

Aboriginal families STUDY





About the artwork

Keeping young Aboriginal people strong because they are our future by Maude Parker, 2023.

The land is around the edges and supports the egg. Within the egg outline, the new futures and life for young Aboriginal people are represented. The central circle represents Aboriginal culture and the people around it keeping it strong and sharing. The other circles show the young people, supported by family, health workers and country, and the house represents shelter and safety. The two other circles represent cultural connections and safety of specific youth and general services. There are many paths young people travel (footprints) as they grow into strong adults.

About the study

The Aboriginal Families Study is a prospective mother and child cohort study investigating the health and wellbeing of 344 Aboriginal children and their mothers living in urban, regional and remote areas of South Australia.

The study was developed in response to gaps in the available evidence to inform health policy and services and was preceded by extensive consultation with Aboriginal communities and services in South Australia.

Major areas of focus include:

- maternal health and wellbeing
- children's health, wellbeing and development
- engagement with health services
- connections to family, community, culture and language.

Our first contact with families was in the year after the children were born. More recently, we reconnected with families when the children were in early primary school (5-9 years old).

Prior to planning the study, we talked with Aboriginal organisations and communities in South Australia about what the focus of the research should be and how it should be done.

We also established an Aboriginal Advisory Group auspiced by the Aboriginal Health Council of South Australia to guide the research team and work with us to interpret the findings.

The Aboriginal Advisory Group has been involved right from the start and has worked closely with the research team throughout all stages of the research.

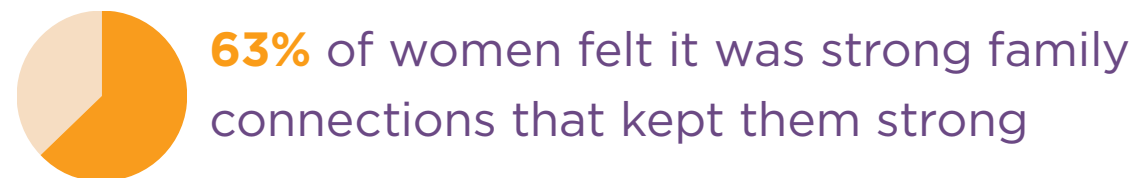
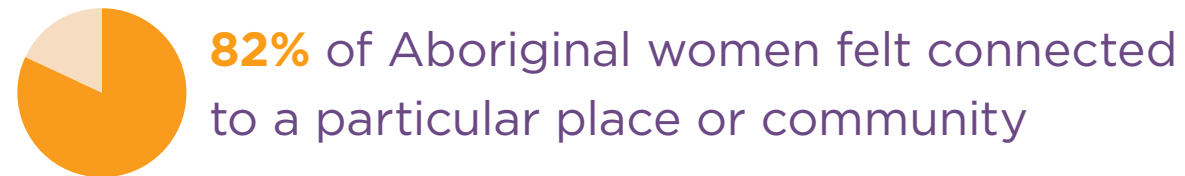
This community report summarises some of the findings from the study so far and talks about what we are doing now. There is also a section that talks about what actions we have taken based on the findings so far.

We are interested in your thoughts on the findings summarised in this report

- Do they resonate with your experience?
- Is the experience in your local community, health service or school the same or different?
- What needs to happen to act on the findings?



What keeps women & children strong



Mothers and other primary caregivers of the study children saw family connectedness as a major source of strength for the children.

Other resources and strengths supporting the study children's emotional wellbeing include:

- school
- friends and
- familiarity with Aboriginal English or an Aboriginal language.





Stressful events & social health issues during pregnancy

The first stage of the study (conducted soon after the children were born) highlighted the daily challenges faced by Aboriginal families related to the legacy and ongoing impacts of colonisation, forced removal from traditional lands, and consequent disconnection from land, culture and community.

The questions asked in the study were shaped by things that the community told us were important.

