

CENTRAL AUSTRALIAN ABORIGINAL CONGRESS

Child and Youth Assessment and Treatment Service





Doing It Our Way – Aboriginal and Torres Strait Islander-led early intervention program

From 2020 to 2021, SNAICC – National Voice for our Children identified good practices of early intervention and family support programs that are being delivered by Aboriginal community-controlled organisations across the nation.

This is one of 11 profiles that demonstrates how community-controlled organisations are achieving positive results for Aboriginal and Torres Strait Islander children and their families, including supporting these children to be kept safe from harm, uphold their right to grow up within their own family and community, and access critical health and early education services.

**Central Australian Aboriginal Congress
Child and Youth Assessment and Treatment Service
Alice Springs, Ntaria (Hermannsburg) and Wallace
Rockhole, Ltyentye Apurte (Santa Teresa), Mutitjulu
(Uluru), and surrounds**

ACRONYMS

ACCHS	Aboriginal community-controlled health service
ADHD	Attention Deficit Hyperactivity Disorder
AFSW	Aboriginal Family Support Worker
ASD	Autism Spectrum Disorder
Congress	Central Australian Aboriginal Congress
CYATS	Child and Youth Assessment and Treatment Service
FASD	Fetal Alcohol Spectrum Disorder
NDIA	National Disability Insurance Agency
NDIS	National Insurance Disability Scheme



INTRODUCTION

As the first of its kind in the Northern Territory, the Child and Youth Assessment and Treatment Service (CYATS) provides free diagnostic assessments and therapeutic interventions to Aboriginal¹ children who may have neurodevelopmental delays or disorders. This service has been developed in response to consistent reports of disproportionately high numbers of developmentally vulnerable Aboriginal children and youth in Central Australia.

Now into its fourth year of operation², this specialist health service has supported children and their families to understand the neurodevelopmental profile of the child by determining diagnoses such as Fetal Alcohol Spectrum Disorder (FASD), Autism Spectrum Disorder (ASD), and Attention Deficit Hyperactivity Disorder (ADHD). Assessments are comprehensive and multidisciplinary, with the approach requiring clinicians from across neuropsychology, speech pathology, occupational therapy and paediatric medicine, who work closely with an Aboriginal Family Support Worker (AFSW) and other allied health staff to provide holistic care to the children and families.

CYATS is operated by the Central Australian Aboriginal Congress (Congress), an Aboriginal community-controlled health service (ACCHS) in Alice Springs. The service is one of a number of innovative child health and development programs within Congress and, as such, is widely trusted and easily accessed by Aboriginal families and children of Alice Springs and surrounding communities. CYATS has assisted Aboriginal families not only to receive early detection of and intervention for their child's neurodevelopmental condition, but also to enter a network of support services across health, education, social and family supports. It has been especially timely given the introduction of the National Insurance Disability Scheme (NDIS), which is enabling children and youth to access resources as needed.

The team aims to assess and diagnose Aboriginal children as well as to look at how children with developmental differences can access the most appropriate supports that will improve their developmental outcomes and functional capacities at home, school, and in the community.

CYATS Team



ORGANISATION

Congress is the largest ACCHS in the Northern Territory. Each year, it provides comprehensive and culturally appropriate primary healthcare to more than 17,000 Aboriginal people living in Alice Springs – as well as the remote communities of Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.

As an ACCHS, Congress functions within the framework of a comprehensive primary healthcare model and adopts a social justice view of health. Not only does it provide multidisciplinary clinical care, but it also offers social and preventative services and programs that address the broader social determinants of health. Its aim is to address health inequities and close the health gap between Aboriginal and non-Aboriginal people. It is guided by the principles of the importance of social and emotional wellbeing; accessibility, equity and advocacy to address the broader social determinants of health; and being locally driven and responsive to community needs.

Congress is ultimately answerable to all members of the Central Australian Aboriginal community. Formally, it is governed by a board of directors, comprising eight Aboriginal community members and up to three specialist non-member directors who have expertise in primary healthcare, finance and/or general administration, depending on gaps in the skillsets of community directors. It currently employs over 450 staff, of which 42% are Aboriginal.

