Aboriginal Child Health
Success Stories

Building healthy kids for a stronger future...
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Aboriginal health is a national and state priority and Aboriginal child health is a particular area of focus for the Child and Adolescent Health Service.

Research has highlighted the importance of the early years in setting the stage for an individual’s physical, social and emotional wellbeing, as well as prevention of chronic disease in later years. The positive impact of providing preventative community based child health services on child health outcomes has been widely acknowledged.

Against this background, the Aboriginal Child Health Project was state funded under a National Partnership Agreement under the Council of Australian Governments’ Indigenous Early Childhood Development Element 3. The project was tasked with increasing access to and use of maternal and child health services by Indigenous families.

The project has worked with service providers across the state to achieve this goal. *Aboriginal Child Health Success Stories* outlines the strategies employed by the project staff, their partners and health services to engage with and provide services to the families they care for in their communities. It is intended to be a resource for health professionals working in Aboriginal child health.

On behalf of the project officers, I extend my thanks to all who willingly partnered and worked with them and contributed to the work of the project.

Leah Bonson
Director Aboriginal Health
Child and Adolescent Health Service
What?
The Aboriginal Child Health Project (ACHP) was a community initiative aimed at improving child health and development outcomes for Aboriginal children from birth to five years. The project aimed to increase access to, and use of, maternal and child health services by Aboriginal families. It was funded for five years from 2009-2014 under the Council of Australian Governments’ (COAG) National Partnership Agreement.

The vision was to provide all Aboriginal children and their families across Western Australia with the same level of child health care and family support – regardless of which health service provider they access or where they live.

Why?
The rationale for the project is the disparity in health and development outcomes for Aboriginal children when compared to non-Aboriginal children. The morbidity and mortality rates for Aboriginal children are consistently higher than for non-Aboriginal children. Aboriginal children are more at risk of common health conditions such as failure to thrive, anaemia, skin and other infections, hearing complications, abnormal vision, speech difficulties and nutritional deficiencies. The baseline child mortality rates for 2008 were 212.5 and 100.6 per 100,000 population for the Indigenous and non-Indigenous populations respectively and the gap was 111.9 deaths per 100,000 population¹.

There are a number of agencies, including WA Health, delivering child health services across WA, and there were identified needs for interagency collaboration, staff training and support, and resources to support parents.

How?
The Aboriginal Child Health Project focused on three objectives to address the identified needs.

- Develop an agreed statewide approach to community Aboriginal child health.
- Promote the uptake of child health and developmental checks for Aboriginal children and their families, from birth to five years.
- Provide access to training and resources for health professionals who deliver community based preventative Aboriginal child health services.

In order to meet these objectives, the project developed a number of strategies and the project officers worked in metropolitan, regional and remote settings. Along the way, they saw numerous examples of successful initiatives in Aboriginal child health at many levels.

This publication has been developed to share some examples of best practice and identify good practice points and keys to success.

We welcome any comments or queries on the project, please contact us at childcommunity@health.wa.gov.au

The Logo

The logo was developed by an Aboriginal artist. It captures important elements of the project; to have the child as the central focus while recognising the family and community context. It represents a family unit with arms outstretched supporting each other, with the child in the centre. The circles represent the Aboriginal holistic view of health where the individual, their family, the kinship networks, the country and the culture are inter-related.

The symbolic meanings of the colours are:

- **Black**: Represents the Aboriginal people of Australia
- **Red**: Represents the red earth, the red ochre and a spiritual relation to the land
- **Yellow**: Represents the sun, the giver of life and the protector.
The Child and Adolescent Community Health Aboriginal Health Team (AHT) was established in 2008 in response to an identified community need for a culturally appropriate service. Community consultation was undertaken to establish community needs and wishes for an Aboriginal specific child health service.

Positions and resources were dedicated to employing Aboriginal Health Workers and Child Health Nurses to provide Aboriginal families with:

- a culturally appropriate evidence based child health service
- a choice of service providers
- a service where Aboriginal people can talk with others who have been through similar life experiences.

The multidisciplinary team works from nine bases and provides services across the entire metropolitan area of Perth. Funding from the Australian Council of Governments has helped to grow the team and service.

