


# ALBURY WODONGA ABORIGINAL HEALTH SERVICE

The Kids Team





## 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.

### **Albury Wodonga Aboriginal Health Service (AWAHS)**

#### **The Kids Team**

**Albury-Wodonga, north-eastern Victorian  
and southern New South Wales**

## ACRONYMS

<b>AWAHS</b>	Albury Wodonga Aboriginal Health Service
<b>DCJ</b>	Department of Communities and Justice (NSW)
<b>DHHS</b>	Department of Health and Human Services (Victoria)
<b>GP</b>	general practitioner
<b>NDIS</b>	National Disability Insurance Scheme






## PROGRAM OVERVIEW

The Kids Team of Albury Wodonga Aboriginal Health Service (AWAHS) is a multidisciplinary group of health practitioners who regularly meet to strategise and coordinate their support for the organisation's more vulnerable Aboriginal and Torres Strait Islander children and families. What started as informal get-togethers of three health practitioners sharing their professional knowledge and helping their Aboriginal and Torres Strait Islander child patients has grown into a good practice example of a 12-member team collaborating to support local Aboriginal and Torres Strait Islander families to achieve the best healthcare for their children.

The team operates with the awareness that early intervention and support help families to achieve the best outcomes for their children. Using a child-centred cultural-recognition approach, the team combines members' expertise to guide each AWAHS family along their own suitable healthcare path. At the same time, group members work to understand each family's psychosocial situation through a cultural lens while supporting one another in their healthcare roles. This allows members to build up their own confidence while identifying and breaking down those health service silos that notoriously prevent vulnerable families from receiving holistic care and navigating complex healthcare systems.



*"It's really good, you're seeing a client and you're stuck with, 'Where do we go next? Which way would be the best way for that family?' and then [you're] able to just discuss it at the Kids Team meeting to work out a plan, so it's not just yourself deciding what the best thing to do is"*

Kids Team member

## THE TEAM

The Kids Team setup is unique in that it provides a collaborative and co-located multidisciplinary service to Aboriginal and Torres Strait children and their families within the cultural safety of an Aboriginal and Torres Strait Islander health service. The team is made up of experts in primary, allied and specialist healthcare as well as Aboriginal and Torres Strait Islander community members. The team's Aboriginal Family Support Workers are particularly important as they provide cultural and community expertise and insights to their non-Indigenous colleagues, while offering a familiar face and 'cultural translation' to participating families.

### THE KIDS TEAMS

Aboriginal Family Support Workers (Aboriginal and Torres Strait Islander member)	2
Administration support worker (Aboriginal and Torres Strait Islander member)	1
General practitioner	1
Maternal and child health nurses	3
Developmental behavioural paediatrician	1
Paediatric fellow (advanced trainee to become a paediatrician)	1
Speech pathologist	1
Occupational therapist	1
Child psychologist	1

*"What we try to aim for as a team is collective knowledge. Everybody's got expertise"*

Kids Team member

Most members have worked at AWAHS and together for many years, creating stability and continuity for families and the community. This stability has translated into the team holding valuable institutional and community knowledge, which they use strategically to navigate local networks. In holistically treating a patient, the team considers the range of health, education, social and disability services available within the organisation as well as on both sides of the Victorian–New South Wales border.

It is this border town location that has brought about a unique set of challenges and opportunities for AWAHS staff and patients, including when working with both New South Wales' Department of Communities and Justice (DCJ) and Victoria's Department of Health and Human Services (DHHS). Particularly for staff who are not from the area, this cross-border location can be overwhelming and has made some practitioners feel concerned that their quality of work may have been impacted.

To address and counter these concerns, in 2012, AWAHS's maternal and child health nurse, general practitioner and speech pathologist started to meet on a regular basis to work out what treatment options were available for children between the two states. These meetups also gave them the opportunity to discuss gaps in their own healthcare knowledge and consider how to streamline their support of AWAHS's more vulnerable Aboriginal and Torres Strait Islander children.

