I would like to start by paying respect to the traditional owners of this land.
Our program is the Aboriginal and Torres Strait Islander Ear Health Program and we are based at Royal Children’s Hospital in Brisbane. The team consists of a Coordinator, audio, SLP and we are soon to have an **Advanced hearing health worker.**

The aim of the program is to increase access for ATSI chn and families to mainstream speech and hearing services

- We Identify gaps and access problems in services
- Advocate – more services and more culturally responsive services
- Provide support and education
- Provide some clinical services with a focus on the 0 -5 year old age group
Our program is a zonal program for the Central Zone of qld which covers from North Brisbane to Rockhampton and out to Barcaldine.
BRIDGING

Bridging has a role in all aspects of EHP service:
– education and support
– health promotion
– clinical

In the early days of establishing the program the need to bridge the gap between ATSI families and mainstream services became apparent. It highlighted the need to adopt alternative clinical strategies (for both hearing and communication) and to make health promotion and education KEY COMPONENTS of our service delivery model.

The Ear Health Program is about bridging the gap for people: linking A&TSI communities to mainstream services and bridging those mainstream services to the communities. We are about helping to develop relationships and improving understanding about ear health issues.
Workshops

A major component of education and support so far has been through workshops – and as with everything in life we experienced both successes and challenges along the way.

The workshops have been held for a number of groups, and the focus of these really was ear health, linking ears and communication rather than just speech pathology as such. The workshops were also seen as a step toward developing relationships.

Workshops that were held for indigenous preschool staff focussed on early communication dev, referral info and general strategies to use when children present with comm difficulties. The information was provided to enable staff to be more confident about identification and referral of chn. And to enable them to support or implement therapy programs within kindy/preschool environment.

- The difficulty experienced here was that the content was not transferred to the classroom, and in hindsight this may well be due to be issues of time constraints on preschool staff, and some of the content and the way it was delivered, so as a result we have moved on to an approach which appears to be working for all parties:
In collaboration with the preschools we have started educating and supporting staff through ‘doing’ not telling and this takes the form of whole class language groups which involve all staff, children and SP. The groups are named ‘Deadly Talking Mornings’. Most SP is occurring in classroom or playground, no matter how noisy! Teachers are absorbing knowledge, and we are learning from them, in non-threatening non directive ways, and our relationships are a lot stronger as result.
Initiatives for Speech Pathologists

- Developing relationships
- Speech Pathology Paediatric Indigenous Network (SPPIN)

Once again developing relationships has been the key focus and we have done this by inviting SLPs in local community health centres to participate in any community events, workshops and health promotion activities – to help build bridges/links within the communities.

We also held some joint workshops between SLPS and Indig Health Workers.

SPPIN is another initiative which was established in collaboration with other SLPs involved in Indig Health around Australia. SPPIN is a national network which involves a website and VTCs every 3 months. It aims to promote sharing of info, support and resources among SLPs.

- SPPIN has been well received.
- Enabled us to make direct connections with SPs in a number of areas.
- Influenced practise / awareness in some areas.
- Number of SPPIN members exceeds 67 – several new members per month.
- SPPIN growing to involve other interested professionals eg OT, hearing impairment teachers etc.
- 10 sites on average attend VTCs with representation from all over Australia (Mt Isa to Adelaide).

The Challenges for SPPIN are that it needs developing to promote more dialogue and it needs specific projects to increase its usefulness. Currently the discussion on SPPIN is about developing more appropriate and useful clinical resources, and there is actually a lunchtime get together at...for those of you who are interested.

- access to internet
- preaching to the converted – how do we reach a wider audience?
Health Promotion

- Building community awareness

Key areas:
- Parent education and support
- Resource development

AIM: to build community awareness of the importance of ear health and contribute to school success and life choices, we have strived to maintain a big picture focus in this area.
Parent education and support

• Where, how and with whom…

Once again, we tried workshops with parents in collaboration with ATSI colleagues….in community settings (eg. Workshops in Preschools, women’s group, residential hostel

We found the workshops were well received but some of our biggest challenges we found to be our own perceptions and pre conceived ideas. Using appropriate materials and working out What is REALLY relevant and meaningful.

An example of a parent workshop that worked well was book making workshop where parents came to the preschool and made books with their kids…both kids and parents loved this and the connection it provided with each other , and it was strongly linked and highly relevant to school success, being a literacy based task.

While, on the other hand, the pizza making workshop seemed to us like a good way to promote good nutrition while talking with your child but it just had no relevance at all when we actually tried it! We were all just making our own lunch! There was no direct child-parent connection or relevance for parents in this activity.

Transport was another issue which affected attendance

Above all things we learnt that success with these activities is strongly related to flexibility - we needed to be flexible, responsive and creative – and that we do best when we’re comfortable with things not going to plan.

Future

Health worker to assist with these events / ideas – will help guide us in making it appropriate and relevant
We developed a slogan which looks like this:
Blacklines – worked in collaboration with Blacklines Publications to develop and appropriate visual concepts to convey empowering messages.

Here are some of the draft resources - Workshop materials, posters and brochures, tattoo stickers which we plan to use for health expos, health promotion activities and workshops which you are welcome to have a look at the end of presentation.

