



Early Intervention Research Directorate (EIRD) Research Forum

Positive Future's Research Collaboration

Tuesday, 10th April 2018



Introduction

Positive Futures Research Collaboration is a member of the External Expert Consortium, which is a part of the Early Intervention Research Directorate (EIRD).

Our role is to provide cultural leadership across EIRD, which we badged as the Aboriginal Research Engagement and Communication Strategy.

- An essential element of the strategy was the establishment of an Aboriginal Leadership Group.
- We also assisted in gaining Ethics approval from the Aboriginal Health Research Ethics Committee (AHREC)
- We organised briefing forums for the Aboriginal Leadership Group about the Case File Reviews
- We conducted the Cultural Assessments for the Desktop Evaluations
- We organised for the Aboriginal Leadership Group to provide comments/feedback Professor Lynch



Some key findings - Data

In 2013

Contact with the child protection system for Aboriginal and non-Aboriginal children aged 0 to 10

	Notified	Screened in	Investigated	Substantiated	Out of home care
Aboriginal and Torres Strait Islander children	3,322 20.9%	2,119 26.0%	1,064 32.0%	519 33.0%	711 33.0%
Non-Aboriginal children	12,569 79.1%	6,026 74.0%	2,256 68.0%	1,053 67.0%	1,441 67.0%

Around 30% of all child protection work involves Aboriginal and Torres Strait Islander children

Source: *BetterStart*
Child Health and Development
Research Group





Some key findings – Case File Review #1

Identifying early intervention and prevention pathways for child protection concerns raised in pregnancy: Preliminary Findings

Our analysis identified that within our random sample of Unborn Child Concerns, there were two distinct groups of families that were the focus of intake reports. The two groups were:

- Group 1: First time parents who had their own histories of abuse or neglect as children (including being under the Guardianship of the Minister, reported to Child Protection and/or disclosed to the notifier). This group of families made up 21% of the sample.
- Group 2: Parents who had at least one child who was known to child protection (this included parents with children who had been the subject of single or multiple reports to child protection and/or parents who had previously had children removed from their care). This group of families made up 66% of the sample. One quarter of parents in this group also had their own histories of abuse or neglect as children recorded in the reports.

Collectively these two groups of families make up almost 90% of parents of children in Unborn Child Concerns. This means as many as 90% of families in Unborn Child Concern reports may have had previous contact with the child protection system, either themselves as children and/or as parents of older children.

