

Women's and Children's Health Network

# Discussion Paper



Shaping the Future Strategic Directions  
for Aboriginal Health in the Women's  
and Children's Health Network

May 2017



Government  
of South Australia

SA Health

*The Women's and Children's Health Network acknowledge Aboriginal people as the traditional owners of country throughout South Australia and that we respect their continuing connection to land, sea and community. We also pay our respects to the cultural authority of Aboriginal and Torres Strait Islander people from other areas of Australia who reside in South Australia.*



### The Past

The tree represents the past and a beginning, a shelter and place of sustenance, against the dawn as a start to a brand new day with hope for the future.



### The Present

The Elder's hands represent strength for the next generation, as they release a cloud of butterflies into the midday sun, showing the brief frailty and the immense, intense beauty of life.



### The Future

As the evening stars light up the sky again, there is the promise of a new day, a seed has taken hold and sprouted, and other seeds have taken off and formed the night sky. The seeds represent the knowledge and strength of one's culture and that we are all a part of the cycle of life.

*Created by Tauondi artists, Christina Gollan, Rick Taylor and Ivan Rehorek, with contributions from the Aboriginal and Children, Youth and Women's Health Service staff and communities, 2008.*



## Message from the Chief Executive Officer

This year marks the 50th anniversary of the 1967 Australian Referendum which saw 90.77 percent of Australians vote in favour of changes to the Australian Constitution to improve the services available to Indigenous Australians. Unfortunately, many people misunderstood what the Referendum would achieve, not realising it did not give Aboriginal people equal pay, voting or citizenship rights. However, it did draw attention to the injustices experienced by Aboriginal people and trigger a period of change and reform that continues today.

The Women's and Children's Health Network (WCHN) has its own part to play in reform and improving health outcomes as well as the experience of accessing health services at WCHN for Aboriginal people.

The Aboriginal Health Division was established in 2007, and now in its tenth year has been instrumental in leading important change. One significant piece of work led by the Division is the Aboriginal Health Improvement Plan which has guided the Network since 2012, serving as a roadmap for staff in the development and provision of culturally appropriate and effective services.

We are now commencing the process to develop a new, contemporary plan to lead us over the next five years. This Discussion Paper is the foundation stage and I am confident that it will stimulate important conversations amongst our consumers, the broader stakeholder community, and staff about what the new WCHN Aboriginal Health Improvement Plan needs to deliver. We will also measure the extent to which our strategies in the 2012-16 plan have been effective in closing the gap, and equipping ourselves with a clear understanding of the population health trends, demographic factors, and evidenced base strategies to ensure we can make a positive difference to the health outcomes of the Aboriginal babies, children, young people and women we serve.

I encourage you to join us in our reform journey, and become part of the conversation.

**Naomi Dwyer**

Chief Executive Officer



## Message from the Director Aboriginal Health

In February 2012, I took up the position of Director Aboriginal Health, since then I have had the opportunity to work with and alongside staff of the Women's and Children's Health Network (WCHN) and witness first-hand the passion and commitment to building a strong and responsive system of care for Aboriginal women, young people and children.

This is an exciting time for the Network and there is no better time to do this work than right now. Recognising that the cultural needs of Aboriginal communities can inform improved service delivery is an important step.

To build upon this, we need to develop and maintain an effective communication system to assist WCHN staff to engage Aboriginal people in a culturally respectful and effective way. Achieving better health outcomes for Aboriginal people requires action across all life stages; it requires attention not only to medical factors but also the social, emotional and cultural wellbeing of the whole community.

The health inequalities between Aboriginal and non-Aboriginal people in Australia are well documented. The collective research story is one of deficits within the Aboriginal community, but it is important to acknowledge that the Aboriginal experience in Australia is one marked by strength and resilience as much by inequity and disadvantage.

The consultation and submission process will provide an opportunity for Aboriginal people to identify what is important to their health and to identify actions that could be included in the new Aboriginal Health Plan to close the gap in life expectancy.

You know this work, and your input and advocacy on behalf of the community is important. Please take this opportunity to bring the voices of communities and stakeholders into the issues that are relevant to them.

