

Women's and Children's Health Network

# Aboriginal Health Plan

2018 – 2022



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.*



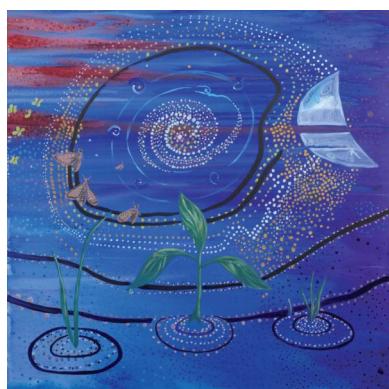
### The Past

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.*



## Contents

|  |           |   |           |
|--|-----------|---|-----------|
| <b>Message from the<br/>Acting Chief Executive Officer</b> | <b>2</b>  | <b>Population Context</b>                       | <b>31</b> |
| <b>Message from the<br/>Director Aboriginal Health</b>     | <b>3</b>  | <b>Health Status and Outcome</b>                | <b>34</b> |
| <b>Executive Summary</b>                                   | <b>4</b>  | <b>Health System Performance</b>                | <b>39</b> |
| <b>Introduction</b>  | <b>5</b>  | <b>Bocraland Broader Determinants of Health</b> | <b>40</b> |
| <b>Enablers</b>  | <b>8</b>  | <b>Next Steps i.e. where to from here...</b>    | <b>42</b> |
| <b>Summary of Consultation Process</b>                     | <b>12</b> | <b>Appendices</b>                               | <b>44</b> |
| <b>Consultation Feedback</b>                               | <b>16</b> |   |           |
| <b>Strategic Priorities and<br/>Focus Areas for Action</b> | <b>18</b> |   |           |
| Tackling Racism and Discrimination                         | 20        |   |           |
| First 1000 Days  | 22        |   |           |
| Engaging Aboriginal people,<br>families and communities    | 24        |   |           |
| Closing the Gap  | 27        |   |           |
| Monitoring and Accountability                              | 29        |   |           |

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).



## Message from the Acting Chief Executive Officer

In 2007, the Women's and Children's Health Network (WCHN) established its Aboriginal Health Division, demonstrating a formal commitment to addressing the health inequities for Aboriginal babies, children, young people and women.

Since then, the Aboriginal Health Division has been instrumental in leading important change, including the development of the *WCHN Aboriginal Health Improvement Plan 2012 – 2016*, which has guided the Network and served as a roadmap for staff in the development and provision of culturally appropriate and effective services.

*The Discussion Paper Shaping the Future Strategic Directions for Aboriginal Health in the Women's and Children's Health Network* set the foundation for extensive state-wide consultation and engagement. We are extremely proud of a process that is commendable for its depth and scale, and also for its ability to respectfully engage a broad range of stakeholders, including Aboriginal people, communities and organisations and our staff. Conducted through face to face individual and group discussions and presentations, on-line surveys and written feedback, the renewal process provided us with an opportunity to evaluate our performance against the actions in the *WCHN Aboriginal Health Improvement Plan 2012 – 2016*. The consultation process also informed the strategic directions and priorities of the new WCHN Aboriginal Health Plan for the next five years.

Leadership, Reconciliation, Workforce, and Cultural Competence are key enablers to successfully implementing the strategic priorities and focus areas for action of this plan. The WCHN Aboriginal Health Steering Committee and Strategic Executive Committee have important roles to play in monitoring the delivery of the plan, ensuring accountability at all levels, identifying achievements and evaluating progress.

I feel honoured to have been a part of this journey with the Aboriginal Health Division. The responsibility for improving Aboriginal health outcomes requires collaboration and partnership from staff and key stakeholders across all levels of the WCHN. I am incredibly proud of our *Aboriginal Health Plan 2018 – 2022* and if we all work together I am confident our new plan will bring us closer to making a real impact on closing the gap in life expectancy for Aboriginal babies, children, young people and women.

A handwritten signature in black ink, appearing to read "Lisa Lynch".

**Lisa Lynch**  
**Acting Chief Executive Officer**



## Message from the Director Aboriginal Health

In February 2012, I took up the position of Director, Aboriginal Health.

Since that time, I have had the opportunity to work with many of our staff who are passionate about, and committed to, improving Aboriginal health outcomes to close the gap in life expectancy.

The *Women's and Children's Health Network Aboriginal Health Plan 2018 – 2022* will provide a blueprint to guide fundamental changes to our policies, planning and practices which will enable our services to be responsive to the cultural needs of Aboriginal babies, children, young people, women and their families.

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 Women's and Children's Health Network (WCHN) understands that efforts to improve Aboriginal health in South Australia must be community led and respectful of culture. 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 Women's and Children's *Aboriginal Health Plan 2018 – 2022* is the result of an extensive consultation process undertaken both internal and external to our Network. We are confident that the strategic priorities and the focus areas for action will guide all aspects of service delivery, from individual care through to service planning and policy development.

Aboriginal health outcomes will only improve when barriers to accessing health services are addressed and Aboriginal people have a clear voice in how services are delivered.

I commend the WCHN for its commitment to making a real difference in improving Aboriginal health outcomes. Recognising that the cultural needs of Aboriginal communities can inform improved service delivery is an important step to ensuring our services are culturally safe and meet the needs of Aboriginal consumers.

I would like to take this opportunity to thank the many individuals, groups and organisations who took the time to consider our Discussion Paper and to share with us their thoughts, insights, concerns and aspirations. I would also like acknowledge the many Aboriginal people, including our Aboriginal staff members, who were gracious and courageous when expressing their concerns and their hopes for the future.

**Jacqueline Ah Kit**  
**Director Aboriginal Health**

## Executive Summary

In 2014, the Women's and Children's Health Network commenced the process of reviewing and renewing its *Aboriginal Health Improvement Updated Action Plan 2012-2016*.

In 2017, the WCHN released the Discussion Paper Shaping the Future Strategic Directions for Aboriginal Health in the Women's and Children's Health Network. The intent of the Discussion Paper was to develop a contemporary plan by encouraging a broad range of stakeholders to consider the factors that influence Aboriginal health outcomes; and what actions were most important to help improve health outcomes of the Aboriginal babies, children, young people and women we serve.

The Discussion Paper also provided a summary of outcomes against the actions in the *Aboriginal Health Improvement Updated Action Plan 2012-2016*, specifically, a scorecard illustrating what we said we would (do)... and what we (did)...

### **Through a process of state-wide consultations, stakeholders agreed on the following strategic priorities:**

- > The First 1000 Days
- > Engaging Aboriginal people, families and communities
- > Closing the gap
- > Monitoring and accountability.

The impacts of racism were consistently raised throughout the state-wide consultations as a major issue for Aboriginal people when accessing health services/care. Accordingly, the WCHN's Aboriginal Health Steering Committee has endorsed an additional strategic priority, namely, Tackling Racism and Discrimination.

Contained within is a section which outlines the strategic priorities; why they are important; the focus areas for action; and examples of programs/initiatives that are making a difference.

In November 2017, the *SA Health Strategic Plan 2017-2020* was released with the Early Actions Plan. One of the early actions of the *SA Health Strategic Plan 2017-2020* is that by June 2018, each Local Health Network will develop their Local Strategic Management Plan. Subsequently, we are working to ensure that the WCHN's Local Strategic Management Plan includes the strategic priorities contained within this plan to clearly identify and prioritise the needs of our Aboriginal babies, children, young people and women.

### **The following are considered to be key enablers to WCHN achieving its strategic priorities:**

- > Leadership
- > Reconciliation
- > Workforce
- > Cultural competence.

We were pleased to work with Wardliparingga Aboriginal Research Unit at the *South Australian Health and Medical Research Institute* to produce the *South Australian Aboriginal Health Needs and Gaps: Women's and Children's Health Network Report*, from which much of the information in this plan has been sourced.

Of particular importance is the reference in this plan to the social and broader determinants of health which impact on the health and wellbeing of Aboriginal people and communities.

As a state-wide health network which has the privilege of providing health care to babies, children, young people and women, we have an important opportunity to influence lifelong health and wellbeing outcomes through positive and early intervention in partnership with communities.

Implementation of the **Women's and Children's Health Network Aboriginal Health Plan 2018 – 2022** will require ongoing collaboration between our staff, other agencies and Aboriginal individuals, families, communities and organisations.

## Introduction

The Women's and Children's Health Network (WCHN) is committed to ensuring the health and wellbeing of Aboriginal women, children, young people and their families is a priority action. Aboriginal people are exposed to higher life risk factors, poorer health and less acceptable outcomes in a range of life domains when compared with other South Australians. As a result, Aboriginal people are the most disadvantaged population group in our community.

### **WCHN aims to:**

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

The *WCHN Strategic Plan 2011 - 2017* 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.

## 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 and state-wide community based services serving babies, children, young people and women.

## Our Vision

Better health for babies, children, young people and women.

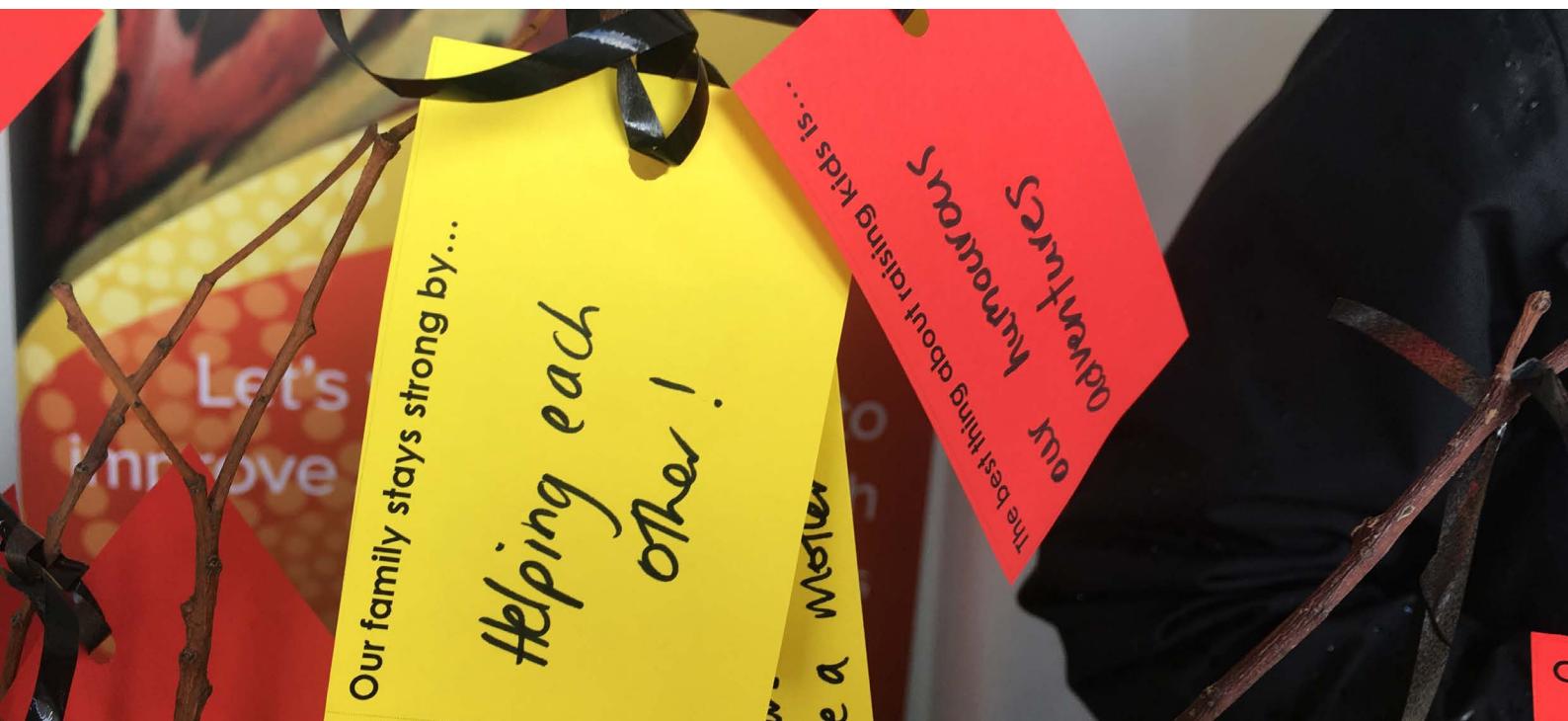
## Our Purpose

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

## Our Values

### **These values will be demonstrated through everything we do:**

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



## SA Health Strategic Plan 2017 – 2020<sup>1</sup>

In November 2017, the *SA Health Strategic Plan 2017-2020* was released with the Early Actions Plan which sets out the initial seven strategic objectives to fulfil SA Health's roles of Lead, Partner and Deliver.



From 2017 to 2020, SA Health will fulfil its roles to Lead, Partner and Deliver through the following strategic objectives:

1. Reshape governance structures to deliver our objectives and foster internal collaboration.
2. Use evidence to inform clinical planning and policy to deliver safe and reliable care.
3. Create strategic and business plans to implement the SA Health strategic plan.
4. Cultivate a learning culture that is supportive and productive across SA Health.
5. Increase the roles of consumers and communities in policy, design, planning, delivery and practice.
6. Strengthen partnerships through a coordinated approach to relationship management.
7. Facilitate wider translation of research into practice and transfer of innovation across our business.

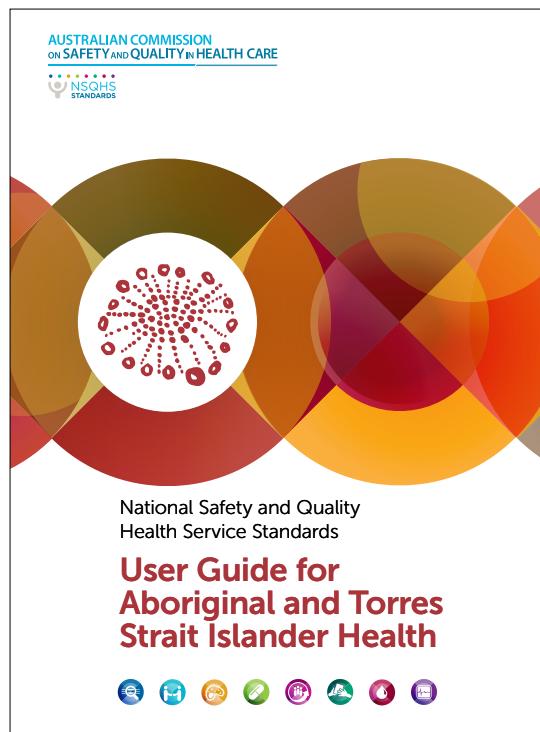
One of the Early Actions of the *SA Health Strategic Plan 2017-2020* is that by June 2018 each Local Health Network will develop their Local Strategic Management Plan.

The WCHN Local Strategic Management Plan will encompass our individual strategic priority plans, including this Aboriginal Health Plan to clearly identify and prioritise the needs of our Aboriginal babies, children, young people and women.



## National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has defined six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people within the National Safety and Quality Health Service Standards.