Within nine years, the group of three had grown to 12 members, formally named itself *the Kids Team*, and now meets on the second and fourth Wednesdays of every month. It has established a positive presence at AWAHS; sitting alongside, supporting and being supported by those services that are more frequently accessed and trusted by Aboriginal and Torres Strait Islander clients. Over the years, it also has witnessed an increase in health and child protection referrals to team members; evidence of the good work the team is doing and the positive reputation that it has established in the community and with other services.

*"[This team has] changed from being quite a small group that was a bit medical to a bigger group that's become quite holistic; and I think with you guys [Aboriginal Family Support Workers and nurses] branching out into families' homes and doing the support work ... that's the protective measure that keeps these families safe and together"*

Kids Team member





## THE MEETINGS

At each meeting, the team runs through a list of cases of their most vulnerable clients. In the 2020–21 financial year, this included 112 cases regarding children who were attending AWAHS services.

Team members will identify children who may need more coordinated, multidimensional care during their daily AWAHS work. Members then bring these cases to the team meetings and each case is discussed in turn, with each member providing input from their own discipline. The Aboriginal Family Support Workers will also provide background and insights about the child and family from a cultural and community perspective. The team then determines a collaborative way forward to help the child and the family, with this information fed back to the family through a nominated trusted team member.

No child is discussed in the meeting without prior family consent, and all notes and follow-up steps are added to the child's file. Team members come away from each session more equipped to advise a family about the available health pathways and provide the family with a single clear message.

*"There is a depth of understanding about families and children from lots of perceptions – [this] shifts care from one dimension to [being] multi-dimension[al]"*

General practitioner, Kids Team member

These bi-monthly meetings also are valuable in assisting staff with professional resilience and countering burnout; a common challenge in many Aboriginal and Torres Strait Islander medical services. Members provide peer and clinical supervision to each other and discuss general child development and child health topics. While this is particularly important for the team members who do not have a background in these areas, the team has noticed improvement in all practitioners' child health and development knowledge. Members also remark that the team atmosphere, the sharing of professional knowledge and experiences, and the dedicated time has given each of them a safe space in which they can be vulnerable and process vicarious trauma.

The organisation's Communicare medical record software<sup>1</sup> is proving to be a valuable team tool. Before each meeting, a client recall list with case notes is printed off. This list is then used to track clients, with members able to quickly identify who may be about to 'fall through the cracks' or be due a follow-up. The innovative use of Communicare also lets members add important cultural, social, medical and developmental information to a child's file and review families' healthcare goals. This information is then readily available to all AWAHS staff who meet with the child, meaning that the family does not have to repeat themselves or update each new healthcare worker at each new appointment along their healthcare journey.

*"Sometimes I worry about 'are we safely holding people', but we have that recall systems of 'OK, we know where that's up to, yes, they're not engaging in the way that people, other services want them to, but I'm happy to hold that risk and hold back for the family for another few months, and then bring them back to the meeting"*

Kids Team member

*"Potentially 25 children that we would just have as recalls – maybe don't have anything active to talk about, they just need a reminder of where they're up to and is everything in place from what we've discussed beforehand"*

Kids Team member

## THE KIDS TEAM'S PRINCIPLES

As the team has evolved, it has developed 10 guiding principles that inform its approach. The team operates with the understanding that safe, secure and strong families thrive in environments that encourage self-determination, inclusion, acceptance and respect. At the same time, team members recognise that while they are clinically experienced and well-connected, they do not always *get it* or understand what is going on with Aboriginal and Torres Strait Islander families. These principles keep them on track in how to best support AWAHS's families.

*"I think it's really important that we have the Aboriginal focus on this meeting. What makes a difference from other team approaches is that we really want to focus on ... being aware of cultural areas [and] sensitivities, because a lot of us don't identify as being Aboriginal so we need to be aware of that at all times when we're dealing with families"*

Kids Team member

The principles include having the child's best interests as paramount in all work and decisions, and ensuring that the child is an active participant in their journey. Parents and carers are seen as the most important people in children's lives and that they need to play an active role in the child's care. Both children and parents / carers are to be respected and the team aims to work alongside children and their families to address their concerns in a way that is meaningful and accessible.