In addition to delivering the universal and enhanced Aboriginal child health schedules to the community, the team is involved in a number of collaborative projects with partner organisations including non-government services.

According to Diann Peate, the team manager, success includes communication and ongoing community consultation and feedback. Being able to communicate effectively with each other, it becomes a win-win for all, being able to openly discuss issues to share the workload, to share the environment.
The Aboriginal Child Health Project has helped the AHT by:

- delivering policy implementation sessions and policy updates
- providing training to staff
- supporting team members to facilitate learning sessions within the Aboriginal Child Health Upskilling course
- providing the opportunity to expand networking to a state level through the Upskilling courses.

“All team members work within their scope of practice, we are all equal and everyone is treated the same.”

“The project has provided training and support. It has enabled Aboriginal staff to go to training with other Aboriginal and non-Aboriginal staff members to learn new skills or enhance skills to deliver best practice to the community. It has strengthened relationships between non-Aboriginal and Aboriginal staff, it wasn’t seen as a nurse’s project or an Aboriginal Health Worker’s project, it was a project that was being delivered to all. When you walked into that room, everyone was equal and that comes back to our work environment, that people are equal.”

Manager, Aboriginal Health Team

The team was acknowledged for its ability to work collaboratively when it won the Healthy WA award for Healthy Partnerships in 2008.

Building healthy kids for a stronger future...
The Ord Valley Aboriginal Health Service (OVAHS) provides comprehensive primary health care services to Aboriginal and Torres Strait Islander people in the Kununurra region. Maternal and child health is one example of the preventative programs delivered by OVAHS.

Over the last five years, the OVAHS Maternal and Child Health Team has grown from a team of one midwife and one child health nurse to an integrated team of seven staff offering a seamless sexual health, antenatal, postnatal and child health service.

**Highlights**

Due to early engagement with child health staff, health issues are being identified and managed in a timely fashion.

- There is an increase in families attending and of child health checks being completed.
- Growth problems are being prevented through parent support and education. Where they do develop, they are identified earlier.
- Parents and carers are now recognising when their children are getting sick and seeking treatment earlier. This has reduced the rate of hospitalisation of children who attend OVAHS.

The child health nurses of Kununurra have formed an interagency group. The group meets monthly to provide peer support as well as debriefing and networking opportunities for its members.

**What Works?**

When asked to articulate factors contributing to their success, staff identified the following factors:

- having a visual identity and providing outreach services, “The work that is done when we go out in the blue car, with OVAHS on it, with nurses in it, has been instrumental in engaging families. In any primary health care service, you have to get out of the clinic”
- identifying and working with the strengths of each team so that each role is filled and it’s a one stop shop for the families
- working with other agencies to run family health promotion days
- forming and maintaining strong interagency relationships and a willingness to work in partnership
- having a separate safe waiting area for families makes parents feel less judged and more comfortable.
“Forming and maintaining strong interagency relationships and a willingness to work in partnership.”

The Role of the ACHP

The Aboriginal Child Health Project has been able to help the OVAHS Maternal and Child Health Team by providing:

- access to education through the Aboriginal Child Health Upskilling course
- policy support to implement the Enhanced Aboriginal Child Health Schedule
- support to formulate an action plan to implement the organisation’s strategic plan.

“The ACHP has assisted OVAHS staff with the accumulation of knowledge by sharing experiences and exploring and expanding Aboriginal child health practice.”

Victoria Salerno
Maternal and Child Health Manager, OVAHS
Growing a service

South West Aboriginal Medical Service and WA Country Health Service

The Challenge

An informal relationship existed between WA Country Health Service (WACHS) community health staff and South West Aboriginal Medical Service (SWAMS) maternal and child health staff. There was communication between the services, and a degree of cooperation in providing services to Aboriginal families, but that was limited by capacity. The Child Health Coordinator from WACHS and the Infant and Maternal Health Nurse from SWAMS were willing to work together, but had considerable restraints on their time. The process of distributing birth notifications did not help co-ordination of services. Some Aboriginal children did not receive child health services due to poor engagement with services and limited capacity.

The Project

Council of Australian Governments (COAG) funding was obtained to implement the Boodjari Yorgas and Koolangka project which aims to improve the health outcomes for south west Aboriginal women and their babies. The Bunbury program was developed jointly by WACHS South West, SWAMS and the Department of Education. It aims to increase the number of health checks Aboriginal women and their children have while pregnant and following birth, in a culturally appropriate and welcoming environment.

