INTRODUCTION

In response to the Queensland Child Protection Commission of Inquiry Discussion Paper February 2013, the Aboriginal and Torres Strait Islander Health Unit Metro North Hospital and Health Service submits this response.

It is our contention that if the very first contact between an unborn child and the system is beneficial, positive and culturally appropriate that ongoing contact is welcomed and valued. Further that:

- There are increased opportunities to monitor and address the health of Aboriginal and Torres Strait Islander mothers and babies;
- That there is and opportunity to influence the mother and provide education and support around those health behaviours (e.g. smoking, alcohol use and poor nutrition) of pregnant aboriginal and Torres Strait Islander women that may contribute to the low birth weight and future chronic disease in the baby.

Further, that a seamless transition to post natal interaction where it is indicated, will lessen the likelihood of engagement in the Child Safety system further down the track. Both stages, antenatal and post natal present the opportunity to provide a range of supports and information to families within a welcoming and culturally safe environment. This has the practical effect of lessening anxieties about interactions with government and providing families with as much or as little guidance as needed in their roles as parents and caregivers.

BACKGROUND

"Ngarrama" meaning Guardian Birth Spirit, comes from the Yuwaalayaay language and is a free antenatal and birthing service for Aboriginal and Torres Strait Islander families who choose to birth at the Royal Brisbane and Women's Hospital, Caboolture, Kilcoy and Redcliffe Hospitals.

The Ngarrama service offers qualified Clinical Midwives and Advanced Indigenous Health Workers (Maternal and Infant Health), who get to know the family and care for them throughout the pregnancy and after the baby is born. They may be available to help care for mother and baby during the birth also. The Clinical Midwife and Indigenous Health Worker will provide information and resources to support the choices of expectant mothers, including childbirth education classes.

- Friendly, flexible, non judgmental, dynamic antenatal care.
- Culturally respectful, and promote equal access.
- Community based with booking in either in home or hospital
- Streamlining GP shared care so that the women seamlessly go from community to hospital with ease due to increased communication from both services.
- Flexible appointment times, drop-in clinic and outreach services via home visiting.
- Continuity of Carer throughout pregnancy.
- Midwives are able to co- attend other obstetric appointments.
- Increased social supports during pregnancy and beyond.

Ngarrama is a Metro North Hospital and Health Service "Close the Gap" service and aims to:

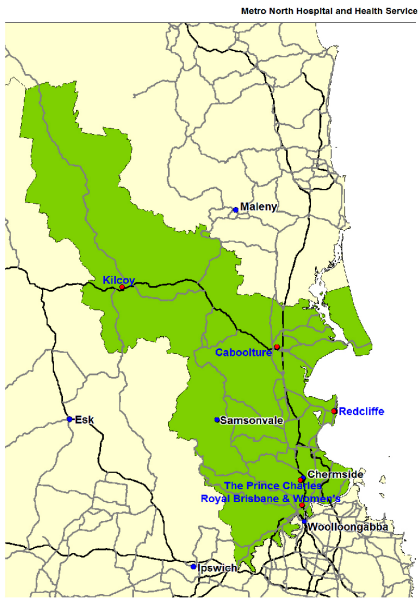
1. Have accurate information about the Indigenous status of clients.
2. Ensure that all pregnant Aboriginal & Torres Strait Islander women attend at least five antenatal visits.
3. Decrease the number of babies born weighing less than 2500 grams.
4. Reduce the incidence of smoking during pregnancy.

Ngarrama is a success because of the flexibility built in to the program. The best opportunity we have to influence the future health outcomes for Aboriginal and Torres Strait Islander children is to engage with the family in the antenatal period. A seamless transition after the birth to engaging with child health specialists and receiving support around a range of parenting and other social issues supports families appropriately in their home environment.

We recognise that mainstream maternity services present barriers for Indigenous women who engage with them. If we cannot get Indigenous mothers to engage with health care, especially from the first trimester, the opportunity to influence mother and families is lost with the resulting health outcomes for babies, children in the first five years of life and long-term health outcomes. The following are known barriers to the engagement of Indigenous women in maternity care.

- Trust, fear, shame, racism, stereo-typing;
- Previous experience;
- Transport issues and parking;
- Physical environment, cultural safety;
- Inflexibility;
- Identification;
- Continuity of services;
- Treat all people the same;
- Focus on systems rather than people;
- Time poor services with high demands;
- Fears for Child Safety intervention;
- Fear of identifying and being treated differently.