Each team member is to foster cultural competence and provide a culturally safe health service. Aiming to be part of the Closing the Gap initiative, the team wants to address the history of disempowerment of Aboriginal and Torres Strait Islander people and provide trauma-informed care. They also aim to foster awareness of the historical determinants and ongoing social determinants of health. While at AWAHS, all members undertake professional development under the direction of community members and Elders to build their cultural capabilities.

Care provided by the team is to be respectful, non-judgemental and welcoming to all. The team honours the values of confidentiality and consent and aims to communicate clearly and respectfully. Members are to advocate for children's health in the community and aim to understand and alleviate barriers for families who do not access healthcare. Members also are to work constructively with external health, community and education services by building respectful relationships.

## UNDERSTANDING FAMILIES

One of the primary success factors of the Kids Team is that it provides its members with a safe space in which they can address their own cultural biases before determining what is best for Aboriginal and Torres Strait Islander children and families. Unofficially facilitated by the Aboriginal Family Support Workers, these parts of the meetings allow team members to bring their psychosocial assessments to the group, who then discuss each family's situation from a multifaceted non-judgemental position.

*"This is why this space or platform is incredibly important, because it allows that questioning to happen. So when there's an issue or a concern raised, then we are able to have that, well, for me, I do a lot of questioning around ... the level of risk"*

Kids Team member

*"The Family Support Workers are very important around how they bring that information to this sort of a meeting space"*

Kids Team member

Each case discussion over the years has led the team down an evolving and maturing path of cultural competency. Through the use of real case studies and the act of regular compassionate discussion, all members have been able to adapt their ways of working to recognise diversity of local cultures and identify the actual needs of children and their families.





## FEEDBACK FROM TEAM

*"The team provides some guidance on whether to worry about them and the team may say 'oh no, I've seen that child at school and he's doing OK', and there's some reassuring information other people in the team will bring. [They] might've been seen by the paediatrician already so my worry level decreases"*

Kids Team member

*"When it comes to risk in the families, it's important to check in with [the Aboriginal Family Support Workers], because I find that we've just got to make sure that our background, and what we bring ... what our background brings to us working with families isn't clouding [our] judgement. I think that's really important"*

Kids Team member

*"If I have a family that I think I might need to do mandatory reporting obligations for, I often bring it to the team to try inform that decision as much as possible"*

Kids Team member

*"What you [Aboriginal Family Support Workers] have taught us is to take it outside this space as well ... when we're working with other people outside our service that are having those freak outs about families, we can have those conversations with them and calm [them]"*

Kids Team member

*"There's definitely heavy perspective around, you know, the bigger kinship care that wraps around the family, and I will say that the team has certainly gotten better over the years of identifying risk, that they're having those conversations. Initially ... it took us awhile to figure out how to evaluate that risk. So, there've certainly been challenges, but it is about everybody identifying that there is that community wrapped around all our families ... It's taken awhile for that to come in the forefront of their thinking as well. So, this family is not going to be isolated on a Friday afternoon, they will be seen at the footy the next day or netball, there is the street, that they're watching the kids. I think we've certainly gotten better at it"*

Aboriginal Family Support Worker, Kids Team member

*"I've been in this role now for a long time, so I'm hoping that I'm looking at things differently now. But I'm thinking about when I started, and my panic in going out to see families and seeing risk everywhere, because .... I hadn't been immersed in Aboriginal culture or even known many Aboriginal people. So definitely initially, you know, I just imagined risk a lot of the time ... The obvious case would be where there's two or three families living under the same roof ... Overcrowding would be an absolute example ... or children being left with grandparents and [parents] taking off for a little while"*

Kids Team member

*"I feel like this [team] has given it absolutely the importance around not over-reporting but questioning our own values and what that looks like, and what it looks like for that family as well"*

Kids Team member

*"We've absolutely raised our profile within the community and the services sector"*

Kids Team member



The consequences of this have been the team's updated concept of risk, each member gaining greater cultural understanding, the decrease in families unnecessarily being put into contact with the child protection system, and AWAHS families coming to know that they have a team of professionals close at hand to support them. In turn, this is improving team members' relationships with families and upskilling members in early intervention and prevention measures, thereby helping a family before they reach a crisis point.