### **Jackie Ah Kit**

Director, Aboriginal Health

*Please Note: Throughout this document, we use the term 'Aboriginal' to refer to people who identify as Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander. We do this because the people indigenous to South Australia are Aboriginal and we respect that many Aboriginal people prefer the term 'Aboriginal'. We also acknowledge and respect that many Aboriginal South Australians prefer to be known by their specific language group(s).*

## Our Business

The primary purpose of the WCHN is to provide quality health services for South Australian children, young people and women. The WCHN comprises the Women's and Children's Hospital (WCH) and statewide community based services related to children, young people and women.

## Our Vision

Better health for children, young people and women.

## Our Purpose

To provide quality health services for children, young people and women.

## Our Values

These values will be demonstrated through everything we do:

- > Respect for our clients, patients, colleagues and communities.
- > Act with integrity, honesty and accountability.
- > Improve our services and care through innovation, learning, experience and research.

Aboriginal people are exposed to higher life risk factors, poorer health, and less acceptable outcomes in a range of life domains when compared to other South Australians. As a result, Aboriginal people are the most disadvantaged population group in our community. WCHN aims to:

- > Improve Aboriginal and Torres Strait Islander health outcomes.
- > Develop a culturally safe responsive health system.
- > Promote Aboriginal and Torres Strait Islander community health and wellbeing.



*Aboriginal Family Birthing program midwife with an AMIC worker and Aboriginal consumer*

## Purpose of the Discussion Paper

The Women's and Children's Health Network is reviewing its Plan to improve the health of Aboriginal mothers, babies, children, and young people.

The intent of this Discussion Paper is to encourage you to consider the factors that influence Aboriginal health outcomes and what actions are most important to help improve health outcomes and **close the gap in life expectancy**.

As a statewide health network which has the privilege of providing healthcare to mothers, babies, children and young people, we have an important opportunity to influence life long health and wellbeing outcomes through positive and early intervention in partnership with communities. This is because of the early origins of disease and illness. We know that these early years from conception to two years (or the first 1000 days) are a crucial period of change, as well as adolescence which is a key period for brain development.

Not intervening now will impact not just this generation of Aboriginal children and young people but also the next.

Community consultations provide an opportunity for the WCHN to meet with a broad range of stakeholders to discuss the development of the new **Women's and Children's Aboriginal Health Plan**.

## The consultation process

Your feedback is important to us. Through a series of consultations, there will be an opportunity for stakeholders to identify priorities and develop actions that could be included in the new **Women's and Children's Health Network Aboriginal Health Plan**.

To guide feedback, there are six questions within this document:

1. How can we strengthen the opportunity for early intervention, and what does a service response in the First 1000 days look like for Aboriginal mothers and babies?
2. What do you consider are successful models of Aboriginal engagement?
3. What more can WCHN do to improve the cultural safety and the quality of care provided to Aboriginal babies, children, young people and women?
4. What are the key health indicators that WCHN should include in a scorecard to measure the health outcomes for Aboriginal babies, children, young people and mothers?
5. Which existing or emerging themes are most important to you?
6. Is there anything else you would like to tell us that would help in the development of the new Women's and Children's Health Network Aboriginal Health Plan?

WCHN also welcomes contributions through online written submissions. For further information and to access the online survey go to <http://www.wch.sa.gov.au/aboriginalhealth>

Alternatively feedback can be emailed to [newAHPfeedback@sa.gov.au](mailto:newAHPfeedback@sa.gov.au) or posted to:

**New Aboriginal Health Plan Feedback**  
**Aboriginal Health Division**  
**295 South Terrace**  
**Adelaide 5000**

## Enablers

There are so many aspects which contribute to or detract from improving Aboriginal health outcomes, so the scope of this Discussion Paper is limited by necessity. The following are not in scope, but are considered as enablers to achieving the strategic objectives.

## Leadership

WCHN is highly regarded for its leadership in Aboriginal Health, both internally and across SA Health and externally, notably for its establishment of the Aboriginal Health Steering Committee. WCHN is the only Local Health Network to have embedded an Aboriginal Health Committee, chaired by the Chief Executive Officer and comprising all Senior Aboriginal Leadership Group members. This committee reports to WCHN Strategic Executive and assists WCHN fulfil its key role of corporate and clinical governance.



*Aboriginal Health Steering Committee*

## Reconciliation

Reconciliation is a priority for the WCHN, which is evident through the well-established Reconciliation sub-Committee.