Ngarrama delivers antenatal, birthing and postnatal services to Aboriginal and Torres Strait Islander women and their families residing in the Metro North Hospital and Health Service area. Ngarrama also services a limited number of patients from outside Metro North who for cultural and other reasons prefer to use the Royal Brisbane & Women's Hospital (RBWH) or Caboolture Hospitals. Ngarrama currently operates from three hubs within Metro North. Ngarrama Royal commenced operating at the RBWH in April 2011; Ngarrama North located at Caboolture Hospital and servicing Kilcoy Hospital also, commenced in May 2011; and Ngarrama East at Redcliffe Hospital since September 2011.



[1]

[1] Metro North Hospital and Health Service viewed 5 Dec, 2012, <http://www.health.qld.gov.au/maps/mapto/metroNorth.asp>

The Intensive Home Visiting Service delivered by the Indigenous Child Health Team, commenced operating in April 2010. The team was at that time located within the Indigenous Health Services unit, in Primary and Community Health[2], Metro North Health Service District[3]. This part of the service was known as Ngarrama Home and it was directly funded through Primary and Community Health Services and was not funded as part of the Ngarrama project. The Ngarrama name was adopted to reflect the synergies between the work of the Intensive Home Visiting Service and the hospital based Ngarrama services. Since restructuring in July 2012, Ngarrama Home has transitioned to the Aboriginal and Torres Strait Islander Health Unit.

The Ngarrama maternity service functions within the frameworks, policies and practices of each hospital. Each site has its own steering committee. As the Ngarrama services developed and grew the differences in the funding and therefore the models became more apparent but where possible consistency in service delivery was developed and applied. This extended to Ngarrama specific protocols, as was identified in the Ngarrama Action Plan. One of the emerging issues was that of transport and whilst the differences in service delivery meant that the transport issue manifested a little differently in each case, the ultimate solution provided the flexibility required to appropriately assist Ngarrama patients. A Ngarrama Operational Working Group, attended by Ngarrama midwives and Indigenous Health Workers was also established. This group meets approximately every six weeks specifically to share information, problem solve, meet with partners/guest speakers and explore similarities and differences of the services with a view to enhancing all Ngarrama service delivery.

The first year of Ngarrama operation also required a considerable amount of work to refine data reporting. Included were key performance indicators and other data that demonstrates the influence of the service on good health outcomes for mother and baby as well as workload indicators. Over the same period of operation the uniqueness of the program has resulted in the modification or development of policies that specifically address the special needs of the Ngarrama service.

The first half of 2012 was characterised as a period of consolidation including reviewing the draft Action Plans for each facility providing a clear path forward for the service. A Ngarrama “look” was developed allowing for marketing collateral to be produced and distributed.

During the period active recruitment ensured that all positions were filled and memorandums of understanding developed for outreach services at community based venues. This ability of mothers to receive antenatal care either in their home or at a community venue close to home has contributed to the significant increase in the number of pregnant women achieving five antenatal visits during the pregnancy.

PROGRAM OBJECTIVES

The long-term purpose of the Ngarrama service is to improve the health outcomes for pregnant Aboriginal & Torres Strait Islander women and to improve life-long health outcomes for Aboriginal and Torres Strait Islander babies.

The key objectives[4] and long term purpose of the Ngarrama service are:

- To collect accurate information about the Indigenous status of clients;
- To increase the number of Aboriginal and Torres Strait Islander women who attend five (5) or more antenatal visits during their pregnancy;

[2] As at 30 November 2012 Primary & Community Health along with Sub Acute Services and Brighton Health Campus and Services was absorbed into the Subacute & Ambulatory Service

[3] Restructured and renamed Metro North Hospital & Health Service (MNHHS) from 1 July 2012

[4] Queensland Health 2010:*Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – implementation plan 2009 – 2010 to 2011 – 2012*, Brisbane 2010

- To reduce the number of low birth weight (<2500g) Aboriginal and Torres Strait Islander babies;
- To reduce the number of Aboriginal and Torres Strait Islander women who smoke at any point during the pregnancy;
- To reduce the number of Aboriginal and Torres Strait Islander women who smoke after 20 weeks gestation.

PROGRAM SCOPE

Ngarrama Antenatal and birthing service

The scope of the service was to deliver antenatal, birthing care and postnatal care to 28 days after birth to Aboriginal and Torres Strait Islander women or those who would be giving birth to a child who would identify as Aboriginal and/or Torres Strait Islander from the Royal Brisbane and Women's Hospital (RBWH), Caboolture and Kilcoy Hospitals and Redcliffe Hospital. Whilst it is a requirement for patients in these areas to meet residential requirements for treatment at the RBWH and Redcliffe but not at Caboolture, this was challenged repeatedly by women who wished to birth at the RBWH for other reasons.