A core organisational function is to support child development and set Aboriginal children up for good health and wellbeing from an early age well into adulthood. Congress has an extensive history of providing evidence-based support and education to vulnerable Aboriginal children and families in Alice Springs, having championed several innovative programs in this area over the last 20 years. In addition to CYATS, these include the Congress Family Partnership Program,³ a maternal and child home visiting service started in 2000 and based on the Nurse-Family Partnership Program;^{4,5,6} the intensive tailored eight week preschool readiness program for three-to-five-year-old children, started in 2009; and a health and development centre targeted at children from educationally disadvantaged non working or low income families.

As an Aboriginal community-controlled health service, Congress places great importance on the

role of culture in Aboriginal children's and families' wellbeing and subsequently their healthcare. All staff are required to attend cultural awareness training when starting their employment, and whenever possible, non-Aboriginal clinicians work alongside and seek expertise and advice from the Congress Aboriginal Family Support Workers (AFSWs) and other Aboriginal staff.

While the CYATS team is primarily made up of non-Aboriginal staff, their work is overseen by Aboriginal people at every level of management, up to and including the Congress Board. As discussed in more detail below, they also are supported by their AFSW colleague to provide a culturally responsive service for attending Aboriginal children and families.

PROGRAM OVERVIEW

CYATS was established in April 2018 with seed funding granted to Congress from Western Australia's Patches Paediatrics,⁷ as part of a national consortium for the Commonwealth Department of Health's *FASD Diagnostic Services and Models of Care Project*, alongside funding from the Northern Territory child protection agency, Territory Families. The service arose not only from the need to address the region's disproportionately high numbers of developmentally vulnerable Aboriginal children but also to respond to the high prevalence numbers of suspected neurodevelopmental conditions in young people in the justice system and address significant service gaps in the region.

By June 2021, CYATS had formally assessed 189 children, diagnosing children with disorders such as FASD, ASD, ADHD, developmental delays, learning disorders and language disorders. Numbers have quickly risen; from 19 children assessed in 2018, 44 children in 2019, and 82 children in 2020. CYATS estimates that they will assess over 100 children in 2021, having already assessed 44 children between January to June 2021.

All Aboriginal children aged 0–18 years who are living in Alice Springs and Congress-serviced remote communities are eligible for referral to CYATS. Referrals can be made by anyone in the community, including family members. Each week, CYATS receives approximately five new referrals; from Congress clinics and early learning centres, Alice Springs Hospital paediatricians, schools, preschools, Territory Families' child protection caseworkers and community youth workers, the

Northern Territory Department of Health, youth lawyers and the law courts.

Many referrals to CYATS allude to a child having FASD. While children may be suspected of FASD, the use of the term is discouraged by the CYATS team until a child has been formally assessed. Other reasons for referral generally include a combination of dysregulated behaviour; poor attention; impulsivity; aggression; low levels of academic performance; gross and/or fine motor or coordination difficulties and communication concerns.

Ensuring that children in these circumstances receive referrals to CYATS is an important and ongoing piece of work that requires close cooperation between parents (and/or carers), paediatricians, schools, Territory Families, and CYATS.

CYATS is yet to find scope within its current resourcing to service remote referrals outside of Congress-serviced communities. The need for neurodevelopmental assessments and treatments for other remote Central Australian communities is considered significant, based on the number of referrals that CYATS has to reject.

Since launching with three staff members, the CYATS team has expanded to a staff of eight Congress-employed clinicians, alongside two hospital-employed paediatricians who provide part-time in-kind support to the team via a partnership agreement between Congress and the Northern Territory Department of Health Central Australian Health Service.

The multidisciplinary approach and its combination of clinicians is advocated by leading Australian FASD researchers as the ideal model for a multidisciplinary team assessing FASD.^{8,9,10} The team is now comprised of a team leader, clinical case coordinator, an AFSW, two paediatric neuropsychologists, two speech pathologists and an occupational therapist.

THE ABORIGINAL FAMILY SUPPORT WORKER

The role of the Aboriginal Family Support Worker, in particular, is integral to the work and success of CYATS. This role is held by a well-respected local Aboriginal woman, who is the cultural conduit between the non-Aboriginal clinical team and

families. She ensures that culture is considered throughout the assessment process, which can be complex and confronting for families to understand and engage in. As part of her role, the AFSW participates in parent interviews, supports families to attend several weeks of assessment appointments, and supports families to complete assessment questionnaires. Her presence signifies cultural respect and safety to families who may be distrusting or wary of formal health services. The AFSW also ensures that all team members take a respectful, culturally sensitive, family centred and strengths-based approach to service provision.