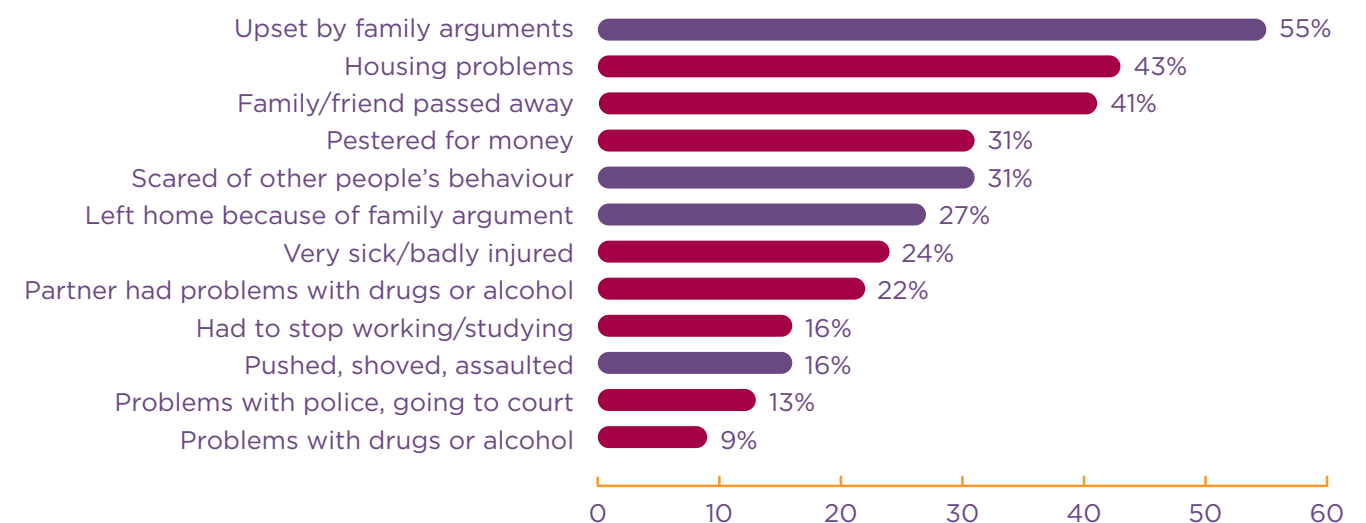
These included:

- secure housing
- strong family and strong community connections
- enough money to pay bills and put food on the table
- safe places for children and families that don't expose them to racism and family and community violence.

The findings show that housing problems, family and community violence and sorry business are part of everyday life for many Aboriginal families.

More than half of women in the study (56%) experienced three or more stressful events (e.g. grief and loss) or social health issues (e.g. family or community violence) during pregnancy.

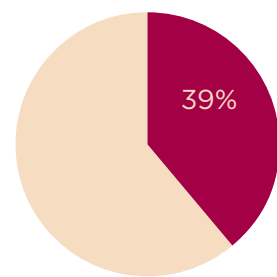
Proportion of women who experienced stressful events and social health issues during pregnancy



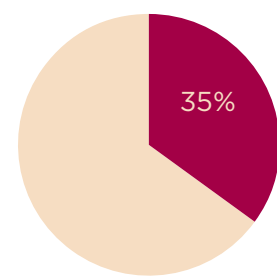
Structural racism in health care

Half of women (51%) in the study said they experienced discrimination or unfair treatment from hospital or health service staff providing care during pregnancy or soon after childbirth.

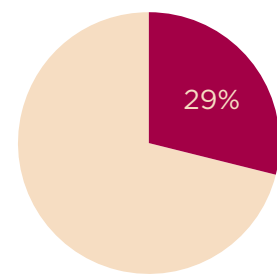
What women told us...



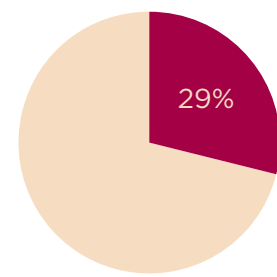
Healthcare workers talked down to them



Healthcare workers treated them with less respect than other people



Received poorer care from healthcare workers than other people

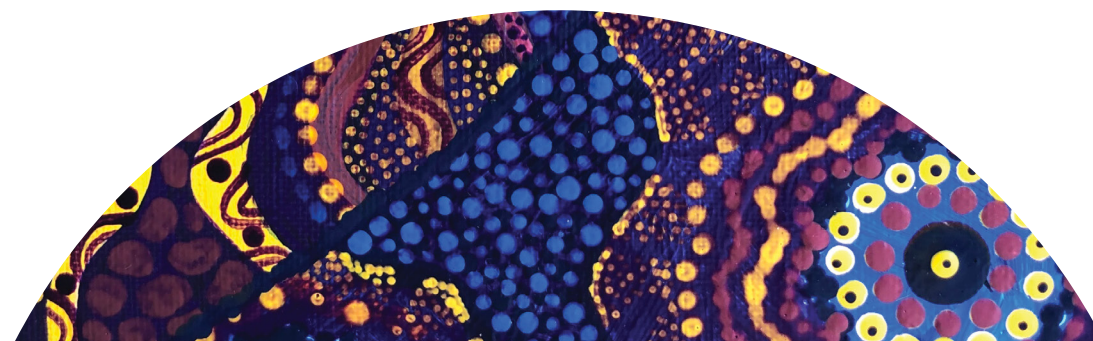


Insulted, judged or ignored by healthcare workers

Some women were more likely to experience discrimination and unfair treatment than others:

- women who experienced three or more stressful events and social health issues were three times more likely to report discrimination than women who experienced no stressful events or social health issues
- women who used yarndi (cannabis) during pregnancy were two times more likely to report discrimination than women who did not use yarndi or smoke cigarettes
- women who had a baby born small (with a low birthweight or small for gestational age) were more likely to report discrimination than women who had a baby with a healthy birthweight.