This was achieved by SWAMS employing a dedicated midwife to provide care to the Aboriginal women at SWAMS and the infant and maternal nurse starting child health studies. The SWAMS staff worked with a dedicated WACHS child health nurse to conduct home visits, to deliver care. Once the SWAMS nurse completed her studies, the WACHS child health nurse continued to mentor the SWAMS nurse and to provide care to Aboriginal women who did not attend SWAMS.

The process of distributing birth notifications changed, so that the notifications for Aboriginal women were sent to the Boodjari Yorgas co-ordinator, who was able to directly contact SWAMS and enquire if the mother was under the care of SWAMS. Modifications were made to the midwifery database to enable midwives to note that a mother was a client of Boodjari Yorgas. The SWAMS general practitioner received a copy of the birth notification as per usual practice.

During a period of staff turnover at SWAMS, the collaborative relationship continued between WACHS and SWAMS to meet the needs of the women and their children. This has been sustainable, with each agency being able to articulate their needs and capacities and working together to meet their common goal to provide optimal care and positive health outcomes for the child and family.

Staff from both agencies describe the partnership in positive terms and have identified the following factors as contributing to their success:

- being respectful and dependable
- delegating responsibilities
- regular communication
- maintaining confidentiality
- consistently providing quality care
- shared policy, care and accountability
- having local Aboriginal Health Workers who are involved in the community
- provision of mentoring to enhance capacity of SWAMS staff.
Outcomes

The SWAMS Maternal and Child Health Team now consists of a midwife, child health nurse and a dedicated Aboriginal Health Worker. SWAMS provide care to approximately 90% of Aboriginal families in Bunbury. WACHS staff continue to provide care for the Aboriginal families who chose to access their services.

Pregnant women are attending SWAMS earlier in their pregnancy and attending more antenatal checks. The midwife has been there for two years and has built up the community’s sense of trust and confidence in the service.

In 2012, 65% of pregnant Aboriginal women in the south west region attended their first antenatal visit within the first 12 weeks of pregnancy, the highest rate for any region in WA (Source: Aboriginal Maternity Service Support Unit).

The data from 2012 show that families are engaging more and there are more child health and development checks being done compared to the baseline. Over this period, SWAMS and WACHS staff have also worked together to produce educational resources.

Measures have been taken to ensure that services and the collaborative relationship will continue should ongoing funding not be available. WACHS will continue to hold the portfolio for Boodjari Yorgas and maintain responsibility for ensuring that the reference group continues to meet biannually to maintain communication and enhance collaboration to meet the needs of the Aboriginal community and promote Aboriginal health.

South West Aboriginal Medical Services staff members: L-R Juanita McClintock, Glenda Humphries, Kellee Biffin (WACHS), Jemima Higgins with WACHS CHN, Sharlene Abbott
The Enhanced Aboriginal Child Health Schedule (EACHS) was developed in recognition of the need for health services to better engage with families, especially families with children who are at higher risk of poorer health and developmental outcomes.

- EACHS is a series of 15 age-appropriate visits, seven of which are universally provided by a child health nurse or medical officer. The additional eight checks are ideally provided by an Aboriginal Health Worker when possible, or other suitably trained and qualified health professional.
- It is based on the Northern Territory Department of Health and Families’ Healthy Under 5 Kids program and was adapted to suit the WA context.
- It was trialled in the metropolitan area, Kimberley, Pilbara and Wheatbelt regions of the WA Country Health Service, reviewed and officially launched in June 2012.

The EACHS aims to increase the confidence and skills of parents and carers and promote a positive relationship between the parent, child and health professional.

Following the release of the EACHS in 2012, the priority was to increase awareness and understanding of the policy package and guidelines for practice across the sector. Workshops were delivered, inclusive of all regions except the Midwest. A total of 195 participants from 23 organisations attended the workshops. As a result of the workshops and other training opportunities offered by the project, at least eight non-government agencies have adopted and adapted the EACHS for use in their service.

“I believe the EACHS assessments have been a great tool for engaging parents and empowering them in their parenting ability and identifying issues earlier.”