It also has resulted in team members working with other practitioners in the community to improve others' cultural competency and cultural understanding. The anticipated flow-on effect of this would be a gradual community-level decrease in unnecessary mandatory reporting, a decrease in prejudicial and/or misaligned interventions, and improved early intervention support for families.

## BUILDING TRUSTING AND EMPOWERING FAMILIES

Another fundamental factor to the Kids Team's success is that it actively works to build trust with families and empowers them to recognise their own strengths, needs and readiness to engage.

Members respect that many families first engage with a healthcare service with a high level of uncertainty, and so the team makes sure that it continuously demonstrates its commitment to working in a respectful, committed and transparent manner. For a child to be put on the team's agenda, the family first must be adequately briefed, provide consent, and indicate that it is ready. No family is forced to participate. Once engaged, the family is included in case planning and is supported in identifying their own suitable healthcare priorities, goals and pathway. The team then works to address families' priorities as best as it can, communicates clearly and respectfully, and demonstrably walks alongside each family on their healthcare journey.

Trust is ultimately established when a family sees that team members have followed through with actions and have committed to the course that everyone initially agreed on.

*"We've kind of educated ourselves as a team ... about when a family's actually ready to engage, and trying to meet them when they're ready to engage ... we're trying to make sure that there are various engagements, we're not overloading them, we're trying to hear what the family's priority is, and then go with that, and not have 10 of us going 'oh, what about my appointment, what about my appointment'"*

Kids Team member

A health coaching approach is also applied, with the team engaging families in open and warm conversations so that families uncover their own backgrounds, current needs and concerns, and goals and aspirations. The team employs a flexible model of care and is careful to demonstrate respectful and active listening.

In applying the principles of health coaching, the team understands that a person or family is more likely to make behavioural changes for themselves or their child when they are ready, informed, confident and have appropriate knowledge. Occasionally, a team member will revisit the healthcare plan with the family to realign this with the family's changed needs and expectations.

*"I'll try in a timely way to re-engage with that family in some way without seeming too pushy, or we might use [the Aboriginal Family Support Workers] to do the same thing – and knowing when to pull back, knowing when you're pushing a family too hard and pulling back a little bit and recognising that you're only going to move forward when they're ready to move forward but always being there in the background"*

Kids Team member



## TRAVELLING WITH FAMILIES ON THEIR HEALTHCARE PATHS

Families who are engaged with the Kids Team generally are looking to find out more about their child's development, sometimes having to learn that their child has complex health concerns. Knowing that these moments can be overwhelming and confusing for the families, the team collaborates to identify the most appropriate ways to support each family. Children are offered comprehensive screenings and assessments so that those with complex neurodevelopmental and behavioural concerns can be identified as early as possible. Team members try to undertake universal screenings themselves and/or they work with families to identify and access the health professionals needed in a child's healthcare plan.

The team has learnt through its conversations that the support most often needed by families is knowing *how* to navigate through health services. Whether a family's plan involves appointments within or external to AWAHS, the team identifies barriers and enablers and addresses these with the family. At the family's request and before the child's appointment, a trusted team member will contact and brief relevant medical staff. This approach eases the information-sharing burden often faced by families, helps them move more easily through the healthcare system, and has led to a more positive way of working with families.