Implementing these actions will support WCHN to provide all Aboriginal people with the health care they need. This could reduce the gap in health outcomes between Aboriginal people and the general population.

**Like safety and quality more broadly, the safety and quality of care for Aboriginal and Torres Strait Islander people can only be improved when everyone who works in the health service organisation recognises that they are responsible for providing equitable care – it is not solely the responsibility of Aboriginal and Torres Strait Islander employees and services<sup>2</sup>.**

The following table outlines the six actions in the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people.

| Standard                           | Action |   |
|------------------------------------|--------|---|
| Partnering with Consumers Standard | 2.13   | The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their health care needs   |
| Clinical Governance Standard       | 1.2    | The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people  |
|                                    | 1.4    | The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people  |
|                                    | 1.21   | The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients                                       |
|                                    | 1.33   | The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people   |
| Comprehensive Care Standard        | 5.8    | The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems |

## Enablers

There are so many aspects which contribute to, or detract from improving Aboriginal health outcomes, so this Plan, to some degree, is limited by necessity. The following are considered to be enablers to WCHN achieving its strategic priorities. Although these enablers are fundamental to the work we do, they do not feature prominently in this Plan as they have their own plans with specific/particular targets that operate concurrently with the strategic priorities of this Plan.

## Leadership

WCHN is highly regarded for its leadership in Aboriginal health, notably for its establishment of the Aboriginal Health Steering Committee (AHSC). The AHSC is a Tier One B (1B) Committee, chaired by the Chief Executive Officer and reporting directly to the WCHN Strategic Executive Committee. Currently, WCHN is the only Local Health Network to have embedded an Aboriginal Health Committee to assist it to fulfil its key role of corporate and clinical governance of the WCHN.

Failure to Improve Aboriginal Health Outcomes is a strategic risk currently being monitored by the Strategic Executive Committee and the AHSC. Renewing the Aboriginal Health Plan and developing an Aboriginal Health Scorecard are two strategies to mitigate the risk. We are working to 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; and
- > Embedding defined Aboriginal health clinical indicator results within organisational and divisional clinical performance scorecards.

The AHSC provides strategic Aboriginal health leadership and is the key enabler fostering service and system improvements and reform for the implementation of Aboriginal health strategic directions, as required; and is essential for ensuring effective continuous safety and quality improvements and accountability for Aboriginal health across the whole of the WCHN.

### **Some of the achievements that have been attributed to the AHSC are:**

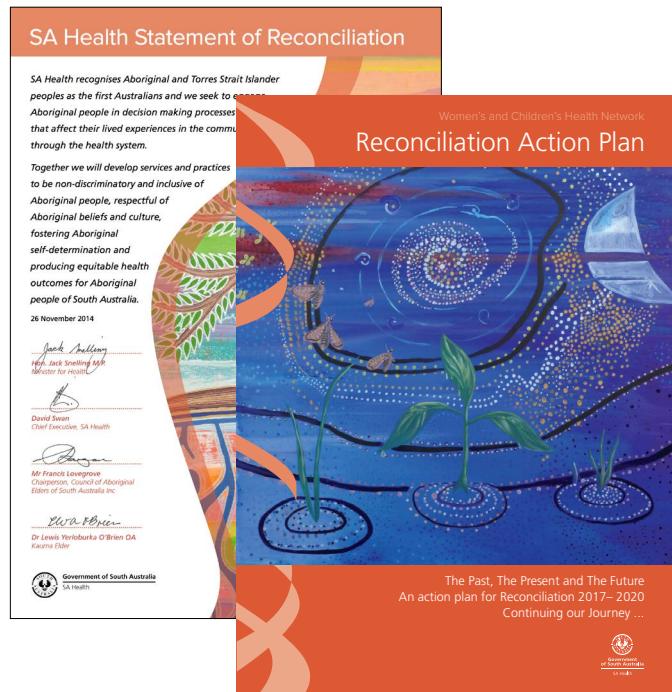
- > Embedding the enhanced governance arrangements including its status and a review of the membership to include all members of the WCHN Senior Aboriginal Leadership Group.
- > Establishing the joint AHSC and Aboriginal Staff Forum meeting, held on an annual basis
- > Overseeing the development and implementation of the *WCHN Reconciliation Action Plan, The Past, The Present and The Future: An Action Plan for Reconciliation - Continuing our Journey...*
- > Overseeing the development of the *WCHN Aboriginal Workforce Strategy*.

**Failure to improve Aboriginal health outcomes is a strategic risk. We are working to reduce the risk by strengthening governance and operational processes. The AHSC provides strategic Aboriginal Health leadership and is the key enabler fostering service and system improvements and reform for the implementation of Aboriginal Health Strategic directions.**



## Reconciliation

Reconciliation has both symbolic and practical elements. A spirit of goodwill, mutual respect and recognition of the effects of colonisation on Australia's first people are the symbolic cornerstones of the reconciliation effort.



On the practical side, working towards an improved quality of life for Aboriginal people – particularly in areas such as health, education and employment – is essential for achieving equity for all South Australians.

The Statement of Reconciliation is a high level statement of intent overarching the SA Health Reconciliation Framework for Action and accompanying RAPs of the Department and each Local Health Network.

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* in 2017, the WCHN has committed itself to take a lead role in the SA Reconciliation journey by building on education, awareness and leadership for dialogue and understanding.

...we have both an opportunity and a responsibility to play a role in South Australia's reconciliation journey'...

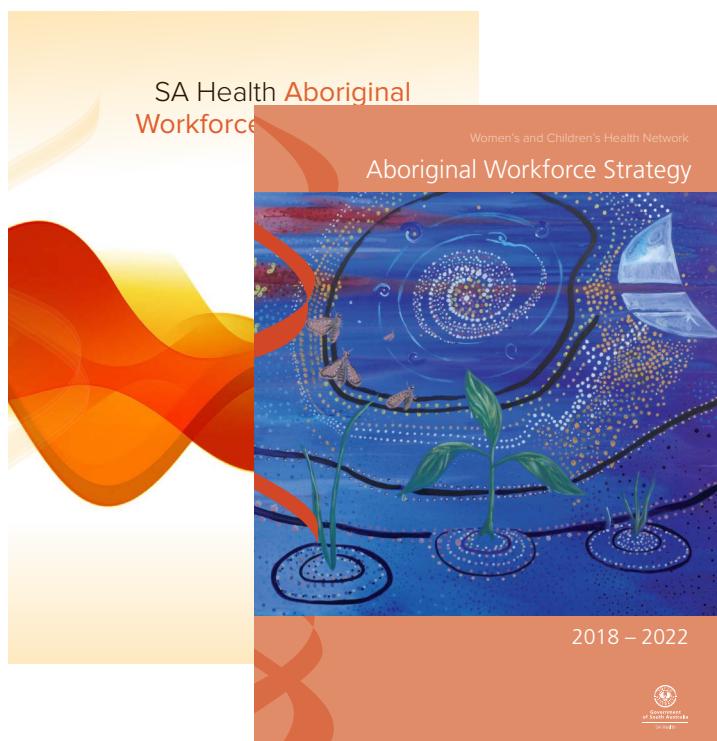
As Chief Executive Officer, I have great confidence in our leaders to bring this Reconciliation Action Plan to life, and to generate the collective action needed to achieve reconciliation and address the health and broader disadvantage experienced by Aboriginal and Torres Strait Islander people<sup>3</sup>

’ ’



## Workforce

WCHN recognises that our commitment to growing and developing our Aboriginal workforce is essential if we want to improve the health and wellbeing of Aboriginal babies, children, young people and women. Providing a more culturally responsive, culturally accountable and culturally safe service for Aboriginal people and communities is at the forefront of this commitment.

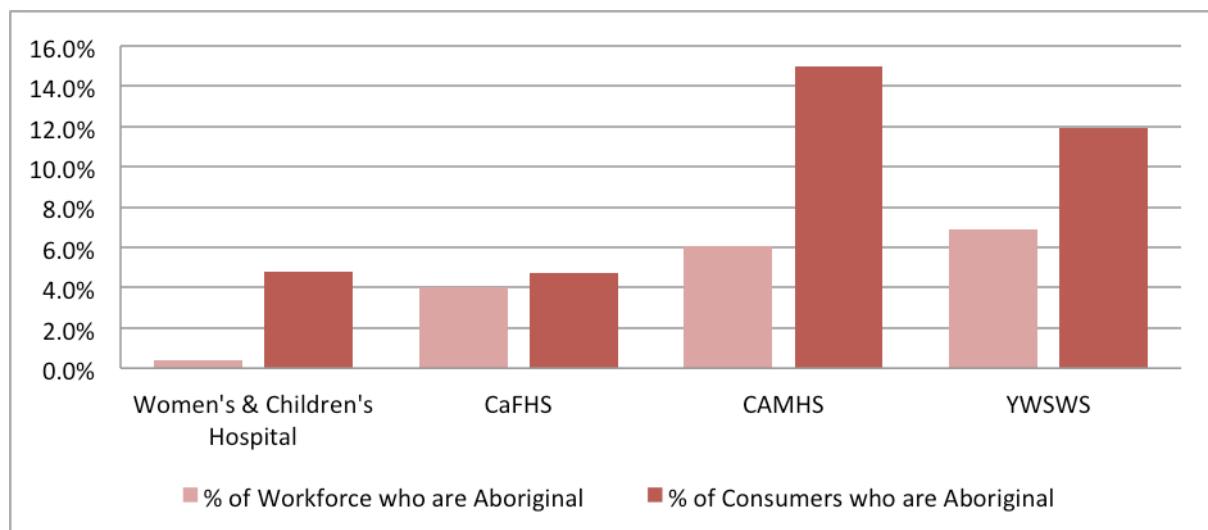


We are in the process of developing our *Aboriginal Workforce Strategy* to support existing staff, attract new staff and to better align our workforce with client needs.

Our workforce is diverse across a range of disciplines, roles and areas of work. As part of developing the *WCHN Aboriginal Workforce Strategy*, an analysis of our current workforce was undertaken. For further information please contact the WCHN Aboriginal Health Division on 8303 1674.

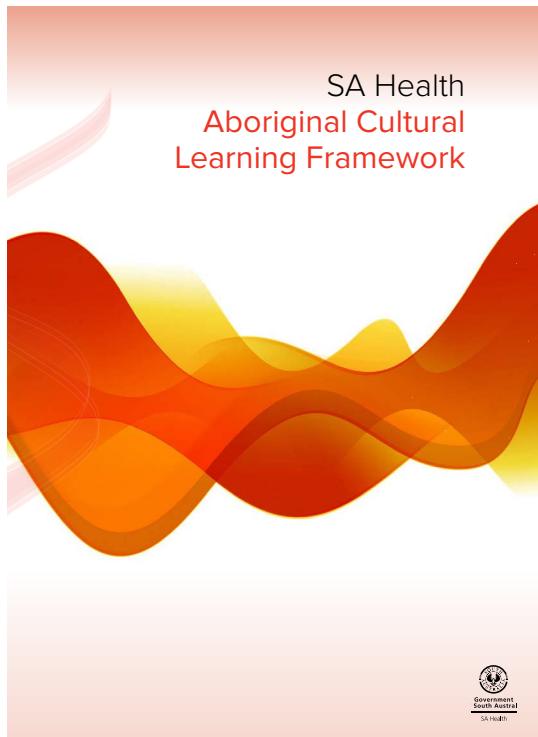
The following graph shows the proportion of consumers and staff who identify as Aboriginal in our key clinical services and highlights the gap that needs to be addressed by the *WCHN Aboriginal Workforce Strategy*.

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



## Cultural Competence

WCHN acknowledges the importance of a culturally competent workforce and since 2011 has provided Aboriginal Cultural Respect Training (ACRT) to its staff. ACRT is mandatory, attendance for this training is recorded and compliance is monitored, at 8 November 2017, the compliance rate was 84.92%.



ACRT provides the WCHN workforce with an 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.

Aligned with the *SA Health Aboriginal Cultural Learning Framework*<sup>4</sup>, we will be working to provide a consistent approach to the implementation of cultural competency within our 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 Aboriginal consumers.

It is mandated that all staff with a leadership and management responsibility across SA Health will engage in learning at an organisational level to develop systems and processes to support the delivery of care in a culturally sensitive manner, with the ultimate aim of improving the health outcomes for Aboriginal people.

The Aboriginal Health Steering Committee recently endorsed the delivery of a series of cultural competency workshops. Subsequently, the Flinders University's Poche Centre for Indigenous Health and Well-Being has begun to deliver the

workshops to WCHN executive and middle-management staff. The workshops are currently being evaluated and will inform the design and delivery of future workshops to improve cultural competency.



## Summary of Consultation Process

In 2014, the Women's and Children's Health Network (WCHN) began the process of reviewing its *Aboriginal Health Improvement Updated Action Plan 2012-2016* to improve the health of Aboriginal women, babies children, and young people. In 2017, the WCHN released the Discussion Paper *Shaping the Future Strategic Directions for Aboriginal Health in the Women's and Children's Health Network*.

The intent of the Discussion Paper was to develop our *Aboriginal Health Plan 2018 – 2022* by encouraging stakeholders 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 state-wide health network which has the privilege of providing health care to babies, children, young people and women, we have an important opportunity to influence lifelong 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 the end of the child's second year, or The First 1000 Days<sup>5</sup>, are crucial stages of child development, as well as adolescence which is a key period for brain development.

**Early consultations concluded that the following were important to consider as priorities in developing a new WCHN Aboriginal Health Plan:**

- > The First 1000 Days
- > Engaging Aboriginal people, families and communities
- > Closing the gap
- > Monitoring and accountability



**In addition to the identified priorities, the following existing and emerging themes also required consideration:**

- > Behaviour and lifestyle risk factors
- > Access to health services
- > Workforce needs
- > Partnerships
- > Significant health and wellbeing issues
- > Technology and innovation

Through a series of consultations, there was an opportunity for stakeholders (see Appendix 1) to identify priorities and develop actions that could be included in the new Women's and Children's Health Network Aboriginal Health Plan. Community consultations provided an opportunity for the WCHN to discuss the development of the new Aboriginal Health Plan.

**To guide feedback, there were six questions posed throughout the consultation period:**

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?

We are extremely proud of a process that is commendable for its depth and scale, and also for its ability to respectfully engage a broad range of stakeholders.

