Aboriginal Child Well Health Checks—the benefits of a positive first experience

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The purpose of our program is to facilitate well health checks for Aboriginal children; starting with a positive first experience that hopefully continues with each subsequent well health check visit to build trust and confidence between the children/families and health services.

After extensive experience, consultation and reflection, we have developed a model to facilitate Aboriginal Child Well Health Checks (AbCWHCs). This model is not based on any adult health check model as it is clear to us as workers who specialise in child & family friendly services that this would not be useful.

We have identified three features of our program that we believe are essential for facilitating AbCWHCs. They are: parent permission, frequency of the well health check, and the role of Aboriginal Program worker or Aboriginal Health Worker.

Note: the title 'Aboriginal Health Worker' is reserved only for those workers with appropriate health qualifications.

We now will outline details of these 3 key features:

The role of the Aboriginal Program Worker / Aboriginal Health Worker (AP/HW) is to:

- identify families with Aboriginal children and approach them to participate in the child well health checks program
- obtain written permission and information from the family/guardian to facilitate the well health checks
- offer transport and/or to accompany the family to appointments; not only for the well health check, but also to any follow up services required including ongoing treatment, medical specialist and allied health appointments. This support is offered even if travel to Adelaide is required
- home visit when appropriate
- make contact with health services on behalf of the families to schedule, synchronise (if there is more than one child), change or cancel appointments
- encourage families to raise any health concerns they may have about their child/ren
- above all to 'walk with families'. With their permission, we offer support, explanations, clarifications and advocate around any health services the families may require

We consider the role of the AP/HW, as outlined above, to be essential for enabling culturally appropriate, successful & ongoing AbCWHCs for each child; helping to break the cycle of suspicion, mistrust and even fear of health services which currently predominates in Aboriginal communities.

The frequency of Aboriginal Child Well Health Checks

As recommended in the SA Aboriginal Health Care Plan 2010 to 2016 the well health checks occur on a yearly basis. However, we have found that it is important to make time adjustments to this schedule to take into account any additional treatment/contacts required in between the well health checks. For example, a yearly recall for a dental well health check becomes unnecessary for a child if an early
intervention schedule of 3 monthly fluoride treatments is already in place. It is important to make these adjustments to avoid family ‘overload’ of appointments.

To implement our AbCWHCs model in a systematic and accumulative manner we have focused on 2 year old children rather than starting with children across all ages. We sign up for both medical and dental checks those families with children who are 2 to 3 years old. This age range is ideally positioned between the Child Youth & Women’s Health Service home visiting scheme finishing, and Kindy starting at 3 years of age.

Our program seeks to ensure that 2 year old children receive a positive first experience when attending their first ever dental appointment, and have a positive first non-urgent visit to their doctor / health clinic.

Note: Having made the starting point for our program with 2 year olds however, we felt it important to include any older children in the families that had signed up.

**Parent/Guardian Permission for Child Health Checks**

In our program, parents/guardians are approached to participate through child care centres, educational facilities, community health or through Families SA or community connections.

The AP/HW discusses with the parent/guardian the reasons for and the benefits of AbCWHCs, and a brochure is provided. Written permission is then completed enabling the AP/HW to facilitate the AbCWHCs.

Families only need to provide details that are clearly linked to enabling the AbCWHCs to be facilitated. This includes exchange of mobile phone contacts, and the names of all people they give permission to be involved in their child/ren's AbCWHCs. They also let the AP/HW know the name of the doctor or service that they would like to access for the medical checks.

Note: In Murray Bridge we have not had any requests from families to arrange a dental check with any agency other than the South Australian Dental Service (SADS)

A significant part of gaining parent/guardian trust and permission to allow us to facilitate health checks for their child/ren has been to assure them that culturally appropriate confidentiality will be provided. Families / children are not registered with our service by opening the usual client health record (which would require a lot more information to be disclosed by the family). The written permission and information we collect is kept in a 'close the gap' file system that is only accessed by the health staff involved in the AbCWHC program. We argue that because we are merely facilitating the health check and not actually providing the check that there is no need to risk undermining trust by requiring a complete health file to be opened.

