

Setting the Standard for Culturally Responsive Health Assessment for Aboriginal Children in Out-of-Home Care

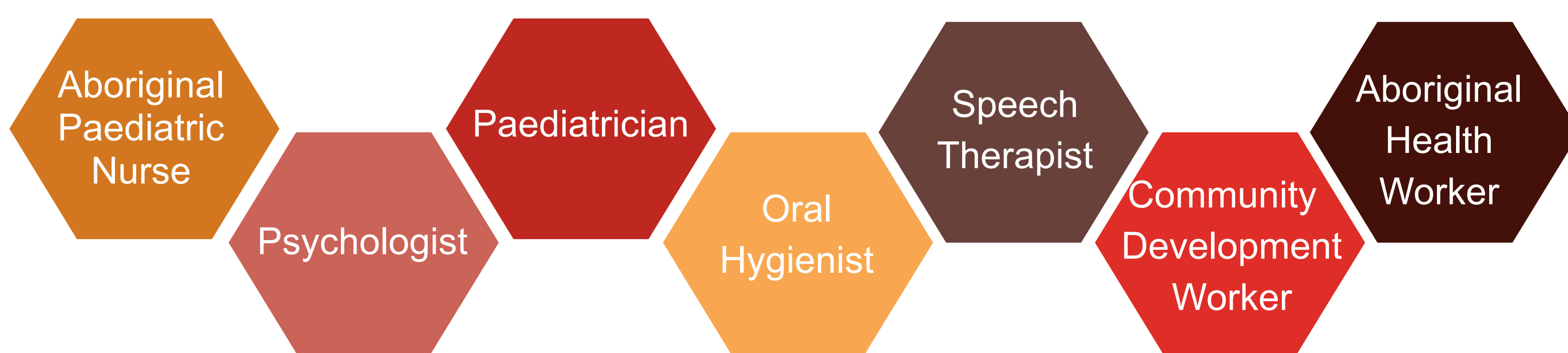
Evaluating *Healthy Koori Kids*

Trish Plompen¹, BAppSc (Health Promotion), Karinda Taylor¹, BNurs GDipMidwifery, Fiona Kent^{1,2}, BPhysio, MHPE, PhD, Kellie Hammerstein¹, BASocSc, Michelle Ravesi¹, DipCommServ, Julia Bilton¹, BPubHealth&HealthProm, Kypros Kyprianou¹, MBBS FRACP GDipMedEd
¹Monash Health, VIC, Australia, ²Monash University, VIC, Australia

Introduction

The Healthy Koori Kids (HKK) clinic aims to provide the highest standard of care for some of Victoria's most vulnerable children. In Victoria, Aboriginal children are almost **13 times more likely** than their non-indigenous counterparts to be in out-of-home-care[1]. Children in out-of-home-care may experience higher rates of **health, developmental, behavioural and emotional inequalities** [2,3,4].

HKK is a holistic, culturally appropriate, trauma-informed multidisciplinary clinic for Aboriginal children and adolescents in out-of-home-care. The HKK team consists of a **range of professionals**:



An ethics approved research project evaluated the Healthy Koori Kids service model.

Method

A **mixed method approach** identified themes influencing **effectiveness, success** and **barriers** of HKK. Through a staff focus group, parent/guardian/carer interviews, clinical file audit, and phone interviews with referring agencies, quantitative and qualitative data was captured. Greater weight was given to Aboriginal perspectives than non-Aboriginal in analysis.