Lisa Lynch, Acting Chief Executive Officer

## Consultation Data

**400** individuals were consulted



**8** written submissions were received



**51** respondents to the online survey

## Online Survey

respondents were aged between **25-64**



**42** were women



**8** were men

**1** other



**21** were Aboriginal



**30** were non Aboriginal

# Consultation Map

The following map shows the coverage across the state where communities were consulted:



## Far West Coast of SA:

Ceduna  
Koonibba  
Yalata  
Scotdesco  
Maralanga Tjarutja  
Ceduna Koonibba Aboriginal Health Service

## Whyalla:

Nunyara Aboriginal Health Service

## Port Lincoln:

Port Lincoln Aboriginal Health Service,  
Port Lincoln Aboriginal Community Council,  
Port Lincoln Aged Care

## Port Pirie:

Port Pirie Country Health SA Local Health Network (CHSALHN)  
CHSALHN Regional Leadership

## Far North:

Coober Pedy  
Roxby Downs  
Oodnadatta

## Port Augusta:

Pika Wiya  
Davenport  
Copley  
Nepabunna

## Murray Bridge:

Moorundi Aboriginal Health Service  
CHSALHN Riverland Mallee Coorong

## Metropolitan Adelaide:

16 – 20 Face to Face sessions

## Consultation Feedback

Overwhelmingly, the feedback supported the priorities put forward, which were:

- > The First 1000 Days
- > Engaging Aboriginal People, Families and Communities
- > Closing the Gap
- > Monitoring and Accountability

Of the Existing and Emerging Themes put forward, the following depicts the issues ranked from the online survey:

**79.59%**

Social and emotional wellbeing

**77.55%**

Cultural safety within available services

**73.47%**

The impact of domestic and family violence on Aboriginal communities

**73.47%**

The role of Aboriginal Health Practitioners

**71.43%**

Developing Aboriginal workforce in rural and remote communities

**67.35%**

Drug and alcohol use amongst pregnant women, young people and extended family, including fathers

**63.27%**

Alcohol Consumption

**63.27%**

Child Safety

**63.27%**

Mental Health

**63.27%**

Rural and remote Aboriginal communities

**61.22%**

Working with other sectors and agencies that impact on health outcomes, and strengthen our approaches

**61.22%**

Food and Nutrition



Following are the issues (in no particular order) from the community consultations:

**Racism  
and  
Discrimination**

**Aboriginal  
Family Birthing  
Programs**

**Transfers to  
Women's and  
Children's Hospital  
and Discharge  
back home**

**Aboriginal  
Workforce  
i.e. employment**

**Cultural Safety:  
cultural respect  
and racism**

**Cultural Competence:  
communication,  
respect, use of  
language speakers  
& interpreters**

**Patient Journey,  
specifically,  
Transport and  
Accommodation**

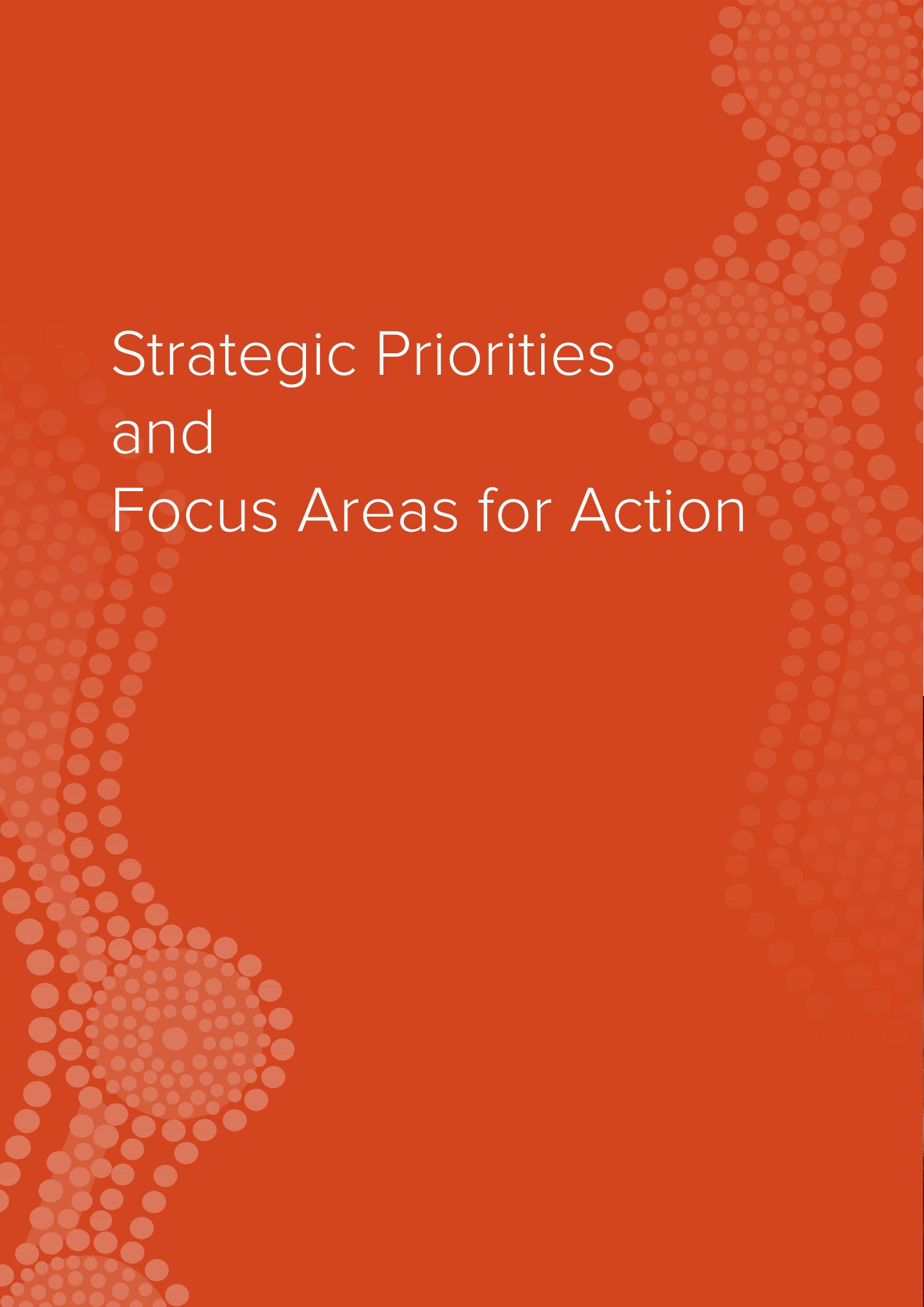
**Mental Health:  
Social and  
Emotional  
Wellbeing and  
grief and loss**

**Access  
to services**

**Partnerships**

**Child  
Protection  
Issues**

**Aboriginal  
Prisoner  
Health**



# Strategic Priorities and Focus Areas for Action

## Strategic Priorities and Focus Areas for Action

Through a process of state-wide consultations, stakeholders agreed on priorities and identified focus areas for action to be included in the new Aboriginal Health Plan.

The impacts of racism were consistently raised throughout the state-wide consultations as a major issue for Aboriginal people when accessing health services/care.

During the development of the WCHN *Aboriginal Workforce Strategy*, the Aboriginal Workforce sub-Committee sought feedback from the Aboriginal Staff Forum. Racism was consistently identified as a significant barrier, with individual and systemic or institutional racism being cited as something that needs to stop.

Accordingly, the Aboriginal Health Steering Committee has endorsed an additional strategic priority, namely, Tackling Racism and Discrimination.

This section outlines the Strategic Priorities, why they are important, the focus areas for action, and examples of programs/initiatives that are making a difference.

**Racism was consistently identified as a significant barrier, with individual and systemic or institutional racism being cited as something that needs to stop.**

**Closing the gap between Aboriginal and non-Aboriginal life expectancy will be impossible if racism and discrimination is not addressed.**



# Strategic Priority

## Tackling Racism and Discrimination

Racism and discrimination are key social determinants of health for Aboriginal people. Closing the gap between Aboriginal and non-Aboriginal life expectancy will be impossible if racism and discrimination are addressed.

Racism can have serious consequences for the people who experience it. It can shatter their confidence and their sense of worth. It can undermine their ability to perform at work or in their studies. It can also affect their physical health and life expectancy. More broadly, racism locks people out of social and economic opportunities, entrenching disadvantage. It adds unnecessary costs to our workplaces and our economy and it works against our goal of building a fair, inclusive community<sup>6</sup>.

### Why is this important?

*It is important to recognise that the health and wellbeing of Aboriginal people has been negatively impacted by inequitable government policies and the consequential ongoing racism and discrimination. Researchers have established a strong relationship between experiences of racism and poor health outcomes...To make a change to these outcomes, we need to adopt a strength based approach and recognise the critical importance of culture as a health protective factor for Aboriginal people<sup>7</sup>.*

Culturally respectful services can have a positive effect on those who access our services and the WCHN is committed to ensuring our services become more receptive and responsive to, and culturally safe for Aboriginal babies, children, young people, women and their families.

#### Cultural Respect is defined as:

"Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people"<sup>8</sup>.

Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected.

### Programs/Initiatives that are making a real difference

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

ACRT provides the WCHN workforce with an 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.

The development of the SA Health Aboriginal Cultural Learning Framework was a SA Health Closing the Gap initiative led by the WCHN.

The Flinders University's Poche Centre for Indigenous Health and Well-Being (The Poche Centre) has begun to deliver a series of cultural competency workshops to the WCHN executive and middle-management staff.

The workshops are currently being evaluated and will inform the design and delivery of future workshops to improve cultural competency.

The Poche Centre also delivered a session to our Aboriginal staff entitled 'Speaking back to Racism'. Here, they guided a conversation about feeling culturally safe in the workplace and how to develop strategies to deflect and respond appropriately to experiences of racism.

## **Focus areas for action**

It's not just sticks and stones... Racism can and does make us sick, individually and as a society. Accordingly, when addressing the impacts of racism and discrimination, we will place greater emphasis on:

- > Developing and implementing a zero tolerance to racism and discrimination campaign.
- > Ensuring that policies and processes for identifying and reporting racism and discrimination are in place and promoted to consumers and staff.
- > Creating structures and mechanisms to support staff and consumers to identify, report and take prompt action against racism and discrimination.
- > Providing regular feedback on strategies to address racism and discrimination to consumers and staff.

Developing, delivering and evaluating training opportunities for WCHN staff will be aligned to the *SA Health Aboriginal Cultural Learning Framework*.

Recognising that the terminology used is varied and often used interchangeably, WCHN is committed to a review of definitions to provide direction to the use of terminology within the area of cultural respect.



# Strategic Priority

## The First 1000 Days

The period from conception to the end of the child's second year is the earliest stages of child development. This period has become known as the first 1000 days, a catchphrase that has become the rallying point for a number of Australian and international initiatives. The reason for focusing on this specific period is the growing body of evidence which shows that experiences during this period can have life-long consequences for health and wellbeing. Thus, as noted in the report of the World Health Organisation's Commission on Social Determinants of Health (2008)

*Many challenges in adult society have their roots in the early years of life, including major public health problems such as obesity, heart disease, and mental health problems. Experiences in early childhood are also related to criminality, problems in literacy and numeracy, and economic participation<sup>9</sup>.*

### Why is this important?

Aboriginal mothers and babies experience higher rates of mortality and morbidity compared with the general population. The health inequalities experienced by Aboriginal women and babies are characterised by a higher proportion of younger women who become pregnant, more women who smoke during pregnancy, increased hospital admission while pregnant, and a higher incidence of low birth weight babies, prematurity and perinatal deaths.

**I have been to a lot of births, all of which have been breathtakingly amazing, but today was special! Today I was hands on delivery with not just any midwife, but a beautiful proud Aboriginal midwife! This never happens! Our mob don't go to hospital and get their babies delivered by one of our black sisters. Today was so incredibly empowering! Being in a room with strong black women delivering new strong black women! It's a moment I will remember for the rest of my life! Change is happening and our mob are rising up to be the strong powerful people we are – Shanamae Davies, AMIC Worker.**

The Australian National Maternity Services Plan set out a five year vision for maternity care in Australia:

*Maternity care will be woman centred, reflecting the needs of each woman within a safe and sustainable quality system. All Australian women will have access to high-quality, evidence-based, culturally competent maternity care in a range of settings close to where they live. Provision of such maternity care will contribute to closing the gap between the health outcomes of Aboriginal and Torres Strait Islander people and non-Indigenous Australians. Appropriately trained and qualified maternity health professionals will be available to provide continuous maternity care to all women<sup>10</sup>.*

Although a succeeding plan is currently being developed at a national level, the commitment to improved outcomes for Aboriginal women and their babies through culturally appropriate, evidence based antenatal, postnatal and early childhood health care is a continuing priority at WCHN. Our representation on national committees will ensure a priority focus and advocacy at the national level for maternity and child health.

### Programs/Initiatives that are making a real difference

The Aboriginal Family Birthing Program (AFBP) at WCHN provides a model of care for Aboriginal women and their families during the antenatal, intrapartum and post-natal phases.

Here, care is provided in partnership between Aboriginal Maternal Infant Care (AMIC) workers and midwives. When partnering with the midwives, doctors and other non-Aboriginal health professionals, the AMIC workers bring complementary skills to improve the health care available to Aboriginal women and their babies, which decreases cultural and communication barriers.

The WCHN successfully advocated to have Aboriginal and Torres Strait Islander Cultural Context Statements included in the *South Australian Perinatal Practice Guidelines*.

In March 2015, the SA Maternal and Neonatal Clinical Network endorsed the initiative, paving the way for ongoing cultural dialogue between Aboriginal communities and the state's health services.

The inclusion of cultural statements is recognition of the importance of providing Aboriginal women with care that is culturally appropriate and competent. These cultural statements will enable health care workers across the health continuum to provide care that understands and enables the culturally specific needs around perinatal health for Aboriginal women in SA.

Following is the generic statement which will be included in all of the Perinatal Practice Guidelines:

**Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that Perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.**

## Focus areas for action

**When considering the importance of The First 1000 Days, we will place greater emphasis on:**

- > Developing a dedicated 'Birthing on Country' program.
- > Working to combine evidence-based clinical care and social supports which include actions that target adolescents, women of reproductive age, neonates; infants and children.
- > Developing and expanding culturally competent maternity care.
- > Developing and supporting an Aboriginal workforce.
- > Focussing on nutrition; and ways of preventing obesity in pregnant Aboriginal women in an effort to improve health outcomes for mothers, babies and families.
- > Strengthening our partnerships with Aboriginal non-government Organisations.
- > Implementing 'opt out' models rather than opting in.
- > Developing culturally appropriate assessment tools.
- > Embedding trauma informed principles into a systemic service response
- > Working collaboratively to implement a procedure to assess, recognise and respond to domestic and family violence.

Responding to feedback from the Department for Child Protection, we will also strengthen opportunities for early intervention.

**Supporting Aboriginal children to remain safely in their families where they can develop and maintain their cultural identity and community connections needs to be central.**

*in their families where they can develop and maintain their cultural identity and community connections needs to be central. Ideally early intervention would start prior to pregnancy and occur in culturally appropriate ways that target both young women and young men<sup>11</sup>.*

*Strengthening opportunities for early intervention needs to be a priority across multiple service systems of which WCHN is a key player. The scope of these opportunities would ideally span a holistic view of health that incorporates physical and emotional health and wellbeing (including family safety) for Aboriginal women and children. Supporting Aboriginal children to remain safely*

We will work to ensure the success and integrity of the AFBP by:

- > Incorporating Aboriginal knowledge, including practices that consolidate and reinforce connection with culture.
- > Remaining mindful of the need for consistency, high quality of care, management of clinical and cultural risk and the need to improve Aboriginal maternal and infant health outcomes.
- > Balancing an evidence-based approach with a community development approach that recognises a multiplicity of evidence.