Ngarrama s is built on an approach that recognised the need to maximise Indigenous community engagement from the concept through the planning stage to implementation. Elders were involved design of the service, naming the service and the official launches.

The strengths of the service and key to success are:

- Effective and efficient referral process;
- Focus on communication, relationship building and development of trust;
- Continuity of care;
- Flexibility in service delivery both for hospital or centre based appointment and home visiting appointments;
- Option of home based appointments;
- Flexibility to address the needs of the extended family;
- Approach that strengthens parenting knowledge and confidence and life skills;
- Respectful interventions that provide counselling, social support, nutrition, stop smoking support, parenting advice and education, crisis support around finance, medical and housing;
- Welcoming and safe environment;
- Culturally reflective staff;
- Holistic approach that fosters integration with other services.

The Intensive Home Visiting Service, using the ICARE model originally targeted but ultimately exceeded, 30 Aboriginal and Torres Strait Islander families of newborn infants from the Metro North District. The target population for the service specifically included those families where the children were at risk of poor health outcomes due to poor pre-natal conditions or environment, psycho-social problems or chronic disease of the mother, prematurity, low birth weight, other identified risk factors. The Intensive Home Visiting Service's brief is to work with the family up to when the baby reaches two years of age.

Extended Home Visiting Service and Child Health Team

Whilst any Aboriginal and/or Torres Strait Islander person with a new baby in the relevant catchment area can access the service, home visiting does not usually continue past two months. However the visits are negotiated with the mother and a schedule developed based on individual need. The Child Health Team includes a social worker and the service is able to provide parenting support and other

specialist support to the family through until the child reaches 13 years of age. The team are able to develop flexible care plans, undertake hearing health screening and child health checks and provide early intervention parenting social work when necessary.

Services offered by the Child Health Nurses through the program include:

- Breastfeeding assistance;
- Artificial formula feeding assistance;
- Postnatal mental health screening (and referral if required)
- Developmental screening;
- Maternal health promotion and education;
- Immunisation education and awareness (do not provide immunisation).

In addition to this the Advanced Indigenous Health Worker offers:

- Cultural support;
- Community information and supported engagement if required;
- Supported referral to general practitioners;
- Medicare and Pharmaceutical Benefits Scheme information and entitlements;
- Appropriate cultural referral if required;
- Reinforcement of healthy habits for the family (smoking, nutrition, parenting, contraception, alcohol and other drugs).

ICARE

The modified ICARE model offering visiting support from 16 weeks antenatally to two years of age works with those families who are experiencing one or more of the following:

- Maternal age less than 20 years;
- Isolation;
- Low birth weight and/or prematurity;
- History of mental health issues;
- Drug and alcohol misuse;
- Current domestic violence;
- Current or previous involvement with department of child safety.

Services offered by the Child Health Nurses through the program include:

- Optimal infant nutrition advice, assistance and support;
- Intensive home visiting as per ICARE program;
- In home immunisations as per schedule for Aboriginal and/or Torres Strait Islander children;
- Opportunistic immunisation for family members;
- ENPDS;
- Developmental screening and referral as required;
- Maternal support and education on contraception, parenting, safety, drug and alcohol, smoking, sudden infant death syndrome, infant development, nutrition, oral health parental through life education.

Services provided by the Advanced Indigenous Health Worker include:

- Cultural support;

- Community information and supported engagement if required;
- Supported referral to general practitioners;
- Medicare and Pharmaceutical Benefits Scheme information and entitlements;
- Appropriate cultural referral if required;
- Reinforcement of healthy habits for the family (smoking, nutrition, parenting, contraception, alcohol and other drugs).

CULTURAL CONSIDERATIONS

Providing a welcoming and culturally safe environment is a fundamental feature of the Ngarrama maternity service. This is accomplished by ensuring that consulting spaces are fitted out with artwork, photographs and soft furnishings that are reflective of culture; the provision of brochures and posters and tools that feature Aboriginal and Torres Strait Islander people; wearing shirts branded with Indigenous artwork eg. Making Tracks shirts; and prominently flying the Aboriginal and Torres Strait Islander flags.

Indigenous and non-Indigenous staff members employed in the service are very experienced in the delivery of services to the Aboriginal and Torres Strait Islander community. Some of the staff members are Aboriginal or Torres Strait Islander and all have a well-developed understanding of the history and social determinants that have contributed to creating the gap in health, educational outcomes and life expectancy that are experienced by Aboriginal and Torres Strait Islander people.

