

SOUTH EASTERN SYDNEY  
ILLAWARRA  
NSW HEALTH

## ABORIGINAL CHILDREN'S PROJECT

### ACCESS TO ALLIED HEALTH SERVICES AT KID'S COTTAGE

Funded By



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# Introduction

## Background

This project is funded by Families First, a government initiative that aims to develop a stronger service network for younger children and their parents. The aim of this initiative is for children and parents to have the best possible access to a wide range of services that contribute to raising healthy children.

The proposal for this project identifies its target group as Aboriginal children in the Kid's Cottage catchment area, parents of these children and staff who work with Aboriginal and Torres Strait Islander children. The expected outcomes of this project aim to:

- Review the number of Aboriginal and Torres Strait Islander who access services at Kid's Cottage
- Obtain feedback regarding Kid's Cottage services availability from referral agencies
- Review the staff skill base required to adequately service this population
- Develop strategies to improve service co-ordination and access for this client group to the Kid's Cottage service.

Research carried out for the project suggests that the above outcomes may be achieved by:

- Increasing the awareness of the services available at Kid's Cottage for Aboriginal and Torres Strait Islander children
- Enhance the skills of staff in this area
- Developing a collaborative service delivery model to meet the needs of the target population

Allied Health services available from Kids Cottage include Psychology, Physiotherapy, Audiology, Speech therapy, Occupational Therapy, Social Work and Physiotherapy. These services are aimed at children with mild learning difficulties that may affect normal development. The Kids Cottage catchment area runs from Windang Bridge to Gerroa, and out to Albion Park.

Research shows that the promotion of children's social, emotional and cognitive development is a key factor in preventing problems from arising in both the present and future<sup>1</sup>. Allied Health services for children can be vital in encouraging normal development in key areas or improving a child's abilities to their maximum potential. The services at Kid's Cottage can also assist parents in understanding

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<sup>1</sup> Lerner R.M. et al. 2002, Pathways to Positive Youth Development Among Diverse Youth, *New Directions for Youth Development*, Issue 95.

how best to support their child if their child has been identified as having mild developmental or behavioral difficulties. The quality of care from family and other services will shape how children grow and develop, and can improve a child's outcomes in areas such as behavior, learning and health<sup>2</sup>. Allied Health services at Kid's Cottage also liaise with pre-schools and schools, and aim for an integrated approach with an aim to achieving the best possible outcome for their client.

## Research Methods

Research was undertaken using a variety of methods.

Statistics were gathered regarding attendance rates to appointments using the Community Health Information Management Enterprise (CHIME), software designed for use in a community based health setting. CHIME is the software used at Kids Cottage for client statistics, attendance and medical note entries.

There was a deliberate focus on information gathering from Aboriginal staff, both within Illawarra Health and outside of it, as well as representatives from the Indigenous community in the Illawarra. Discussions were in the form of face to face or telephone interviews, meetings and via e-mail. This method of information gathering has been deemed to be the most effective by the Cabinet Office of NSW's resource kit for the Aboriginal Child, Youth and Family Strategy:

“ We should acknowledge that many Aboriginal communities are tired of being researched and consulted. It is therefore important that when developing research approaches, the Aboriginal community and/or peak Aboriginal organisations are involved. The research will then be more acceptable and useful to communities.”<sup>3</sup>

The emphasis is to form a 'partnership' rather than obtaining information through a 'consultative' approach, as the end result of this project aims to improve collaboration between health agencies and the Aboriginal community in this region when concerning access to Allied Health services. This ensures that any strategies formulated will have the best chance possible of being successful, as the ideas originate from the target population.

The Internet was also used as a research tool to gather information regarding previous studies relating to this project from area health services across the country.

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<sup>2</sup> NSW Cabinet Office of Children and Young People. 2004, *Aboriginal Child, Youth and Family Strategy Resource Kit*, NSW Cabinet Office, Sydney.

<sup>3</sup> NSW Cabinet Office of Children and Young People. 2004, *Aboriginal Child, Youth and Family Strategy Resource Kit*, NSW Cabinet Office, Sydney.

## Statistical Data

In 2001, Shellharbour LGA had an Indigenous population of 1,236. 90% were Aboriginal, 5% Torres Strait Islanders and 5% who were of Aboriginal and Torres Strait Islander origin. The largest Indigenous communities were NE Shellharbour (about 406 people), Albion Park Rail (208 people) and Warilla (204 people). The largest Indigenous communities as a proportion of the total population were in Warilla (3.5% of the population) and Albion Park Rail (2.9%).

Youth is a distinctive feature of the Indigenous population of Shellharbour LGA. Over the whole of the Shellharbour LGA, 51% of the Indigenous population was under 18 years of age.<sup>4</sup>

The Kiama LGA has a much smaller Indigenous population. In the Kiama municipal area in 2001, the total Indigenous population was 189 people. 98.8% of this population was Aboriginal, 0.6% was of Torres Strait Islander origin and 0.6% was of Aboriginal and Torres Strait Islander origin. The largest Indigenous communities are in Gerringong Town (62 people), Kiama Town (46 people), Minnamurra/Kiama (41 people) and Gainsborough (23 people).<sup>5</sup> The Indigenous population has had an increase of 31 people between the years of 1996 and 2001, an increase of 17%. Over the whole of the Kiama area, 44% of the population is under 18 years of age.

