



## POLICY

### Aboriginal child health

<b>Scope (Staff):</b>	Community health
<b>Scope (Area):</b>	CAHS-CH

#### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

### Aim

To promote and contribute to the health, development and wellbeing of Aboriginal\* infants and young children in collaboration with their families, to achieve optimal health and developmental outcomes.

### Risk

The provision of services that are not culturally sensitive may impact negatively on the health outcomes of Aboriginal children and their families.

Services not provided based on a progressive universalism approach may impact negatively on health outcomes of Aboriginal children and their families.

### Background

CAHS aspires to there being no difference in health outcomes of Aboriginal and non-Aboriginal children in Western Australia; that Aboriginal children and families have increased engagement with and improved access to CAHS' services, a strong Aboriginal health capability across CAHS and an increased Aboriginal workforce.<sup>1</sup> This is reinforced through the establishment of a CAHS cultural security framework<sup>2</sup> which will contribute to:

- delivering a culturally secure health service to Aboriginal people,
- working towards sustainable and effective change for improved long-term Aboriginal Health outcomes. Making 'Aboriginal health everyone's business' and
- Aboriginal people living long, well and healthy lives.

OD 0435/13 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

The CAHS Aboriginal Health and Wellbeing Plan 2021<sup>3</sup> (the Plan) outlines the approach to improving health outcomes for Aboriginal children, young people and families, adopting the six strategic directions set out in the WA Aboriginal Health and Wellbeing Framework 2015 – 2030.<sup>4</sup>

WA Health recognises racism as a key social determinant of health for Aboriginal people. Healthcare, whether government or community provided, is to be free of racism and discrimination, and this positive step can lead to positive health outcomes. CAHS-CH is committed to improving the cultural and language competency of the service in order to progress towards prevention and reduction of systemic racism.<sup>4</sup>

### Health

Aboriginal children and their families continue to be over represented in all negative demographic social indicators including health indicators. The 2020 Closing the Gap report indicates that although Indigenous child mortality has improved slightly, the mortality rate for non-Indigenous children has improved at a faster rate, so the gap has widened.<sup>5</sup>

Aboriginal people have more exposure to a range of risk factors that contribute to poor health outcomes compared to non-Aboriginal people<sup>4</sup>. In addition,

- Aboriginal people in Western Australia experience higher levels of psychological distress than Non-Aboriginal people<sup>4</sup>;
- self-reported ear or hearing problems in Indigenous children (aged 0-14) was estimated to be over twice the rate for non-Indigenous children<sup>6</sup>;
- the prevalence of asthma in Indigenous children (aged 0-14) is higher than non-Indigenous children<sup>7</sup>;
- breastfeeding rates vary across the age groups, but are generally lower among Indigenous children with the exception of the 1 to less than 6-month age group<sup>6</sup>;
- Indigenous children are more likely to be overweight or obese (aged 2-14) than non-indigenous children.<sup>6</sup>
- Immunisation coverage rates for Aboriginal children aged under 2 years are below the 95% target.<sup>8</sup>

Positive experiences such as encouragement of healthy nutrition, immunisation, positive mental health, regular physical activity and the prevention of obesity by providing family support and education, safe child settings and early childhood education are crucial in meeting key childhood development milestones.<sup>4</sup>

Protective factors contribute to providing a physical and psychosocial environment that enable people to feel strong and resilient and in which a child might achieve optimal growth, development and wellbeing.<sup>9</sup> Consideration of protective factors supports a strengths-based family centred approach which enhances engagement with the family.<sup>9</sup> It acknowledges that for Aboriginal children and their family protective factors such as connection to community and culture, kinship and a sense of belonging can positively influence health outcomes.<sup>10, 11</sup>

For Aboriginal people, the social determinants of health include factors such as cultural identity, family and participation in cultural activities and is central to their

health and wellbeing<sup>4</sup>. The importance of social determinants in understanding and addressing the health gap between Aboriginal and non-Aboriginal people needs to be taken into consideration when addressing the health needs of Aboriginal clients.<sup>12</sup>

#### State-wide and national policy context:

There are several state and national documents that underpin the CAHS Community health work practices and service delivery that seek to close the gaps in Aboriginal health outcomes within the child health population. The main ones being the

- National Aboriginal and Torres Strait Islander Health Plan 2013–2023
- WA Aboriginal Health and Wellbeing Framework 2015 - 2030<sup>4</sup> (and Implementation Guide)
- Cultural Respect Framework 2016-2026
- WA Health Strategic Intent 2015–2020<sup>13</sup>
- WA Health Aboriginal Workforce Strategy 2014–2024
- The First 1000 Days: An Evidence Paper<sup>14</sup>

‘Closing the Gap’ in health outcomes for Aboriginal people is a priority for Commonwealth and State Governments. The development, implementation and evaluation of health policies that affect Aboriginal people must take these indicators into account. They must also acknowledge and respond to the history of difficult relationships between governments and Aboriginal people. Efforts to build mutual understanding and greater trust must be continued.