The woman in the AFSW role is recognised to be skilled at:

- working with families to understand what they need before, during and after the assessment process
- identifying and delivering clear information to clinicians about what cultural considerations are required
- advising on who is best placed within a family to represent the child (for example, Mum, Aunt, Grandma, Dad)
- explaining to other team members what kinship and service sector supports are already in place
- supporting CYATS clinicians to understand how soon to engage with or when to give space to family who are involved in a period of cultural or ceremonial business.

"I find the experience of supporting my colleagues, our families and their children in this way as rewarding. Some of the biggest reward comes from the knowledge that I have played a part in empowering families to support their child's development. When they call our service in their own time to let us know that they're ready to engage and work with us, I know that my support has played a big part in connecting our service with the families"

CYATS AFSW

[See full testimonial on p. 10]

Having an AFSW in the CYATS team adopts elements of Congress's bi-cultural pairs model of practice. While this model is more formally applied by Congress's Family Support Services,¹¹ its success in ensuring non-Aboriginal staff are continually

gaining cultural knowledge and understanding from Aboriginal colleagues has led to the role being incorporated in other Congress programs. The model is grounded in an understanding of the unique social and cultural context of everyday life in Alice Springs, and sees caseworkers and AFSWs work together in pairs with each client family to deliver a culturally safe service that is founded on strengths-based, child-focused casework.

THE ASSESSMENT

A strengths-based approach is embedded in all team interactions with families, who are acknowledged as the experts in their children's lives. The central role of parents and carers begins with the referral and by providing informed consent for the team to assess their child. From here, the family participates in initial parent interviews, completes child development questionnaire/s, and spends time with the lead clinician and AFSW to tell their child's story. In this way, the team learns about the child through the eyes of the parents / carers and demonstrates respect for the parent's role in the child's life.

While there can be unavoidable complexities, the CYATS team factors in that families need to have flexibility and feel comfortable through the assessment process, which is critical to keeping families engaged.

The team achieves this by:

- enabling assessments to take place in a way that is preferred by the family, whether at home, school, and/or the Congress clinic
- adjusting the process where necessary and when possible, including engaging interpreters if English is a second language or a child is non-verbal
- offering a six-to-eight-week cycle of assessment per child / family
- providing families with transport to and from the CYATS clinic where and when required
- flexibly rescheduling appointments or postponing an assessment cycle if the family are not well-positioned to engage with the service at that time
- undertaking both formal standardised assessments and informal observational assessments.

Parents, carers and schoolteachers are all asked to complete individual assessments and questionnaires so that a child's strengths and difficulties can be assessed holistically and across different environments. Standardised assessment adaptations are made where indicated, such as for very low literacy levels, low academic ability due to low school attendance, and English as Second Language, requiring a support person to be present (typically another agency representative well known to and trusted by the client).

Once a child has been fully assessed, the team meets with the parents and/or carers to provide feedback about the diagnostic findings and to work through recommendations. The comprehensive assessment report, which integrates and synthesises assessment findings, outlines the child's social, family, and medical history; presents health and developmental concerns; summarises assessment outcomes and diagnoses; offers a range of recommendations across school and home settings; and, if relevant, provides NDIS supporting documentation.

Key to the feedback discussion is highlighting the child's strengths while helping the family to understand the child's areas of difficulty. This engagement enables children and families to better understand the child's neurodevelopmental and behavioural presentation as well as connect with those services internal and external to Congress that will support the family beyond their involvement with the CYATS team.



During the feedback session, the team discusses possible referrals to health, educational, social and family support services. The organisation already has a suite of services that the family can access, and if the service does not exist within Congress, the family is supported to access external service providers.

At the consent of the family, other stakeholders who also are supporting the child and family, such as school representatives and Territory Families caseworkers, might also attend the feedback session.

STRENGTHENING AND EMPOWERING FAMILIES

While the process and diagnosis can be confronting to a child and family, the team aims to make both as empowering for families as possible, and considers the process and diagnosis to be a therapeutic family intervention in and of itself. By engaging through a strengths-based approach, families are supported and encouraged to access appropriate medical and therapeutic treatment for their children at home and at school. They also are supported to understand what the diagnosis means for their child's current and future needs and what this will mean for the family dynamic and future family needs.