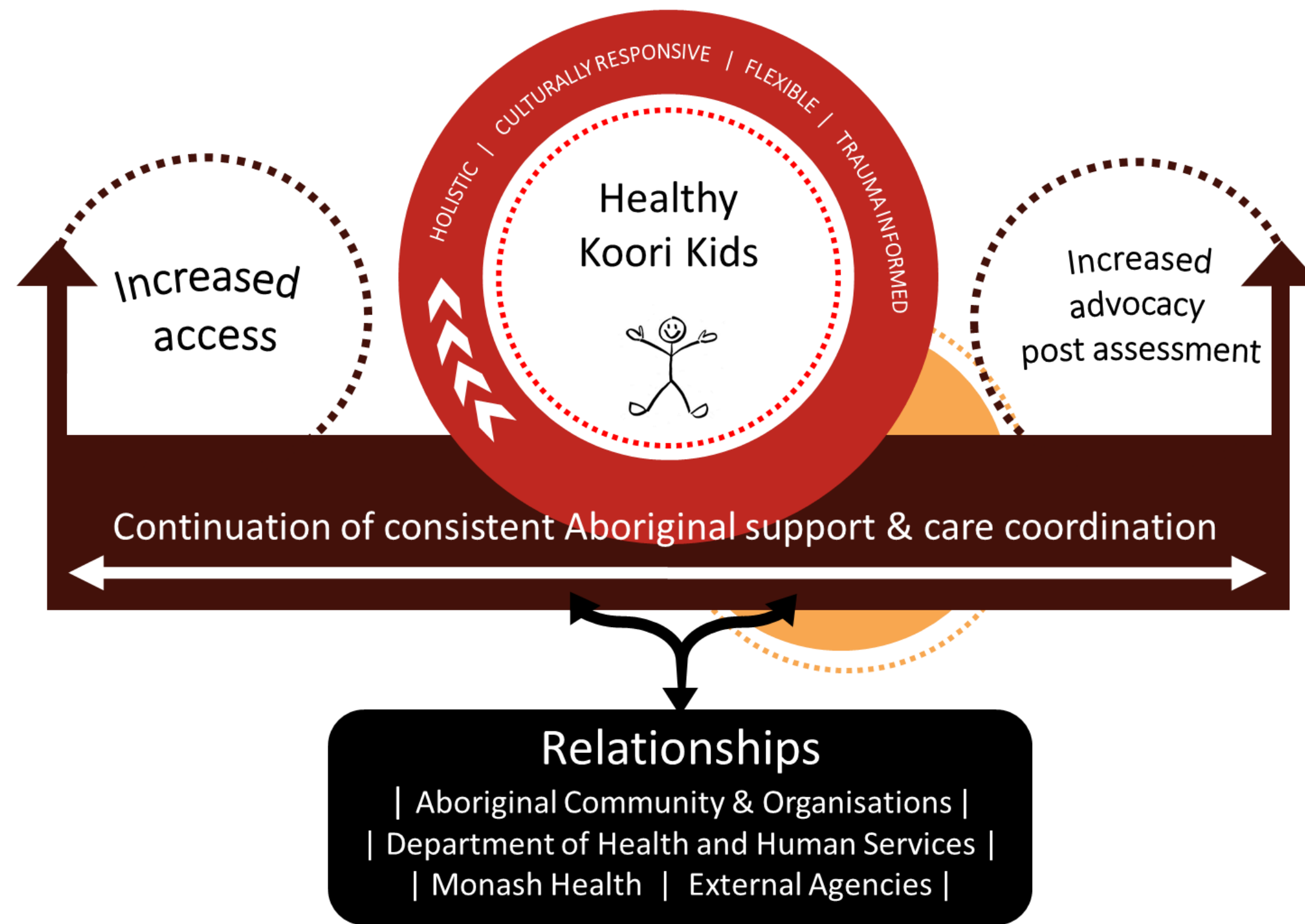
Results

Quantitative Data

- HKK began fortnightly in December 2016. In 12 months:
- 108 referrals received
 - Clinic ran 22 times
 - 48 children** seen
 - 53 Treatment Plans** (includes children seen in clinic and with care co-ordinated by a Nurse).
 - < 1 % non-attendance** across first 6 months
 - Patients came from 5 LGAs (over 2500 km²) equivalent to **1/4 of the Metropolitan Melbourne**

Qualitative Data

Thematic analysis identified themes that represented the strengths of HKK. An administrative processes was an additional theme that was a critique of the model. The continuation of care by the Aboriginal health nurse is the **backbone to the whole service**.



Conclusion

HKK success is centred around Aboriginal led care coordination. This improved access, client advocacy and operational flexibility. Clinic staff embody the principles of holistic, culturally responsive and trauma informed care. Efficacy was enhanced by strong relationships between Aboriginal community services, Monash Health and child protection services.

What next?

- Additional nursing support is needed
- Administrative processes were a barrier to care but alleviated by an additional Aboriginal Clinic Co-coordinator
- Culturally appropriate care pathways on discharge from clinic need to be improved
- Long term funding required for ongoing running and expansion
- Share and promote HKK model across other settings

HKK Clinic had <1% non-attendance

What makes Healthy Koori Kids successful?

1. ABORIGINAL CO-ORDINATION & DEVELOPMENT

Aboriginal input into model development, delivery & co-ordination was essential. Aboriginal staff's connection to the community where kids resided meant the clinic was adaptive to client needs.