*Table 1-Indigenous vs. Non-Indigenous populations under 18 years of age (target group)*

Council area	Population	Total Indigenous population	% (#) Under 18 years Indigenous population	% (#) Under 18 years Population
Shellharbour	57071	1,236	51% (630)	30% (17275)
Kiama	18827	189	42% (103)	29% (5526)
Total	75898	1,425	51% (733)	30% (22801)

The following table compares the total referrals and % in relation to population of target group – children under 18yrs. These figures do not take into account a

<sup>4</sup> Shellharbour Municipal Council-*Aboriginal and Torres Strait Islander Population demographics*, 22/4/04, [www.shellharbour.nsw.gov.au](http://www.shellharbour.nsw.gov.au), accessed 6/6/05.

<sup>5</sup> Kiama Municipal Council-*Social and Community Plan, March 2004*, [www.kiama.nsw.gov.au](http://www.kiama.nsw.gov.au), accessed 12/7/2005.

child being referred to more than 1 clinical service. This could mean that the figures in column two are slightly inflated.

*Table 2-Referrals to Kids Cottage January 2003-December 2004*

	Number	% Of Target population	% Of total referrals
ATSIC referrals	201	27%	7%
Non ASTIC referrals	2814	12.8%	93%
Total Referrals	3015	12.8%	100%

A large proportion of the eligible Indigenous population is referred to Kids Cottage. This is a significantly higher rate than the non-indigenous population. This would indicate that knowledge of the existence of the Kids Cottage service amongst the health workers responsible for the bulk of these referrals is adequate.

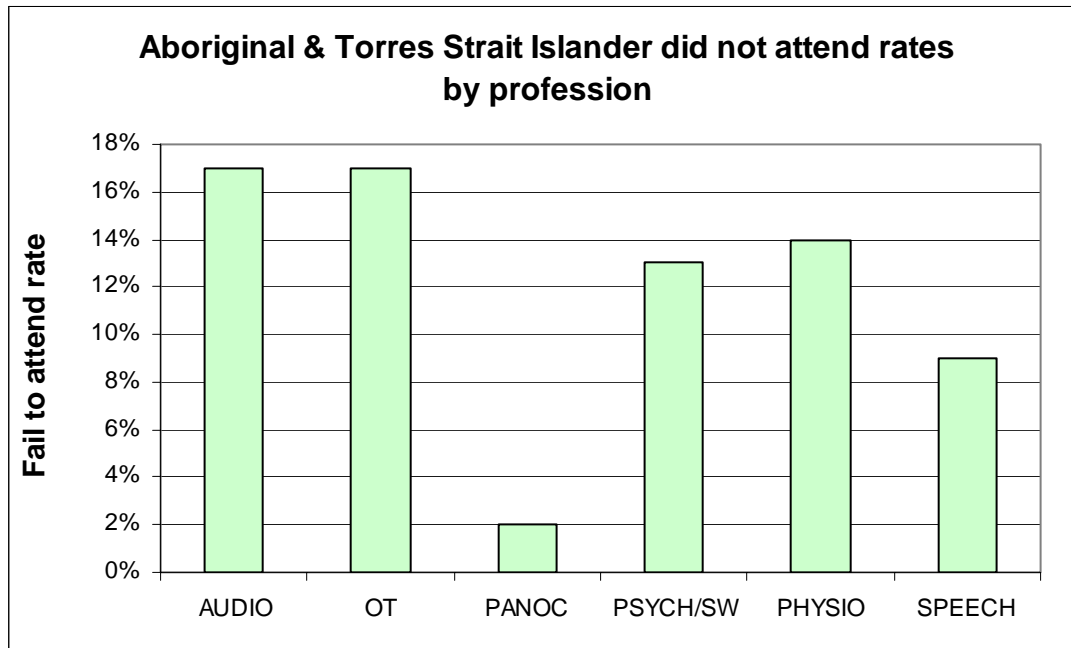
Table 3 illustrates the number of indigenous and non-indigenous referrals to Kids Cottage from January 2003 to December 2004. There is a significant variation between indigenous referrals across disciplines.

*Table 3-Kids Cottage referrals by discipline and Indigenous status*

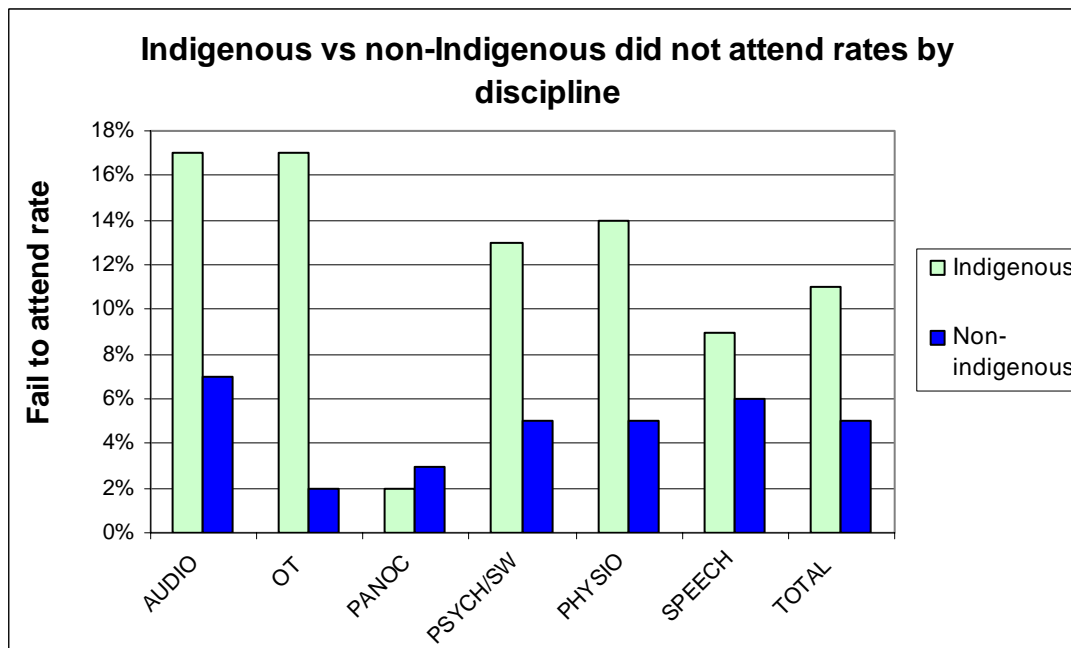
Kids Cottage referrals by discipline and Indigenous status Jan 03 - Dec 04						
	Indigenous		Non Indigenous		TOTAL	
	#	%	#	%	#	%
Audio	124	8%	1463	92%	1587	100%
OT	7	3%	212	97%	219	100%
Psych/SW	14	5%	274	95%	288	100%
Paed Reg	4	9%	43	91%	47	100%
PANOC	8	14%	50	86%	58	100%
Physio	11	8%	131	92%	142	100%
Speech	33	5%	641	95%	674	100%
TOTAL	201	7%	2814	93%	3015	100%