With the renewal of its Reconciliation Action Plan, the WCHN has committed itself to 'play a role in the SA Reconciliation journey by building on education, awareness and leadership for dialogue and understanding'.

For a copy of the WCHN Reconciliation Action Plan 2017 – 2020 go to [http://www.wch.sa.gov.au/services/az/other/allied/aboriginal/documents/Reconciliation\\_Action\\_Plan\\_2017.pdf](http://www.wch.sa.gov.au/services/az/other/allied/aboriginal/documents/Reconciliation_Action_Plan_2017.pdf)

## Workforce

WCHN is committed to improving Aboriginal health and wellbeing. Providing a more culturally responsive, culturally accountable and culturally safe service for Aboriginal people and communities is at the forefront of this commitment.

Through the development and subsequent implementation of the WCHN Aboriginal Workforce Plan we will build a stronger, larger, more dispersed Aboriginal health workforce to achieve our commitment

The WCHN Aboriginal Workforce sub-Committee is currently finalising the Aboriginal Workforce Plan.

## Cultural competence

WCHN acknowledges the importance of a culturally competent workforce and since 2011 the Aboriginal Cultural Respect Training (ACRT) has been mandatory. Attendance for this training is recorded and compliance is monitored.

ACRT provides the WCHN workforce with a better understanding of the impact of colonisation on Aboriginal health outcomes, increasing recognition and respect for Aboriginal culture, improved communication with Aboriginal people and development of cultural self-awareness.

In 2017, WCHN will be working to provide a consistent approach to the implementation of cultural competency within its workforce by building on the ACRT and providing a tiered approach to enable more in depth and targeted training in order to better meet the needs of its Aboriginal consumers.

For further information, please contact the WCHN Aboriginal Health Division on **8303 1674**.

## The Past

Too many Aboriginal people experience unacceptable levels of disadvantage in living standards, life-expectancy, education, health and employment. Rates of chronic disease, mental illness and hospitalisation are significantly higher for the Aboriginal population than the general population.

The work that is undertaken within the WCHN is influenced by state and national policies and practices. WCHN is required to report against a number of strategic frameworks which are used to measure the health outcome for Aboriginal people in South Australia.

The **Aboriginal Health Care Plan 2010-2016** has been developed by SA Health to ensure health care services can cater to the distinct needs of South Australia's diverse Aboriginal population. The heart of this plan is to make good health a focus and a priority.

The **WCHN Strategic Plan 2011-17** outlines our visions and goals. It sets our broad direction and priorities, taking into account the public policy context, the needs of our populations and the broader social environment. This Strategic Plan is the overarching document for our planning and performance management. To achieve our vision, a key outcome we must deliver is to *reduce the gap between Aboriginal and non-Aboriginal health and wellbeing*.

The **WCHN Aboriginal Health Improvement Plan 2012-2016** was launched in March 2012 and expired in December 2016.

## Australian health policy history

**The National Aboriginal Health Strategy (NAHS)**, released in 1989 was built on extensive community consultation to produce a landmark document that set the agenda for Aboriginal health. Although never fully implemented (as indicated by its 1994 evaluation), the NAHS remains the key document in Aboriginal health. It is extensively used by health services and service providers and continues to guide policy makers and planners.

**The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003** (NSFATSIH) was endorsed by the Australian and State/Territory governments through their respective Cabinet processes and signed by all Health Ministers in July 2003. This NSFATSIH is a complementary document that builds on the 1989 NAHS and addresses approaches to primary health care and population health within contemporary policy environments and planning structures.

On 13 February 2008, the then Prime Minister Kevin Rudd made his historic **Apology to Australia's Stolen Generations and Aboriginal people**. The Apology had been a key recommendation in the **1997 Bringing them Home Report**, the most comprehensive study of the impact of the removal policy on Aboriginal people who were taken away and the families who lost their children.

**Closing the Gap** is a government strategy that aims to reduce disadvantage among Aboriginal people with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes. The strategy was developed in response to the call of the Social Justice Report 2005 and the Close the Gap social justice campaign. In March 2008, Australian governments and Aboriginal people agreed 'to work together to achieve equality in health status and life expectancy between Aboriginal peoples and non-Indigenous Australians by the year 2030' when they signed the **Indigenous Health Equality Summit Statement of Intent**.