Manager, remote Aboriginal Medical Service
The Resource Matrix

The matrix was developed to provide a suite of resources to support enhanced practice in Aboriginal child health service delivery. It is a compilation of culturally appropriate resources that have been assessed against a framework and deemed appropriate for use by parents and health professionals.

The resource matrix is a living document. It is reviewed by a working group every six months to ensure that it is current and useful for families and health professionals.

It is available on the internet via the following link: www.cahs.health.wa.gov.au/general/CACH/services.htm

Feedback and contributions are welcome. Please email childcommunity@health.wa.gov.au

“The resource matrix is great, it’s comprehensive. It gives staff more options by providing more choices for families.”

Maternal and Child Health Coordinator, remote Aboriginal Medical Service
The Aboriginal families of Port Hedland and surrounding communities can access Wirraka Maya Health Service or Port Hedland Health Campus for health care, depending on which services they require. Health staff from both agencies are able to share client information with the client’s consent to improve outcomes, due to the Memorandum of Understanding (MOU) between Wirraka Maya Health Service and the WA Country Health Service, Pilbara.

The need for a stronger relationship between the two health services was recognised by the management staff at Wirraka Maya. Although Wirraka Maya provides a range of services, its clients still need to access other services such as maternity, accident and emergency and allied health.

Through open communication between the agencies, allied health staff from the hospital now provide clinics at Wirraka Maya. The Wirraka Maya Health Service Manager proposed a MOU and it was developed and endorsed. The MOU allows for sharing of client information between the two agencies with client consent and with the understanding that confidentiality will be maintained.

Nurses and health workers from both agencies report that the MOU has:

- improved communication and collaboration
- helped to avoid over servicing and duplication of services
- allowed for liaison about immunisation to ensure children are offered immunisation according to the schedule.

Staff from both services report that it “took a while to feel comfortable with sharing the information” but that “having good policies and procedures makes us feel safe in sharing information.” They agree that it has improved health care for the children and families in their care.

There are regular meetings and telephone communications between the agencies. Having combined training opportunities has helped maintain the relationship and ensure that clients receive standardised care and health messages.

The ACHP assisted staff in the Pilbara by providing policy and resources support and training opportunities to the services to promote delivery of a standardised service.
The Great Southern Aboriginal Health Service provides a seamless transition of care to the pregnant women of Katanning. The antenatal nurse and Aboriginal Health Workers provide pregnancy and child health care to families. Their work practices fit with the underlying principles of EACHS — that care should be delivered using a collaborative team approach, where each individual’s skills and knowledge contribute to the care delivered to families.

The team offers a home visiting service as well as running groups and events. Recognising that family feuding can impact on access to health services, events can be offered twice a day to accommodate different families and ensure equity of access. The team works collaboratively with other health professionals from a range of government and non-government agencies.

“This is about connecting people with service providers and agencies, empowering them to be the best parents they can be. It’s great that I get to be known by some of the families and I can be helpful in knowing what other services might be able to support the families.”

Aboriginal Health Worker

The factors for success include:

- home visiting is the key for building rapport
- flexibility, especially when working with the child health nurse
- having good problem solving skills
- knowing the women in the area — “if you are going to develop a specialised team, you’ve got to know the women”
- working with other health professionals and agencies.
The Role of the ACHP

In August 2012, five members of the Great Southern Aboriginal Health Service attended the Aboriginal Child Health Upskilling course in Perth. When asked about the benefits of attending the course as a team, team members answered:

- “The length of the course provided the time to learn and develop a new skill to take back to our jobs. Being away from work meant we weren’t side tracked by ongoing demands of our role.”
- “Good being able to do the networking with everybody.”
- “Hearing people’s stories about the way they do things there and hearing how they get to do things.”

The ACHP travelled to Katanning and Albany in February 2013 to deliver policy implementation workshops and facilitate a session focused on planning for ear health services in Katanning. The workshops were positively evaluated with the majority of participants scoring highly on relevance, content and presentation.

“Very much appreciated the opportunity to attend the day and hear from different presenters. Improves practice, referrals and resources offered to clients.”

Workshop participants

“The Aboriginal Health Worker sharing information about cultural ways of Aboriginal people was very interesting. It was great being able to give lots of feedback regarding our current practice and ways to improve on this.”