The proportion of total referral for Indigenous clients is highest PANOC and lowest in Occupational Therapy. Audiology has the highest number of Indigenous clients referred to its service. Otitis Media has a dedicated Coordinator position specifically for Otitis Media in the Aboriginal community.

Graph 1-Indigenous Non attendance rates by profession



Graph 2-Indigenous vs. Non Indigenous non-attendance rates by profession



Graph 2 shows Indigenous non-attendance rates are higher than non-Indigenous populations across almost all disciplines. Non-attendance rates for both indigenous and non-indigenous clients differ between disciplines. Discrepancy between indigenous and non-Indigenous non-attendance varies according to

discipline, with Occupational Therapy having the biggest difference between the two (17% Indigenous vs. 7% non-Indigenous). Indigenous attendance rates are higher than non-Indigenous attendance rates for PANOC appointments (Physical Abuse and Neglect of Children).

### Investigation of geographical factors

Attendance rates were investigated across suburbs of residence. No geographical access factors were evident for either Indigenous or non-Indigenous populations.

### Data discussion

#### **High referral rates as a proportion of the targeted population**

The referral rates for the Indigenous population in Kids Cottage catchment area are proportionately higher than those for non-indigenous clients. This indicates that health staff are well informed in some areas of need in regards to the need to monitor Indigenous children and their development via Allied Health staff at Kids Cottage.

#### **Varying referral rates between disciplines**

Although there is an indication of the awareness of Allied health services at Kids Cottage, this varies between disciplines. Occupational Therapy has the least number of referrals, at 3% of all Indigenous referrals. Psychology and Speech Therapy also have comparatively lower referral rates, both at 5%. The highest referral rate is PANOC, at 14%.

#### **Low attendance**

Indigenous client non-attendance rates are higher than those of non-Indigenous clients across all disciplines except for PANOC. The discipline with the highest rate of non-attendance was Occupational Therapy and Audiology, followed by Psychology and Physiotherapy.

# Discussion

## Why is access a problem?

Over the course of this project, there has been a wide range of views put forward by Aboriginal and non-Aboriginal health staff, Aboriginal and non-Aboriginal staff from other relevant agencies, community representatives at the Community Based Working Group, the Aboriginal Child, Youth and Family Strategy Illawarra and community members explaining the issues behind the level of access to appointments at Kid's Cottage. This is explored further in this section.

The data indicates the need for Allied Health disciplines to promote their services to the Indigenous community. There are also a number of significant access issues that may interfere with attendance to appointments. Increased understanding and awareness of these disciplines, as well as forming healthy communication and relationships between health staff and the Indigenous community, will have a positive impact on attendance to services at Kids Cottage.

Each discussion point is followed by one or more recommendations. Recommendations are expanded on in the table following the discussion.

### 1.Negative past experiences in a health setting

Elders in the community interviewed for this project cited previous negative experiences deterred them from attending appointments in health settings. There was a pre-existing feeling of having been negatively labeled by non-Aboriginal staff, so avoiding the appointment was seen as a way of relieving the added stress of attending appointments in a clinical setting. Some mothers spoke of the shame and fear of being perceived as a bad parent and ultimately having their child taken from them.

Similarly, a sense of vulnerability was also cited as a reason to avoid appointments. Past negative experiences are often caused by verbal and non-verbal communication differences between cultures, causing bilateral confusion. This in turn can lead to a "presumed inferiority, and promote sensations of powerlessness."<sup>6</sup>

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<sup>6</sup> Hurley, A. 2003, *Respect, Acknowledge, Listen: Practical Protocols for working with Indigenous Communities of Western Sydney*. Sydney: Community Cultural Development NSW.

“Hospitals and large buildings are seen as a threat; bad experiences of the past are associated with large buildings, for example police investigations, community welfare taking children away, family death in hospital.”<sup>7</sup>

Although Kid’s Cottage is not a large building as such, it is still considered a clinical setting and therefore can bring with it associated feelings from the past within health environments.

### **A perceived lack of understanding of Aboriginal culture by Illawarra Health employees**

Many community members felt there was a poor understanding of Aboriginal culture and practices from Illawarra Area Health staff and found this upsetting and intimidating. Aboriginal approaches to health and well-being are considerably different, and this may be difficult to understand for non-Aboriginal staff.