**The National Aboriginal and Torres Strait Islander Health Plan 2013-2023** is an evidence-based policy framework designed to guide policies and programmes to improve Aboriginal health over the next decade until 2023. Consultations have begun to develop the next iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

## South Australian history

South Australia, unlike the other Australian states, is often claimed as a convict free state. The foundation document the Letters Patent detailed the rights of Aboriginal people to the uninterrupted occupation and enjoyment of their lands. Historically, South Australia was the only state that recognised and endorsed the rights of Aboriginal people.

The South Australian Parliament became one of the first in Australia to apologise to the Stolen Generations in 1997. Since this apology, South Australia has developed a range of policies and initiatives with a focus on Reconciliation and the wellbeing of Aboriginal people. Most recently, the establishment of an \$11 million Stolen Generations reparations fund in 2015; in 2016 the announcement of intention to enter into treaty discussions with Aboriginal South Australians; and in 2017 the appointment of a Treaty Commissioner.

This historic information is particularly relevant when we compare the health of Aboriginal people in South Australia with similar profiles of Aboriginal people in countries where land settlement has occurred. For example, New Zealand and Canada have Treaty systems which allow Indigenous peoples to negotiate outcomes in their favour.

## Women's and Children's Health Network history

WCHN is South Australia's leading provider of health services for children, young people and women. We work in partnership with our consumers and their families, the community and other service providers to promote, maintain and restore health.

Since our formation in 2004, we have established sound partnerships with other Local Health Networks, Aboriginal Community Controlled Organisations, non-Government Organisations and the Department of Health and Ageing.

WCHN has a state-wide role and provides services across more than 100 sites to babies, children, young people and women. In the metropolitan area, acute services are provided at the Women's and Children's Hospital, however retrievals, telemedicine and outreach services are provided to all of South Australia, as is Child and Family Health Service (CaFHS); Child and Adolescent Mental Health Service (CAMHS); and Child Protection Service.

WCHN is committed to working for real improvements in Aboriginal Health outcomes and we recognise the importance of Aboriginal culture.

We are committed to working with Aboriginal communities to strengthen a relationship of mutual trust and respect.



*Aboriginal Liason Unit Smoking Ceremony*

## Aboriginal Health Division history

The Aboriginal Health Division was established in 2007 to reinforce the commitment by WCHN to improving health outcomes for the Aboriginal community. The Aboriginal Health Improvement Plan is a reflection of the WCHN's ongoing commitment to reducing the gap between Aboriginal and non-Aboriginal health and wellbeing.

## The Present

The Aboriginal Health Division works across the whole of WCHN in the provision of strategic leadership and continuous quality and service improvement for Aboriginal health across the organisation, policy advice, Aboriginal workforce development and support of strategic partnerships with the Aboriginal community, non-Government sector and other Government agencies. Developing strategic partnerships and solid working relationships with Aboriginal communities, non-Government sector and other Government agencies are integral to improving access to health services and specific Aboriginal health programs.

1.7% of the WCHN workforce identifies as Aboriginal and/or Torres Strait Islander. A Senior Aboriginal Leadership Group has been established, drawing its membership from the senior Aboriginal staff across the WCHN Directorates. The Aboriginal Health Division also convenes a WCHN Aboriginal Staff Forum four times a year.

## A snapshot of Aboriginal Health in South Australia

The **Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: South Australia**, states the estimated resident Aboriginal and Torres Strait Islander population of South Australia at 30 June 2014 was about 39,800 people. Aboriginal people represent 2.4% of the South Australian population, which is slightly lower than the proportion of Aboriginal people in the total Australian population.

The Aboriginal population has an age structure that is significantly younger than that of other Australians. Conversely, those aged 65 and over comprise only 4% of the Aboriginal population in South Australia, compared with 17% of the non-Aboriginal population. This is particularly significant when we consider the valuable role of our Elders.

Aboriginal young people have a long history of over-representation in both the youth and adult justice systems in Australia.

In South Australia, 50.2% of Aboriginal people live in metropolitan Adelaide with the other 49.8% in rural and remote areas.