## Definitions

Aboriginal people view health in a holistic context as reflected within the National Aboriginal Health Strategy (1989);

‘**Aboriginal health** means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life’.<sup>10</sup>

## Principles

The following guiding principles are recommended for improving the health and wellbeing of Aboriginal children and their families:

- the health service demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal people
- using a child and family centred care approach in the delivery of health care; ensuring that the clinical and cultural needs of Aboriginal children are being addressed holistically (see Child and Family Centred Care policy)
- supports Aboriginal families in caring for their children by enhancing the confidence and capabilities of parents and caregivers and promoting the relationship between parent/caregiver and child.

- supports increased engagement with Aboriginal children and families and improved access to CAHS' services
- provision of high quality culturally secure healthcare that is accessible and appropriate to the needs of Aboriginal children and their families
- using a strengths based approach to child development, for a shared understanding of concerns and care planning that is proportionate to client needs.

## Key points

- Child health services for Aboriginal children and their families are delivered by community health nurses across the metropolitan area and operate through a model of progressive universalism- where everyone is offered the Universal contacts, and families with additional needs are offered Universal Plus contacts and Partnerships based on clinical need.
- Community health staff deliver comprehensive services including; prevention, early detection and intervention to improve services to Aboriginal children and their families in the first 1000 days.
- Community health staff recognise and understand parent-infant-child attachment within Aboriginal, cultural and historical contexts, based on Circle of Security principles- connection to community, culture, country, spirituality, family and kinship.
- All community health staff are required to complete the mandatory Aboriginal Culture Awareness e-learning training in accordance with the relevant framework;
  - Child and Adolescent Health Service [Practice Framework for Community Health Nurses](#)
  - [MP 0065/17 Aboriginal eLearning Policy](#)
- Child health services will be offered to Aboriginal children and their families as per the CAHS-CH [Child health services policy](#) and the Universal Contact schedule.
- Training must be completed by all Community health staff prior to using any ASQ™ tool, including using ASQ-TRAK with Aboriginal clients. Staff will use the most culturally appropriate screening tool available when working with Aboriginal families as per the [Ages and Stages Questionnaires Guideline](#).
- When delivering a child health service to an Aboriginal child and family, staff should refer to the Aboriginal Health Team, Aboriginal Child Health Services [Referral Flowchart](#), which outlines the process and options for Aboriginal children and their families following birth.

## Child Health Services for Aboriginal children and their Families

### CAHS-CH leadership

Those in leadership roles ensure strategies are available to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal clients, including the provision of training to all staff.

The CAHS Aboriginal Health and Wellbeing Plan 2021 (the Plan),<sup>3</sup> is guided by the six strategic directions of the WA Aboriginal Health and Wellbeing Framework 2015 – 2030 being;

- Promote good health across the life course
- Prevention and early intervention
- A culturally respectful and non-discriminatory health system
- Individual, family and community wellbeing
- A strong, skilled and growing Aboriginal health workforce
- Equitable and timely access to the best quality and safe care

The health of Aboriginal children, young people and their families is to be made everybody's business across organisation. CAHS-CH leadership are responsible for progressing the strategic directions within the Plan.

CAHS is committed to promoting and facilitating reconciliation between Aboriginal staff, families, children and young people and the wider CAHS community. The actions within the CAHS Reconciliation Action Plan (RAP) aim to ensure that all Aboriginal children, young people and families visiting our health service have a positive interaction with staff, the environment and the service they receive.

In addition, CAHS is responsive to child and family needs as per the following:

- [National Safety and Quality Health Service Standards \(NSQHS\)](#) (Standard 1 [1.21, 1.33], Standard 2 [2.13] and Standard 5 [5.8]).

### Community Nurses- Child health

Community Health operates through a model of progressive universalism where everyone is offered the Universal contacts, and families with additional needs are offered Universal Plus services or Partnership services based on clinical need. This is in recognition of the need for a comprehensive approach to supporting and strengthening the mother's/care-giver's parenting abilities and the developmental screening and surveillance of the child in order to maximise positive outcomes (refer to Child health service policy for Universal scheduled contacts).