The team has also found that the families most likely to 'drop out' are those who do not feel comfortable talking to the practitioners, are struggling to navigate the system, and face a range of general life stressors. To support these particularly vulnerable families, the team identifies who has the best rapport with the family—in most instances, this is the Aboriginal Family Support Worker or the general practitioner—who then *keeps an eye* on the family, signals at appropriate times that they and a team of professionals are available to support the family, and may occasionally check in with someone close to the family.

*"The job for me also brings a lot of perspective into the psychosocial reasons into why a family may not engage, and their priorities, just looking after themselves or trying to manage every day, and that makes me step back a bit too and think well, that has to be sorted out too before they can seek help for their child's developmental [challenge]"*

Kids Team member

*"Often, it'll be like [another team member] might say, 'Oh, I know that family, I'll check in on them or I'll go to this school person that they actually trust and I'll have a conversation with them', so there's lots of nuanced little ways that we try and work with [families]"*

Kids Team member



## HOLISTIC CARE

Having heard that families often feel challenged when attending services external to AWAHS, the Kids Team is taking steps to make these services accessible within the AWAHS setting.

When the team learned that Aboriginal and Torres Strait Islander families who need to get autism assessments for their children were struggling to book appointments because of the cost and wait times, the team psychologist trained to do autism assessments. The team then set these up inhouse at AWAHS. Now children can be assessed for no cost through AWAHS's multidisciplinary autism assessments, conducted by the team's psychologist, speech therapist and occupational therapist.

The team also knows from combined experiences that families can form strong connections with their healthcare workers and when it is time to transition the child's care to another service, families can be hesitant or *drop out*. The team now collaborates to find ways to ease this transition, including for audio appointments or the National Disability Insurance Scheme (NDIS). In some situations, and where possible, the team brings the service provider to AWAHS.

This was recently the case with NDIS Intereach<sup>2</sup> Intake workers, where the team approached this external service and provided them with a meeting space at AWAHS to facilitate interactions between the workers and families.

## ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY OWNERSHIP AND INVOLVEMENT

Aboriginal and Torres Strait Islander community leadership and culture are also critical to the functioning and legitimacy of both the Kids Team and the organisation within which it operates. Being based within AWAHS is a further key to the team's success and allows the team to connect with the community and develop cultural competency much more successfully than if it was in a non-Indigenous organisation.

AWAHS is a community-controlled Aboriginal and Torres Strait Islander medical service, established in 2003 and committed to delivering primary healthcare to Aboriginal and Torres Strait Islander communities across north-eastern Victoria and southern New South Wales. It aims to "support the

Aboriginal community towards a better tomorrow"<sup>3</sup> and provides a culturally safe integrated one-stop-shop environment where the community of over 50 different language groups can connect, improve their health, and collaboratively create generational health change. The breadth of health services accessible under the one AWAHS roof – and the ease of communication between them – have created opportunities not available in mainstream non-Indigenous health services.

The organisation has always been committed to embedding culture and cultural safety in its policies, practices and services. AWAHS, and by extension the Kids Team, believes that connection to Aboriginal and Torres Strait Islander communities and the celebration of Aboriginal and Torres Strait Islander cultures builds stronger individuals, families and collective identities. AWAHS has two full-time cultural mentors who support staff with cultural competency education and cultural experiences. Strong networks are also maintained between staff and the region's Aboriginal and Torres Strait Islander communities. Further to this, AWAHS's Aboriginal and Torres Strait Islander and non-Indigenous staff are supported by the organisation to work together and assist one another.

The AWAHS Board of Governance is made up of six nominated Aboriginal and Torres Strait Islander community members. These members represent the region's communities and are tasked with ensuring that communities' interests are at the centre of organisational decision-making. Members of Aboriginal and Torres Strait Islander communities are encouraged to become members of AWAHS, attend annual general meetings, and observe board meetings. There also are scheduled community, clinical and all-of-staff meetings to ensure that the voices of Aboriginal and Torres Strait Islander people are heard throughout the organisation and its work.