This sentiment is echoed in other studies conducted across the state:

“...the reductionist science that forms the accepted framework of western medical practice clashes directly with the indigenous sense of holistic healing, where the connection to the land, the culture’s rituals and to each other is essential to individual healing. Aboriginal society nests illness in a socio-spiritual framework (whereas) the western viewpoint on health has been based on a biomedical model.”<sup>8</sup>

Aboriginal people feel that the impact of past is also not fully understood by non-Aboriginal staff, and that there continues to be a great deal of influence on how they access health services. Mistrust of welfare workers during the time of the “stolen generations” can be passed on from adults to children, creating a repeating cycle through the generations.<sup>9</sup>

“We are trying to deal with the past and cope with the future. History still affects us today in social and mental problems.”<sup>10</sup>

Non-Aboriginal people work from a dominant culture, and what may be the “norm” for them may not necessarily be normal for other cultures. Even those who feel that they exercise sensitivity appropriately with the best of intentions may fail to recognise when social and cultural factors predominate clinical work.<sup>11</sup> If there is an increased understanding of this it may serve to clarify the challenges that Aboriginal people face when accessing services that have a

<sup>7</sup> Cited in Boustany, J. 1999, *Aboriginal Health and Healing in the Northern Rivers Area of NSW*, [www.medicineau.net.au/clinical/abhealth](http://www.medicineau.net.au/clinical/abhealth), accessed 22/4/05.

<sup>8</sup> Cited in Boustany, J. 1999, *Aboriginal Health and Healing in the Northern Rivers Area of NSW*, [www.medicineau.net.au/clinical/abhealth](http://www.medicineau.net.au/clinical/abhealth), accessed 22/4/05.

<sup>9</sup> Family and Children’s Services Agency. 1981, *Who is unresponsive? Negative Assessments of Aboriginal Children*, Family and Children’s Services Agency.

<sup>10</sup> Golds, M. 1998, *Aboriginal Health*. Northern Rivers Health Service.

<sup>11</sup> Family and Children’s Services Agency. 1981, *Who is unresponsive? Negative Assessments of Aboriginal Children*, Family and Children’s Services Agency.

distinctly different paradigm of belief.<sup>12</sup> A more holistic understanding may contribute to compliance in the future.

## Trust

Trust, or lack of it, was often raised as a reason for non-attendance to appointments. For the reasons outlined above, this appears easy to understand. Many felt that having a familiar face at the frontline helped with trusting the service enough to encourage attendance to appointments. There was a feeling that the therapists in the service were not well known to Aboriginal Health workers in the community, and to the Aboriginal community in general and this can affect access to services. An example of Aboriginal people responding to a team who they can trust is the Audiology service run from Kid's Cottage, the Illawarra Child Development Centre and Nowra Community Health Centre. The Audiologist from this team has been in this position for some time and there has been a healthy development of trust in the services that this team offers. The person occupying the position of Otitis Media coordinator is often Aboriginal, and there is also an Aboriginal child and family nurse that collaborates with the Audiology team. This team has worked over a number of years to develop a collaborative relationship with the Aboriginal community to improve access to the service.

## Recommendations

- 1 Ongoing education for all staff regarding Aboriginal culture<sup>a</sup>. Although there is limited education provided on Aboriginal cultural awareness during orientation, education needs to be more in depth so it facilitates a deeper understanding of Aboriginal culture.
  - 1.2 Involve Aboriginal clients about decision making when it comes to their child.
    - <sup>b</sup> In addition, any home programs offered need to be feasible for each parent to carry out. Negotiate care plans and provide expectations about expected outcomes make parents active participants in management of their child.
  - 1.3 Display culturally sensitive posters and pamphlets to create a friendlier environment
  - 1.4 Offer the service of an Aboriginal Health Promotion Officer to accompany the clients to appointments. Aboriginal Health Promotion Officers can provide transport in some instances

## 2. Limited knowledge of services and what they can offer

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<sup>12</sup> Boustany, J.2000, *Cultural Awareness Work for GPs*, [www.medicineau.net.au/clinical/abhealth](http://www.medicineau.net.au/clinical/abhealth), accessed 22/4/05.

Many interviewees felt that there was limited knowledge of what each service could offer, and an increased effort to promote the services at Kid's Cottage may improve understanding and therefore access to the service. This is thought the case both for the Indigenous community, health staff and staff from other agencies.

There was also concern that there is a lack of understanding from the Aboriginal community of how missing out on Allied Health appointments can have a future impact on the child, particularly if the child is due to start school in the next few years. This has a particularly large impact on the amount of referrals made to the Department of Education for transition to school assistance for those Aboriginal children who require added assistance as a result of learning difficulties.

Education is the key to empowering the Aboriginal community and will contribute to creating cross-cultural understanding.<sup>13</sup>

## Recommendations

2.0 Increase promotion of services to Aboriginal Community through ongoing education via women's and men's groups, community groups and elders. Ensuring that education is ongoing will maintain good relations and develop trust.<sup>c</sup>

2.1 Any media promoting the service needs to be Aboriginal specific to ensure it achieves maximum effect

- Formulate information in partnership with community
- Information more effective when in story format
- Combine local content with broadly applicable information
- Include Aboriginal artwork
- Use simple language
- Include developmental information applicable to various age groups
- Target information to local indigenous mentors
- Consider formulation of audiovisual information, as well as other variety of formats<sup>d</sup>

2.2 Educate all staff in health about what allied health services have to offer.

## 3. Culturally inappropriate assessments

Aboriginal Health workers interviewed for this project have some concerns about the appropriateness of some of the language used during assessment and whether or not the assessments were appropriate to administer to Aboriginal children. Tests favouring white middle class children criticised in the past for

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<sup>13</sup> Cited in Boustany, J. 1999, *Aboriginal Health and Healing in the Northern Rivers Area of NSW*, [www.medicineau.net.au/clinical/abhealth](http://www.medicineau.net.au/clinical/abhealth), accessed 22/4/05.

culture and language bias, can work against the Aboriginal child.<sup>14</sup> Past experiences where children have been assessed using a culturally inappropriate assessment can deter people from attending further appointments.