Aboriginal women are twice as likely as non-Aboriginal women to have a baby with a low birth weight, which puts the baby at risk for complications early in life as well as during their adult years. SA Health has created clear targets, engaged Aboriginal people in program design, resourced antenatal services to Aboriginal women, and monitored and reported on progress. These actions have been important levers to positive outcomes, including:

- > an increase in antenatal visits for Aboriginal women
- > a decrease in smoking among pregnant Aboriginal women, and
- > a decrease in the percent of low birth weight in Aboriginal babies.

Aboriginal South Australians are more likely than non-Aboriginal South Australians to present to emergency departments for alcohol and drug related reasons. There was no improvement in those rates from 2010-2014.

Smoking rates for Aboriginal South Australians have reduced slightly but remain much higher than rates for non-Aboriginal people. While this reduction is positive, it is unlikely the South Australia's Strategic Plan target to reduce smoking will be met in its timeframe.

Psychological distress among Aboriginal South Australians is a major concern for Aboriginal communities according to the Health Performance Council's **Aboriginal Health in South Australia 2011-2014: A Case Study**. The rate of high to very high psychological distress is nearly three times the rate of South Australians overall and the highest of any Australian jurisdiction.

Aboriginal people access mental health services at a relatively high rate but people remain concerned about the cultural appropriateness of available services and if the extent of the need is being met.

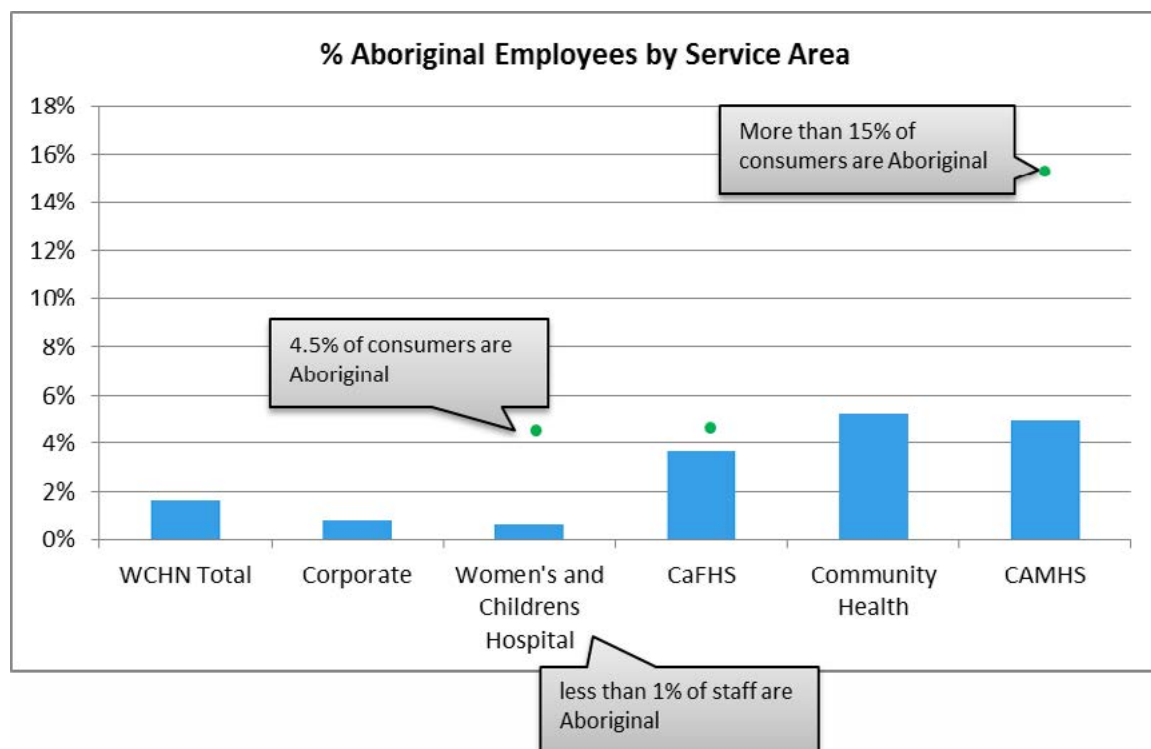
## A snapshot of our Aboriginal workforce in WCHN

WCHN workforce is diverse across a range of occupational groupings, job roles and areas of work. Aboriginal staff within WCHN fall into two main categories; those employed within the mainstream workforce who identify as Aboriginal, and those employed in roles specific to Aboriginal Health.