# Strategic Priority

## Engaging Aboriginal people, families and communities

**Building strong, genuine and meaningful relationships between Aboriginal people and the WCHN is important to developing a culturally inclusive, responsive and respectful organisation that will achieve improved Aboriginal health outcomes.**

### Why is this important?

Engaging Aboriginal people, families and communities in all aspects of service delivery, from individual care through to service planning and policy development, is important to ensure services are culturally safe and meet the needs of Aboriginal consumers. Health outcomes will only improve when barriers to accessing health services are addressed and Aboriginal people have a clear voice in how services are delivered.

Aboriginal people experience more life risk factors, poorer health and less acceptable outcomes in a range of life areas when compared with the general population. As a result, Aboriginal people are among the most disadvantaged population groups in the community, and in our Health Network we take partnering seriously with the community to ensure we are addressing the health inequities, in collaboration.

Achieving equity recognises that different understandings of health require different measures. On average, 5% of the consumer feedback on experience comes from people who identify from an Aboriginal background. It is our aim to increase this and ensure our systems respond appropriately.

### Programs/Initiatives that are making a real difference

The Child and Family Health Service (CaFHS) established an Aboriginal Cultural Considerations Advisory Group (ACCAG) to provide cultural advice into the considerations and context for a proposed enhanced Model of Care that was being developed. Membership of the ACCAG was drawn from across SA Health, cross-sector Government agencies and the Aboriginal Health Council of SA. See the generic statement on opposite page which was developed by the AAG for inclusion in all of the South Australian Perinatal Practice Guidelines:

The following six principles of engagement have been endorsed by the WCHN for engaging consumers, carers and the community.

- > Person and Family Centred Care
- > Diversity
- > Partnership
- > Transparency
- > Access to Information
- > Empathy

These principles are supported by the WCHN Person and Family Centred Care Charter<sup>12</sup>. The Charter has four pillars for supporting genuine engagement:

- > Treat consumers and their families with dignity and respect
- > Communicate information clearly and openly with the consumer
- > Actively involve consumers in decision-making
- > Be positive and kind.

In 2014, the WCHN established an Aboriginal Advisory Group (AAG), whose membership was drawn from across the state, to guide the development of Cultural Context Statements to be included in the South Australian Perinatal Practice Guidelines. The AAG worked to ensure that the initial 15 guidelines selected were reviewed and specific cultural statements were developed for inclusion. An ongoing process has been developed to ensure that as each guideline is due for review, it will be assessed by Aboriginal women.

The engagement strategies that will be adopted by CaFHS in delivering services as part of their new Model of Care will include the following: Culturally appropriate engagement, sensitive to the needs of infants, children and families led by the Aboriginal workforce<sup>13</sup>.

## **Focus areas for action**

To ensure culturally respectful and meaningful consumer and community engagement, we will place greater emphasis on:

- > Creating our cultural identity within our corporate identity.
- > Developing an Aboriginal specific response to the WCHN Consumer and Community Engagement Strategy.
- > Establishing an 'Elder in Residence' Program.
- > Increasing the roles of Aboriginal consumers and communities in the design of services and broader policy decisions that impact them.
- > Defining the role of Aboriginal volunteers in our hospital.
- > Increasing Aboriginal representation on committees and groups.
- > Improving the existing complaints processes.
- > Acknowledging the need for trauma informed care.
- > Meeting the requirements for genuine partnerships as outlined in the Australian Commission on Safety and Quality in Health Care (2018)<sup>14</sup>.

*Working in partnerships to remove barriers to good health and building the evidence around health interventions is critical for improving the health and wellbeing of Aboriginal and Torres Strait Islander people. Partnerships also provide a mechanism to effectively engage with communities on their goals and priorities for health<sup>15</sup>.*

The WCHN is committed to working in partnership with Aboriginal people to meet their healthcare needs by:

- > Developing and strengthening partnerships with Aboriginal communities and organisations.
- > Involving Aboriginal consumers on decision-making committees.
- > Identifying key contacts as opinion-leaders.
- > Identifying cultural protocols for all Aboriginal groups that the WCHN staff engage.

*WCHN sits within a complex environment of public health, social, community, family and individual services, and therefore as a Network it cannot achieve major change in health outcomes without contemporaneous positive impact of those other services.*

*It is important to know what other services are essential to facilitate the efforts of WCHN, and to be able to advocate for the continuation of those services, when service integration is essential.*

*The WCHN Governing Council is interested in the role that Aboriginal Regional Authorities play in developing relationships and partnerships to enhance service delivery<sup>16</sup>.*

Aboriginal languages are some of the oldest living languages in the world. In some areas of Australia, the local Aboriginal language is still the first language spoken in communities. Where languages are endangered there remain movements across the country to reclaim and/or revive these Aboriginal languages.

Part of this process of revitalisation extends itself into public space here in Adelaide. For example from the late 1990s the Adelaide City Council started a process of joint-naming of its city parklands. The intended outcome was to acknowledge Kaurna people and their culture as a continuing and living culture. The result is that some 15 years later the dual naming process is completed.

**We will work to establish a working group to oversee the dual naming of signs across Women's and Children's Health Network sites, in the first instance, in the Women's and Children's Hospital.**

# Strategic Priority

## Closing the Gap

**Building strong, genuine and meaningful relationships between Aboriginal people and the WCHN is important to developing a culturally inclusive, responsive and respectful organisation that will achieve improved Aboriginal health outcomes.**

On 20 December 2007, the Council of Australian Governments (COAG), which includes the leaders of federal, state and territory, and local governments, committed to 'closing the gap' in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians. Importantly, COAG agreed to be accountable for reaching this goal within a specific timeframe. The strategy initiated at this time by COAG has become known as Closing the Gap<sup>17</sup>.

### Why is this important?

Respect for Aboriginal people, culture, land and history is important to our Network as we acknowledge that Aboriginal people have suffered from historical injustices, and in the exercise of Indigenous rights, should be free from discriminations of any kind, be equal to all the other people, but be different, consider themselves different, and to be respected as such, and acknowledge that these inherent rights promote Aboriginal health and wellbeing<sup>18</sup>.

On 13 February 2008, the then Prime Minister, Kevin Rudd, delivered an apology to Australia's Indigenous peoples in the Parliament of Australia's House of Representatives.

**‘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>19</sup>.**

**Mr RUDD (Griffith—Prime Minister) (9.00 am)—I move:**

**That today we honour the Indigenous peoples of this land, the oldest continuing cultures in human history.**

**We reflect on their past mistreatment.**

**We reflect in particular on the mistreatment of those who were Stolen Generations—this blemished chapter in our nation’s history.**

**The time has now come for the nation to turn a new page in Australia’s history by righting the wrongs of the past and so moving forward with confidence to the future.**

**We apologise for the laws and policies of successive Parliaments and governments that have inflicted profound grief, suffering and loss on these our fellow Australians.**

**We apologise especially for the removal of Aboriginal and Torres Strait Islander children from their families, their communities and their country.**

**For the pain, suffering and hurt of these Stolen Generations, their descendants and for their families left behind, we say sorry.**

**To the mothers and the fathers, the brothers and the sisters, for the breaking up of families and communities, we say sorry.**

**And for the indignity and degradation thus inflicted on a proud people and a proud culture, we say sorry.**

**We the Parliament of Australia respectfully request that this apology be received in the spirit in which it is offered as part of the healing of the nation.**

Part 1-Preliminary 5(b) of the SA Health Care Act 2008<sup>20</sup> states that:

*Aboriginal people and Torres Strait Islanders should be recognised as having a special heritage and the health system should, in interacting with Aboriginal people and Torres Strait Islanders, support values that respect their historical and contemporary cultures*

We will ensure that our services become more receptive and responsive to, and culturally safe for Aboriginal people.

## **Programs/Initiatives that are making a real difference**

WCHN currently offers a number of programs specifically designed to meet the needs of Aboriginal babies, children, young people, women and their families.

Following are the current Closing the Gap funded initiatives being delivered:

- > Aboriginal Infants Support Service
- > Journey Home
- > Strengthening Families
- > CAMHS on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.

In June 2016, the Aboriginal Health Steering Committee endorsed changes to the WCHN Clinical Procedure Template. The following changes to the Core Clinical Practice Requirements section were specifically related to:

- > Positive patient identification
- > Identifying Aboriginal and Torres Strait Islander status
- > Consumer safety risk
- > Diversity.

**Aboriginal people and Torres Strait Islanders should be recognised as having a special heritage and the health system should, in interacting with Aboriginal people and Torres Strait Islanders, support values that respect their historical and contemporary cultures.**

As of 1 July 2017, SA Health made Pharmaceutical Benefits Scheme (PBS) medicines cheaper or free for eligible Aboriginal patients when leaving a public hospital in South Australia. WCHN applies this initiative to any Aboriginal patient being discharged from the Women's and Children's Hospital, who are eligible for either the Closing the Gap PBS or the Remote Area Aboriginal Health Services Program – Section 100.

From 1 July 2018, WCHN will begin to roll-out its Collaborative Approach: Antenatal to Two Years Program which is a collaborative approach between the Aboriginal Family Birthing Program and the Aboriginal Infants Support Service.

WCHN also accesses the SA Health Traditional Healer Brokerage Program for its Aboriginal clients.

## **Focus areas for action**

We will continue to work across our Network, across SA Health and with our partners to apply a whole-of-life perspective which recognises the life stages and places greater emphasis on:

- > Embedding the current Closing the Gap funded initiatives.
- > Improving access to services.
- > Continuity of care.
- > Ensuring Aboriginal mothers and babies get the best possible care for a healthy start to life.
- > Strategies to enhance the health and wellbeing of Aboriginal young people.
- > Provide access to same sex health workers/nurses for young people using our services.
- > Maintaining a focus on the risk factors contributing to the health gap.
- > Working collaboratively with the South Australian Aboriginal Chronic Disease Consortium to drive, coordinate and sustain a sector approach to the implementation of the SA Aboriginal Heart and Stroke Plan, South Australian Aboriginal Diabetes Strategy and the South Australian Aboriginal Cancer Control Plan.
- > Developing an Aboriginal Art in Health Program.
- > Improving the existing complaints/feedback process.

**We will continue to work across our Network, across SA Health and with our partners to apply a whole-of-life perspective which recognises the life stages**

# Strategic Priority: Monitoring and Accountability

The Women's and Children's Health Network is accountable for the culturally safe and competent services that it provides. Failure to deliver improved Aboriginal health outcomes is an identified risk. We will reduce the risk by strengthening governance and operational processes and by ensuring that structures are in place for regular monitoring, reporting and reviewing of the quality and effectiveness of what we do.

## Why is this important?

There is an old cliché that says: what gets measured gets managed. While the origin of this saying is debated, the message is clear, measuring something gives you the information you need in order to make sure that goals are actually achieved. For many people, the simple act of measurement increases motivation to perform, measurement also provides a structure for accountability. So, when we have clear goals and measure our performance against those goals, we are accountable for success or failure.

## Programs/Initiatives that are making a real difference

WCHN is highly regarded for its leadership in Aboriginal Health, notably for its establishment of the Aboriginal Health Steering Committee. Chaired by the Chief Executive Officer, and inclusive of all senior Aboriginal staff, WCHN is the only Local Health Network to have embedded an Aboriginal Health Committee, to assist it to fulfil its key role of corporate and clinical governance.

Failure to Improve Aboriginal Health Outcomes is a strategic risk currently being monitored by the WCHN Strategic Executive Committee and the AHSC. Renewing the Aboriginal Health Plan and developing an Aboriginal health scorecard are two strategies to mitigate the risk.

The AHSC provides strategic Aboriginal Health leadership and is the key enabler fostering service and system improvements and reform for the implementation of Aboriginal health strategic directions, as required; and is essential for ensuring effective continuous safety and quality improvements and accountability for Aboriginal health across the whole of the WCHN.

### Some of the achievements that have been attributed to the AHSC are:

- > Establishing the joint AHSC and Aboriginal Staff Forum meeting
- > Overseeing the development and implementation of *Reconciliation Action Plan, The Past, The Present and The Future: An Action Plan for Reconciliation - Continuing our Journey...*
- > Overseeing the development and the implementation of the *Aboriginal Workforce Strategy*
- > Enhancing the governance arrangements for Aboriginal health.

## Focus areas for action

Greater emphasis will be placed on developing measurements which are meaningful, appropriate and visible. Currently, key performance indicators are being developed to ensure that we meet our Strategic Priorities; they will also inform the creation of our WCHN Aboriginal Health Improvement Scorecard.

Greater emphasis will be placed on developing measurements which are meaningful, appropriate and visible.

**We will work to align the organisation's objectives with the Strategic Priorities outlined in this Aboriginal Health Plan by:**

- > Increasing Aboriginal representation on committees and groups to enable Aboriginal leadership and participation in decision making and governance
- > Identifying and supporting existing and emerging Aboriginal leaders
- > Embedding the use and monitoring of Aboriginal Health Impact Statements.
- > Focussing on outcomes, we will support our directorates/divisions to develop action plans, linked to our Aboriginal Health Plan, which will have consistent elements in each plan.
- > Ensuring that our action plans and our risk frameworks are linked.
- > Establishing an Aboriginal data governance group to develop meaningful datasets and create a central repository to capture and report outcome/process indicators reflecting the health status of Aboriginal babies, children, young people and women.
- > Embedding defined Aboriginal health clinical indicator results within organisational and divisional clinical performance scorecards.
- > Monitoring divisional action plans.
- > Developing an evaluation framework that places single services/strategies into the complex intervention pathways, determining probable contribution of a service and also what else needs to be occurring simultaneously to ensure change.
- > Annual Reporting to the Governing Council and consumers/community.

**Embedding the use and monitoring of Aboriginal Health Impact Statements**

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare-associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. The eight NSQHS Standards are:



We will also work to embed the six actions, (refer to page 7) as defined by the Australian Commission on Safety and Quality in Health Care. The six actions specifically meet the needs of Aboriginal people within the National Safety and Quality Health Service Standards. Implementing these actions will support WCHN to provide all Aboriginal people with the health care they need. This could reduce the gap in health outcomes between Aboriginal people and the general population.

Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that Perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

*The generic statement to be included in all of the SAPerinatal Practice Guidelines*

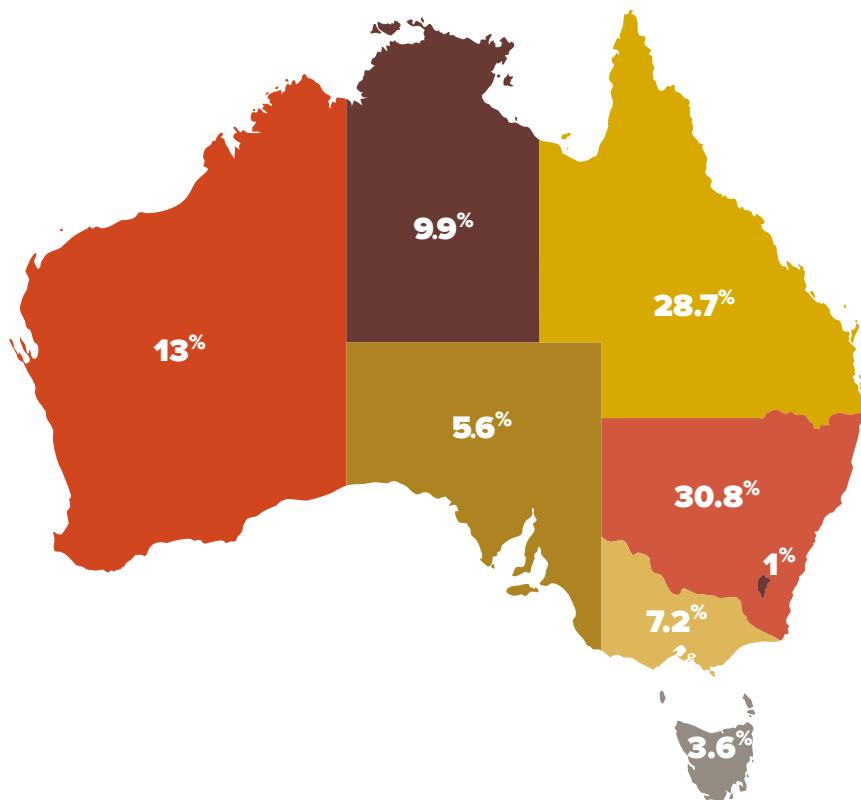
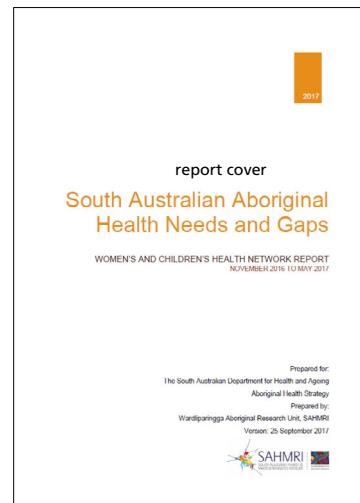
## Population Context

Much of the following information has been sourced from the *South Australian Aboriginal Health Needs and Gaps: Women's and Children's Health Network Report*<sup>21</sup>. The report was commissioned by the SA Department for Health and Ageing to provide insight into the health status and available health services to address the current needs of Aboriginal people in South Australia.

We were pleased to work with Wardliparingga Aboriginal Research Unit at the South Australian Health and Medical Research Institute to produce this report and are enthusiastic that the insight it provides will greatly contribute to improving the health status of, and service provision to, Aboriginal South Australians.

### The Population of Aboriginal and Torres Strait Islander People in Australia

Accounting for 5.6% of Australia's Indigenous population. Indigenous people represent 2.5% of the South Australian population, which is lower than the proportion of Indigenous people in the total Australian population (3.3%).



## The Population of Aboriginal People in South Australia

As of 30 June 2016 the estimated resident population of Aboriginal South Australian's was approximately 42,000 people (ABS 2017), this represents 5.6% of Australia's Aboriginal and Torres Strait Islander population<sup>22</sup>.

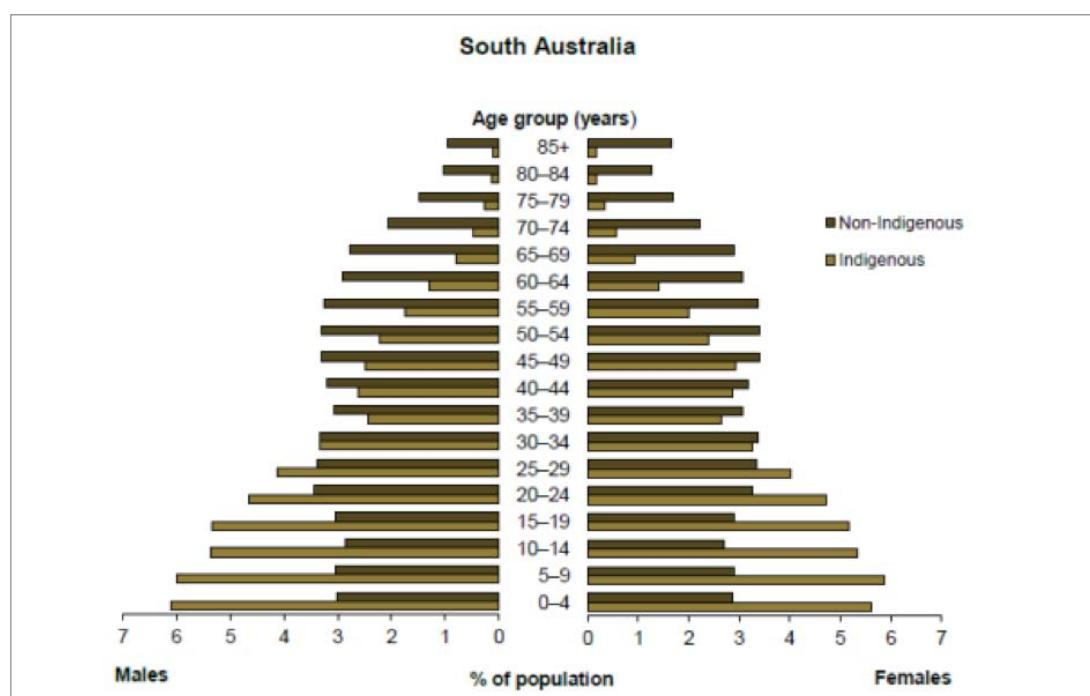


### Demographic Information

The age profile of the Aboriginal population is significantly younger than that of other Australians. Aboriginal people aged less than 15 years account for 34% of the Aboriginal population in South Australia, compared with those under 15 years making up only 17% of the non-Aboriginal population. When it comes to ageing, only 4% of the Aboriginal population are aged 65 and over, compared with 18% of the non-Aboriginal population<sup>23</sup>.

For so many people, Aboriginal and non-Aboriginal, the pain of grief and loss can be overwhelming. Aboriginal people see data or hear statistics related to the poor health outcomes of our men, women and children but the impact is not often considered. Therefore, we would like to acknowledge that the following data and information may raise strong feelings of grief and loss. For us, these are not just numbers, it's personal and the information relates to people that belonged to each and every one of us.

Please be aware that some of the content in our Aboriginal Health Plan may cause sadness and or distress to the reader. To our non-Aboriginal partners and colleagues when sharing this data, we ask that you always take this into account.



## Fertility Rates

In 2015, 718 Aboriginal women gave birth in South Australia, accounting for 3.6% of all women who gave birth in the state<sup>24</sup>. Fertility rates were highest for Aboriginal women in the 20-24 year-old age group (104.0 per 1,000) whereas they were highest in the 30-34 year-old age group (141.5 per 1,000) for non-Aboriginal women. Fertility rates in the 15-19 year-old age groups were higher for Aboriginal women (71.9 births per 1,000) compared with non-Aboriginal women (15.1 births per 1,000)<sup>24</sup>.

In 2015, Aboriginal women were generally younger than non-Aboriginal women, the fertility rate was slightly higher for Aboriginal women (2.0 live births per woman) compared with non-Aboriginal women (1.9 live births)<sup>25</sup>.

## Death Rate

Aboriginal South Australians, in the period 2006-2012, experienced a death rate higher than that for non-Aboriginal South Australians (8.6 per 1000 population compared to 6.6 per 1000 population)<sup>26</sup>. Aboriginal people are more likely to die younger and from potentially preventable causes. Of the 1002 Aboriginal deaths in the period 2006 -2012, 72% were avoidable and 53% were people aged less than 65<sup>27</sup>.

## Immunisation

Vaccination is highly effective in reducing morbidity and mortality caused by vaccine-preventable diseases. Vaccinations have been effective in reducing disease disparities between Indigenous and non-Indigenous Australians<sup>28</sup>.

Data from 2015 shows Aboriginal children aged 1 year old had slightly lower vaccination rates (between 86% and 87%) than non-Aboriginal children (94%) however by age 5 years vaccination rates were higher for Aboriginal children (96%) than non-Aboriginal children (92%)<sup>29</sup>.

## Disability

In South Australia a significantly higher proportion of Aboriginal people (34.5%) self-reported a disability compared with non-Aboriginal people (23.6%)<sup>30</sup>.

In 2014-15, 47% of Aboriginal South Australians aged 15 years and older reported having a disability resulting in an aged standardised rate 1.6 times higher than non-Aboriginal South Australians<sup>31</sup>.

## Out of Home Care

The escalating rate at which Aboriginal and Torres Strait Islander children are removed from their families is a national crisis. In 2016:

**Aboriginal and Torres Strait Islander children are over-represented at every point in the child protection system measured at the national level. They are far more likely than non-Indigenous children to be subject to child protection notifications, investigations, substantiations, to be placed on a protection order and to reside in OOHC. In fact, the over-representation gets significantly greater at each point in the system. Furthermore, the differences between Aboriginal and Torres Strait Islander children and non-Indigenous children have continued to increase dramatically for each and every one of these measures in recent years. Between 2011-12 and 2014-15 for example, the rate at which Aboriginal and Torres Strait Islander children were living in OOHC increased by almost 22 per cent while the comparable rate for non-Aboriginal children only increased by 5 per cent<sup>32</sup>.**

## Health Status and Outcomes

Health Status and Outcomes is a domain in the SA Aboriginal Health Framework. This domain presents health conditions and measures of human function, life expectancy and mortality, all of which provide important insights on the health and wellbeing of the population. Each of these areas can be directly influenced by improvements in prevention efforts, health care provision and social determinants of health.

The following data are of particular note and can assist with planning current and future services and generating discussion, then action on how to reduce inequalities by making well-informed practice and system changes.

### The Health of Aboriginal Babies in South Australia

A mother's health in pregnancy has a major impact on the health of her baby into early childhood and is closely associated with the incidence of chronic disease in adulthood. The health and well-being of entire communities can be improved by a focus on reducing perinatal mortality rates and incidence of low birth weight babies born to Aboriginal mothers.

For the first time in 2012, the Aboriginal status of the baby was also collected independently of the mother. There were 1001 Aboriginal babies born in SA, representing 5% of all babies born in 2015. They comprised 969 (96.8%) Aboriginal, 14 (1.4%) Torres Strait Islander and 18 (1.8%) Aboriginal and Torres Strait Islander<sup>33</sup>.

#### Birthweight

In 2015, a greater percentage of babies born to Aboriginal mothers (12.9%) than non-Aboriginal mothers (6.3%) were of low or very low birth weight. This percentage has been reducing steadily over time<sup>34</sup>.

#### Perinatal Mortality

In 2015, the perinatal mortality rate of babies of Aboriginal women was 13.7 per 1,000 births compared with 9.00 per 1,000 births for births to non-Aboriginal women<sup>35</sup>.

#### Key Issues:

- > Treating obstetric complications and medical conditions
- > Identifying potential risk early in pregnancy
- > Reducing preterm births
- > Health behaviours during pregnancy
- > Transmission/impact of intergenerational trauma
- > Improving access to effective culturally respectful antenatal care
- > Making timely referrals to improve access and outcomes



## The Health of Aboriginal Children in South Australia

Children and young people are at the heart of Aboriginal families and culture. The strength and health of communities can be assessed by thriving, happy and healthy children and young people. The devastation wrought on families, communities and culture by the legacy of colonisation, loss of land and kinship, and intergenerational loss and grief and long-term disadvantage is clearly represented in life expectancy, health and child protection statistics.

Historically Aboriginal and Torres Strait Islander peoples' experience of child welfare policies has been traumatic, with misguided policies leading to the forcible removal of children creating the Stolen Generations<sup>36</sup>.

### Childhood Mortality

Childhood mortality has long been regarded as a good measure not only of child health but also of the population as a whole.

From 2011-2015, the mortality rate for Aboriginal children aged 0-4 years was 2.4 times higher than the rate for non-Aboriginal children in South Australia<sup>37</sup>.

#### Key Issues:

- > Increased rate of Sudden Infant Death Syndrome
- > High number of Aboriginal children with hearing loss
- > Aboriginal children experience high levels of asthma
- > High incidence of dental caries, tooth loss and other oral health conditions
- > Eye conditions
- > Social and emotional wellbeing
- > Transmission/impact of intergenerational trauma

## The Health of Aboriginal Young People in South Australia

The age profile of the Aboriginal population of South Australia is significantly younger than that for other South Australians. People aged under 15 make up 34% of the Aboriginal population when compared with just 17% of the non-Aboriginal population. Maintaining the health of our younger people is essential if we are to combat the early onset of many chronic diseases and close the gap in life expectancy.

### Mental Health

Aboriginal people access mental health services in South Australia at a much higher rate than non-Aboriginal people (96.0 per 100 population occasions of service, compared with 32.7 occasions of service per 100 population). Aboriginal people access services at a higher rate from an earlier age. For example Aboriginal children aged 0-14 access services at almost the same rate as young non-Aboriginal people aged 15-24. Aboriginal people aged 35-44 experienced the highest rates of service (148.7 occasions per 100 population)<sup>38</sup>.

### Blood Borne Viruses and Sexually Transmitted Infections

In the period July 2011 to June 2016 in South Australia, there were 35,827 notified cases of blood borne and sexually transmitted diseases. 10% of all cases were Aboriginal. Chlamydia was the most common condition with a higher number of notifications for gonorrhoea amongst the Aboriginal cohort (31% vs 8%). Hepatitis C notifications were also higher in Aboriginal notifications (10% vs 8%). The majority of notifications were in the 15-44 year-old age group, with 50% occurring amongst those aged 15-24 years<sup>39</sup>.

### Juvenile Detention

Despite Aboriginal young people representing less than 6% of Australia's 10 to 17 year old population, Aboriginal children and young people were estimated to account for 55% of children and young people in detention in 2015-16.

On an average day in 2014-15, in South Australia, Aboriginal people aged 10-17 were nearly 16 times more likely to be under youth justice supervision than non-Aboriginal young people (173 per 10,000 compared with 11 per 10,000)<sup>40</sup>.

#### Key Issues:

- > Aboriginal Youth are imprisoned at 25 times the rate of non-Aboriginal youth
- > In 2016, suicide was the leading cause of death for both Aboriginal and non-Aboriginal children and young people.
- > Transmission/impact of intergenerational trauma
- > Early onset of chronic disease
- > Cultural connections and identity
- > Bullying including Cyber Bullying
- > School retention and educational outcomes

## The Health of Pregnant Aboriginal Women in South Australia

An enhanced program of maternal care, which provides pregnant Aboriginal women with safe, culturally appropriate services, is currently being embedded at the Women's and Children's Hospital in South Australia.

Aboriginal Family Birthing Programs have been operating in South Australia since 2004, following the successful precedent set by the Anangu Bibi Birthing Program originating in Port Augusta (Country Health SA).

Our Aboriginal Family Birthing Program (AFBP) combines specialist Aboriginal Maternal and Infant Care (AMIC) workers and midwives to deliver care to the women and their families.

The AFBP uses the findings from the Aboriginal Families Study (AFS), which invited Aboriginal women to talk about pregnancy and birthing care and the support that they had from services before and after their baby was born.