Building healthy kids for a stronger future...
The Aboriginal Child Health Project Steering Group was established in the early months to guide the Project. The group met bimonthly and each member was responsible for overseeing priority tasks.

The membership of the group came from a variety of relevant agencies including:

- Child and Adolescent Community Health
- Derby Aboriginal Health Service
- Department of Health WA, Aboriginal Health Division
- Women and Newborn Health Service
- Aboriginal Health Council of Western Australia
- WA General Practice Network/Medicare Local
- WA Country Health Service
- Office of Aboriginal and Torres Strait Islander Health
- Child and Youth Health Network
- Women’s and Newborns’ Health Network
- Kulunga Research Network, Telethon Kids Institute
- St John of God Health Care Outreach Service.

**What Worked?**

Steering Group members identified the following keys to success.

- Having the right people, the right level of influence, the right organisations and the people who were interested.
- There was a clear purpose and tasks which gave structure to the group.
- Members were committed to the area, so they had a bond.
- The people involved had a good understanding of their organisation’s objectives and good links with other members of the Steering Group.
- There was a dedicated position to manage the group. It was important to have a project officer to drive the work in between meetings. That was a real key factor in the success, the work that underpinned the Steering Group.
- There were concrete and finite things to discuss and support - for example the training courses offered by various organisations.
- Great conversations started in the group that had flow on effects.
- There was no sense of not sharing or of withholding information.
The Project has provided some valuable lessons.

- It is essential to have a clear idea of the organisations you want to have as partners, not just gathering a group of people and hoping that they will adequately and accurately represent their organisations.

- Any similar group needs to be well thought through and supported.

- You need a dedicated role to keep people focused and look at the agencies that aren’t so well engaged and how to keep them involved.

- For a group to work efficiently there’s administrative work that needs to be done and it needs to be someone’s task.

Steering group representatives with WA Health Award

The project was the winning recipient of Excellence in Strategic Partnerships in the WA Health Awards 2013 and a finalist in Partnering for Better Health Outcomes in the WA Health Awards 2012.

Building healthy kids for a stronger future...
One of the first tasks for the Steering Group was the development of an overarching strategic intent for Aboriginal community child health in Western Australia. This formed the foundation for statewide policy, practices and standards and was endorsed by partner organisations.

Key principles included:

- **Responsiveness** - service delivery is focussed on actions that are timely, meaningful and consequential.
- **Shared ownership** - all agencies assume collective responsibility and decision making to deliver effective strategies that are sustained.
- **Collaboration** - coordinated and integrated service delivery approach.
- **Consultation** - informed decisions are made in genuine consultation with Aboriginal families.
- **Family-centred** - identification of the child and their family’s needs using a family-centred approach that focuses on the strengths of the family.
- **Flexibility** - Aboriginal children receive the same level of service within a flexible holistic framework.

The Strategic Intent was endorsed by 11 individual agencies and collective groups, including two Regional Aboriginal Health Planning Forums.
The Goldfields Regional Aboriginal Planning Forum identified maternal and child health as a regional priority. In May 2011, representatives for the Aboriginal Child Health Project and the Aboriginal Maternity Support Service Unit (AMSSU) attended a meeting of the Goldfields Regional Aboriginal Planning Forum to promote the work of both projects. Following this a formal request was made for the projects to hold a joint maternal and child health stakeholder workshop to assess and identify strategies to address maternal and child health issues in the region.

The workshop was held in August 2011 and ran over two days. Representatives from six agencies (government and non-government) attended the workshop. Key outputs from the workshop included:

- the development of a maternal and child health care network for Aboriginal families in the Kalgoorlie region
- identification of current issues and gaps in service delivery
- working through key priority areas and developing an action plan to address the issues
- a commitment from the agencies to form a maternal and child health action group inclusive of other agencies
- a commitment for the ACHP and AMSSU to provide additional support on request.

The Goldfields Maternal and Child Health Action Group was formed and continues to meet bimonthly. The membership includes many of the government and non-government agencies providing maternal and child health services in the Goldfields region.