## **Recommendations**

3.0 Allied health staff to become more aware of importance of initial assessment and history taking and how they can influence ongoing attendance to appointments.

- Allow sufficient time
- Choose most appropriate assessment for the population
- Be honest about your limitation of knowledge about Aboriginal culture
- Keep language simple, avoid jargon or saying too much at once<sup>e</sup>

## **4. Waiting Lists**

Many of the problems with initial referrals can be linked to an Aboriginal parent being informed that the waiting list is of considerable length. Some services have waiting lists of up to 6 months and this fact, in combination with those mentioned to this stage, can act as a deterrent from parents referring their children for initial assessments.

### **Recommendation**

4.0 Service delivery model can be altered so that 1 day a month can be set aside for Aboriginal children to be seen by Allied Health services at Kid's Cottage, with ALO assisting to facilitate attendance.

4.1 A service delivery model in the form of a mobile/outreach service across a number of sites has been suggested by Aboriginal staff in health and non-health services as the best possible form of service delivery. Suggested sites are:

- AMS-Dapto/Wollongong
- Noogaleek
- Bellambi Neighborhood centre
- Community Development Employment Project (CDEP)
- Supported playgroups
- Coomaditchie

## **5. Literacy**

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<sup>14</sup> Family and Children's Services Agency. 1981, *Who is unresponsive? Negative Assessments of Aboriginal Children*, Family and Children's Services Agency.

There was an identified concern that initial assessments were not attended due to difficulty filling out information sheets required by the service. Also, any written information provided by the therapist may have been difficult for Aboriginal parents to follow, causing embarrassment during further sessions and eventually resulting in non-attendance.

This point further emphasises the need for staff to conduct face-to-face promotion of the service itself and what each discipline has to offer rather than relying on pamphlets. Pamphlets can sometimes be ineffectual due to poor literacy.

## **Recommendations**

5.0 Provide options for parents in relation to filling out parent questionnaire on initial referral. Some parents have difficulty with reading and writing. Options are:

- Asking parents questions over the phone instead of sending forms out
- Notify Aboriginal community worker to assist in filling form out

## **6. Koori Time**

Many members of the Aboriginal community felt that there was little understanding of “Koori” time, in that it may take some time for Aboriginal people to build up trust towards service providers. Aboriginal people tend to work at a different pace to non-Aboriginal people, and the importance of time cannot be underestimated when building up trust and respect in an Aboriginal community.

## **Recommendation**

6.0 It is important that staff be patient acknowledge that building partnerships with the Indigenous community takes time, as the indigenous community does not work at the same pace and the same timetable as the non indigenous community.<sup>f</sup>

## **7. Difficulty attending due to stressful family situations**

There may be a number of psychosocial issues existing in some families that are consuming all of an Aboriginal parent’s energy. During these times of extreme stress it may become harder for a parent to attend appointments.

## **Recommendation**

7.0 If a client fails to attend an appointment, and initial attempt to contact client are unsuccessful, discuss the case with the community ALO

- 7.1 An understanding by staff that there may be limited resources (e.g. pre-paid mobile phones) for clients to contact the centre regarding appointments. Phoning your client the week before and/or the day before their appointment to discuss any concerns may alleviate this issue and serve inform clients of the need to attend.

## 8. Transport

Transport was often cited as a problem in that many Aboriginal people may not have access to a car. Public transport may also not be an option, as there may a shortage of funds to cover the return trip, particularly if the client's home is a considerable distance from the centre.

### **Recommendations**

See 1.3, 4.1

## 9. Project follow up

Concerns were raised during interviews that despite final reports and suggestions made following projects such as this one, recommendations seem to lose momentum when the project has ended. These concerns are echoed across other areas of the state that have researched similar issues:

“ ‘work that is older than 15-20 years is rarely quoted in the current literature, so that every 10-20 years there is a re-publication of the same issues’. Many of the practicing taskforces advise correctly, but as these papers are interpreted by government and managers, they become rhetoric and semantics to argue and debate, rather than implement.”<sup>15</sup>

### **Recommendation**

- 8.0 Long term recommendations will need continual review to ensure that they are followed up. Literature supports the concerns voiced by many that recommendations are often made but not followed up.<sup>9</sup>

## 10. Communication between services

It has been identified by staff members interviewed that there is a perceived lack of communication between health and other agencies that are in contact with

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<sup>15</sup> Boustany, J.2000, *Rural health access problems facing the Aboriginal community*, [www.medicineau.net.au/clinical/abhealth](http://www.medicineau.net.au/clinical/abhealth), accessed 22/4/05.

Aboriginal and Torres Strait Islander children in this area. Better collaboration between services means a coordinated approach to achieving better health and education for the Indigenous population in this area.

Research supports this, as shown in the Aboriginal Education Review, 2004.<sup>16</sup> This review states that effective support for children through “positive relationships and genuine collaboration between families, schools, early childhood services, key community groups and local service providers” is vital for smooth transition to school. It suggests that within the transition to school scheme for each Aboriginal child, liaison with health staff is necessary to ensure that the minimum health needs for each Aboriginal child are met.

The links between health and other services are also identified as key to “building community capacity—a situation which encourages people to get together, communicate, learn, plan and take action.”<sup>17</sup> In guidelines outlined by the Australian Audiological Society, it states that attending meetings and promoting services can aid in promoting the service, sharing ideas, develop relationships and obtain feedback about what could be improved and what is working well. Meetings can also be an ideal place to remain updated about current issues affecting the Aboriginal community in this area, which can help in understanding Indigenous culture.

