

Aboriginal Families' Engagement in Maternal and Child Health Services Review – Key Findings

The Maternal and Child Health Service supports families in the areas of parenting, health and development, provides referrals to other professionals and links families together across local communities.

While participation in Maternal and Child Health (MCH) services has improved over time, participation is still lower for Aboriginal families. To identify how MCH services could better respond to the needs of Aboriginal families, the Department of Education and Training initiated a review of Aboriginal families' engagement with MCH services (the Review).

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) was engaged to undertake Phase 1 of the Review, to analyse the current scope of MCH service provision to Aboriginal families and identify – from a service provider perspective – potential factors that affected Aboriginal children and families' access to MCH services. VACCHO consulted with 62 health professionals from 26 organisations through an online survey and face-to-face workshops.

ACIL Allen Consulting were engaged to undertake Phase 2, exploring Aboriginal families perceptions and experiences of MCH services, and to identify enablers and barriers to their engagement with such services. Phase 2 consultations contained feedback from 121 Aboriginal families in eight sites gathered through focus groups, personal discussions and surveys.

Maternal and Child Health service models

There are 27 Aboriginal Community Controlled Organisations (ACCHOs) in Victoria. Four ACCHOs have MCH services embedded within their organisation. Local councils provide MCH outreach to a further 16 ACCHOs.

The Review found many Aboriginal families move between mainstream and ACCHO MCH services due to factors such as relationships with MCH nurses, family mobility and convenience of access.

Many families identified a clear preference for ACCHO based MCH services due to the continuity of care provided (from the antenatal period) and the convenience of co-located services at the ACCHO.

The preference for attending ACCHO MCH services was also heavily influenced by notions of cultural safety.

Awareness and understanding of Maternal and Child Health services

...from the time of your baby being born they (the MCH nurses) are doing check-ups on their development and how they're growing. You know just how the baby is going. Well that is what I've experienced. I had the nurse come to me after I had my baby but then I've been going to the nurse each time to check on him. You just go back to see the nurse. Just so you know he's developing...

Discussion participant

The Review identified that service providers were concerned that Aboriginal families may lack access to adequate information and resources to support their engagement in MCH services. However, Aboriginal families identified a high level of awareness of MCH services and a clear understanding of its role and purpose.

Despite this awareness, some families reported they had disengaged from MCH services as they had other older children and believed the service was no longer relevant to them or because they considered their child to be 'happy and healthy'.

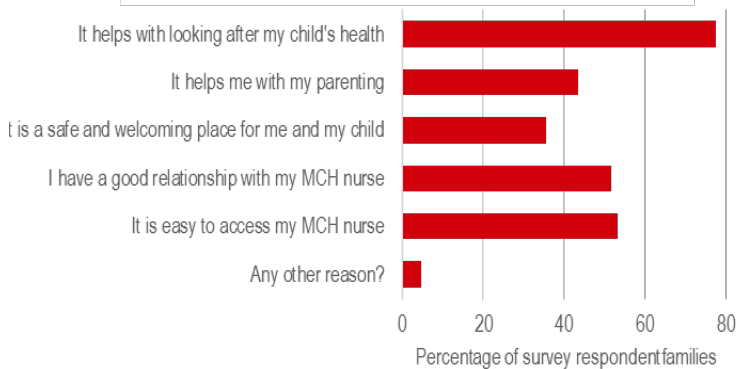
Aboriginal families' engagement with Maternal and Child Health services

Two consistent themes were found to impact on families' engagement, with MCH services:

- i. the extent to which families considered the service to be a useful, ongoing source of advice and support regarding their child's health and development, and
- ii. the quality of the relationship with their MCH nurse.



Why families choose to engage with MCH services



The Review found that the appropriate scheduling of the home visit and the quality of the experience itself were important preconditions for sustained engagement and participation in MCH services.

Service providers offered several reasons for why Aboriginal families may not engage with MCH services. These included past and present experiences including intergenerational trauma, lack of family centred support, lack of community awareness of MCH services and poor partnerships between service providers.

Maternal and Child Health service data

Aboriginal families' measured level of engagement in MCH services is based on self-identification and measured through participation in the 10 Key Ages and Stages (KAS) consultations.

The Review found that while this process provides a useful means for establishing Aboriginal families' participation in the 10 KAS consultations, three key MCH data limitations were identified:

- i. MCH KAS calculations and subsequent reporting of participation does not provide a mechanism to account for Aboriginal children that do not access universal MCH services.
- ii. Universal MCH data does not identify where MCH outreach is accessed by ACCHOs.
- iii. ACCHO MCH services are not incorporated in the Victorian MCH reporting process and therefore it is not possible to discern the number of Aboriginal families engaging in MCH exclusively through ACCHOs.

The Review also identified a possible undercount of Aboriginal children when comparing ABS estimated population data to the number of MCH record cards (used as the MCH participation denominator).

For Aboriginal children that do have a MCH record card, the Review found positive participation improvements. However, Aboriginal children continue to experience lower participation than all children across all 10 KAS consultations.

Feedback processes

The Review found that gathering feedback from families on MCH services was not common practice and there was no consistency in the type of feedback sought, timing or methods for responding to information when it was gathered.

Opportunities for improvement

The Review identified a number of focus areas to improve Aboriginal families' engagement in MCH services:

- i. MCH services need to be culturally safe. Notions of cultural safety underscore much of the consultation data. There was support among families for opportunities to engage with Aboriginal staff in some capacity as it relates to MCH. Within mainstream MCH there is scope for improvement, in terms of process and practice, and also in terms of environment and available resources.
- ii. MCH services need to be family centred and strengths based. Trust, consistency and confidence between families and the MCH nurse is a clear enabler to a satisfying and sustained participation in MCH services. Understandably, personal and historical experiences can shape perceptions and inhibit future participation. Aboriginal families are looking for a consistently strengths based and respectful engagement with their MCH nurses.
- iii. Aboriginal families need to be better informed about the benefits of MCH services. Ensuring families understand the benefit of MCH services requires constant attention. The local community, the local ACCHO, playgroups and other local health platforms are important sources of knowledge and valuable avenues for promoting the benefits of MCH services.
- iv. Partnerships between service providers need to be strengthened. A key feature in developing and implementing services for Aboriginal families is to ensure continuity of care and diligence when care is transitioned between services. Provision of high quality care through MCH services requires effective partnerships across the spectrum of early years' programs.