Source: Arney, University of South Australia

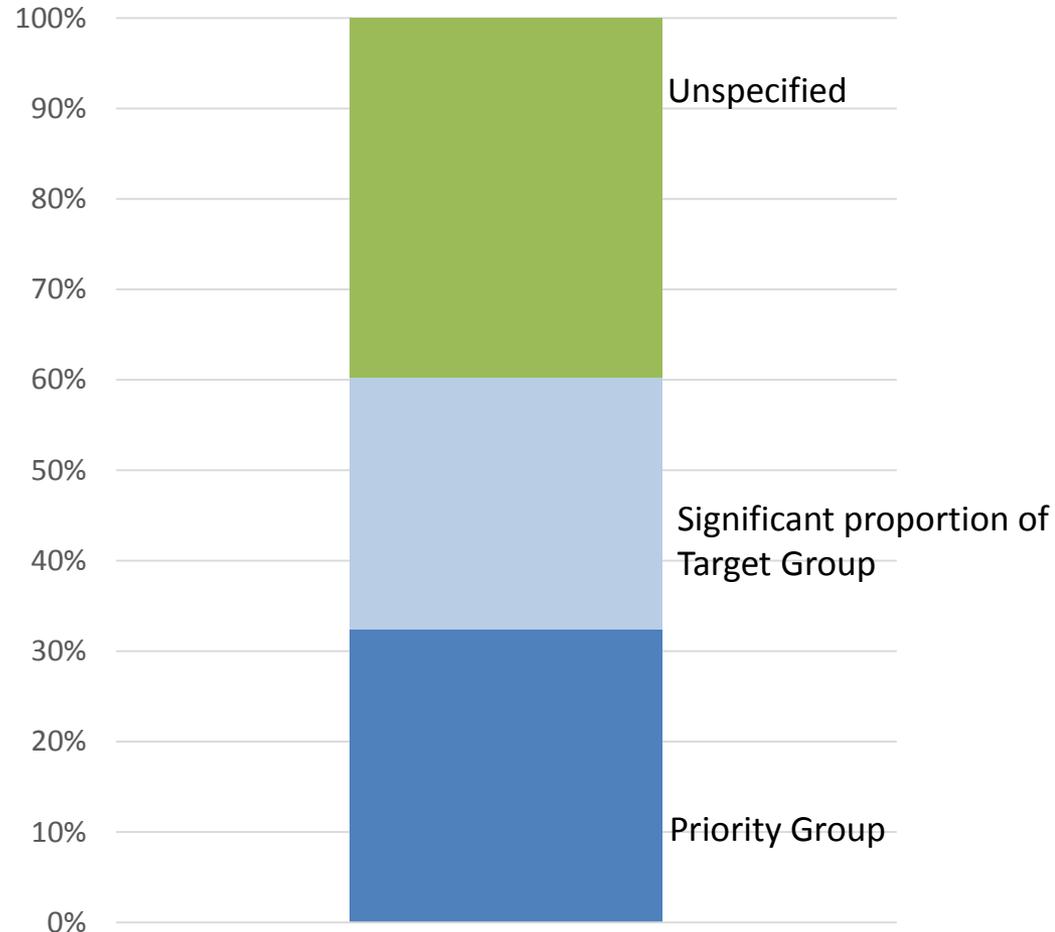


Some key findings – Desktop Evaluation

High proportion of Aboriginal clients within programs/services within EIRD Desktop Evaluation

Over 30% of assessed programs have Aboriginal clients as a priority group.

A further 28% of assessed programs have Aboriginal clients as a significant proportion of their target group.