When an infant is identified as of Aboriginal descent in the metropolitan area,

- CAHS-CH is notified of the birth via the [Newborn Birth Notification](#)

- the first Universal Scheduled Contact is offered by the local community health nurse
- CAHS-CH staff refer to the [Aboriginal Child Health Services Referral Flowchart](#) for future care considerations.

### Aboriginal Health Team

The Aboriginal Health Team (AHT) provides culturally sensitive, quality, evidence-informed, community health services to Aboriginal children (from birth to five years) and their families.

Services are delivered across the Perth metropolitan area by a multidisciplinary team including a Medical Officer, Aboriginal Health Workers (AHW), Community Health Nurses, a Speech Pathologist, an Occupational Therapist, Administration and Health Promotion staff.

Community child health nurses work alongside Aboriginal Health Workers to provide a comprehensive and culturally acceptable primary health care which is designed specifically to address the needs of Aboriginal families.

As part of a holistic service approach to services for Aboriginal children and their families the AHT also offer ear health services (screening) and immunisation clinics for children.

The AHT aims to:

- provide a culturally sensitive approach to service delivery, with AHW and community health nurses working together
- strengthen parenting skills and confidence within Aboriginal families
- concentrate on building partnerships between the community health staff and the family
- identify the family needs in order to tailor the appropriate service response
- facilitate family access to relevant community resources and agencies when appropriate.

### References

1. Child and Adolescent Community Health. CAHS Strategic Plan 2018 - 2023. Mid-point update 2020. 2020
2. Child and Adolescent Health Service. Cultural Security. 2020. Available at: <https://cahs-healthpoint.hdwa.health.wa.gov.au/directory/aboriginalhealth/Pages/Cultural-Security.aspx>. Accessed 23/02/2021, 2021
3. Child and Adolescent Health Service. CAHS Aboriginal Health and Wellbeing Plan 2021. Perth; 2021
4. Department of Health. WA Aboriginal Health and Wellbeing Framework 2015-2030. Perth; 2015
5. Australian Government. Closing the Gap Report 2020. In: Commonwealth of Australia, ed.; 2020



6. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islanders Health Performance Framework- Summary report 2020. 2020. Available at: <https://www.indigenoushpf.gov.au/publications/hpf-summary-2020>

7. Australian Institute of Health and Welfare. Asthma. 2020. Available at: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/chronic-respiratory-conditions/contents/about>. Accessed 23/02/2021, 2021

8. Department of Health. Immunisation coverage rates for Aboriginal and Torres Strait Islander children. 2021. Available at: <https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-aboriginal-and-torres-strait-islander-children>. Accessed 28/07/21, 2021

9. Child and Adolescent Health Service. Indicators of Need. Perth: CAHS; 2018

10. Commonwealth of Australia. National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023. Canberra; 2013

11. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework summary report 2020 Canberra: AIHW; 2020

12. Australian Institute of Health and Welfare. Social determinants and Indigenous health. 2020. Available at: <https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health>. Accessed 22 February 2021,

13. Government of Western Australia. Department of Health. WA Health Strategic Intent 2015 - 2020. 2015. Available at: <https://ww2.health.wa.gov.au/About-us/Strategic-Intent>. Accessed 16/02/2021, 2021


14. Moore T, Arefadib N, Deery A, et al. The First Thousand Days: An Evidence Paper. Victoria: Centre for Community Child Health, Murdoch Children's Research Institute,; 2017

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: <a href="#">HealthPoint link</a> or <a href="#">Internet link</a> or for WACHS staff in the <a href="#">WACHS Policy link</a>
<a href="#">Aboriginal Child Health Services Referral Flowchart</a>
<a href="#">Ages and Stages Questionnaire</a>
<a href="#">CAHS Child and Family Centred Care</a>
<a href="#">CAHS Language Services</a>
<a href="#">Child health services</a>
<a href="#">Hearing and Ear Health</a>
<a href="#">Immunisation</a>
<a href="#">Partnership -child health service</a>
<a href="#">Practice guide for Community Health Nurses</a>

<a href="#">Universal contact 0-14 days</a>
<a href="#">Universal contact 8 weeks</a>
<a href="#">Universal contact 4 months</a>
<a href="#">Universal contact 12 months</a>
<a href="#">Universal contact 2 years</a>

<b>Useful resources (external)</b>
<a href="#">Connected Parenting</a> St John of God Health Care

This document can be made available in alternative formats on request.

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