With the Kids Team embedded in the wider AWAHS community, it has access to and an understanding of the real-time challenges faced by the local Aboriginal and Torres Strait Islander communities. As is evident in the team's principles, all team members are expected to acknowledge and celebrate Aboriginal and Torres Strait Islander culture and be committed to listening, empathising, reading and being open to concepts, ideas and worldviews of Aboriginal and Torres Strait Islander peoples, as well as challenging their own positions of privilege in society. As discussed above, the team draws particularly on the knowledge and support





of the Aboriginal Family Support Workers and the Aboriginal administration support worker, who support other team members with cultural guidance and community knowledge.

*"We wouldn't be a team without our [Aboriginal] Family Support Workers and also our admin support. There's a lot of knowledge that we wouldn't have without these members and that makes it very different to team[s] that I've worked with in other services ... the child and family health nurses as well, who work much more closely with the Family Support Workers, go into the homes, know families in great amounts of detail, and put their perspective forward"*

Kids Team member

The team's guiding principles also frame the group's approach to cultural competency, recognising the importance of culture in tackling healthcare challenges. They recognise that as the team has grown, so has its need to have more Aboriginal and Torres Strait Islander representation and leadership. It currently is encouraging more Aboriginal and Torres Strait Islander staff members to join the team, looking at how to further draw on the expertise of AWAHS's cultural advisors and how to learn more about Aboriginal and Torres Strait Islander cultural practices, particularly those that are local to the region.

## THE TEAM'S COMMUNITY ENGAGEMENT

The team also recognises the importance of community engagement. Being known by the community gives the team a legitimacy it can leverage off when engaging with new families. Members find that as the team increases its community engagement, so are community members more inclined to approach them, conversations are easier to start and navigate, and there are indications that families are starting to know who to turn to before they reach crisis points.

Through engagement at a higher community level, the team is also able to provide community-level health and wellbeing education and advocate for the community more generally.

*"You'll pop in, just seeing where they're at, and what's happening, even a phone call, so that really helps, or if you see them in the community, when you ask. And I'm starting to see them in the community now on my days off. Two people came up to me and one said, 'I've still got housing problems'"*

Kids Team member

*"There are significant waiting times for ... I mean all of us have waiting times to some extent, but paediatrics and psychology have had significant waiting times ... So that's a barrier to engagement in itself for families ... like [those] getting pressure from child protection or someone [asking], 'have you seen a paed and why aren't you seeing a paed?' ... but they can't actually see a paed for two years, so we might discuss at a meeting"*

Kids Team member

The team's recent community engagement includes:

- A team-hosted community consultation, where community members advised the team on what makes Aboriginal and Torres Strait Islander children strong and healthy. A key discussion topic was the concept of *family*; how the concept can differ between cultures and the implications that this difference has between Aboriginal and Torres Strait Islander and non-Indigenous communities.
- One of the team's Aboriginal Family Support Workers persevered over two years to host morning teas with members of the local Aboriginal and Torres Strait Islander communities. Her patience, commitment and investment of time to build community trust has paid off with community members recently arriving at AWAHS to take up the offer.
- The team actively looks for ways to incorporate culturally appropriate tools into their work, including the University of Melbourne's ASQ-Trak,<sup>4</sup> which is now being implemented as part of the team's practice.
- The team attends cultural community events, including running stalls at NAIDOC week celebrations and supporting National Aboriginal and Torres Strait Islander Children's Day.

## UPSCALING THE PROGRAM

The team would like its profile to be raised further within and external to AWAHS. Currently, its main way to achieve this is through health promotion activities so that the community knows it exists, what it does, and how it works. Members have also identified that, in time, the team needs to:

- encourage more Aboriginal and Torres Strait Islander AWAHS staff members to join the team
- regularly invite the AWAHS cultural mentors and community members to team meetings to share their culture knowledge, particularly in the upbringing of children
- host more community consultations
- support non-clinical AWAHS events through the year, such as *Passport to Health Day*, National Aboriginal and Torres Strait Islander Children's Day, Breastfeeding Day, and Indigenous Literacy Day.