Another way that we are supporting culturally appropriate confidentiality is that we advise families about any change of AP/HW involved in the program as this may affect their willingness to participate. The AP/HW can also choose to opt out of working with a particular family if they believe they are not in a relationship position that will enable them to successfully facilitate the well health check. For this reason and to also improve the sustainability of the program several AP/HWs have been trained in the program so we can call upon a different AP/HW to work with specific families if necessary.

So, the way we have tackled the role of the AP/HW, the frequency of the well health checks and parent permission has enabled us to be very successful in facilitating AbCWHCs. But of course how the actual well health check is done will also have a huge impact on the success of the program in terms of both improving the health of Aboriginal children and building long term trust & confidence between the children / families and health services.
We have negotiated directly with both the dental and medical services in our area to establish the AbCWHCs. We want to be able to recommend with confidence to participants a child/family friendly, culturally appropriate AbCWHC that fosters trust and long term positive connection with health services.

The SA Aboriginal Health Care Plan 2010 to 2016 recommends that an AbCWHC focuses particularly on ears, eyes and teeth. For children under 4 years of age these can be adequately covered by yearly medical and dental well health checks. Beyond 4 years of age, optometry and audiometric testing also need to be added.

We also recommend including in the well health check: skin, respiratory function and immunisation status, as well as any particular concern the parent/guardian may have.

In our negotiations with providers of AbCWHCs we have highlighted the following as important to leave out of an AbCWHC appointment if we are to avoid undermining the development of long term trust and positive connection with health services:

- **no tackling of health promotion issues**
  Such issues as passive smoking, healthy eating and hygiene are best targeted through AP/HW-led health promotion activities that are community based or that follow on from the child well health check. Tackling these issues at the well health check appointment is very difficult to do in a non-judgemental way due to time constraints.

- **No screening by outside agencies**
  Screening days and screening appointments increase the number of appointments required if anything does need follow up so this should be avoided. The well health checks should be done by a dental therapist and a medical officer/Aboriginal Health Worker so that any follow up can commence immediately.

  Note: If there is an Aboriginal Health Worker working with the doctor then anything identified by the Aboriginal Health Worker as needing attention from the doctor should be done in the same visit.

- **No questionnaires or surveys**
  Questionnaires and survey formats speed up a service's access to client information and require answers to lots of questions. For these reasons they are culturally compromising and very difficult to do in a non-judgemental way.

- **No ‘ambushing’ of parents**
  Don't ask parents to undergo health checks themselves (for example, taking their bloods) once they have arrived for the AbCWHC unless of course this has been arranged prior to the appointment. Such opportunistic testing can seriously undermine long term trust and positive connection with health services.

Our planning meetings with the South Australian Dental Service demonstrated that we shared an understanding of what constituted a child / family-friendly service and a culturally appropriate AbCWHC. We now have more than 23 families regularly connecting with dental services through the AbCWHCs program. We are currently expanding the number of connections we have to improve dental health for both Aboriginal children and adults.

Unfortunately we have had less success with supporting and facilitating medical child well health checks. The uncertainty generated by the transitioning from the local community health service to an
Aboriginal Community Controlled Health service, and of primary health services transitioning to Medicare Locals has a lot to do with this.

We are attempting to overcome these difficulties by seeking guidance and support from the executive committee of the local Aboriginal Youth and Family Network so that they can bring together Aboriginal community and local health services to find a local solution that will anticipate and incorporate the changes to come.

We recommend that anyone planning to implement AbCWHCs to not only consider the content & format of the well health checks but to also consider how they will facilitate them and whether their approach will contribute to the Aboriginal community's long term trust and positive connection with health services. Thank you

SA Plans that directly inform this project:

- Aboriginal Health Care Plan 2010 to 2016 / South Australia, Dept. of Health, Statewide Services Strategy Division
- South Australia's Oral Health Plan 2010-2017, SA Dental
- Primary Prevention Plan 2011-2016, South Australia, Dept of Health, Statewide Services Strategy Division