2. ACCESS

A flexible, multi-model approach to engagement increased access. Kids seeing multiple disciplines on one day provided broader service access. Care coordination & help navigating services was a point of difference to other models.

3. HOLISTIC APPROACH

Integrating multiple clinical perspectives within a single clinic day for each child through dedicated pre & post team meetings.

4. CULTURAL RESPONSIVENESS

Dedicated time for cultural & trauma informed training was vital. A children's waiting room with the Aboriginal flag, art, books & activities created a culturally safe space that promoted Aboriginal identity.

5. FLEXIBILITY

The clinic responds to children's needs. Individualised care included home, school & secure welfare unit visits. All care guided by a trauma-informed holistic approach.

6. RELATIONSHIPS

Relationships with the Aboriginal community, acute, community & child protection sector underpins success.

7. ADVOCACY

Recommendations provided collectively by the team, rather than independently by professionals were seen as more credible & an opportunity for advocacy.

"[my child] ... needed dental/eyes/ mental health check & the clinic was able to get all this done"
 Interview, Foster carer

"Gave me strategies on how to support the children with social issues.... He was like a sounding board I could talk to"
 Interview, Aboriginal foster carer

"Feel more relaxed because you're with your people. A lot of places you say you're Aboriginal & they don't want to know you. You just feel at home with our mob"
 Interview, Aboriginal foster carer

"We have been able to advocate for children & effect change through child protection & other agencies that previously we wouldn't have had as individual clinicians working in Aboriginal Health"
 Staff member

Further information kypros.kyprianou@monashhealth.org

1. Commission for Children and Young People, 'Always was, always will be Koori children': Systemic inquiry into services provided to Aboriginal children and young people in out-of-home care in Victoria, 2016. Melbourne: Commission for Children and Young People, Physician, 2016. 45(10): p. 706-711.
 2. Moeller-Saxone, K., et al., Meeting the primary care needs of young people in residential care. Aust Fam Physician, 2016. 45(10): p. 706-711.
 3. Nathanson, D. and D. Yotsumi, Health needs of Australian children living in out-of-home care. J Paediatr Child Health, 2007. 43(10): p. 695-9.
 4. Rauber, M., et al., Health of Southern Tasmanian 4- to 6-year-old children in out-of-home care compared to peers. J Paediatr Child Health, 2018. 54(4): p. 405-410.



MONASH University

MonashHealth Community



Healthy Koori Kids

A 'How To' - Creating a Trauma Informed and Culturally Responsive Aboriginal Clinic

Michelle Ravesi, DipCommServ, Helene Cripps RN, Julia Bilton, BPubHealth&HealthProm, Kypros Kyprianou, MBBS FRACP GDipMedEd
Monash Health, VIC, Australia

Introduction

Aboriginal children in out-of-home care are one of the most vulnerable populations within the Australian health sector. The Healthy Koori Kids (HKK) clinic cares for Aboriginal children and adolescents in out-of-home care by ensuring their cultural and spiritual needs are acknowledged and addressed while identifying and attending to physical, emotional and social health.

HKK runs on a **3 month cycle**. Every cycle, an **allocated patient free day** allows for **reflective practice, professional development** and **service model refinement**. An Aboriginal worker; with a Care Co-ordination role, undertakes initial assessments, engages families and supports implementation of health plans. This model has resounding success and this is a 'step-by-step guide' for how such a clinic can be replicated.



Step 1:

Take time to research & scope existing models.
Engage & consult with the community & **Aboriginal organisations** about local issues



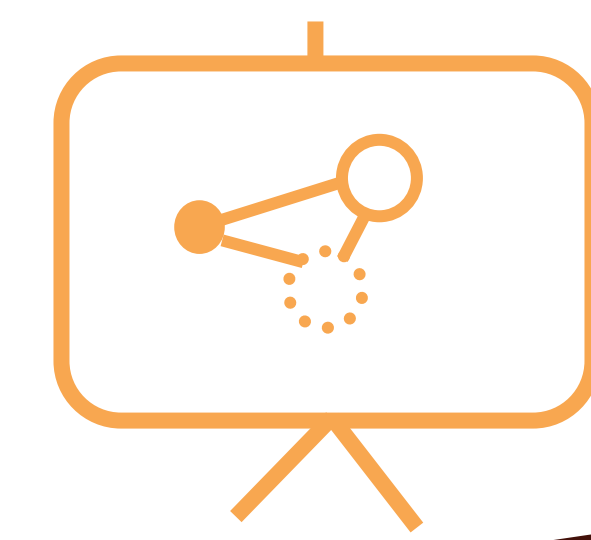
Step 3:

