

PARLIAMENT OF NEW SOUTH WALES
General Purpose Standing Committee No.3
Inquiry into Reparations for the Stolen Generations
Thursday, 5 November 2015 Hearing

NSW Health response to Questions on Notice taken during the hearing

CHAIR: How many workers are trained in Indigenous trauma support?

Dr CHANT: I can give you the number of those who have undertaken the online Respecting the Difference training package from 2013 to 2015. It is pleasing to note a large number of staff have undergone this package as it contains a number of case studies, some of them going to the impact of the Stolen Generations. We will be able to give you further information about staff who have attended workshops on more specialised training programs, if I can locate it in my records.

I refer to the responses given to supplementary questions six and seven.

CHAIR: That is very important but so is training all staff across the board because one never knows when you will engage with an Aboriginal person and that has been identified as some of the concerns that people have. I wondered if you could outline how extensive the cultural awareness or competency training is and what percentage of people undertake the training?

Dr CHANT: In NSW Health the Respecting the Difference course is mandatory. I indicated that a year ago there were 40,000. I am hopeful to get a report and I am sure it will be much more. That is a module. The way it has been constructed, it is engaging for health workers because it puts it into meaning and context. It is a scenario-based learning module and it provides perspective. Apart from the stolen generation it also touches on things such as literacy, financial issues, being prepared for seeing non-Aboriginal staff and what they may be thinking, so it breaks down a whole set of reasons why Aboriginal people might feel quite fearful in engaging with health services. That is an important approach. There are more specialist courses.

I would be happy to give some data on attendance of those...

I refer to the responses given to supplementary questions six and seven.

CHAIR: You have all referred to early intervention. Are you able to identify why we are not seeing an increase in early intervention? We are seeing a huge increase in the funding for out-of-home carers that escalates but not the overarching support for early intervention when all the evidence says that is what works. Why is that not marrying up? You have all referred to it, saying that is the way to go.

Dr CHANT: We would be happy to provide some detail; I do not have it in front of me. We have expanded some of our Building Stronger Foundations or I call it sustained home visiting, which is evidence along the line of sustained home visiting. I can provide some details about how our AMIHS program has grown over the years and also the reach of our Building Stronger Foundations. It complements the other component. The Commonwealth runs programs in this area as well and the Commonwealth's program—correct me if I am wrong—is Brighter Futures –

The Aboriginal Maternal and Infant Health Service (AMIHS) was implemented in 2001 to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies. In 2007 the service expanded from 7 programs to over 30 programs delivered across over 40 sites in NSW.

The service is delivered through a continuity of care model, where midwives and Aboriginal health workers collaborate to provide a high quality culturally sensitive maternity service. AMIHS services include comprehensive and regular antenatal health checks, smoking cessation programs, health promotion and community development activities, postnatal checks and support and information on infant feeding and nutrition.

Smooth transition of care of the newborn and family to child and family health services ensures continuity of care for the child up until school age. NSW Health has implemented the Building Strong Foundations (BSF) for Aboriginal Children and Families program (across 15 locations) to provide culturally safe and appropriate early childhood health services for children from birth to school entry age and their families. Some BSF programs are co-located with an AMIHS, which allows a seamless transition of care for a family from the maternity service to the child and family health service.

The BSF program is provided by teams of Aboriginal health workers and child and family health nurses. In some locations, the core team is supported by other allied health therapists and social workers. These teams work with parents, carers and the local community to support the health, growth and development of Aboriginal children so they are healthy and ready to learn.

Sustained health home visiting services, known as Sustaining NSW Families, are more intensive prevention and early intervention programs starting during pregnancy and continuing until the child's second birthday, available in five sites across NSW currently, and planned for commencement in three more sites. Eligible Aboriginal families are able to access sustained health home visiting in all sites, and there is an Aboriginal cultural liaison officer employed in the Northern NSW site.