We will be launching these resources at NAIDOC week in July in Brisbane and the long term view is to make these resources available and useable to other parties.
Clinical Services

Negotiating with other Speech Pathology Services
• Prioritisation
• Waiting list

Bridging with other agencies
• Pine Rivers Child Development Service

In the early stages of the program, discussion did take place within the Brisbane and surrounding regions, which centred around the proposal to prioritise ATSI children differently on waiting lists in light of their heightened risk of communicative and academic problems. As a result of these discussions, SPs at all services acknowledged the importance of the issues, but most have been unable to modify their current practice significantly because of waiting list demand, time constraints, and inflexible management systems.

From these negotiations, however, a clinical ‘bridging’ service has been introduced between our program and Pine Rivers Child Development Services. Pine Rivers specifically allocate therapy places on a regular basis for young ATSI children with severe speech/language and fluency difficulties. Our program identifies children who will benefit from ongoing therapy and assist with transitioning the child and family into the community health environment, taking into account family issues, transport, etc.

The success of this program is evaluated on an ongoing basis via regular consultation with parents and staff. Overall, it is a positive initiative for Aboriginal and Torres Strait Islander children as we can identify early and provide longer term support for them as needed. Evaluation results available to date suggest that parents are happy with the service and find the transition process beneficial in ‘easing’ into a new place.

The opportunities of this bridging program… from a professional perspective a great – sharing info, discussing cases, appropriate resource, challenging each others ideas and perceptions, creates a very robust and seemingly effective way of working…

Time is certainly a constraint – travel, time consuming expenses (2 speech pathologists working with one family for a period during transition…)

Future – we would like to make this model sustainable, and take the concept to other centres and regions.
Clinical Services

Negotiating with other Speech Pathology Services
• Prioritisation
• Waiting list

Bridging with other agencies
• Pine Rivers Community Development Service

Taking the services to the community
• Indigenous Preschools
• Drop in clinics
• Appointment process

The service has been taken to the community by providing clinical services in three Indigenous Pre-schools in the north and far north Brisbane areas, and visiting centres in areas where Aboriginal and Torres Strait Islander families live. The challenge for our team EHP has been that we are based at the RCH – which is not a particularly culturally safe place for some families.

Working in Indigenous Kindies has been a successful strategy in many ways. It has provided a culturally safe and accessible environment for families, and the opportunity to work with and through staff. Our approach has transformed with the needs of the preschools, and the DEADLY Talking MORNINGS are proving successful as a bridge with staff and promote two way learning.

A regular drop-in clinic has been provided in at the local Indigenous Health Service in conjunction with hearing screening and young children. They have provided an opportunity to meet families. Working in this setting has also been successful in terms of being culturally safe and a place that families may attend regularly.

Gaining reliable attendance to clinical appointments, even when a relationship exists with families, has also been a challenge, so the team have adopted an appointment process, involving phone calls to arrange the appointment followed by a letter, and then a call to confirm the day before so that any difficulties/concerns can be discussed and the appointment rescheduled if necessary. This approach certainly decreases the shame factor which can occur with missed appointments, and provides more opportunity to build rels before appts – ie familiar voice/name. The impending arrival of an IHW specifically for our program should also greatly assist with attendance issues and building relationships with families.
Summary and issues

You don’t know what you don’t know….not just clinical knowledge but holistic views – cultural, social, educational…

**Managing our own expectations, views & perceptions**

Relationships

Flexibility

Royal Children’s Hospital & Health Service District (Brisbane)

You don’t know what you don’t know….not just clinical knowledge but holistic views – cultural, social, educational…

**Managing our own expectations/ perceptions/views** – goes all the way back to Uni – what we are taught and at some level ‘unteaching’ ourselves.

Need to present info in relevant/appropriate ways – wot we think is great may not be relevant

people receptive – fundamental thing is they want the best for their kids

people have been very patient and tolerant

**Relationships are the key**

need to spend time getting to know families/comms/teachers etc

Involving local members of community is imperative for credibility, attendance, acceptance and

**Flexibility is crucial** – re all aspects –

SPs are strapped for time and pressured to be number crunchers. Approval is needed from above/organizational/structural level to work differently (ie to invest more time in relationships, travel to more suitable venues etc)
Future directions

Keep Going

Keep Growing

Keep Listening

Keep Learning

Royal Children's Hospital & Health Service District (Brisbane)

Keep going - Finally, longevity of program and consistency of staff is significant because it will take along time to do stuff and build rels and trust; people need to know that we are there for the long haul and want to help them bring about change.

Keep Growing – hearing health worker, applications for funding for grant/projects eg. Rio Tinto etc.

Keep Listening and Learning:
Our own SP mindsets and preconceived ideas present challenges. No matter how much we think we are adapting the way we work, we forget how indoctrinated we are in the ‘ways of SP’ and in reality have much to change/adapt before we can begin to meet families’ needs in a way that really suits them. This includes challenging our own ideas about time and how we use it, trying to understand the ‘greater cultural picture’, and how to serve best the children whose life and routine at home may differ greatly from our own.