An early diagnosis and the supports implemented thereafter help to mitigate a disorder's harmful effects on a child's overall development and gives the child an improved opportunity to grow up physically, cognitively, socially and emotionally healthy and strong. In turn, this positively alters the child's developmental trajectory, optimising their engagement in education, employment and longer-term life outcomes.

The diagnosis also helps parents to better understand their child and to be equipped with the tools necessary to ensure that they establish strong and functional family relationships and a supportive home environment in which to take the best care of their children's holistic needs.

Moreover, the ability to access assessments and advice within a culturally safe organisation and participate in culturally safe processes empowers a family and child to maintain their cultural identity and connection to Country.

THE IMPORTANCE OF CULTURAL SAFETY

Cultural safety is extremely important in all work undertaken by the CYATS team, with team members deferring to the cultural expertise of the AFSW in order to create safe and supportive ways of working with families.

On many occasions, the AFSW will lead conversations with families. She is able to guide the non-Aboriginal CYATS team members on patients' familial and cultural needs and assist with communication barriers when they arise. This includes supporting some discussions through Aboriginal-English. By using the language and terms of a family, the AFSW can better communicate the complexities of the CYATS approach, especially in the context of children and families' links to kinship, culture and Country.

In CYATS — as with all Congress services — it is crucial that staff appreciate and respect cultural differences within and across family groups. This includes demonstrating respect during engagements with the family and when making decisions on the child's treatment and wellbeing plan. Rather than make assumptions about who is *family* and who forms *community* for each child, the team seeks detailed advice from the family members or carers who initially engage with CYATS, including about who should be involved in specific assessments, interventions and planning activities. This way of working is undertaken to build up trust between the family and the team and to ensure the family's continued engagement in the assessment process.

CYATS is currently working alongside Aboriginal woman, Faye Parriman, the developer of the Yarning Mat¹², to embed an adaptation of the original Yarning Mat into the work of CYATS. This cultural tool will support the team with information gathering, parent interviews and feedback sessions with families. In November 2020, all CYATS team members undertook training in how to make best use of the yarning mat.

RESPONDING TO THE HOLISTIC NEEDS OF FAMILIES

CYATS, as a one-of-a-kind team for the Northern Territory, allows ease of access and assurance to families who already are facing the distress of a health issue and the challenge of navigating a medical system. Brain-based disorders are complex and diverse in the ways that children present developmentally and behaviourally, and diagnostic assessments therefore require the input of several clinical specialties. The multidisciplinary nature of the CYATS team, based within a trusted ACCHS, is a key strength of the service.

The Northern Territory Department of Health has made attempts to match the CYATS model, to meet the remote demand for diagnostic services. These attempts have been by government-employed allied health clinicians and paediatricians across multiple areas and separate teams. The offering of single assessments across paediatrics, psychology, speech and occupational therapy teams are brought together to formulate diagnoses, but are not a one-stop multidisciplinary team within a single organisation. As yet, the department also has not been able to recruit a neuropsychologist; a vital position in the assessment process. While there is merit in the department's multidisciplinary approach, its multiple facilities and separate teams are not without the risk of increasing the complexity for families and decreasing their level of engagement and understanding in the process, diagnosis and recommendations thereafter.

Alongside the complex developmental and behavioural profiles, many children who present to CYATS have families who need holistic support themselves. Prior to discharging a child, the CYATS team ensures that appropriate health, educational and wellbeing services are in place to support both the family and the child. Families are on-referred by the team to other Congress teams, including the Congress Family Support Service, and/or external services when the team recognises that the broader needs of a child and family exceed the scope of CYATS' expertise. These services may include early learning services, NDIS access, social and emotional wellbeing programs, allied health services, and appropriate schools.

Not all children who are assessed by the CYATS team are known to the Congress NDIS support team or proceeded to NDIS application via the service. However, 52 CYATS-assessed children have

proceeded to NDIS applications via the Congress NDIS team and have become registered NDIS participants, while three CYATS-assessed children are still pending an application outcome.

Where speech and/or occupational therapies are required, the CYATS speech pathologist and occupational therapist are able to provide these services for children aged up to 13 years,¹³ allowing continuity of care.