The AFS ran between 2011 and 2013 was conducted by the Healthy Mothers Healthy Families group at the Murdoch Children's Research Institute in partnership with the Aboriginal Health Council of South Australia, the University of Adelaide and the South Australian Health and Medical Research Institute.

The AFS found high rates of social health issues affecting South Australian Aboriginal women and families during pregnancy, as well as high levels of associated psychological distress after the birth of a child.

The AFBP is part of a major effort to improve health outcomes for Aboriginal women and their babies by providing a comprehensive service from the antenatal stages to after the baby has been born.

Fundamental to this model of care is the role of the AMIC workers. These health professionals have attained Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (practice) with additional maternity modules and are the primary link between the health care services and Aboriginal women and their families.

### Antenatal Care

Of the Aboriginal women for whom week of gestation at first antenatal visit was reported, 56.5% attended for antenatal care within the first 14 weeks of pregnancy (compared with 79% of non-Aboriginal women).

Of the Aboriginal women for whom the number of antenatal visits was reported, 74.2% attended at least seven antenatal visits during pregnancy (compared with 91.7% of non-Aboriginal women)<sup>41</sup>.

The commitment to improved outcomes for Aboriginal women and their babies through culturally appropriate evidence based antenatal, postnatal and early childhood health care is a continuing priority at WCHN. The study findings show that the Aboriginal Family Birthing Program is making a difference to how, when and where Aboriginal women and families access care in pregnancy.



## Breastfeeding

Breastfeeding, particularly in the first month, is associated with many health benefits and provides protection against many health conditions.

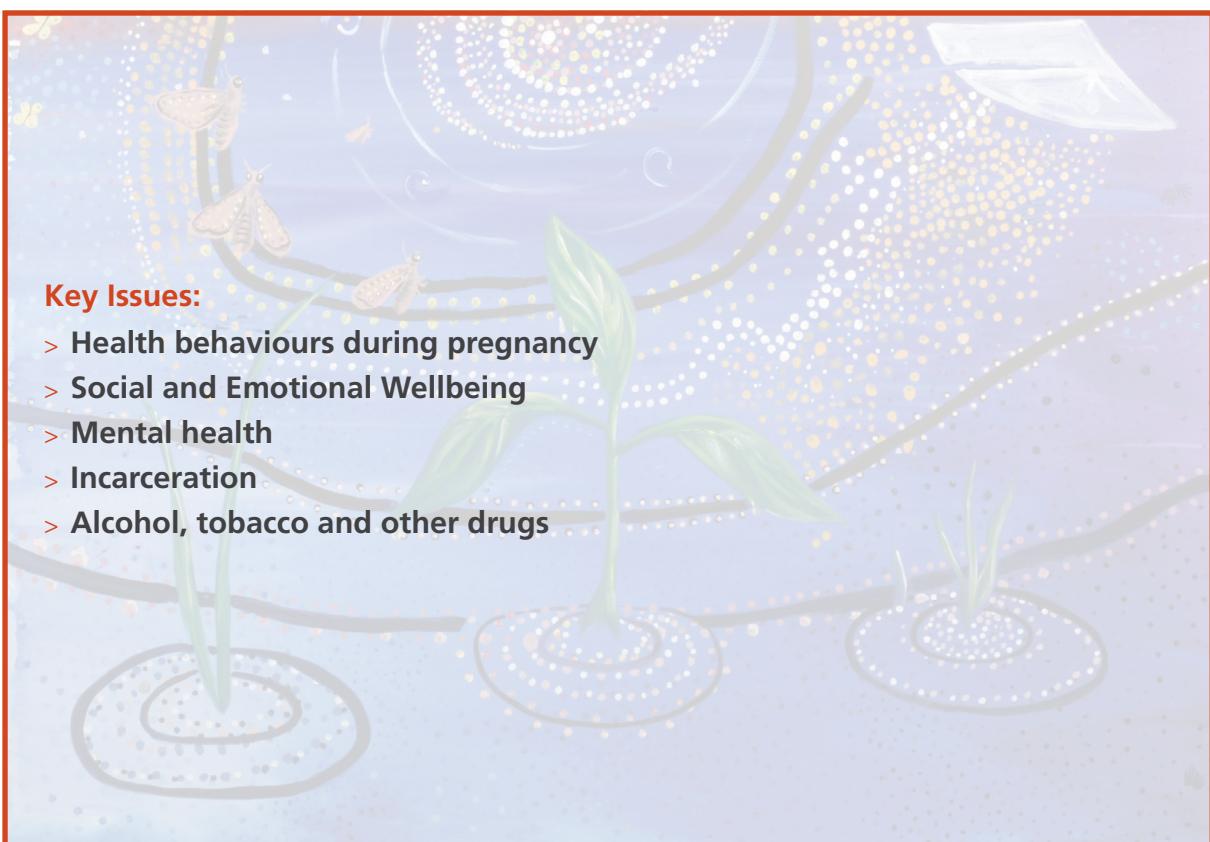
Data from 2014-15 shows 83% of Aboriginal children aged 0-2 have been breastfed, compared with 90% of non-Aboriginal children. The most common duration of breastfeeding was 1 month to less than 6 months (27%) for both Aboriginal and non-Aboriginal children.

Breastfeeding rates for Aboriginal children were highest in Very remote areas (90%) and lowest in Major Cities (73%)<sup>42</sup>.

## Well Women's Screening

SA Health established the Aboriginal and Torres Strait Islander Well Women's Screening Program specifically to address the incidence of cervical cancer in Aboriginal communities.

The program is available across the state (including remote areas) and funds health promotion and education sessions, either in a group setting or one-on-one, through both government and non-government organisations<sup>43</sup>.



The following must be addressed to improve Aboriginal Health Outcomes:

- > Experiences of racism and discrimination
- > High rate of avoidable and preventable deaths
- > Potentially preventable hospital admissions
- > Mental health and wellbeing
- > Diabetes
- > Cardiovascular (heart/stroke) disease
- > Rheumatic heart disease
- > Cancer

## Health System Performance

### Potentially Preventable Hospital Admissions

*Following is a description taken from the National Healthcare Agreement: PI 18-Selected potentially preventable hospitalisations, 2015.*

*Admission to hospital for a condition where the hospitalisation could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management usually delivered in primary care and community-based care settings (including by general practitioners, medical specialists, dentists, nurses and allied health professionals).*

For example, hospitalisations for conditions such as measles and tetanus can be prevented by primary health care through vaccination to prevent the conditions from occurring. Hospitalisations for patients presenting with acute pharyngitis can be prevented through timely treatment in primary health care settings using antibiotics, and hospitalisations for diabetes complications can be prevented through appropriate, long-term management of diabetes by primary and community health practitioners.

The above definition excludes conditions that are preventable predominantly through population health interventions, such as those for clean air and water.

From 2011 to 2015 there were 12,721 potentially preventable paediatric separations at WCH (birth – 19 years). Of these, 882 were Aboriginal children. Children aged 1-4 were 49.1% of the total and also accounted for the majority of vaccine preventable separations (88.0% of such separations in Aboriginal children). The majority were for acute separations, with the largest number for dental conditions (N=392 Aboriginal and N=2,558 non-Aboriginal) and for ears, nose and throat infections (N=142 and N=2,499).

Aboriginal children 0-14 years were also hospitalised for hypertension at a rate of 1.1 per 10,000 population, 2.6 times the rate for non-Aboriginal children (insert table 51.01)

The Women's and Children's Hospital emergency admissions data tells us that Aboriginal people feature disproportionately higher than non-Aboriginal people in the top 10.

Admissions are higher in poisoning/toxic effects, cellulitis (both complex and non-complex) and in critically ill respiratory disorders. Aboriginal women with complex pregnancies are staying longer than non-Aboriginal women.

As part of our Aboriginal Health Plan, we are committed to taking a more in-depth look into our acute hospital data. It will assist us to look at the potentially preventable hospital admissions and ultimately reduce presentations and ensure better health and wellbeing for Aboriginal babies, children, young people, women and their families.

### Key Areas to Monitor Health System Performance

The areas that we can measure our effectiveness, efficiency and responsiveness are:

- > Discharge against medical advice
- > Leaving the emergency department without being seen
- > Readmission within 28 days
- > Aboriginal workforce

## Social and Broader Determinants of Health

The WCHN will continue to work across our Network, across SA Health and with our partners to apply a whole-of-life perspective which recognises the life stages and the social determinants of health in line with SA Health's commitment to relationship management.

**SA Health has an important role as part of a larger health and well-being sector. Our partners in the non-government, education, research, private and Commonwealth sectors are vital in achieving this plan's vision. SA Health works closely as part of the Government of South Australia to improve the social determinants of health and well-being<sup>44</sup>.**

WCHN will work to strengthen partnerships through a coordinated approach to relationship management. As a target outcome, we will:

*Collaborate with others, recognising the social determinants of health, and that where you are born, raised and live influences your chances of being healthy later in life<sup>45</sup>.*

### Broader Determinants of Health

Culture is also an important Determinant of Health. The following information briefly outlines some of the significant events, milestones and issues for Aboriginal people.

#### 1967 Referendum

2017 marked 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.

#### NAIDOC

NAIDOC Week celebrations are held across Australia each July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.

NAIDOC originally stood for 'National Aborigines and Islanders Day Observance Committee'. This committee was once responsible for organising national activities during NAIDOC Week and its acronym has since become the name of the week itself. To find out more about the history of NAIDOC week visit <http://www.naidoc.org.au/about>.

#### Bringing them Home Report

The journey to the national apology began with the Bringing Them Home report – the findings of an inquiry instigated by the Human Rights and Equal Opportunity Commission in 1995.

On 26 May 1997, the report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, entitled Bringing Them Home, was tabled in Parliament.

<https://www.humanrights.gov.au/publications/bringing-them-home-report-1997>

#### Mabo Day

3 June is Mabo Day and commemorates the courageous efforts of Eddie Koiki Mabo to overturn the fiction of terra nullius (land belonging to no-one), the legal concept that Australia and the Torres Strait Islands were not owned by Indigenous peoples because they did not 'use' the land in ways Europeans believed constituted some kind of legal possession.

## National Reconciliation Week 27 May – 3 June

The dates commemorate two significant milestones in the reconciliation journey—the successful 1967 referendum and the High Court Mabo decision.

The week is a time for all Australians to learn about our shared histories, cultures and achievements and to explore how each of us can join the national reconciliation effort.

## National Apology to Stolen Generations and Indigenous people of Australia

On 13 February 2008, the then Prime Minister, Kevin Rudd, delivered an apology to Australia's Indigenous peoples in the Parliament of Australia's House of Representatives; a formal apology to Australia's Indigenous peoples, particularly to the Stolen Generations whose lives had been blighted by past government policies of forced child removal and Indigenous assimilation.

On 21 March 2013, the Parliament of South Australia passed the Constitution (Recognition of Aboriginal Peoples) Amendment Bill 2012, which was assented to by the Governor on 28 March 2013. This Bill amended the Constitution Act 1934 to formally and constitutionally recognise Aboriginal South Australians.

## Redfern Speech

The Redfern Speech was delivered by former Australian Prime Minister Paul Keating on 10 December 1992, in Redfern Park, Sydney in the lead-up to the International Year for the World's Indigenous People (1993). It dealt with the many challenges faced by Indigenous people in modern-day Australia and acknowledged the historic roots of these problems and the impact of European settlement. Visit for a full transcript of the Redfern Speech [https://antar.org.au/sites/default/files/paul\\_keating\\_speech\\_transcript.pdf](https://antar.org.au/sites/default/files/paul_keating_speech_transcript.pdf), delivered in Redfern Park by Prime Minister Paul Keating, 10 December 1992.

## Incarceration Rates

Aboriginal Australians are dramatically over-represented in the criminal justice system, in each state and territory. While Aboriginal people represent 3 percent of Australia's population, they make up more than 27 percent of our Australia's prison population and 55 percent of the youth detention population.

While representing only 2 per cent of Australian women, Indigenous women comprise 34 per cent of the female prison population within Australia. In 2015, the imprisonment rate for Indigenous women was 443 per 100,000 compared to 30 per 100,000 of non-Indigenous women, meaning Indigenous women were 15 times as likely to be incarcerated as non-Indigenous women<sup>46</sup>.

Aboriginal people make up 22% of adult prisoners in SA.

## Child Protection

The escalating rate at which children are being removed from their families is a national crisis. If we continue on this path, carved out by the flawed approaches of consecutive governments, the number of Aboriginal and Torres Strait Islander children in out-of-home care will more than triple in the next 20 years.

**We cannot allow the history of trauma to devastate yet another generation of our children”**

*“Twenty years ago, the Bringing them Home report brought public and political awareness to the destructive impact of the Stolen Generations on communities, families and children – a historical pain that has caused trauma with lasting impacts. We cannot allow the history of trauma to devastate yet another generation of our children”<sup>47</sup>*

**Natalie Lewis, Family Matters Co-Chair**

Immediate action from all levels of government may prevent further generations of children being lost to their families, cultures and communities.

*...factors outside the health system that affect the health of Aboriginal and Torres Strait Islander people. This includes socioeconomic status (for example, income and education), environmental factors (for example, overcrowding), community capacity (for example, child protection), health behaviours (for example, risky alcohol consumption or dietary behaviour) and person-related factors (for example, prevalence of overweight and obesity). Such factors have been shown to have a strong association with disease and ill health.*

## Next Steps – Where to from here?

The *WCHN Aboriginal Health Plan 2018 – 2022* provides the strategic directions and priorities for Aboriginal health highlighting the leadership commitment required to ensure that the targets to address the Aboriginal health inequities are achievable, managed and monitored. The WCHN Aboriginal Health Division will work in partnership with divisional heads to ensure accountability measures are developed, implemented and managed at all levels guided by the *WCHN Aboriginal Health Plan 2018 – 2022* strategic priorities.

### **By 2022 we aim to achieve:**

- > An increased Aboriginal workforce to 4% as a minimum
- > A scorecard to mitigate the strategic risk of failure to improve Aboriginal health outcomes
- > The establishment of clear Aboriginal engagement protocols for WCHN
- > Closing the Gap funded initiatives embedded as core business for WCHN
- > The implementation of a zero tolerance to racism and discrimination campaign
- > Structures and mechanisms established to support staff and consumers to identify, report and take prompt action against racism and discrimination
- > The development and implementation of a cultural governance framework
- > The ability to measure the effectiveness of our Aboriginal Family Birthing Program
- > The integration of the Aboriginal Health Impact Statement as standard policy practice
- > 15% of the Youth Advisory Group will be Aboriginal consumers or community members
- > A WCHN Aboriginal health corporate identity and branding which is recognisable
- > Attendance at 2-3 community events focused on promotion of services to the Aboriginal community.

Each Executive Director will develop a specific action plan for their area, with progress reported quarterly to the Aboriginal Health Steering Committee and the Strategic Executive Committee.

Leadership and monitoring will be provided by the Aboriginal Health Steering Committee and the Strategic Executive Committee.

We will have created data and reporting mechanisms to monitor progress and/or identify gaps; and improved data collection, data sets and reporting to support and inform progress on how effective we are in improving Aboriginal health outcomes.