- > Aboriginal employees represent 1.7% of the total WCHN workforce.
- > Almost 75% of the WCHN workforce is employed as Doctors, Nurses, Midwives or Allied Health Professionals; however only 25% of our Aboriginal workforce is employed within these roles.
- > Less than 13% of the Aboriginal workforce is under the age of 29.
- > Less than 17% of the Aboriginal workforce is male.

Determining future workforce requirements needs to consider these two models of workforce separately, with the need to increase representation and participation rates across mainstream workforce being different to the need to determine the needs for specific Aboriginal health worker roles to be informed through the work of the new Aboriginal Health Plan and other service planning initiatives.

**Diagram 1: Aboriginal Staff by Organisational Unit with Client Usage Data Overlay**



## Scorecard: Programs for our children, young people and women

Following is a summary of outcomes against the actions in the 2011-2016 Aboriginal Health Improvement Plan.

Priority 1: Child Health – A Healthy Start in Life	
We said we would...	We did...
<b>Ensure all Aboriginal women have access to best practice core antenatal, birthing, postnatal and parenting programs and services as near as possible to where they live.</b>	<ul style="list-style-type: none"><li>&gt; Aboriginal Family Birthing Program (AFBP) embedded within Women's and Babies Division.</li><li>&gt; Manager, AFBP position created and recruited to; Aboriginal Maternal and Infant Care (AMIC) workers providing the primary care lead and first point of contact.</li><li>&gt; Dedicated space assigned to AFBP</li><li>&gt; Referral care pathway in Women's Assessment Service developed.</li><li>&gt; Aboriginal cultural context statements are now included in the South Australian Perinatal Practice Guidelines.</li></ul>
<b>Ensure core child and family programs and services prioritise Aboriginal children and families.</b>	<ul style="list-style-type: none"><li>&gt; Standard practice in Child and Family Health Service (CaFHS) to provide information on child spacing and link into a GP.</li><li>&gt; CaFHS data system enhanced to provide greater accuracy in reporting with an 80% uptake of Family Home Visiting and psychosocial and depression screening.</li></ul>
<b>Increase the number of well child health checks for Aboriginal children up to 14 years of age, ensuring proactive coordinated screening and follow-up. Priorities are ear, nose and throat (ENT).</b>	<ul style="list-style-type: none"><li>&gt; Metropolitan Youth Health (MY Health) have oral, ear and eye health embedded into their outreach Well Health Checks for Aboriginal young people.</li><li>&gt; ENT Aboriginal Ear Surgery Pathway has been developed in collaboration with the Nganampa Health Council, including culturally appropriate pre admissions forms and information.</li></ul>
<b>Work with Department of Education and Child Development (DECD) and key stakeholders to identify opportunities to maximise health, education and wellbeing outcomes.</b>	<ul style="list-style-type: none"><li>&gt; The My Health Record (Blue Book) is promoted at all Universal Contact Visits by both Nursing and Aboriginal Cultural Consultants.</li><li>&gt; My Health Record (Blue Book) education has been provided to other Government service providers.</li></ul>

## Priority 2: Youth Health and Safety

### We said we would...

### We did...

**Establish a clinical/population health leadership positions in Aboriginal Health at WCHN.**

- > MY Health have a workforce structure that now incorporates an Aboriginal Youth Program Manager, a Senior Clinical Aboriginal Health Worker and three Aboriginal Clinical Health Workers, across three metropolitan service sites.

**Identify how SA Health will best provide the targeted responses for vulnerable and high needs Aboriginal young people.**

- > All Aboriginal young people accessing MY Health receive an Aboriginal Well Health Check in outreach sessions and the Advanced HEADS Assessment when accessing ongoing follow up support at MY Health service sites.
- > Well Health Checks are offered to all Aboriginal and Guardianship of the Minister (GOM) young people.
- > The Yarrow Place Intensive Therapeutic Care Program for GOM Youth model of care was successfully trialled and has been embedded into ongoing practice.