From early 2021, families have had the option to choose CYATS as their NDIS service provider if the child meets NDIS access and receives funding following a diagnosis or receives Early Childhood Early Intervention funding for developmental delay prior to seven years of age.

THE PROGRAM'S POSITIVE IMPACT

Strong demand for neurodevelopmental assessments indicates that the service has already become an integral and respected service to Alice Springs and the surrounding communities. Waiting times now average 15 months, and in June 2021, there were 124 children awaiting a comprehensive multidisciplinary assessment and a further 61 children awaiting speech and/or occupational therapy assessments and intervention.

Nevertheless, the CYATS team continues to reflect on its service delivery model to ensure that there is an ongoing process of clinical and cultural quality improvements for families and the broader community.

The processes and structures that underpin CYATS' work were reviewed and improved in November 2019, and since then have undergone additional quality improvement based on learnings over time. Comparative data across 2018, 2019 and 2020, alongside forecast data for 2021,¹⁴ indicate that this quality improvement process, alongside team expansion since 2018, has brought about marked increases in efficiency in terms of the number of children and young people diagnosed per month, the type of diagnoses, and the number of children supported to access the NDIS.

Nonetheless, given the number of children on the waitlist, those not yet referred, and the number of new referrals (averaging five per week), CYATS leadership estimates that demand for the service will continue to outstrip the team's scope to reduce the waitlist to within six months from referral.



SECURING AND UPSCALING PROGRAM SUCCESS

Opportunities for additional funding sources for team expansion have been and continue to be explored by Congress. The key barrier to upscaling CYATS' success is funding, including securing ongoing funding for team expansion to meet the needs of the region.

Further to this, in spite of the recognised significant advantages of the service, Congress has found it to be an ongoing struggle to secure long-term funding for the service. CYATS currently receives its funding through a number of short-term grants from various sources, including the Indigenous Health Division (core funding), Territory Families, the Northern Territory Department of Health, and the National Disability Insurance Agency (NDIA). As yet, however, the NDIA does not fund an assessment service.

The advantages of this service being delivered through a large regional ACCHS – including cultural safety, the ability to recruit and retain the required specialist staff, the integration of services and programs within a one-stop-shop model, and the broad reach of the ACCHS – provides a prime opportunity for both federal and state governments to ensure that their Aboriginal citizens have access to appropriate assessments, particularly when these can trigger the required funds through the NDIS. Without CYATS, Aboriginal children in this region would be significantly less likely to receive the supports that they need, including getting onto an NDIS plan. Ideally, Congress would work with government to secure a major funding source for the program, with which it can expand its expertise and culturally responsive approach to all regional centres of the Northern Territory.

CYATS has also experienced a surge in court-ordered assessments since November 2020. The nature of these assessments requires an urgent response ahead of other referrals; essentially forcing already-waitlisted referrals further down the list. This recent surge, along with the continuation of other weekly incoming referrals, poses a real risk of wait times remaining up to 15 months for the foreseeable future, especially if increased and sustained funding for team expansion is not secured.

QUANTITATIVE EVIDENCE

De-identified FASD data, collected by the CYATS team, are routinely provided to the Australian Paediatric Surveillance Unit to contribute to national FASD prevalence estimates. By enriching the national evidence base, this helps to support the Australian Government's *National FASD Strategic Action Plan 2018–2028* and the Northern Territory Government's *Addressing FASD in the Northern Territory Strategy 2018–2024*.

Congress now seeks to establish an evaluation regime in order to assess CYATS' impacts on children and families in more depth. As such, the CYATS Team Leader is working with Congress's Senior Evaluation Officer to develop a monitoring and evaluation framework over the second half of 2021. This framework is forecasted to be implemented by January 2022.





PARTICIPANT AND STAKEHOLDER FEEDBACK

Families have provided a great deal of positive feedback to the CYATS team about the process of assessment, the answers that the assessment outcome or diagnosis provides for them and their children, and the support provided to them to begin accessing the NDIS.

Anecdotal feedback is regularly received from professionals who support CYATS patients and families in other service needs — including paediatricians, classroom and special education teachers, and child protection workers. All have commented positively on the value of the service, recognising that CYATS is enabling children to obtain the appropriate supports and education adjustment plans and that, post-diagnosis, children and families have a stronger understanding of developmental and behavioural characteristics.