## Recommendation

- 10.0 Improving representation of paediatric Allied Health at relevant meetings such as Aboriginal Child Youth and Family Strategy meetings.<sup>h</sup>
- 10.1 Staff feedback from meetings attended becomes a regular agenda item on team meeting minutes
- 10.2 The link between education and health services needs strengthening, as currently the referrals for transition to school children of Aboriginal heritage are low in number

## Conclusion

This project aims to highlight that improving access for the Indigenous population to Allied Health services is not just a Health Department Issue—the responsibilities are shared ones. Collaboration and the building of partnerships are relevant for all agencies whose clients are of Aboriginal and Torres Strait Islander origin, both children and their families. It is only through recognising this that all services can work together with the Indigenous community for the best possible outcome.

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<sup>16</sup> Department of Education. 2004, *Aboriginal Education Review*.

<sup>17</sup> Anand, A et al. 2001, *General Guidelines for Audiological Practice with Indigenous Australians*. Audiological Society of Australia.

“By asking the (Aboriginal) people what they want, we will be ensuring their knowledge, their acceptance and their enthusiasm in accessing any subsequent services, and that our available resources are directed to ensure maximum benefit. In a community so wary and jaded by repeated attempts to understand the problem, the most effective method of doing this, it seems, is active social interaction, talking rather than asking.”<sup>18</sup>

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<sup>18</sup> Boustany, J.2000, *Rural health access problems facing the Aboriginal community*, [www.medicineau.net.au/clinical/abhealth](http://www.medicineau.net.au/clinical/abhealth), accessed 22/4/05.

## Recommendations Table

Negative past experiences in a health setting

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
1.0 Ongoing education for all staff regarding Aboriginal culture <sup>i</sup> . Although there is limited education provided on Aboriginal cultural awareness during orientation, education needs to be more in depth so it facilitates a deeper understanding of Aboriginal culture.	* A holistic approach to addressing specific health, development and well being needs of Aboriginal children by health staff	*In positions where there is contact with Aboriginal children and families, this training can be made mandatory and be included in job descriptions.	*Aboriginal Health manager *Team managers	June 2006	*Positive experiences within health settings for Aboriginal clients *Increased access to service
1.1 Involve Aboriginal clients about decision making when it comes to their child. <sup>j</sup> In addition, any home programs offered need to be feasible for each parent to carry out. Negotiate care plans and provide expectations about expected outcomes, make parents active participants in management of their child.	*Improved compliance when attending appointments *Increased trust toward staff member *Increased compliance during treatment		*Allied Health staff *Parents	*December 2005	*Improved end result at completion of treatment

1.2 Display culturally sensitive posters and pamphlets to create a more friendly environment	* The environment will be less intimidating to access.	*Allied health team	*December 2005	*Environment is more acceptable for Aboriginal families to access	
1.3 Offer the service of an Aboriginal Health Promotion Officers to accompany the clients to appointments. Transport can be provided in some instances by Aboriginal Health Promotion Officers	*Increased attendance to appointments. *Client has ease of access to appointments	* Aboriginal workers will not be able to do this for every case due to time constraints. This can be done on a case by case basis, and be agreed between the allied health worker and Aboriginal Health Promotion Officer	*Allied Health worker *Aboriginal Health Promotion Officer	December 2005	*Increased attendance rate to appointments

## 2. Limited knowledge of services and what they have to offer

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
2.0 Increase promotion of services to Aboriginal Community through <i>ongoing</i> education via women's and men's groups, community groups and elders. Ensuring that education is ongoing will maintain good relations and develop trust. <sup>k</sup>	<p>*Improved knowledge of what each discipline at Kid's Cottage has to offer</p> <p>* Improved knowledge of consequences of not attending these appointments can bring for a child</p> <p>*Increasing trust by "getting your face known"</p>	<p>*Limited time for staff to provide regular education. Duties can be rotated via each staff member to "spread" the responsibility.</p> <p>*Encourage staff to incorporate these duties so they become considered normal practice</p>	<p>*Team leaders</p> <p>*Staff</p> <p>*Aboriginal community</p>	*December 2006	*Increased attendance rates to appointments
2.1 Any media promoting the service needs to be Aboriginal specific to ensure it achieves maximum effect -formulate information in partnership with community -Information more	<p>*Improved dissemination of information</p> <p>*Aboriginal community will find information easier to access</p> <p>*Increased understanding of</p>	<p>*Can be expensive and time consuming. Collaborate with other relevant department services and community groups. Discuss this with Elders and Aboriginal staff who may have some</p>	<p>*Allied Health Staff</p> <p>*Other relevant departments in Health</p> <p>*Aboriginal staff</p> <p>*Aboriginal</p>	*For discussion	<p>*Increase in referrals from Aboriginal population</p> <p>* Increase in attendance to appointments</p>

effective when in story services  
format

-combine local content  
with broadly applicable  
information

-include Aboriginal  
artwork

-use simple language

-include developmental  
information applicable to  
various age groups

-Target information to  
local indigenous mentors

-Consider formulation of  
Audiovisual information,  
as well as other variety of  
formats<sup>1</sup>

ideas in how to use community  
their skills in making  
tasks more time  
efficient through a  
strong community  
voice.

