordinators.

Community representatives and service providers all spoke positively about the Services’ contribution to child wellbeing and development outcomes. In particular, the program was seen to have a key role in providing parenting support in the areas of child–parent relationships and child development.

The following is a list of the issues raised as a result of these consultations – grouped below into themes:

Aboriginal children and families require a different approach
- It is important to acknowledge the complexity of issues experienced by families and communities including the effects of intergenerational trauma, cultural disconnection and family disruption, domestic violence, mental health issues including high levels of depression, grief and loss, substance abuse and economic disadvantage.
- Rural and remote regions may require different service arrangements to achieve desired outcomes, taking into account both the Child and Family Health Services resources and other local community services.
- It is important to use contact points with families (eg health checks, immunizations etc) to continually reassess child and family needs, and as an opportunity to engage with appropriate service responses.
- The services available within communities vary, impacting upon the Child and Family Health Service operations. The models of intervention also require further exploration.
- It is important to develop partnerships with families and the community as a basis to providing any intervention, including an acknowledgement of the time required to do this.
- Time and flexibility are required to enable workers to build relationships with families and to provide required supports (eg provide some families with the option of centre-based or home-based consultations).
- It is important to adopt a ‘community development’ approach and use discretion to reduce the risk of stigmatizing vulnerable families.
- It is important to build community capacity and employment opportunities for Aboriginal communities, for example through the development and delivery of ongoing ‘information sessions’, bringing parents and elders together in the communities.
- The most successful capacity building models involve supporting Aboriginal people to learn in small groups. The Child and Family Health Service should identify existing resources/information that could be reviewed and adapted to fit into the cultural context. This information could then be delivered in partnership with the community.

Greater consistency is needed, due to variations in
- the current range of service responses offered to Aboriginal families.
- case review and care planning processes across the state.
- the Child and Family Health Service staff’s roles and practices across different communities. There is a need for a comprehensive orientation of new workers to support clarity of roles and interagency processes.
The role of staff supporting Aboriginal children and families

- The importance of Aboriginal staff leading access, engagement and relationship building with Aboriginal families being valued and respected by all workers to promote culturally safe practices.
- Workers’ commitment and interest in working with Aboriginal families was seen to be a key factor in successful engagement and service delivery.

How we could do better

- Increase clarity around the service responses provided by the Child and Family Health Service available for Aboriginal families; in general families have been referred to other agencies for psychosocial support rather than to internal programs (such as the Early Child Parent Service).
- Develop stronger shared accountability by Aboriginal and non-Aboriginal workers to achieve service outcomes for Aboriginal families.
- Improve systems to support families who may move between regions frequently. This includes enhancements to the Child and Family Health Service state-wide database to better flag recommended health and developmental checks.
- Provide ‘ongoing’ rather than ‘one off’ engagement (for example information sessions) as the most effective way to engage families and to build community knowledge and understanding about child development – for example so that parents receive information about brain development so that their children are ‘ready for school’.
- Strengthen the mechanisms that will promote working in partnerships with workers and community members.
- Support fathers better.
- Address the additional challenges experienced in trying to coordinate programs within Aboriginal communities and of issues associated with the number and range of short term interventions.
- Ensure resources are utilised effectively.
- Strengthen processes for coordinated care planning (including information sharing practices) for Aboriginal children and families experiencing high levels of vulnerability
- Clarify the role of the Child and Family Health Service staff in working alongside services and projects that support Aboriginal families, and supporting their knowledge and skill development.
- Provide services within the community, as not all families attend at centre based services.
- Develop formal agreements with other service providers.
- Clarify referral pathways for young children with developmental delays, particularly access to speech pathology services.
- Use a community engagement approach to support and inform service development.
- Plan strategically with other key service providers to enable progress towards coordinated, shared outcomes
- Develop clear key performance indicators and evaluation processes.
- Ensure equitable allocation of the Child and Family Health Service program resources to communities based on the number of Aboriginal births and taking into account the different complexities of the communities across the State.
Section 7: References


SA Health Care Act 2008 Part 1, Section 5 (b).


Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2011) *Growing up our way, Aboriginal and Torres Strait Islander Child Rearing Practices Matrix*

Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2010). *Working and Walking Together: Supporting Family Relationship Services to Work with Aboriginal and Torres Strait Islander Families and Organisations.*