In October 2013, a second workshop was held in Kalgoorlie to reflect on achievements and initiate a new action plan. Key achievements since the 2011 workshop have been:

- the development of an interagency consent form to facilitate shared care for clients across the various agencies
- Ngunytju Tjiitji Pirni Aboriginal Corporation (NTP) obtained federal funding to deliver New Directions
- increased communication and interagency collaboration
- the expansion of the initial group to include other agencies.
The increase in communication, especially in regards to high risk clients has increased safety and in general may prevent over servicing and improve client outcomes."

Planning Forum Member

During the workshop, a lunchtime meeting with local obstetricians and GPs was organised to focus on developing an antenatal care pathway. This was very well received.

An action plan for the next 12 months was developed, and the group will continue to meet regularly.

Participants at the 2013 workshop doing a collaborative weaving activity and reflecting on the benefits to families when agencies work in partnership
During the period of 2011-2014, nine Aboriginal Child Health Upskilling courses were delivered to 198 people across Western Australia.

Each course program differed slightly depending on various factors including number of days, presenter availability and local needs but was consistent in ensuring key points.

- Evidence was provided on child development and assessment, psychosocial issues, and the role of parents in the child’s environment.
- Demonstrations and discussion on models of partnership using a strengths based approach were implicit throughout the training.
- Information was specific to Aboriginal families including child rearing practices and working cross culturally.
- Practical experiential demonstrations and interactive applications of child health and developmental assessments were provided.

An anticipated outcome of the training was to increase participant knowledge, understanding and culturally appropriate practices in Aboriginal child health service delivery. An action-oriented approach was adopted by the Project to ensure feedback on course content and delivery from each course evaluation was considered in future training.

An interim evaluation of five courses was conducted. Over 90% of participants from five separate courses stated that the learning objectives were completely or partially met. Participants reported an impact on their practice in three ways:

- increased self-reported confidence in applying knowledge and skills
- methods and awareness of collaborative working
- enhanced culturally respectful ways of working.

Qualitative feedback from all courses indicated that participants’ expectations were met. Based on participant self-reporting, the overall training met its learning objectives.
Some of the reasons for success that commonly emerged included:

- efforts were made to encourage and prioritise Aboriginal trainers or co-facilitators in delivery content
- cultural appropriateness of the event
- partnership and the support provided by the interagency working group.

The Interagency Working Groups

Each Upskilling course was guided by a technical advisory group or an interagency working group. The groups met face-to-face or via teleconference an average of four times before the course was run, and some groups met after the event for a debrief. The purpose of the groups was to provide oversight, resources, cultural support and technical expertise. Participants in the working group were able to guide the program development to ensure that it was appropriate for their region and met their identified needs.

The Kununurra Experience

“I was a member of the interagency working group for the Kununurra Aboriginal Child Health Upskilling course and I found the experience rewarding and relevant. Being based in Broome, Kununurra is 1,043km away, an 11 hour drive one way. This makes establishing relationships with Kununurra health providers difficult and expensive. Having the Upskilling course developed by an interagency working group enabled me to work with and develop relationships with representatives of these Kununurra and surrounding areas’ organisations.

I found that it was easy to offer suggestions and support. Offers were always greeted with thanks and appreciation.”

Pam Jermy

The Newman Experience

I was a member of the interagency working party for the Newman Aboriginal Child Health Upskilling course. We wanted to strengthen relationships with each of the sites. The opportunity to run some training was a great way to bring everyone together. The working party was a great way to bring the team together, for everyone to have a voice. Every organisation felt the same that we needed the training, that we really are there to be supporting our communities and that’s what we wanted to do.

So, by running the training in Newman, it was a great opportunity to get everyone together. I think it was quite successful’.

Katie Bailey (nee Baxter), Maternal and Child Health Coordinator
St John of God (SJG) Social Outreach is part of St John of God Health Care, and aims to reach out to people experiencing disadvantage to improve health and wellbeing.

The services are based on capacity building and early intervention, to bring innovative and timely service to those most in need in a manner that recognises the inherent dignity of each person.

SJG Raphael Centres provide treatment and support for families experiencing perinatal and infant mental health issues.

In 2012, a specific training program was developed to promote awareness, understanding and confidence in engaging with Aboriginal families in the perinatal period.