2.2 Educate all staff in  
health about what allied  
health services have to  
offer.

\*Improved  
communication  
between all health  
staff and Allied  
health services  
\*Increased  
understanding for  
all staff as to when  
they need to  
recommend  
timely, appropriate  
referrals to their  
clients

\*Can be difficult for all  
staff to attend. The  
education program  
would be more  
successful if done on a  
regular basis and is  
recurrent, so it gives all  
staff a chance to  
attend.  
\*Allied health staff can  
rotate educational  
duties if time is an issue

\*Allied Health June 2006  
staff  
\*Aboriginal  
staff

\*Increased  
profile of Allied  
Paediatric  
Health services  
to all health staff  
\*Attendance to  
training by non-  
Allied Health  
staff  
\* Improved  
understanding  
of roles in each  
discipline

### 3. Culturally inappropriate assessments

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
3.0 Allied health staff to become more aware of importance of initial assessment and history taking and how they can influence ongoing attendance to appointments. -allow sufficient time -be honest about your limitation of knowledge about Aboriginal culture -keep language simple, avoid jargon or saying too much at once <sup>m</sup>	*Improved compliance when attending appointments *Increased trust toward staff member *Increased collaboration in reaching treatment goals between therapist and parent		*Allied Health staff	*December 2005	*Attendance rate improved *Improved end result at completion of treatment

### 4. Waiting lists

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
4.0 Service delivery model can be altered so that 1 day a month can be set aside for Aboriginal children to be seen by Allied Health services at Kid's Cottage,	*Waiting list issues resolved *Clients may respond positively to "Aboriginal friendly service"	*Clients may fail to attend. Aboriginal Health Promotion Officer can be contacted to communicate with clients, provide	*Allied Health Staff *Aboriginal health workers	*For discussion within team and Aboriginal health workers	

with Aboriginal Health Promotion Officer assisting to facilitate attendance.

transport and accompany clients to appointment.

\*Some Aboriginal families may avoid coming due to difficulties with inter-community relations or embarrassment at being seen by other community members.

\*Some families can feel embarrassed by being perceived as a "bad parent" by others in their community.

\*This can be resolved by leaving time between appointments if there is a particular concern regarding some clients-this time can be used by the therapist for paperwork. This issue is thought only as an occasional problem.

4.1 A service delivery model in the form of a mobile/outreach service	* Aboriginal community would have an	*Previous experience with mobile service within an existing	*Team managers and seniors	*For discussion	*Accessing external funds to facilitate
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<p>across a number of sites has been suggested by Aboriginal staff in health and non-health services as the best possible form of service delivery. Suggested sites are:</p> <ul style="list-style-type: none"> <li>- AMS-Dapto/Wollongong</li> <li>- Noogaleek</li> <li>- Bellambi Neighborhood centre</li> <li>- Centre for Community Development Employment Project (CDEP)</li> <li>-supported playgroups</li> <li>-Coomaditchie</li> </ul>	<p>increased exposure to services and opportunity to use services in an environment where they are more likely to access the service.</p>	<p>service suggest that the difficulties have been:</p> <ul style="list-style-type: none"> <li>- mobile services have taken a lot of time to establish and impact on service as a whole due to time constraints</li> <li>-some professions are less mobile than others due to equipment requirements</li> <li>- Mobile services require financial input, which is difficult to create within existing services, for equipment and assessments, as these items cannot always be taken from centers.</li> <li>-mobile services within an existing service often fail due to poor attendance rates.</li> </ul> <p>Newly funded positions for Aboriginal children for some disciplines have been seen as the only</p>	<p>*Aboriginal health manager</p> <p>*Aboriginal staff in health and non-health funded services</p> <p>*Aboriginal community</p>	<p>development of outreach/mobile service</p> <p>* Increased access to allied health services.</p> <p>* Maximising outcomes for Aboriginal children's health</p>
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option for some allied health disciplines.

\* Will need strong levels of collaboration with co-operating services and thorough co-ordination if other disciplines are able to establish this kind of service. An example of a successful mobile service is the Audiology screening run from Noogaleek.

## 5. Literacy

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
5.0 Provide options for parents in relation to filling out parent questionnaire on initial referral. Some parents have difficulty with reading and writing. Options are: -asking parents questions over the phone instead of sending forms out	*Families more likely to feel comfortable accessing service if they are aware of information provided on form.	*May take extra time for admin staff to ask questions over the phone. It is likely that the need for this extra assistance with forms will not be a regular occurrence. *May be difficult for ALO to do depending	*ALO *Admin staff *Team leaders	*For discussion with Team leaders and ALOs	*Increased access to service *Improved attendance to appointments.

-Notify Aboriginal community worker to assist in filling form out

on time constraints

## 6. Koori Time

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
6.0 It is important that staff be patient acknowledge that building partnerships with the Indigenous community takes time, as the indigenous community does not work at the same pace and the same timetable as the non indigenous community. <sup>n</sup>	<p>*Building partnerships with the indigenous community becomes an integrated, normal part of service delivery</p> <p>*Partnerships develop between health and non-health services</p>		*Allied Health staff	December 2005	<p>*A partnership between Health and the Aboriginal community develops</p> <p>*The Indigenous community accept that the service is relevant to their community</p> <p>*Health is invited to be apart of community awareness programs</p>

## 7. Difficulty attending due to stressful family situations

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
7.0 If a client fails to attend an appointment, and initial attempt to contact client are unsuccessful, discuss the case with the community ALO	*Improved communication between Aboriginal staff and Allied health services *Improved understanding of need to attend by client	*This can also yield unsuccessful results. A decision needs to be made by the ALO and the allied health staff member as to when to cease attempts to encourage client to come to the centre.	*Allied Health staff *ALO	September 2005	* Attendance rates improve
7.1 An understanding by staff that there may be limited resources (e.g. pre-paid mobile phones) for clients to contact the centre regarding appointments. Phoning your client the week before and/or the day before their appointment to discuss any concerns may alleviate this issue and serve inform clients of the need to attend.	*Service practices change to accommodate client resource imitations *Improved communication between client and Allied Health services *Improved understanding of need to attend by client	*Can be time consuming but will be productive in the long term	Manager *Administration * Allied health staff member	*September 2005	Service practice changes allowing better access to occur