Documentation is vital. All referrals, assessments & letters are **reviewed** by appropriate professionals & Aboriginal staff for **cultural appropriateness**



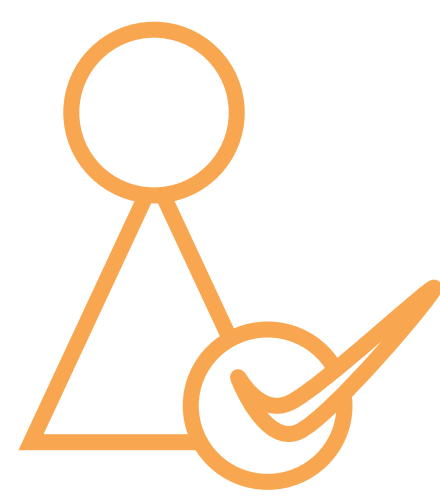
Step 5:

Induction, orientation & training for all staff. All staff are paid to attend 2 full days training in Aboriginal Cultural Appreciation, trauma informed care and legal matters. Staff also complete induction & orientation to the local Aboriginal Health Service



Step 2:

Heads of professions are involved in all stages of **recruitment** - ensuring a **high performing team** is employed that **complement** each other



Step 4:

A **Steering Committee** guides & advises on all aspects of the service



Step 6:

Soldier on. The first clinic was chaos - keep smiling & move forward!



Step 7:

Support your Staff. Clinic staff are exposed to confronting stories & this requires additional and dedicated support



Things we've learned from Healthy Koori Kids

- **Aboriginal staff** are vital in supporting and guiding all clinicians, children and families.
- **Aboriginal engagement** is essential in development, implementation and clinic running.
- When planning, factor in services delivered with and for the Aboriginal community require large investments of **time for consultation and implementation**.
- The right **staffing mix** is imperative and rigorous recruitment is needed; even if it means re-advertising.
- HKK provides **high quality, face-to-face, staff induction, training and support** and the team quickly becomes a high functioning group with **trust and familiarity** of each other.
- Staff (including management) need to be **flexible, empathic** and **responsive** to what presents.
- Model **positive healthy eating** behaviours in the clinic even if children do not do so at home.
- The **culturally safe arrival room** introduces vulnerable children and families to a 'place of trust'.
- **Care for staff.** A **reflective practice** model that meets staff needs is imperative when working with issues of social injustices, trauma and neglect.
- **Ongoing professional development** (especially in challenging areas such as assessment and diagnosis of Foetal Alcohol Spectrum Disorder).
- **Patient-free** time in each clinic is invaluable. Up to 50% of each clinic is for **pre and post patient briefings**.
- **Case-file review clinics** optimize service delivery and **prevent staff burnout** when coupled with reflective practice and professional development.
- HKK **evaluation** highlighted themes impacting success but also noted administrative barriers.

Conclusion

It is imperative we encourage Aboriginal children to be stronger, so they know what it is to be safe and nurtured and break cycles of disadvantage. This requires high quality, innovative models that dare to achieve more for these children. Additionally, optimising the balance between patient throughput and staff support enhances service delivery success. The HKK nurturing environment wraps around each child to ensure they feel important and cared for. This model can; and has, demonstrated positive change to the lives of Aboriginal children. Care delivered in this way helps Aboriginal children find a way out of the cycle of trauma, grief and loss.

For more information, contact kypros.kyprianou@monashhealth.org

Success and Barriers

When establishing a similar clinic:

- **Don't underestimate the need for dedicated, skilled Aboriginal staff.** Significant Aboriginal nursing support and ample care-coordination is needed.
- **Be aware of the impact of administrative processes on engagement.** Minimise unnecessary hurdles and establish optimal pathways into and out of the clinic.
- **Explore how to optimally communicate clinic findings and recommendations** with key stakeholders. This needs to be sensitive and within an appropriate medico-legal framework.
- **Factor in external limitations** beyond your control (eg. lack of culturally appropriate care discharge pathways, assessment tools are not culturally appropriate, security of start-up and ongoing funding models). What mixed funding models exist to ensure ongoing service delivery?
- **Remember job insecurity and high workloads** can impact Aboriginal staff more than non-Aboriginal staff. This needs improvement for service sustainability and delivery.