## Appendices

### Appendix 1 – List of stakeholders consulted and involved in the development of the Aboriginal Health Plan

#### 51 Respondents to Online Survey

##### **Aboriginal Health Council of South Australia**

- > Chief Executive Officers Forum
- > Aboriginal Primary Health Care Workers Forum

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

- > Governing Council
- > Senior Aboriginal Leadership Group
- > Aboriginal Staff Forum
- > Nursing and Midwifery directorate
- > Corporate Services directorate
- > People and Culture directorate
- > Child and Family Health Service
- > Child and Adolescent Mental Health Services
- > Youth and Women's Safety and Wellbeing Service
- > Division of Paediatric Medicine
- > Division of Surgical Services
- > Child Protection Services
- > Women's and Babies division
- > Pharmacy
- > Chaplain Services
- > Allied Health directorate
- > Consumer and Community Partnering Committee
- > Youth Advisory Group

##### **Department for Education and Child Development**

##### **Department for Child Protection**

##### **Wardliparingga, South Australian Health and Medical Research Institute**

##### **Southern Adelaide Local Health Network, Aboriginal Health**

##### **Northern and Central Adelaide Local Health Network, Aboriginal Health**

##### **Country Health SA Local Health Network**

- > Aboriginal Health directorate
- > Ceduna
- > Port Pirie Region and Port Pirie Regional Leadership Meeting
- > Riverland Mallee Coorong Region

##### **Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation**

##### **Moorundi Aboriginal Community Controlled Health Service**

##### **Port Lincoln Aboriginal Health Service**

**Port Lincoln Aboriginal Community Council**

**Port Lincoln Aboriginal Aged Care**

**Ceduna and surrounding homelands**

**Yalata**

**Koonibba Aboriginal Community**

**Maralinga**

**Coober Pedy**

**Oodnadatta**

**Roxby Downs**

**Nunyara**

**Port Augusta including Davenport, Copley and Nepabunna**

**Pika Wiya Health Service Aboriginal Corporation**

## **Appendix 2 – Acknowledgements**

The Women’s and Children’s Health Network would like to thank the many individuals, groups and organisations who took the time to consider our Discussion Paper and to share with us their thoughts, insights, concerns and aspirations.

A special thank you to the many Aboriginal people, including our Aboriginal staff members, who were gracious and courageous when expressing their concerns and their hopes for the future.

The Aboriginal Health Division considered all of the feedback received to develop the new *Aboriginal Health Plan 2018 – 2022*. Overseen by both the Aboriginal Health Steering Committee and the Strategic Executive Committee, the compilation of the new Plan was led by the Working Group comprising the following members:

- > Adjunct Associate Professor Naomi Dwyer
- > Lisa Lynch
- > Heather Baron
- > Jacqueline Ah Kit
- > Cathy Leane
- > Sharon Meagher
- > Sarah McRae
- > Jenny Fereday
- > Allan Ball
- > Alison Russell
- > Sarah Miteff
- > Yasmin Tavkoff
- > Kaylene Kerdel
- > Deanna Stuart-Butler

Implementation of this Plan will require ongoing collaboration between our staff, other agencies and Aboriginal individuals, families, communities and organisations.

Further consultation throughout the implementation of the *Aboriginal Health Plan 2018 – 2022* is fundamental to the success of achieving the strategic priorities within.

### Appendix 3 – Policy Context – National, State and Local

The Women's and Children's Health Network (WCHN) will facilitate the embedding of national and state Aboriginal health strategic and policy directions into WCHN's strategic plans, including its *Aboriginal Health Plan 2018-2022*. The following documents:

- > underpin and guide the delivery and direction of services within the WCHN
- > were considered in the development of this updated Aboriginal Health Plan
- > enable the WCHN to influence national and state Aboriginal health strategic and policy directions in relation to the health and wellbeing of Aboriginal women, young people and babies.

| National Directions:   | Context   |
|--|---|
| National Aboriginal Health Strategy 1989   | <p>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 and Torres Strait Islander health.</p> <p>Although never fully implemented (as indicated by its 1994 evaluation), the NAHS remains the key document in Aboriginal and Torres Strait Islander health. It is extensively used by health services and service providers and continues to guide policy makers and planners.</p>  |
| National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 | <p>The National Strategic Framework for Aboriginal and Torres Strait Islander Health (NSFATSIH) was endorsed by the Australian and State/Territory governments through their respective Cabinet processes and signed by all Health Ministers in July 2003.</p> <p>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.</p>   |
| National Aboriginal and Torres Strait Islander Health Plan                         | <p>The National Aboriginal and Torres Strait Islander Health Plan is an evidence-based policy framework designed to guide policies and programs to improve Aboriginal and Torres Strait Islander health until 2023.</p> <p>National Aboriginal and Torres Strait Islander Health Plan 2013-2023</p>   |
| Birthing on Country Position Statement   | <p>The development of this collaborative position paper between the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), the Australian College of Midwives (ACM) and CRANAPlus underwent extensive consultation and was built on work undertaken through a priority focus from the 2014 CATSINaM Annual Conference.</p> <p>The National Maternity Services Plan (the Plan) which was endorsed by the Australian. <a href="http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesplan">http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesplan</a></p> <p>Health Ministers in November 2010 and released in 2011, recognises the importance of maternity services within health systems and provides a strategic national framework to guide policy and program development across Australia for the subsequent five years.</p> <p>The Plan includes thirteen overarching Actions together with a number of 'sub-actions'.</p> <p>The Maternity Services Inter-jurisdictional Committee has the delegated responsibility for implementing the actions and for reporting on them to the Australian Health Ministers' Advisory Council, through the Health Policy Priorities Principal Committee.</p> <p><b>Action 2.2</b> of the Plan aims to develop and expand culturally competent maternity care for Aboriginal and Torres Strait Islander peoples.</p> <p><b>Action 2.2.3</b> had for its signs of success "Birthing on Country programs for Aboriginal and Torres Strait Islander mothers are established" and "A Birthing on Country framework is developed".</p> |

|   |   |
|---|---|
| Cultural Respect Framework 2016 – 2026 For Aboriginal and Torres Strait Islander Health   | <p>The Cultural Respect Framework (CRF) 2016 – 2026 was developed for the Australian Health Minister's Advisory Council by the National Aboriginal and Torres Strait Islander Health Standing Committee.</p> <p>The CRF is a ten year framework that commits the Commonwealth Government and all states and territories to embedding cultural respect principles into their health system.</p>  |
| <b>South Australian Directions:</b>   | <b>Context</b>  |
| South Australia's Strategic Plan  | <p>Two of the key priorities of South Australia's Strategic Plan are to improve Aboriginal health and wellbeing, as well as, increasing Aboriginal leadership opportunities.</p>  |
| Treaty Discussions:<br>The State Government will commence treaty discussions with Aboriginal South Australians in 2017, with the assistance of the recently-appointed Treaty Commissioner, Dr Roger Thomas. | <p>For the first time in Australia's history, this landmark announcement commits an Australian government to tailored negotiations with Aboriginal groups, to recognise the cultural authority of Australia's first people, and consider the consequences of settlement.</p> <p>It is a significant step in South Australia's Reconciliation journey, and critical to strengthening the relationship between the government and Aboriginal South Australians.</p>   |
| Aboriginal Regional Authorities   | <p>The first South Australian Aboriginal organisations to be recognised under the Aboriginal Regional Authority Policy are:</p> <ul style="list-style-type: none"> <li>&gt; The Adnyamathanha Traditional Lands Association, representing the Adnyamathanha People of the Flinders Ranges.</li> <li>&gt; The Far West Coast Aboriginal Corporation representing the Far West Coast Aboriginal People, made up of the Wirangu, Mirning, Kokatha, Maralinga Tjarutja, and Yalata People, as well as the descendants of Edward Roberts.</li> <li>&gt; The Ngarrindjeri Regional Authority representing the Ngarrindjeri People of the Lower River Murray and Coorong.</li> </ul> <p>Unique to South Australia, the Aboriginal Regional Authority Policy seeks to formally recognise Aboriginal organisations responsible for representing and advocating for their communities, driving regional priorities and economic growth, and working in partnership with government on key issues.</p> <p>It heralds the beginning of a new relationship between government and Aboriginal South Australians that is underpinned by mutual respect and recognition of the enduring cultural authority of Aboriginal South Australians.</p> |
| Statement of Reconciliation   | <p>In 1999 SA Health became the first government agency nationally, to produce a Statement of Reconciliation.</p> <p>The statement was renewed in 2014 and is distributed throughout the agency as a policy directive.</p>  |
| SA Aboriginal Chronic Disease Consortium Road Map for Action  | <p>The South Australian Aboriginal Chronic Disease Consortium was established to improve the health and wellbeing of Aboriginal South Australians by working to prevent and detect early heart, stroke, cancer and diabetes as well as support those who are living with these chronic diseases.</p> <p>The Consortium is being guided by:</p> <ul style="list-style-type: none"> <li>&gt; the South Australian Aboriginal Heart and Stroke Plan 2017-2021,</li> <li>&gt; the South Australian Aboriginal Diabetes Strategy 2017-2021, and</li> <li>&gt; the South Australian Aboriginal Cancer Control Plan 2016-2021.</li> </ul> <p>SA Aboriginal Chronic Disease Consortium Road Map for Action 2017-2021 is a document that outlines the priorities across all three plans.</p>   |

| SA Health Policy and Strategic Directions:            | Context  |
|---|--|
| Aboriginal Health Care Plan 2010-2016                 | <p>The Aboriginal Health Care Plan highlights the positive ways our State's health services can improve the health of Aboriginal South Australians. Reflecting the direction of the South Australian Health Care Plan 2007-2016, it has a focus on early detection and management of chronic disease, and on more health promotion and prevention programs.</p>  |
| SA Health Strategic Plan 2017-2020                    | <p>The new SA Health Strategic Plan 2017-2020 and associated Early Actions Plan aligns with South Australia's Strategic Plan to achieve a contemporary and sustainable health and wellbeing system.</p> <p>These Plans signal changes to strengthen our culture and our partnerships and to support our workforce.</p> <p>SA Health's new Strategic Plan will ensure the delivery of a safe, contemporary and sustainable health care system into the future, setting the foundation for us to confidently move forward in developing and aligning business and operational plans at the local level across the organisation.</p> <p>Designed through feedback, the new Plan provides the opportunity for everyone to participate in achieving our vision, remembering that SA Health's role is to:</p> <p><b>Lead:</b> Enable, protect, guide and support the health and wellbeing of all South Australians.</p> <p><b>Partner:</b> Collaborate with a diverse range of partners so that South Australians benefit from a full range of health and wellbeing services.</p> <p><b>Deliver:</b> Directly provide a core set of evidence-based, high quality services as part of the spectrum from beginning to end-of-life.</p> |
| SA Health Research Focus 2020 Framework               | <p>The Framework outlines SA Health's commitment to health and medical research and includes 10 goals that will drive further efforts and activity across SA Health.</p> <p>Research is an essential component of SA Health's mission as it supports innovation, attracts high quality staff, and delivers health, social and economic benefits for South Australia.</p> <p>The Office for Research within the Department for Health and Ageing will develop and publish an implementation plan to support the research focus framework, and will work closely with key stakeholders across SA Health and the South Australian health and medical research community.</p>  |
| SA Health Aboriginal Health Impact Statement Policy   | <p>Policy Directive: Compliance is Mandatory.</p> <p>The Aboriginal Health Impact Statement Policy Directive aims to ensure that Aboriginal stakeholders have been engaged in the decisions that affect their health and wellbeing. Culturally respectful engagement will ensure that proposals optimally address Aboriginal health disparities.</p>   |
| SA Health Reconciliation Framework for Action 2014-19 | <p>The Reconciliation Framework for Action was developed in 2013 to provide a framework for Local Health Networks and the Department for Health and Ageing in the development of regional Reconciliation Action Plans.</p> <p>The Department for Health and Ageing has produced a Reconciliation Action Plan specific to the Department.</p>   |

|   |   |
|---|---|
| SA Health Aboriginal Workforce Framework 2017 – 2022                | <p>Aboriginal workforce across the public health sector in clinical, non-clinical and leadership roles.</p> <p>Increasing Aboriginal employment in SA Health will have a positive impact on the care received by Aboriginal people as well as supporting the economic and social wellbeing of Aboriginal people through direct and indirect benefits of employment.</p>   |
| SA Health Aboriginal Cultural Learning Framework                    | <p>The Aboriginal Cultural Learning Framework has been developed to enable SA Health to provide a consistent approach to the improvement of the cultural competency within its workforce in order to meet the needs of its Aboriginal consumers.</p>  |
| SA Health Aboriginal and Torres Strait Islander Health Practitioner | <p>In 2009, the Australian Health Ministerial Advisory Council (AHMAC) agreed that Aboriginal and Torres Strait Islander Health Workers in clinical roles would be included in the National Registration and Accreditation Scheme, with the protected titles of 'Aboriginal and Torres Strait Islander Health Practitioner', 'Aboriginal Health Practitioner' and 'Torres Strait Islander Health Practitioner'.</p> <p>This came into effect on 1 July 2012 under the Health Practitioner Regulation National Law and with the establishment of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPB), supported by the Australian Health Practitioner Regulation Agency (AHPRA).</p> <p>Portfolio Executive endorsed the following documents for the Aboriginal Health Practitioner (AHP) profession within SA Health in line with the Health Practitioner Regulation National Law and according to the requirements of the Aboriginal and Torres Strait Islander Health Practice Board;</p> <ul style="list-style-type: none"> <li>&gt; Health Practitioner Clinical Governance and Scope of Practice</li> <li>&gt; Practitioner Professional Structure</li> </ul> |
| Equal Opportunity Act Exemption For Aboriginal Health Vacancies     | <p>Department for Health and Ageing (DHA) has been granted an Equal Employment Opportunity Exemption until September 2019 for employing Aboriginal and Torres Strait Islander people.</p> <p>This exemption enables SA Health and members of the Aboriginal Health Council of South Australia to:</p> <ul style="list-style-type: none"> <li>&gt; Specifically advertise for Aboriginal and/or Torres Strait Islander people when filling vacancies in a number of specified Aboriginal Health roles.</li> <li>&gt; Preference the appointment of Aboriginal and/or Torres Strait Islanders applicants when filling these roles</li> </ul>  |
| SA Health Guide for Engaging with Aboriginal People                 | <p>A practical framework to support Local Health Networks to inform stakeholder engagement, active partnerships with the Aboriginal community and culturally specific approaches to engagement. The guide is supported by the Better Together: Principles of Community Engagement.</p>  |

| WCHN Directions:  | Context  |
|---|--|
| Women's and Children's Health Network Strategic Plan 2011-15  | The WCHN Local Strategic Management Plan is currently being developed.   |
| Women's and Children's Health Network's Reconciliation Action Plan, The Past, The Present and The Future: An Action Plan for Reconciliation - Continuing our Journey... | <p>Reconciliation Action Plan 2017 – 2020:</p> <ul style="list-style-type: none"> <li>&gt; Details activities to build positive relationships and provide equitable opportunities with and for Aboriginal people</li> <li>&gt; Provides a framework with a clear indication on how the WCHN strives to build reconciliation in 2017 – 2020</li> <li>&gt; Explores how reconciliation can advance our business and organisational objectives that contribute toward closing the health gap between Aboriginal and non-Aboriginal people</li> <li>&gt; Commits us to continue to promote an understanding of Aboriginal people, communities, cultures, heritage and aspirations within the WCHN</li> <li>&gt; Supports State and National strategies and campaigns</li> <li>&gt; Supports and guides us as members of staff to build positive relationships between all Australians and demonstrates that as a network we continue to be genuinely committed to reconciliation.</li> </ul> |
| Consumer and Community Engagement and Responsiveness Strategy 2015 – 2018.<br>WCHN Consumer and Community Engagement Strategy 2019 - 2024                               | <p>In 2015 the Women's and Children's Health Network committed to working in partnership with the Health Consumers Alliance to develop a new way of engaging with the community and consumers in service delivery, design and processes</p> <p>A project advisory group was established alongside a management advisory group, in which consumers co-chaired and led the process. A literature review was conducted in early 2015 about the current landscape of community and consumer engagement.</p> <p>In 2018 the responsiveness strategy was evaluated and replaced with a revised strategy to mature the development of community engagement within the Health Network.</p>   |
| WCHN Child and Youth Engagement Framework   | <p>A practical guide to support staff to effectively engage in a reasonable, timely, meaningful and developmentally appropriate manner with children and young people.</p> <p>A considerable focus was placed on engaging Aboriginal children and young people who accessed our services or may have experienced trauma or are unwell.</p>   |
| WCHN Public Promotion Framework   | An active guide describing culturally and developmentally appropriate mechanisms for the public promotion of safety, quality, innovation and organisational information to consumers, carers and the community.  |

High level strategic policies (encompassing both policy directives and policy guidelines) give effect to the visions and directions of the government and guide the whole direction and culture of the department or the portfolio. If you do not know whether a policy document is a policy directive or a policy guideline, you can view a complete A to Z list of all policy documents on the A - Z policy directives and policy guidelines page.