8. Transport-see recommendations 1.3, 4.1

9. Project follow up

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
9.0 Long term recommendations will need continual review to ensure that they are followed up. Literature supports the concerns voiced by many that recommendations are often made but not followed up. <sup>o</sup>	* Recommendations are continually followed up to ensure that they remain at the forefront of improving access to services for Aboriginal people	*Many of these recommendations are the responsibility of existing staff and managers, and should be integrated to the point where they are seen as a normal part of service delivery. * The project will continue to be re-reviewed as a part of the Families First steering committee that will ensure these recommendations remain a priority for the Indigenous population.	*Allied Health Staff *Team Managers *Aboriginal health managers * Aboriginal Health manager	* For discussion	*Increase in understanding of allied health services for staff and community *Increased referral rate *Increased attendance to appointments

## 10. Communication between services

<u>Recommendation</u>	<u>Outcome</u>	<u>Limitations</u>	<u>Responsibility</u>	<u>Target Date</u>	<u>Performance Indicator</u>
10.0 Improving representation of paediatric Allied Health at relevant meetings such as Aboriginal Child Youth and Family Strategy meetings. <sup>p</sup>	* Improved communication between Aboriginal staff and Allied health services	* Can be difficult for all staff to attend. *Attendance likely to be more successful if done on a rotation basis	*Allied health staff	*December 2005	*Increased profile of Allied Health services to Aboriginal workers and the community * Improved understanding of roles in each discipline
10.1 Staff feedback from meetings attended becomes a regular agenda item on team meeting minutes	*Increased understanding and communication between services	* Attendance to these meetings needs to be regular to ensure flow of communication to team	*Allied health staff	*December 2005	** Regular attendance to meetings *Meetings become regular agenda item on team minutes
10.2 The link between education and health services needs strengthening, as currently the referrals for transition to school children of Aboriginal	*Improved co-ordination of transition to school process with appropriate support services in place for children with special	* Time will need to be taken to co-ordinate process between services and meeting attended *However, time will	*Allied Health staff *DET staff	*December 2005	* Child will have higher chance of succeeding with transition to school and perform at improved levels

heritage are very few needs.

be saved in the long run as any likely problems will be resolved early on before they become more difficult to resolve.

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## Endnotes

<sup>a</sup> The Human Rights and Equal Opportunities Commission, in their 1997 document “Bringing Them Home” recommended that government health services, in consultation with Indigenous health services and family tracing and reunion services, develop inservice training for all employees in the history and effects of forcible removal. This was also recommended for educational institutions during undergraduate training. This will help health workers understand how a lot of Aboriginals’ current health problems are related to their history.

<sup>b</sup> In the Northern Rivers Cultural Awareness book for GPs, it states “Treatment is very much dependent on the individual and the plan is often successful when the patient is involved in the decision making and understands why, how and what to do.”

<sup>c</sup> Cited in “Practical Protocols for Working with Indigenous People in Western Sydney”.

<sup>d</sup> Any discussion regarding the formulation of health promotional material will find the recommendations in the Indigenous Parenting Project done by Tracey Borg, Parenting Project Officer, Secretariat of national Aboriginal and Islander Child Care, 2004 (see recommendation-Parenting Information Resources) very useful.

<sup>e</sup> “Practical Protocols for Working with Indigenous People in Western Sydney” state that the understanding and use of language in Indigenous community can be very different from Non-Indigenous communities. Appropriate adaptations should be made when talking to an indigenous client.

<sup>f</sup> Cited in “Practical Protocols for Working with Indigenous People in Western Sydney”.

<sup>g</sup> In “Rural Access problems facing the Aboriginal community”, it states that indigenous people interviewed for this paper felt “sick of people coming into the community, talking lots of stats but not coming back and letting us know the results and what is more important, doing something about the results.”

<sup>h</sup> This has previously been suggested by the General Guidelines for Audiological Practice with Indigenous Australians, formulated by the Audiological Society of Australia (2001). Seeking out related health professional will develop a stronger communication network. Attending these meetings will also assist allied health workers have an increased awareness of community needs.

<sup>i</sup> The Human Rights and Equal Opportunities Commission, in their 1997 document “Bringing Them Home” recommended that government health services, in consultation with Indigenous health services and family tracing and reunion services, develop inservice training for all employees in the history and effects of forcible removal. This was also recommended for educational institutions during undergraduate training. This will help health workers understand how a lot of Aboriginals’ current health problems are related to their history.

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<sup>n</sup> Cited in “Practical Protocols for Working with Indigenous People in Western Sydney”.

<sup>o</sup> In “Rural Access problems facing the Aboriginal community”, it states that indigenous people interviewed for this paper felt “sick of people coming into the community, talking lots of stats but not coming back and letting us know the results and what is more important, doing something about the results.” There was also concern that “ ‘work that is older than 15-20 years is rarely quoted in the current literature, so that every 10-20 years there is a re-publication of the same issues’ . Many of the practicing

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taskforces advise correctly, but as these papers are interpreted by government and managers, they become rhetoric and semantics to argue and debate, rather than implement.”

<sup>p</sup> This has previously been suggested by the General Guidelines for Audiological Practice with Indigenous Australians, formulated by the Audiological Society of Australia (2001). Seeking out related health professional will develop a stronger communication network. Attending these meetings will also assist allied health workers have an increased awareness of community needs.

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