The following section includes testimonials from a range of people within or connected to the CYATS team, exemplifying the positive experiences and impacts that the program is having on its team members, clients, communities and other stakeholders:

A MOTHER / CYATS CLIENT

“I have heard that the assessment process in itself is therapeutic in nature, and in my experience, I would have to completely agree with this. From the onset of discussions, I had one-on-one[s]... I immediately began to feel validated and heard. Not in a deficit way but in a hopeful way. She was able to word-up my child’s experiences and needs, as being something that we would work and walk through together with the main focus on supports and outcomes, not just diagnosis or label.

“There is also a level of grief response through assessment, and all the characteristics that goes along with that – denial, guilt, sadness etc, to eventually acceptance. Learning your child has special needs and is a little ‘different’ takes time to make sense of.

“The four-to-six-week assessment process allowed a good amount of time for myself and my partner to make sense of it all and talk together about it - A LOT. It was a really respectful amount of time to allow us to breathe, reflect, ask questions, clarify,

wonder, research etc. between each session, allowing us to gradually make sense of what was happening for C*, within our family and as parents. Even his brother had lots of questions that we clarified and supported him through. I don’t think I would have processed or managed the diagnostic process well, had it been a quick in-and-out-in-a-day type assessment without that time to digest what was going on.

“A diagnosis without a broader cognitive profile would have given us part of the answer, but for me, wouldn’t have satisfied me, wouldn’t have given me the details I needed to know, that is – what his strengths were, and how we could build on these to help alleviate some of his need areas.”

CYATS AFSW

“Werte! My name is Veronica Campbell.

“I am an Arrernte-Luritja / Pertame woman from Central Australia. Even though I was born in another state, my mother kept us connected to the Country by always bringing us back. I learned the old culture, just by being around our Elders, for example, Grannies, Uncles, Aunties and Cousins who also happen to be our mothers, fathers, sisters and brothers.

“I work in a multidisciplinary team environment to provide outreach and support services to improve experiences for children and their families. I provide assistance and support to the CYATS team by acting as a cultural advisor to assist families in communicating what their child’s assessment involves, and to also help them understand assessment outcomes. My support is also provided for ongoing therapy intervention.

“Being Indigenous to the region, I have an awareness of sensitivity to Aboriginal culture and history, and a knowledge of current issues affecting the lives of most of our families.

“I find the experience of supporting my colleagues, our families and their children in this way as rewarding. Some of the biggest reward comes from the knowledge that I have played a part in empowering families to support their child’s development. When they call our service in their own time to let us know that they’re ready to engage and work with us, I know that my support has played a big part in connecting our service with the families.



“Personally, I have benefited from this work by knowing that I have made a difference for some of the most vulnerable families in this region. I believe that being a mentor, builds people up and encourages them to duplicate this attitude in others.

“Some families report that CYATS helped them better understand their child and his or her diagnosis, that parents are better able to help others – school, other family, health providers – understand their child too.”

TERRITORY FAMILIES HOUSING AND COMMUNITIES MANAGER

“Many of the children in our care have complex needs and disabilities, and due to the resourcing issue, many of those children have previously been undiagnosed and therefore disadvantaged to the children in out-of-home care in the rest of the country.

“CYATS is a collaboration between Central Australian Aboriginal Congress Aboriginal Corporation and Territory Families and Housing and Communities. The CYATS team provide our children in care, who we have concerns about, with high quality comprehensive multidisciplinary assessments. These assessments help our practitioners, families and carers in achieving better outcomes for our children.

“The assessments help us understand the underlying conditions that some of our children have and the behaviours that they present. The assessments also recommend / suggest intervention strategies that may help in the day-to-day caring of the children and in their education settings.

“Caring for and educating children with complex needs is highly challenging. The CYATS initiative has streamlined the process of accessing extra support for our children in care through the NDIS scheme and other services.

“The CYATS initiative has enabled all our children in care, who we have concerns about, to have access to services that they may not have otherwise received.”