## **Appendix 4 – Definitions**

### **Aboriginal Health**

Aboriginal health defined... Aboriginal health means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life. As defined in NACCHO's Constitution as amended 9 March 2006 also from the National Aboriginal Health Strategy (NAHS) 1989.

**Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity. 1989 National Aboriginal Health Strategy (NAHS).**

### **Social Determinants**

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)

**It needs to be recognised that Birthing on Country occurred for many thousands of years before women were removed to birth in other settings. Hence, from a historical perspective, it is a relatively new phenomenon to not birth on country.**

### **Closing the Gap**

Closing the Gap is a commitment by all Australian governments to work towards a better future for Aboriginal and/or Torres Strait Islander peoples. It aims to close the gap of Indigenous disadvantage in areas such as health, housing, education and employment. For more information, visit [www.dpmc.gov.au](http://www.dpmc.gov.au)

### **Birthing on Country**

Aboriginal and Torres Strait Islander women have been advocating for many years that Birthing on Country will improve maternal and infant outcomes because of the integral connection between birthing, land (country) and place of belonging. Kildea, S. and V. Van Wagner, 2012. 'Birthing on Country,' Maternity Service Delivery Models: A review of the literature. An Evidence Check rapid review brokered by the Sax Institute (<http://www.saxinstitute.org.au>) on behalf of the Maternity Services Inter-- Jurisdictional Committee for the Australian Health Minister's Advisory Council: Sydney.

It needs to be recognised that Birthing on Country occurred for many thousands of years before women were removed to birth in other settings. Hence, from a historical perspective, it is a relatively new phenomenon to not birth on country.

The terms 'Birthing on Country' and 'Birthing on Country Models' are generally not well understood.

**Birthing on Country is described as  
'...a metaphor for the best start in life for Aboriginal and  
Torres Strait Islander babies and their families' which  
provides an appropriate transition to motherhood and  
parenting, and an integrated, holistic and culturally  
appropriate model of care for all<sup>48</sup>.**

## Appendix 5 – Commonly Used Acronyms

|                |   |          |  |
|----------------|---|----------|--|
| AARD           | Aboriginal Affairs and Reconciliation Division      | HACC     | Home and Community Care  |
| ABS            | Australian Bureau of Statistics                     | HPC      | Health Performance Council   |
| ACC            | Aboriginal Cultural Consultant                      | HFL      | Healthy for Life   |
| ACCHO          | Aboriginal Community Controlled Health Organisation | HPF      | Health Performance Framework   |
| ACCHS          | Aboriginal Community Controlled Health Service      | LHN      | Local Health Network   |
| AFBP           | Aboriginal Family Birthing Program                  | MBS      | Medicare Benefit Schedule  |
| AHCSA          | Aboriginal Health Council of South Australia        | NACCHO   | National Aboriginal Community Controlled Health Organisation             |
| AHD            | Aboriginal Health Division                          | NAHS     | National Aboriginal Health Strategy (1989)                               |
| AHMAC          | Australian Health Ministers' Advisory Council       | NAIDOC   | National Aborigines and Islanders Day Observance Committee               |
| AHMC           | Australian Health Ministers' Council                | NALHN    | Northern Adelaide Local Health Network                                   |
| AHIP           | Aboriginal Health Improvement Plan                  | NATSIHSC | National Aboriginal and Torres Strait Islander Health Standing Committee |
| AHP            | Aboriginal Health Practitioner                      | NATSIHWA | National Aboriginal and Torres Strait Islander Health Worker Association |
| AHSC Committee | Aboriginal Health Steering Committee                | NATSIWA  | National Aboriginal and Torres Strait Islander Women's Alliance          |
| AHW            | Aboriginal Health Worker                            | NGO      | Non-Government Organisation  |
| AIHW           | Australian Institute of Health and Welfare          | NHMRC    | National Health and Medical Research Council                             |
| ALO            | Aboriginal Liaison Officer                          | NPYWC    | Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council        |
| ALU            | Aboriginal Liaison Unit                             | PBS      | Pharmaceutical Benefits Scheme   |
| AMIC           | Aboriginal Maternal and Infant Care                 | PHN      | Primary Health Network   |
| AMS            | Aboriginal Medical Service                          | POU      | Pregnancy Outcome Unit   |
| ALRM           | Aboriginal Legal Rights Movement                    | PPG      | Perinatal Practice Guideline   |
| APY            | Anangu Pitjantjatjara Yankunytjatjara               | TQEH     | The Queen Elizabeth Hospital   |
| CaFHS          | Child and Family Health Service                     | RAH      | Royal Adelaide Hospital  |
| CALHN Network  | Central Adelaide Local Health Network               | RAP      | Reconciliation Action Plan   |
| CAMHS          | Child and Adolescent Mental Health Service          | RCIADIC  | Royal Commission into Aboriginal Deaths in Custody                       |
| CCPC           | Consumer and Community Partnering Committee         | RTO      | Registered Training Organisation   |
| COAG           | Council of Australian Governments                   | SAAS     | SA Ambulance Service   |
| CHSALHN        | Country Health SA Local Health Network              | SADS     | SA Dental Services   |
| CTG            | Closing the Gap                                     | SAHMRI   | South Australia Health and Medical Research Institute                    |
| DCP            | Department for Child Protection                     | SALHN    | Southern Adelaide Local Health Network                                   |
| DECD           | Department for Education and Child Development      | TOR      | Terms of Reference   |
| DoHA           | Department for Health and Ageing                    | WCHN     | Women's and Children's Health Network                                    |
| ED             | Emergency Department                                | WHO      | World Health Organisation  |
| FMC            | Flinders Medical Centre                             | YAG      | Youth Advisory Group (Committee)   |
| GP             | General Practitioner                                |          |  |

## Appendix 6 – References

- <sup>1</sup> Government of South Australia, Department for Health and Ageing, 2017, *SA Strategic Plan 2017 to 2020*
- <sup>2</sup> National Aboriginal and Torres Strait Islander Health Standing Committee of the Australian Health Ministers' Advisory Council. Cultural respect framework 2016–2026 for Aboriginal and Torres Strait Islander health. Canberra: AHMAC; 2016.
- <sup>3</sup> Women's and Children's Health Network, 2017, *Reconciliation Actiona Plan: The Past, The Present, The Future, an action plan for reconciliation 2017-2020, Continuing our journey.*
- <sup>4</sup> Government of South Australia, Department for Health and Ageing, 2018, *SA Health Aboriginal Cultural Learning Framework*
- <sup>5</sup> Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). *The First Thousand Days: An Evidence Paper*. Parkville, Victoria; Centre for Community Child Health, Murdoch Childrens Research Institute.
- <sup>6</sup> Australain Human Rights Commission, National anti-racism strategy and racism. It stops with me campaign <https://www.humanrights.gov.au/our-work/race-discrimination/projects/national-anti-racism-strategy-and-racism-it-stops-me-campaign>
- <sup>7</sup> Government of South Australia, Department for Health and Ageing, 2018, *SA Health Aboriginal Cultural Learning Framework*
- <sup>8</sup> Australian Health Ministers' Advisory Council, 2016,Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander health
- <sup>9</sup> Moore, T.G., Arefadib, N., Deery, A., & West, S. (2017). *The First Thousand Days: An Evidence Paper*. Parkville, Victoria; Centre for Community Child Health, Murdoch Children's Research Institute.
- <sup>10</sup> National Maternity Services Plan: <http://www.health.gov.au/internet/main/publishing.nsf/content/maternityservicesplan>
- <sup>11</sup> Feedback from the Department for Child Protection to the new Aboriginal Health Improvement Plan Discussion Paper. August 2017
- <sup>12</sup> Women's and Children's Health Network, Person and Family-Centred Care Charter, [www.wch.sa.gov.au/support/consumer/pfcc\\_charter.html](http://www.wch.sa.gov.au/support/consumer/pfcc_charter.html)
- <sup>13</sup> Government of South Australia, 2018, Child and Family Health Service Model of Care, [http://inside.wchn.sa.gov.au/webs/child\\_family/documents/esdf/CaFHS\\_Model\\_of\\_Care\\_January-2018.pdf](http://inside.wchn.sa.gov.au/webs/child_family/documents/esdf/CaFHS_Model_of_Care_January-2018.pdf)
- <sup>14</sup> Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017.
- <sup>15</sup> Australian Government, 2013, National Aboriginal and Torres Strait Islander health plan 2013-2023, Department Health and Ageing, Canberra
- <sup>16</sup> WCHN Governing Council's response to the new Aboriginal Health Improvement Plan Discussion Paper. June 2017
- <sup>17</sup> Australian Indigenous Health InfoNet, history of Closing the Gap, <http://www.healthinfonet.ecu.edu.au/closing-the-gap/key-facts/what-is-the-history-of-closing-the-gap>
- <sup>18</sup> Women's and Children's Health Network, 2017, *Reconciliation Actiona Plan: The Past, The Present, The Future, an action plan for reconciliation 2017-2020, Continuing our journey.*
- <sup>19</sup> National Aboriginal health Strategy Working Party 1989, National Aboriginal Health Strategy.
- <sup>20</sup> Government of South Australia, SA health, HealthCare Act, 2008, <https://www.legislation.sa.gov.au/L7/C/A/HEALTH%20CARE%20ACT%202008/CURRENT/2008.3.UN.PDF>
- <sup>21</sup> Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. *South Australian Aboriginal Health Needs and Gaps Report*: Women's and Children's Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.
- <sup>22</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW.
- <sup>23</sup> ibid
- <sup>24</sup> Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. *South Australian Aboriginal Health Needs and Gaps Report*: Women's and Children's Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.
- <sup>25</sup> ibid
- <sup>26</sup> ibid
- <sup>27</sup> ibid
- <sup>28</sup> Menzies & Singleton 2009 in Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW, p.118.
- <sup>29</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW.

- <sup>30</sup> Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Women's and Children's Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.
- <sup>31</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW.
- <sup>32</sup> Family Matters, 2016, The Family Matters Report, Measuring trends to turn the tide on Aboriginal and Torres Strait Islander child safety and removal, [http://www.familymatters.org.au/wp-content/uploads/2016/12/Family\\_Matters\\_Report\\_2016.pdf](http://www.familymatters.org.au/wp-content/uploads/2016/12/Family_Matters_Report_2016.pdf)
- <sup>33</sup> Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R. Pregnancy Outcome in South Australia 2015. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2017.
- <sup>34</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW.
- <sup>35</sup> Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R. Pregnancy Outcome in South Australia 2015. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2017.
- <sup>36</sup> Bringing them Home Report (1997), Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families April 1997, Australian Human Rights Comission
- <sup>37</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW.
- <sup>38</sup> Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Women's and Children's Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide.
- <sup>39</sup> ibid
- <sup>40</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW.
- <sup>41</sup> Scheil W, Jolly K, Scott J, Catcheside B, Sage L, Kennare R. Pregnancy Outcome in South Australia 2015. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2017.
- <sup>42</sup> Australian Institute of Health and Welfare 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 report: South Australia. Cat. no. IHW 181. Canberra: AIHW.
- <sup>43</sup> Gibson O, Peterson K, McBride K, Shtangey V, Xiang J, Eltridge F, Keech W. 2017. South Australian Aboriginal Health Needs and Gaps Report: Women's and Children's Health Network, 2017. Wardliparingga Aboriginal Research Unit, SAHMRI, Adelaide, p.178
- <sup>44</sup> Government of South Australia, Department for Health and Ageing, 2017, *SA Strategic Plan 2017 to 2020*
- <sup>45</sup> SA Health Strategic Plan 2017 to 2020 Early Actions, Department for Health and Ageing, Government of South Australia.
- <sup>46</sup> ABS (2013). Estimates of Aboriginal and Torres Strait Islander Australians, June 2011. Canberra: ABS; ABS (2016). Prisoners in Australia, 2016. Canberra : ABS; AIHW (2017). Youth justice in Australia 2015-16. Table S75a: Young people in detention on an average day by sex and Indigenous status, states and territories, 2015-16. AIHW Bulletin no. 139. Cat. No. AUS 211. Canberra: AIHW
- <sup>47</sup> Family Matters, 2017, Family Matters Report 2017: Without urgent action the number of Aboriginal and Torres Strait Islander children removed from family will triple in the next 20 years, <http://www.familymatters.org.au/family-matters-report-2017-without-urgent-action-number-aboriginal-torres-strait-islander-children-removed-family-will-triple-next-20-years/>
- <sup>48</sup> Kildea, S., Magick Dennis, F. & H. Stapleton. 2013. Birthing on Country Workshop Report Alice Springs, 4 July 2012, Australian Catholic University and Mater Medical Research Unit on behalf of the Maternity Services Inter---Jurisdictional Committee for the Australian Health Ministers' Advisory Council (p10)

## Notes



For more information

**Aboriginal Health Division**  
295 South Terrace  
Adelaide SA 5000  
**Telephone: (08) 8303 1674**



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

© Department for Health and Ageing, Government of South Australia.  
All rights reserved. March 2018. (Digital Media 7011)



Government  
of South Australia  
SA Health