While the team has achieved significant success on its own, members also are considering how external training and in-house professional support could help the team improve their support of families and strengthen the team's professional resilience. It also is reviewing how to include practitioners of other key disciplines – legal support, housing support, Centrelink, NDIS support services – into the team, as these disciplines are currently outside of the AWAHS service.

The team also regularly considers how to make families feel safer and more comfortable. This may be through cultural signifiers on the AWAHS grounds, structured community days, women's weaving days, more physical space that feels less medical and more communal, advocating for family therapy and play therapy and, again, recruiting more Aboriginal and Torres Strait Islander practitioners into the team.

When parents and carers have their own trauma, including transgenerational trauma, the burden of their own childhood experiences can impact their ability to adequately care for their child. The team recognises that neither it nor the organisation currently are set up to provide the necessary level of trauma support, even though this impacts on the outcomes of the child patients. While a parenting program is required in the long term, the team are considering how to support these parents now to work on their headspace in a culturally safe way.

## THE PROGRAM'S POSITIVE IMPACT

While the team does not yet conduct evaluations or gather feedback from the children and families who they support, they have had noticeable positive impacts on families, in the community, on other health services, and with DCJ and DHHS. The main indicators of their success are the increasing levels of engagement that they are experiencing and positive informal feedback that they receive while at work or in the community.

Child protection workers from both states' departments now visibly rely on the team to support families and advise child protection workers:

*"DCJ and DHSS, they now rely on us quite a lot around supporting the families and really respect what we bring to that space with those families on the other side of them, so removals aren't happening as much anymore, because they ... provide us with the space to be able to work with the families to avoid that, so I think that's working"*

Kids Team member

*"DCJ and DHHS do rely on us quite a lot around the families, so the communication has become a lot easier and a lot more welcoming between both sides. As far as the community, I feel like ... they'd rather come here to this team rather than going into mainstream"*

Aboriginal Family Support Worker



The team also explains that their positive impact is evident through the increasing number of events and case planning meetings that they are invited to and referrals that they are receiving:

*"We get invited to a lot more things, invited to a lot more case planning meetings, we're invited to a lot ... when people are coming together to plan programs, if there's a community program happening in the community, and ... the consultation meetings regarding programs, ensuring that they're going to meet the needs of the Aboriginal community in the area"*

Kids Team member

*"I think a lot more referrals. We're getting a lot more referrals from external agencies as well. ... They refer to us now, child protection refers to us, for child and family health. ... I've got nurses ringing me up all the time referring patients over"*

Kids Team member

A third indicator of the team's positive impact is the increased recognition that they are receiving from community members in the AWAHS hallways or when they are out in the community:

*"They'll feel very comfortable now about seeking you out when you're passing in the hallway ... they feel comfortable about knowing you're part of [the] Kids Team and wanting to give you some information or wanting to share something with you about that child and that family's situation ... they feel that there's a trusting group around their family and their young person, and they feel really comfortable about telling you information that I don't think that they would otherwise tell anyone about. I've noticed that probably in my last eight years of being here – that having such a stable team and faces that are really known in community does develop that trust in being able to seek you out. Even if it's in the supermarket. ... they know your face and they know you're part of their child's team"*

Kids Team member







## ENDNOTES

1. Communicare webpage:  
[www.telstrahealth.com/communicare](http://www.telstrahealth.com/communicare)
2. Intereach webpage: [www.intereach.com.au](http://www.intereach.com.au)
3. AWAHS 2021, *Vision statement*
4. As described by the University of Melbourne, ASQ-TRAK is a developmental screening tool for observing and monitoring the developmental progress of Australian Aboriginal children at two months, six months, 12 months, 18 months, 24 months, 36 months and 48 months of age. Available at: <https://medicine.unimelb.edu.au/school-structure/paediatrics/engagement/asq-trak>

## REFERENCES

AWAHS 2020, *Vision statement*.  
Available at: <https://awahs.com.au/about>