**The Role of the ACHP**

SJG Social Outreach has expertise in perinatal and infant mental health through their work in SJG Raphael Centres and wanted to work collaboratively with people working in the area of Aboriginal maternal and child health to develop a training program. They enlisted the assistance of the Aboriginal Child Health Project (ACHP) and formed a steering group to provide additional expertise and cultural guidance. The Project offered key advice and consultancy on the proposal development, education scoping and support to facilitate WA-specific education.

The SJG Social Outreach Early Years team developed and implemented a two-day training program. The initial funding was allocated to deliver six workshops (in Western Australia, Victoria and New South Wales), however the success of the program and the demand for training in this area led to additional funding from other sources.

**Outcomes**

During 2012-2013, 12 workshops were delivered to a total of 227 participants from 137 organisations across Western Australia, Victoria and New South Wales. Feedback from these sessions was very positive. Ongoing evaluation has indicated a change in knowledge and practice and demonstrated increased confidence and greater engagement with Aboriginal families in the perinatal period.
What Worked Well?

- Making contact with local health providers, engaging with them initially and then making links to other health organisations.
- Contacting key Aboriginal people in the area.
- Keeping people informed along the way.
- Developing a program that was flexible.
- Having conversations and giving people space to express themselves.
- The structure of the program, starting off with the historical context.
- Examining the concept of respect and really thinking about it – how you perceive respect and how you show respect, particularly in relation to working with Aboriginal people.

Where to Now

As a result of the training, SJG Social Outreach recognised a need for a more culturally appropriate resource and in-depth training to support secure attachment for Aboriginal families. Work is underway to identify and develop an Aboriginal attachment resource and training program.

“...The ACHP project officer gave us a lot of support as we developed our work in Aboriginal perinatal and infant mental health. Many of the significant relationships, essential to the successful implementation of our program, can be traced back to her knowledge and networks. She helped us to frame our strategy and set achievable milestones. The ACHP Steering Group provided a communication channel to promote our approach.”

Group Manager, Early Years, SJG Social Outreach
A key role in Aboriginal health is the Maternal and Child Health Coordinator. Melissa Williams and Katie Bailey (nee Baxter) share their thoughts on this role and their involvement with the Aboriginal Child Health Project.

Katie Bailey past Regional Child Health Coordinator, Population Health WACHS Pilbara

The role’s purpose is to review and improve access for Aboriginal families into the broader health system. It encompasses sexual health, reproductive health, postnatal support and child health services for Aboriginal families across the Pilbara region.

Implementing the Enhanced Aboriginal Child Health Schedule was the focus of the role for a year. In regards to child health, I wanted to ensure that we were being consistent across the region in our work practices, for example staff giving clients the same information at each scheduled child health visit.

The Value of the ACHP

I was a member of the interagency working party for the Newman Aboriginal Child Health Upskilling Course. When I first started in the role we didn’t have strong relationships with the Aboriginal health services. We wanted to strengthen relationships with each of the sites. So, by running the training in Newman, it provided the opportunity to get everyone together.

The Aboriginal Child Health Project helped me in my role at a strategic and policy level. Sometimes I got bogged down in my own area; I was on the ground dealing with staff shortages or dealing with immunisation clinics, local issues that required maintenance, even though I was trying to operate on a regional level. I thought it was great; it was the answer to my prayers when I first started, because what I wanted to do was to bring everything together and have regional meetings about child health with a goal of improving health outcomes for the children.

To have the Aboriginal Child Health Project team ring and offer support and having the capacity to organise meetings and teleconferences really did help. The ACHP team’s funding, resources and time provided the opportunity to bring a lot of the things we wanted to do together. It was great to have another agency that could look at us and say, what would you like us to help you with?
Melissa Williams, Maternal and Child Health Coordinator, Population Health WACHS Kimberley

This role evolves and changes a little each year according to projects and models of care. Almost all of my work is collaborative, in partnership with a range of agencies who work in the area of maternal and child health (government and non-government organisations).

I attend and chair a number of interagency maternal and child health meetings across the Kimberley. Population health, Kimberley Aboriginal Medical Services Council and Boab Health jointly fund and organise an annual maternal and child health workshop in the Kimberley. This enables staff from all organisations who work in the area of maternal and child health to get together, network, share and produce relevant protocols, resources and information. This workshop is managed by the Kimberley Aboriginal Maternal and Child Health sub-committee which has representation from the three organisations plus the separate Aboriginal Health Service site staff and other NGOs working in the Kimberley. I also conduct regular video conferences with the community midwives, child health nurses and school nurses every three months to enable staff to get together for networking and problem solving in their specific professional roles.

