



POLICY	
Aboriginal child health	
Scope (Staff):	Child Health, School Health
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

## Aim/Policy Statement

This policy guides the practice of community health staff: generalists, child health nurses, and remote area nurses, midwives, enrolled nurses, Aboriginal health workers and Medical Officers, employed by the Department of Health delivering comprehensive services including: prevention, early detection and early intervention services to Aboriginal families commencing in the antenatal period until the child reaches 5 years of age.

## Preamble

In Western Australia, community health services have always had a role in providing health services to Aboriginal children and their families. In 2009, it was recognised that a different approach was needed to “Close the gap” in health outcomes between Aboriginal and non-Aboriginal children. This new approach offers services to families of increased need, is tailored to individual and community requirements and articulates a discrete role for Aboriginal Health Workers. It focuses on service provision being culturally appropriate, and strengthening parental skills and confidence.

The enhanced schedule of contacts can be offered by area health service teams and partner service providers alike where there is an identified need to provide additional services to Aboriginal families. While the enhanced schedule of contacts is primarily aimed at delivering services to Aboriginal children at higher risk of poor health outcomes, it is appropriate to use the guidelines and other supporting documents with non-Aboriginal children in similar circumstances.

## Background

Since the 1920's child health services in Western Australia (WA) have had a key role in supporting and monitoring the wellbeing and healthy development of babies and children 0-5 years of age. However, evidence suggests that universal mainstream child health services are under used by many within the Aboriginal population. In most cases it appears that retention within the service rather than initial access may be the key issue. Amid the wide range of contributory factors hypothesised for this poor engagement are a general mistrust of mainstream services, a reduced healthcare awareness resulting from low levels of parental education, a belief that the services misunderstand Aboriginal cultural beliefs and inadequate provision of culturally appropriate service.

During the 1980s community health services in Western Australia provided a 0-5 Program for Aboriginal children. Subsequent department restructures resulted in the loss of formal structures to contact and maintain relationships with Aboriginal families, particularly those

with children at risk. During this period Aboriginal children's health showed no tangible improvements. With the current re-engagement by all governments with Aboriginal Health, and in particular children's health and development, it is clear that consistent policy and planning frameworks are needed to address the poorer health outcomes of Aboriginal children.

Current evidence supports frameworks that include key factors for effective primary prevention strategies, such as culturally appropriate service provision and parent education and support, in addition to acknowledging the additional needs of vulnerable and at risk children.

## Introduction

Aboriginal children and their families are over represented in all negative demographic social indicators including health indicators, and 'Closing the Gap' in health outcomes for Aboriginal people is a priority for Commonwealth and State Governments and WA Health.

The health status and health service needs of Aboriginal people, and Aboriginal concepts of health and illness, differ from those of the general population in many ways. The development, implementation and evaluation of health policies that affect Aboriginal people must take such differences 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.

Health policies often have different effects on different population groups. For example, the effects of some health policies and programs differ for men and women, and for older and younger adults. Social, cultural and linguistic differences among groups can also contribute to differences in health status, health service requirements and health outcomes.

Within Western Australia, community health staff identified a need to improve the level of engagement with Aboriginal families. All parents and children in Western Australia are offered the universal birth to school entry schedule of contacts, and this service is appropriate to meet the needs of many Aboriginal parents and children. However, recognising that other families have additional health needs, a comprehensive enhanced schedule of child health contacts has been developed. This new approach builds on and strengthens the existing universal child health schedule by offering additional visits to families with additional needs, with an aim of supporting and strengthening the parent care giver's parenting abilities.

The enhanced schedule is offered to children and their families whose health, social and environmental conditions place them at higher risk of poorer health and developmental outcomes. Entry to the schedule is voluntary, and based on an assessment of family strengths, risks and needs. While children are receiving the enhanced schedule, staff will continue to undertake developmental screening and monitoring of the child in order to maximise positive health and development outcomes. Exit from the program is voluntary, and occurs when issues are resolved, parents gain skills and confidence and no longer request the service, or the child reaches five years of age. Families may only need to receive an enhanced schedule for a short period of time e.g. health issues related to initial feeding issues that resolve, or may require the service over several years.

The schedule is flexible to allow for movement between the enhanced and universal schedule according to family needs.

## Policy Outcomes

The aim of the Policy for Aboriginal Child Health Services in Western Australia is to promote the health and wellbeing of Aboriginal infants, young children and their families through the following strategies:

- Support Aboriginal families in caring for their children by enhancing the confidence and capabilities of parents and carers and promoting the relationship between parent/care giver and child
- Provide a culturally sensitive approach to service delivery
- Offer early identification of children's physical, developmental, social and emotional needs and enable access to timely and appropriate interventions and or referral to specialist services
- Deliver public health strategies including: immunisation, ear health programs and trachoma screening
- Provide early support and brief interventions to families with identified needs
- Facilitate family access to relevant community resources and agencies when appropriate
- Provide community capacity building through parenting groups.