**Expand the Aboriginal health and wellbeing supports for young people exiting the juvenile justice system.**

- > Aboriginal Clinical Health Workers now provide in-reach to Youth Training Centres.
- > MY Health and Youth Justice Service Model has been reviewed and updated.

### Priority 3: Chronic Disease

#### We said we would...

**Increase the number of adult health checks for both rural and urban Aboriginal people and referral for follow-up to primary health care providers.**

#### We did...

- > Trauma informed care for women's safety and well-being has been embedded in counselling and case management and where referrals are required.
- > MY Health has a well-established Aboriginal Youth Health program across MY Health sites.
- > Aboriginal Youth Health outreach is well established across multiple metropolitan sites.
- > To assist Aboriginal people, a service directory was produced and printed in 2010. Feedback provided confirmed the usefulness so the information will be updated.
- > In January 2014, we opened the doors of our newly developed Aboriginal Liaison Office premises, made possible by the generous support of the WCH Foundation.

**Ensure the integrated roll-out of the comprehensive suite of COAG Closing the Gap initiatives to 2013.**

- > The Journey Home Team have created a state-wide unique program which runs in partnership between Child and Adolescent Mental Health Services (CAMHS), Youth Training Centres and Youth Justice, and the Aboriginal community.

### Priority 4: Social and emotional health and mental illness

#### We said we would...

**Provision of comprehensive mental health services to young people in Cavan and Magill Youth Training Centres.**

#### We did...

- > CAMHS developed and implemented the Respect Sista Girls 2 (RSG2) program. The RSG2 seeks to improve the social and emotional wellbeing of young Aboriginal women, as well as reduce their risk of becoming involved in the juvenile justice system.
- > The RSG2 program was developed following the success of the Journey to Respect Program for young Aboriginal men, and maintains the essence of empowering young people to make better choices and to reconnect with their cultural identity, family, land, language, values and spiritual beliefs.
- > Team members deliver direct therapeutic interventions jointly involving a clinician and cultural consultant.

## The Future

From an international perspective, when an Indigenous health profile is considered, one significant factor arises. In North America and New Zealand, our closest comparative counterparts, the significance of their Treaty cannot be overstated; their Treaty has enabled a measured improvement across the social, political, economic and environmental spectrum.

We are determined that the future of Aboriginal health be placed into the hands of the most capable, most skilled and most knowledgeable workforce. We insist that every person employed in our sector is upskilled to work and interact effectively with Aboriginal consumers. To enable this requires a solid focus on providing training for all staff – that the training requires the practice of self-reflection; in other words they think about what enables them.

## Priorities

Initial consultations have concluded that the following are important to consider as priorities in a new WCHN Aboriginal Health Plan.

### First 1000 days

The significance of early childhood in shaping later life experiences and outcomes has been recognised for many years. As the World Health Organization (WHO) states ‘... many challenges faced by adults, such as mental health issues, obesity, heart disease, criminality, and poor literacy and numeracy, can be traced back to early childhood’ (WHO 2009).

Growing up in disadvantage is now recognised as a major negative influence on life-course and outcomes but also one that can be addressed. WCHN requires a coordinated, comprehensive intervention to address the needs of Aboriginal children from conception to two years of age to lay the foundation for their future health and wellbeing.

1. How can we strengthen the opportunity for early intervention, and what does a service response in the First 1000 days look like for Aboriginal mothers and babies?

### Engaging Aboriginal people, families and communities

WCHN is committed to engaging Aboriginal people, families and communities in a culturally respectful and effective way. Consulting and talking with Aboriginal people, families and communities is an important part of engaging and understanding perspectives about issues that are relevant.

Gathering feedback on what works well; where the gaps are; how our services can be better accessed; and to identify priority areas will result in a greater understanding of our services and more confidence in accessing them.

2. Tell us about what works well and where the gaps are?  
What do you consider are successful models of Aboriginal engagement?

## Closing the Gap

A key priority of *South Australia's Strategic Plan* is Target 6 - Aboriginal wellbeing: **Improve the overall wellbeing of Aboriginal South Australians**. This is reflected in *SA Health's Aboriginal Health Care Plan 2010-2016* and WCHN Strategic Plan to **reduce the gap between Aboriginal and non-Aboriginal health and wellbeing**.