Over the past five years there has been:

- a reduction in smoking and alcohol in pregnancy
- an increase of attendance at antenatal clinic first trimester appointments
- fewer premature babies and low birth weight babies born
- a reduction in poor growth rates for the under 5’s.

We are working on a number of collaborative projects currently:

- the Kimberley Mums Mood Scale research project which will provide an alternate and more culturally appropriate tool for assessing anxiety and depression in Aboriginal women
- a Kimberley pregnancy education book for Aboriginal women and protocols for pre pregnancy education and anaemia in pregnancy.

The Value of the ACHP

I have had great support from the Aboriginal Child Health Project. The Project’s work in the Enhanced Aboriginal Child Health Schedule program has been a huge help to me especially in the area of education for staff. The Project has also provided someone that I could talk to around issues of staff education needs and the needs of Aboriginal families. It’s been very helpful to have this support.

I’ve had very positive feedback from staff that have enjoyed the Aboriginal Child Health Upskilling course, which they have found very valuable - especially the remote clinic staff who have not had any formal child health training. It’s really important to have a course that covers specific issues in Aboriginal child health for nurses working in remote Aboriginal communities (ear health, poor growth, anaemia). It’s been great to have the project staff around to talk to, to have them come up and do the education and provide opportunities for staff to come to Perth.
The work of the Aboriginal Child Health Project was focused on achieving three objectives. Let’s take a look at how we met those.

1. Develop an agreed statewide approach to community Aboriginal child health in WA.

The development of a Strategic Intent for Aboriginal child health in Western Australia has been endorsed by Steering Group partners, agencies and other groups.

- “We can use the strategic intent to reinforce our position around what work needs to be done as we go into the next phase.”
  
  Member of the ACHP Steering Group

- “It’s useful to have it to talk about how important Aboriginal child health is and how important it is to make a commitment, internally and externally”
  
  Program manager, NGO

2. Promote the uptake of child health and developmental checks for Aboriginal children and their families, from birth to five years.

A total of 233 health professionals have attended policy implementation and skills update workshops since the release of the Enhanced Aboriginal Child Health Schedule (EACHS) in July 2012. More than 25 non-government organisations have been provided with the policy suite and it has been adapted for use in electronic client data systems. Implementing the EACHS is core business for WACHS staff and at least eight non-government organisations have implemented or adapted it to strengthen child health service delivery.

3. Provide access to training and resources for health professionals who deliver community based preventative Aboriginal child health services.

The Project has facilitated access to training and resources through profession specific workshops, conferences and the Aboriginal Child Health Upskilling course. The estimated total number of people reached via ACHP related events since 2010 is 1,120.
Evaluation of the Project demonstrated that it had a wide-ranging reach to a vast number of people working in Aboriginal child health across Western Australia. It also revealed a positive contribution to the development of relationships, the up-skilling of staff and sharing of knowledge, experience and resources to improve the capacity of health service providers to deliver preventative child health services.

Our Legacy

The final phase of the Project has focused on sustainability measures.

- Aboriginal child health will remain a priority area for Child and Adolescent Community Health Statewide Policy.
- Policy officers will continue to promote the strategic intent and support the (EACHS) policy suite.
- The policy suite and resource matrix are available on the internet.
- The resource matrix will continue to be updated every six months.
- A facilitator’s guide for the Aboriginal Child Health Upskilling course is available upon request. Please send enquiries to childcommunity@health.wa.gov.au.

“Doing the upskilling course was great. Afterwards, I was encouraged and supported to do further study. I am now a qualified Child Health Nurse.”

Clinician, remote Aboriginal Health Service

“For a small investment, there was capacity to bring people together, make links, and coordinate care for families dealing with complex issues. We need to invest time and energy into some families, but will have good results if we can improve their outcomes.”

Program manager, Rural Health Service

Building healthy kids for a stronger future...
If you would like more information about the Aboriginal Child Health Project, please contact childcommunity@health.wa.gov.au