Regardless of their role or status Ngarrama teams they are strongly encouraged to undertake the Aboriginal and Torres Strait Islander Cultural Practice Program (A&TSICPP) delivered by the Aboriginal and Torres Strait Islander Cultural Practice Program team within the Aboriginal and Torres Strait Islander Health Unit of Metro North Hospital and Health Service.

SUCCESS FACTORS

Positive Feedback

All three service delivery sites report broad and positive feedback from patients and their families. The feedback indicates that women feel comfortable with the service and staff and it appears that this is a contributing factor to ensuring appropriate levels of antenatal care during the pregnancy.

- *"They are very respectful, helpful. Very hands on and involved in the pregnancy. Always make you feel comfortable."*
- *"I visited Murri Teilah Medical for a majority of my midwives visits and found it very helpful and more convenient with no delays in scheduled appointments."*
- *"The Ngarrama service was very helpful, and the ladies made me feel more comfortable and were there for me every step of the way for the different services I required."*
- *"I wish the service was here with my other 4 children! This has been the best experience compared to last time"*
- *'its about time we had our own service that understand what we need"*
- *"With my colourful past it was great to feel not judged"*
- *"It was good having the cultural support and understanding"*

Acceptance of Out of Area patients

Many women from outside the catchment area choose to use Metro North hospitals for their antenatal care and birthing for a range of cultural, historic and practical reasons. The Ngarrama program sought an exemption from the requirement for a woman to fall into the catchment area to be able to use the program. This resulted in over 50 Aboriginal and Torres Strait Islander women from out of area accessing Ngarrama.

- *"I was overjoyed to be accepted into the birth centre especially when I was told I was ineligible due to living out of area."*

Culturally Appropriate Service Delivery

With cultural appropriateness comes cultural safety for the mother, baby and the family. This allows trust and a healthy rapport to be developed between clinicians and the patient.

The role of Indigenous Health Worker (IHW) is particularly significant with IHW able to attend antenatal classes, attend kin visits where baby has been removed from the care of the mother and providing support in other clinics as necessary.

Cultural appropriateness extends to being prepared to modify systems to find the most effective way in which to support Indigenous mothers and their families.

- *"I didn't have to tell my story over and over and having them there with the doctor made it easier to understand what they were saying."*
- *Its so nice to call the hospital and have a someone I know and trust on the other end who doesn't judge me when I cant make it*

The Ngarrama "club" phenomenon

The emergence of a Ngarrama "club" phenomenon became apparent at the Ngarrama Showcase and Planning Day held in October. It is part of the history that is building around the service and reflects the pride and camaraderie that is developing between women and families who use Ngarrama. Women identify as and are referred to as being a "Ngarrama mum" and the babies referred to as being a "Ngarrama baby". This was particularly evident at Redcliffe (Ngarrama East).

The discussion at the Ngarrama Showcase and Planning Day noted that this provides an opportunity for mums and families to link together for classes and groups, including playgroups both before and after the birth of the baby. The benefit is not only the opportunity to further engage and educate but also to establish another avenue for peer support.

Ngarrama North Mum and baby with family and midwife at Pamper Day September 2012

Outreach antenatal care and home visits

Partnerships with community sector organisations and access to their venues for holding antenatal classes and engagement activities proved to be a critical success factor. Space was accessed for holding antenatal classes, belly casting and "showcase" type events to engage with the community.

Home visiting, particularly of note in the Ngarrama Royal model, contributed to the achievement of five (minimum) antenatal visits for most patients. Home visiting midwives reduce the need for the patients to find transport to and from the hospital; it reduces stress that may be associated with the care of young children accompanying the patient to the appointment or alternatively having to access child care; and nullifies the costs associated with travelling to and from the hospital including transport costs.

- *"This is my 2nd time with the Ngarrama team and it makes it so easier to organise visits and I love the home visiting."*

Community Partnerships

Community partnerships have assisted in a range of ways. Partnerships enabling Ngarrama staff to deliver services in community spaces and work with clientele who would otherwise not engage with the service is invaluable to Ngarrama but has proven to be of benefit to the host organisations as well. KYC and Caboolture Neighbourhood Centre are two organisations who have opened their doors to Ngarrama on a regular basis allowing delivery of clinics and antenatal classes in the community setting.

A partnership with the Brisbane chapter of the Soroptomists International[5] has solved the dilemma of providing and re-charging Go Cards for Ngarrama mums who are experiencing transport difficulties.

Additionally the Soroptomists provide packs containing personal items and toiletries for mums and basics baby essentials packs for those families who find themselves in difficult situations and without essentials at the time of the new baby's birth.