## Policy Interpretation

### Scope

This policy is relevant for all community health staff, e.g. Aboriginal health workers, child health nurses, remote area nurses, midwives and enrolled nurses working with Aboriginal children and their families with identified needs, will be offered:

- A comprehensive schedule of age specific child health checks commencing in the antenatal period until 5 years of age. The child health checks provide opportunities for assessment of family risks, growth and development monitoring (surveillance), and immunisation as well as parenting support and anticipatory guidance.
- Child health and developmental assessments at the key developmental ages of 0 – 5 years.
- The ASQ3 and ASQ/SE2 (social emotional) questionnaires are the recommended screening tools.
- The 'Lift the Lip' screening assessment at each assessment from six months.
- An Edinburgh Postnatal Depression Scale (EPDS) to all mothers at 8 weeks, 4 month and 12 month contacts and at any other time when there are clinical indications or the mother reports changes in affect.

Service delivery should be flexible and responsive to the needs of families. The schedule will be delivered predominantly as a home visiting model in recognition of evidence which suggests that home visiting positively impacts on effective Aboriginal parenting.

If a health, developmental or support need is identified, child health services should provide appropriate pathways for response. This response will depend on the nature or

acuity of the identified need or issue and the capacity of the service from which it is being delivered.

*Possible pathways include:*

- Providing a brief structured intervention ( e.g. sleep management)
- Referral to a specialist service(e.g. paediatrics, child development service)
- Referral to specialist community agency for interventions (e.g. drug and alcohol misuse).

## **Qualifications and Workforce Skills**

Staff must have the relevant knowledge and skills to work with Aboriginal children and families in both a preventative and clinical context and be competent in the identification and assessment of health and developmental issues, delivering culturally appropriate health information, providing guidance and decision – making using a family – centred approach.

As outlined in the Policy for Universal Child Health Service in Western Australia ,the minimum qualifications for community health staff employed to deliver the universal birth to school entry contacts is a registered nurse with qualifications in child and family health. The universal contacts occur at 0-14 days, eight weeks, four months, twelve months, and two years.

The additional contacts in the Enhanced Aboriginal Child Health Schedule are designed to be delivered by community health staff including Aboriginal Health Workers, remote area nurses, generalists, midwives and enrolled nurses. Annual medical assessments may be completed by medical officers, visiting general practitioners and specialists employed by WA Health where available. There is a range of skills and knowledge required to deliver the schedule. Staff must work within their scope of practice, and only perform the following tasks in which they have been deemed competent;

- Family Assessments
  - Assessment of Risk and Protective Factors
  - Genograms
  - Indicators of need
  - Identification of the factors indicative of child abuse and neglect and the ability to take early and effective action
- Physical Assessment of infants and young children
  - Physical assessment of an infant or child
- Growth Assessment
  - Assessment of height, weight and head circumference and the ability to interpret results on the appropriate growth chart
- Developmental Assessment
  - ASQ3
  - ASQ:SE2

- Hearing Assessment/Examination
  - Otoloscopic examination
  - Tympanometry
  - Audiometry
- Health Education and Group Facilitation
  - Family Centred Practice
  - Sensitive Parenting
  - Early Parenting
  - Child development
  - Child behaviour management
  - Nutrition
  - Sleep and settling
  - Injury prevention and safety
- Oral Health Assessment
  - Lift the Lip screening assessment
- Detection of Postnatal Anxiety and Depression
  - Edinburgh Postnatal Depression Scale

## Monitoring

Monitoring and evaluation can include a range of quantitative and qualitative measures. Suggested measures include outcomes of referrals, which may include:


- results of further assessment,
- further referrals,
- interventions that are planned or commenced.

Monitoring will be the responsibility of Area Health Services.

<b>Related Policies/References, and Procedures</b>
Community Health Manual
Child health universal services policy
Child health universal services policy rationale

<b>Source Documents (References)</b>
Community Health: Policies, Procedures and Guidelines Manual. Department of Health Western Australia 2007.
Department of Health Western Australia Health Act 1911
Nurses and Midwives Board of Western Australia Nurses Act 1992
Office of Aboriginal Health <ul style="list-style-type: none"> <li>a. WA Health Aboriginal Cultural Respect Implementation Framework 2005.</li> <li>b. WA Aboriginal Health Impact Statement and Guidelines 2005.</li> </ul>
Telethon Institute for Child Health Research Interim targeted contact schedule review of evidence: application of contents to a vulnerable and at risk schedule

This document can be made available in alternative formats on request for a person with a disability.

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