At the request of the National Aboriginal and Torres Strait Islander Health Standing Committee, the Australian Commission on Safety and Quality in Health Care undertook a project to improve the care provided to Aboriginal people in health service organisations, using the framework of the National Safety and Quality Health Service (NSQHS) Standards.

Based on the findings of this project, six Aboriginal specific actions have been included in draft version 2 of the NSQHS Standards; and a series of guides to drive best practice care for Aboriginal people has been developed based on the NSQHS Standards.

### 3. What more can WCHN do to improve the cultural safety and the quality of care provided to Aboriginal babies, children, young people and women?

## Monitoring and accountability

The Aboriginal Health Impact Statement is a SA Health policy directive that aims to ensure that Aboriginal stakeholders have been engaged in the decisions that affect their health and wellbeing. Culturally respectful and meaningful engagement will ensure that proposals optimally address Aboriginal health disparities. The policy contains three questions to be completed and have been attached to briefing templates for the WCHN Executive:

- > Is the proposal linked with any Aboriginal-specific initiatives?
- > Will the proposal have an Aboriginal impact? (nil, low or high) Explain.
- > Have Aboriginal stakeholders been engaged and will they continue to be?

Failure to deliver improved Aboriginal health outcomes is an identified risk. We will reduce the risk by strengthening governance and operational processes by:

- > Establishing a central repository for capturing and reporting clinical outcome/process indicators reflecting the health status of Aboriginal babies, children, young people and women receiving care at WCHN.
- > Embedding defined Aboriginal health clinical indicator results within organisational and divisional clinical performance scorecards.
- > Renewing the Aboriginal Health Improvement Plan and strategic objectives from critical consideration by the WCHN leadership and Aboriginal community.
- > Having oversight for the establishment and monitoring of organisational and divisional action plans to meet the requirements of the renewed Aboriginal Health Improvement Plan.
- > Promoting the uptake and measuring the effectiveness of the Aboriginal Health Impact Statement.

### 4. What are the key health indicators that WCHN should include in a scorecard to measure the health outcomes for Aboriginal babies, children, young people and mothers?



## Emerging themes

In addition to the identified priorities, the following existing and emerging themes require consideration:

### **Behaviour and Lifestyle risk factors**

- > Smoking
- > Alcohol consumption

### **Access to Health Services**

- > Rural and Remote Aboriginal communities
- > Healthcare literacy
- > Cultural safety within available services
- > Impact and opportunities of the new Women's and Children's Hospital
- > The role of the Arts in Health and Wellbeing

### **Workforce Needs**

- > The role of Aboriginal Health Practitioners
- > Developing Aboriginal workforce in rural and remote communities

### **Partnerships**

- > Working with other sectors and agencies that impact on health outcomes, and strengthening our approaches, e.g. Primary Health Care Networks, South Australian Health & Medical Research Institute, Aboriginal Community Controlled Organisations, Education, Child Protection, National Disability Insurance Agency etc.

### **Significant Health and Wellbeing Issues**

- > Mental health
- > Social and emotional wellbeing
- > Child Safety
- > Drug and Alcohol use amongst pregnant women, young people and extended family, including fathers
- > Dental Health
- > Ear Health
- > Co-morbidities
- > Disability services
- > Teenage pregnancy and sexual health information
- > Food and nutrition
- > Prematurity
- > The impact of domestic and family violence on Aboriginal communities

### **Technology and Innovation**

- > What opportunities exist to do things better?

5. Which existing or emerging themes are most important to you?

6. Is there anything else you would like to tell us that would help in the development of the new Women's and Children's Health Network Aboriginal Health Plan?

Thank you for your feedback!



*Aboriginal Liaison Unit Staff*

If you would like to receive updates on the development of the new WCHN Aboriginal Health Plan and/or be involved in future consultations, please contact the WCHN Aboriginal Health Division on **8303 1674** or email **[newAHPfeedback@sa.gov.au](mailto:newAHPfeedback@sa.gov.au)**

For more information

**Aboriginal Health Division**  
295 South Terrace  
Adelaide SA 5000  
Telephone: (08) 8303 1674  
[www.wch.sa.gov.au](http://www.wch.sa.gov.au)



If you do not speak English, request an interpreter from SA Health and the department will make every effort to provide you with an interpreter in your language.



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)