Source: Bromfield, University of South Australia



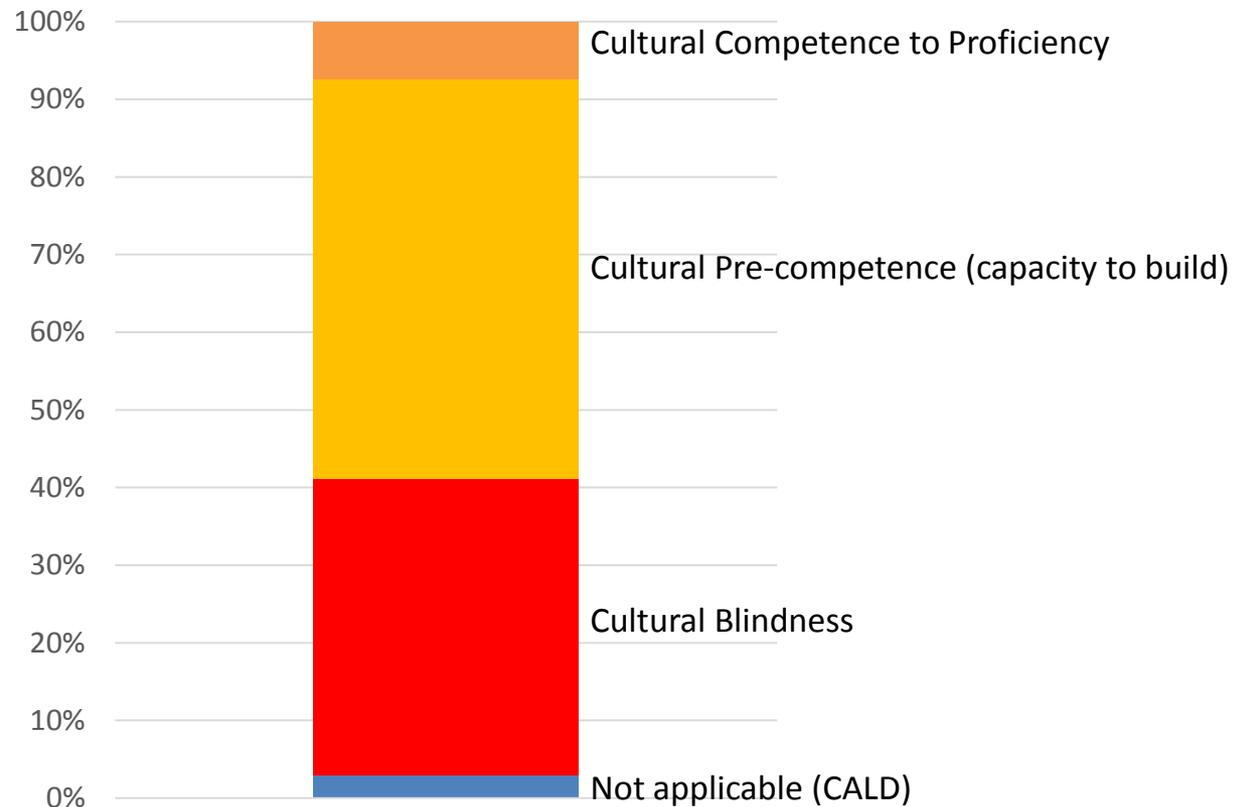
Some key findings – Desktop Evaluation

Assessment of Aboriginal Cultural Competence within EIRD Desktop Evaluation process of programs/services

Of the programs/services assessed to date against prevention of child abuse and neglect outcomes, the majority of the programs (88%) were classified as 'culturally blind' or 'pre-competent with capacity to build and improve'.

There is an urgent need for these programs to be reviewed and examined to improve each programs' cultural competency and safety.

Source: Bromfield, University of South Australia





Some key findings – Desktop Evaluation

Key messages:

- The gap between cultural need & competence is significant
- There is an urgent need for cultural capacity building
- Not a minimum standards approach to compliance, need to engage with concepts of safety, competence, governance

In order to deliver an ongoing program and workforce capacity building approach tied to continuous improvement of programs and services, delivery of culturally competent programs in South Australia needs a whole of system approach to embed meaningful and appropriate culturally sensitive practices.

Any program offered within the South Australian context must be able to clearly demonstrate cultural competence, given the high proportion of Aboriginal and Torres Strait Islander and CALD families within the child protection context.

Critical success factors are considered to be:

- strong partnerships with Aboriginal communities;
- enabling state and federal policy environments;
- leadership by boards, CEO/General Manager and key clinical staff;
- strategic policies;
- structural and resource supports; and
- commitment to supporting the Aboriginal and Torres Strait Islander workforce

Source: Bromfield, University of South Australia

Positive Futures Research Collaboration, University of South Australia



What is cultural competency?

Basically, cultural competency is a process for non-Aboriginal people to gain a greater insight into Aboriginal cultures.

The process, if conducted in a meaningful and respectful manner, encourages a much stronger relationship between Aboriginal and non-Aboriginal people.

It's this relationship that will create the best opportunities to address the ever-increasing poor health outcomes.

This will include a better understanding and respect of cultural elements that may include issues such as values, principles and timelines.



Why is it important to have a culturally safe practice?

It is about overcoming the power imbalances of places, people and policies in attempting to improve the health outcomes for Aboriginal and Torres Strait Islander peoples.

Since the 1970s

When we got our rights and freedoms back as Australian, there was this large-scale movement to towns and cities. But for a substantial portion of Aboriginal people who were part of migration, they often had:

- Very limited education;
- Very limited skills
- No money or assets
- No social capital

Fringe Camps were the results of this large-scale movement



Why is it important to have a culturally safe practices?

As a way of surviving this cycle of poverty, we start seeing more social problems

- Alcohol
- Drugs
- Smoking
- Violence
- Criminal activities

Started using hospitals more often

- Data



The big problem is!

- a) It is these negative elements that we now focus on – strategies are developed around these issues in an attempt to improve the health outcomes of Aboriginal people.
- b) There is also smaller group of white Australians who claim that treating Aboriginal people differently is discriminating against other Australians. This group would argue that they treat everybody the same.
- c) They also feel that Aboriginal people are getting an unfair advantage from governments by using their Aboriginality.



Finally

Aboriginal communities are continually told to take responsibility for the problems

If that's the case, then they should also be given the lead in developing the solutions



Contact details

Associate Professor Alwin Chong

University of South Australia

Tel: 08 8302 1389

alwin.chong@unisa.edu.au