Community partnerships are not just a way to source items that Queensland Health cannot provide. Such partnerships influence communities, mobilise existing networks, link different groups within a community and foster sustainable growth through a collaborative ethic. Of particular note are the possibilities for partnerships with Indigenous non-government organisations such as the Institute for Urban Indigenous Health and the Aboriginal and Torres Strait Islander Community Health Service.

Communication

Communication strategies used to ensure that the Aboriginal and Torres Strait Islander community knew about Ngarrama and what was on offer, were varied and creative.

- *"The acceptance by the community came about from good marketing and communication. Networks were used effectively."*

Harry Glynn, Social Worker RBWH

Every opportunity available was used to communicate about Ngarrama e.g. launching the services at an event for each location presented an opportunity both directly and indirectly to let people know about the service.

[5] Through international partnerships and a global network of members, Soroptimists inspire action and create opportunities to transform the lives of women and girls by: advocating for equity and equality; creating safe and healthy environments; increasing access to education; and developing leadership and practical skills for a sustainable future.

Articles in newsletters, community events, stalls at festivals and speaking engagements all contributed to good publicity to the community about Ngarrama and generated interest and excitement.

The consistently upward trend of clients would indicate that communicating the existence and mission of Ngarrama.

Advanced Indigenous Health Workers

The addition of Advanced Indigenous Health Workers (AIHW) to the Ngarrama teams is seen as an invaluable resource. Key to providing strong cultural support, the AIHW are able to be flexible and respond to the needs of the women and their families.

In the case of Ngarrama East, which offers a limited program of one half day per week, the AIHW is available to the Ngarrama mums and mainstream Indigenous maternity patients throughout the rest of the week. (See Attachment 8)

BARRIERS AND CHALLENGES

Ngarrama continues to confront challenges, many of them that are the result of trying to operate a flexible and personalised service within a large, heavily regulated and resource challenged environment. Examples are things such as accessing dedicated space for offices, counselling and clinics that can be permanently decorated reflecting culture and be accessible. And while the cultural capability of Ngarrama staff is evident as a success factor in the program, conversely the challenges of staff attitudes and assumptions within mainstream services create barriers to a smooth and successful integration of Indigenous women into mainstream maternity. It is therefore critical that all health workers, and in particular midwives and others working in mainstream maternity settings undertake cultural practice training including maternity specific courses.

CONCLUSION

Ngarrama has proven that a large and highly regulated institution that is a Hospital and Health Service can deliver programs that acknowledge the differences and provide the flexibility required for Aboriginal and Torres Strait Islander families to feel comfortable, welcomed and trusting within our system. As a result we have created the ideal opportunity to not only impact the number of antenatal visits a mother attends, baby birth weights and how many babies are born at or close to term but we can extend that respectful and beneficial relationship into the postnatal period and impact lifelong health, social and educational outcomes for Indigenous Australian born now and into the future. Through our Ngarrama Antenatal and Birthing service and our Intensive Home Visiting and Child Health Team we are working with families from the time they book into the hospital, often in the first trimester of the pregnancy through to the adolescence of the child.

The Ngarrama model fosters a relationship with the mother and her family that is respectful, that assists transitions via referrals and cultural support. Based on flexibility and cultural and clinical safety, Ngarrama is and should be acknowledged by all stakeholders within the system that protects children, as necessary to good beginnings. Ngarrama, with the flexible and positive interface with families and community and the opportunity to address the many issues experienced by families at the earliest possible time in the life of the child, has a high probability of impacting the future of Aboriginal and Torres Strait Islander children in the Child Safety system.

RECOMMENDATION

Whilst the ongoing success of the Ngarrama model is acknowledged, it is premature to stipulate it as the preferred model of maternity care for Aboriginal and Torres Strait Islander antenatal care, birthing and post natal care within the Queensland public health framework.

Not withstanding the need for further assessment, modifications and expansion of the model, Ngarrama is consistently demonstrating that it has the potential to be applied state-wide.

> *As part of the ongoing development of the Ngarrama service, the Aboriginal and Torres Strait Islander Health Unit Metro North Hospital and Health Service recommends that the Queensland Department of Child Safety acknowledge that referral to Ngarrama (where it is in operation and/or can be accessed) is a supportive strategy for those pregnant Aboriginal and Torres Strait Islander women who are at risk of Child Safety intervention at the conclusion of the pregnancy. Further, that the Department of Child Safety formally acknowledge that Ngarrama maternity service and the transition to the Intensive Home Visiting Service is a strategy that may be used to provide enough support to a mother and family to preclude the removal of the baby immediately after birth or in the period during which Ngarrama can provides services.*