SPECIAL EDUCATION COUNSELLOR

“As an external stakeholder, this service is seen as a pivotal service for the children and families of Alice Springs. The CYATS program and its staff demonstrate a flexible child-centred trauma-informed response in collaboration between the student, families and the school staff. The process in which the assessments are undertaken are evidently practiced through a culturally informed lens that ensure that the child and their family feel safe and comfortable through the entire process.”

SENIOR CLASSROOM TEACHER

“We have built positive communication between family, CYATS and the school, and all of the children have made gains. Afterhours, we sustain professional conversations via email to the benefits of the students. Their support and positive feedback have been beneficial to my own personal wellbeing in teaching a challenging cohort.”

SPECIAL EDUCATION TEACHING TEAM

“All conversations I have had with families about the processes followed for assessments have been positive. To have a one-stop shop for families is greatly appreciated ... this helps lessen the stress placed on families to engage and get to their appointments. ... They find the assessment very thorough and like the way they are involved in the process and included in all aspects. From a school perspective, the whole process is amazing. The reports are detailed and thorough, and the team is always friendly and supportive.”

PARENT / CYATS CLIENT

“Thanks to the CYATS team for being extremely supportive and understanding of us and our kids through the assessment process and for their ongoing support.”



ENDNOTES

1. In this paper, the term 'Aboriginal' refers to all Aboriginal and Torres Strait Islander peoples.
2. Operating since April 2018.
3. Central Australian Aboriginal Congress 2021, Family Partnership Program webpage.
4. Segal, L, Nguyen, H, Gent, D, Hampton, C & Boffa, J 2018, 'Child protection outcomes of the Australian Nurse Family Partnership Program for Aboriginal infants and their mothers in Central Australia', *PLoS ONE* 13(12): e0208764.
5. Australian Nurse Family Partnership Program 2021, *Who we are* webpage.
6. Refer to Wellington Aboriginal Corporation Health Service Australia Nurse-Family Partnership Program profile for details on the methodology of this national program.
7. Patches 2021, *Supporting individuals, empowering communities, changing lives*.
8. Bower, C & Elliott, EJ 2016, *Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD): Report to the Australian Government Department of Health*, Canberra, Australian Government.
9. Neurodevelopmental impairment in individuals with FASD and other brain-based disorders is complex and diverse. A thorough diagnostic appraisal, therefore, typically requires the assessment of brain structure/ neurology, motor skills, cognition, language, memory, attention, executive functioning (including impulse control and hyperactivity), affect regulation, and adaptive behaviour/social skills, as well as academic achievement if the individual is already attending school.
10. Congress notes that the Australian Government's *National FASD Strategic Action Plan 2018-2028* and the Northern Territory Government's *Addressing FASD in the Northern Territory Strategy 2018-2024* also support the establishment of multidisciplinary teams for the purpose of diagnosis and support for individuals with FASD.
11. Refer to Congress Family Support Services Early Intervention and Prevention profile.
12. Developed by Faye Parriman, the Yarning Mat is a conversational resource designed to engage families to share their stories, hopes and dreams. It approaches family dynamics in a strengths based way, respecting that individuals are the experts in their own lives. See, for example, Hunter, S et al. 2020. *The Family Matters report 2020: measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia*. SNAICC: Melbourne, p. 33.
13. CYATS speech therapists and occupational therapists also offer discipline specific assessments and therapy.
14. 2018 – 19 children assessed; 2019 – 44 children assessed; 2020 – 82 children assessed; 2021 forecast – 100+ children assessed.



REFERENCES

Australian Nurse Family Partnership Program 2021, *Who we are*. Available at: www.anfpp.com.au

Bower, C & Elliott, EJ 2016, *Australian Guide to the diagnosis of Fetal Alcohol Spectrum Disorder (FASD): Report to the Australian Government Department of Health*, Canberra, Australian Government. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC5658660

Central Australian Aboriginal Congress 2021, *Family Partnership Program*. Available at: www.caac.org.au/client-services/alukura-womens-health-service/family-partnership-program

Patches 2021, *Supporting individuals, empowering communities, changing lives*. Available at: <https://patches.com.au>

Segal, L, Nguyen, H, Gent, D, Hampton, C & Boffa, J 2018, Child protection outcomes of the Australian Nurse Family Partnership Program for Aboriginal infants and their mothers in Central Australia, *PLoS ONE* 13(12): e0208764. Available at <https://doi.org/10.1371/journal.pone.0208764>