The findings show that women most at risk of poor infant outcomes were the least likely to receive care well matched to their needs.



Experiences of pregnancy care

Women told us that they had better experiences of pregnancy care when they went to Aboriginal Family Birthing Program (AFBP) services.

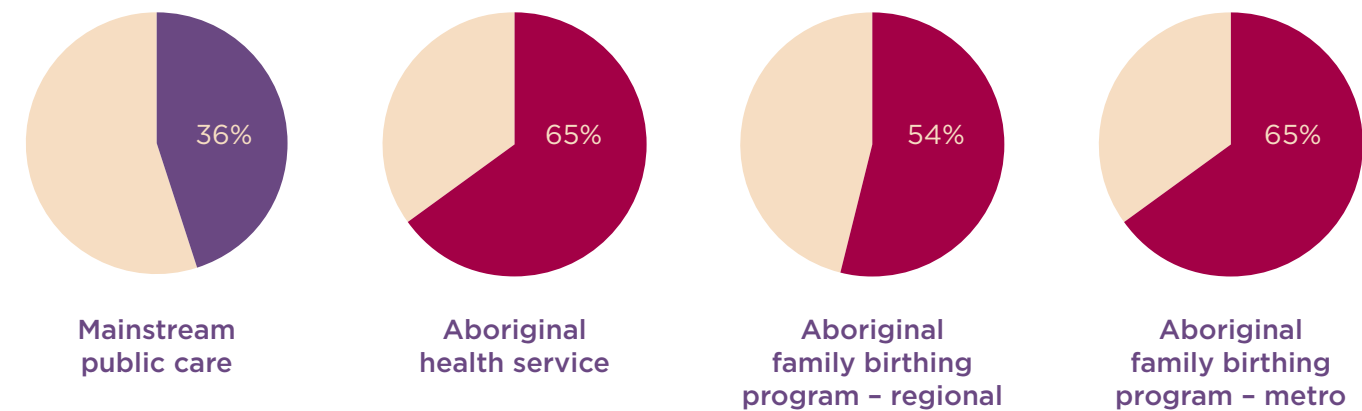
At the time of the study this program was operating in several regional locations and three public hospitals/health services in Adelaide.

Women said that Aboriginal Maternal Infant Care (AMIC) workers and midwives in AFBP services:

- gave them clear explanations about what was happening and what tests were needed
- supported them with things that were happening in their lives.

Compared with women attending mainstream public care, women attending AFBP services were more likely to rate their pregnancy care as 'very good'.

Women's views of different models of care: % who said their pregnancy care was 'very good'



Things that women found helpful:

- home visits from midwives and AMIC workers
- transport to get to services
- seeing the same AMIC worker
- seeing the same midwife or doctor.

Social determinants of health across the lifespan

Most of the children in the Aboriginal Families Study were born at term and with a healthy birthweight:

- 87% were born at term (37-42 weeks)
- 76.5% had a healthy birthweight (2500-4000 grams)
- 70.7% had a birthweight in the normal range for gestational age.

Around 1 in 3 children did not get the best possible start to life.

There are many factors known to influence infant health and wellbeing. Some of these are social factors, such as not having enough healthy food or smoking cigarettes during pregnancy. There is growing evidence that stress, family violence and using substances such as cannabis and alcohol can also have an impact on babies' birthweight and longer-term health and wellbeing.

The Aboriginal Families Study findings indicate that women who used cannabis during pregnancy (with or without cigarettes) were around 4 times more likely to have a baby with a low birthweight.

Women who used cannabis during pregnancy were:

- more likely to be experiencing a lot of stressful events and social health issues during pregnancy
- more likely to report experiences of discrimination and unfair treatment, and
- less likely to receive the recommended number of pregnancy visits.

These findings highlight the need for holistic support to reduce the occurrence and impact of social health issues during pregnancy and concurrent use of cannabis.

The provision of integrated support for women experiencing housing insecurity, family violence, financial difficulties and drug or alcohol problems is urgently needed in antenatal care and child and family healthcare settings.

Women's health & wellbeing

In the year after the study children were born:

- 1 in 3 women (36%) reported a moderate level of psychological distress
- 1 in 4 women (25%) reported high to very high psychological distress
- more than 1 in 3 women (36%) experiencing three or more stressful events and social health issues during pregnancy reported high to very high psychological distress compared with 1 in 10 women (11%) experiencing 0-2 issues.

When the study children were 5-9 years of age:

- Just under 1 in 3 women (29%) reported a moderate level of psychological distress
- more than 1 in 5 women (22%) reported high to very high psychological distress.

Women who experienced high to very high psychological distress were more likely to:

- use cannabis during pregnancy
- have experienced partner violence or other social health issues.



About women's lives as their children are growing up

More than half of women were experiencing some degree of financial stress, often resulting in women not being able to pay bills (48%), putting off going to the doctor (19%) and sometimes going without meals (14%).

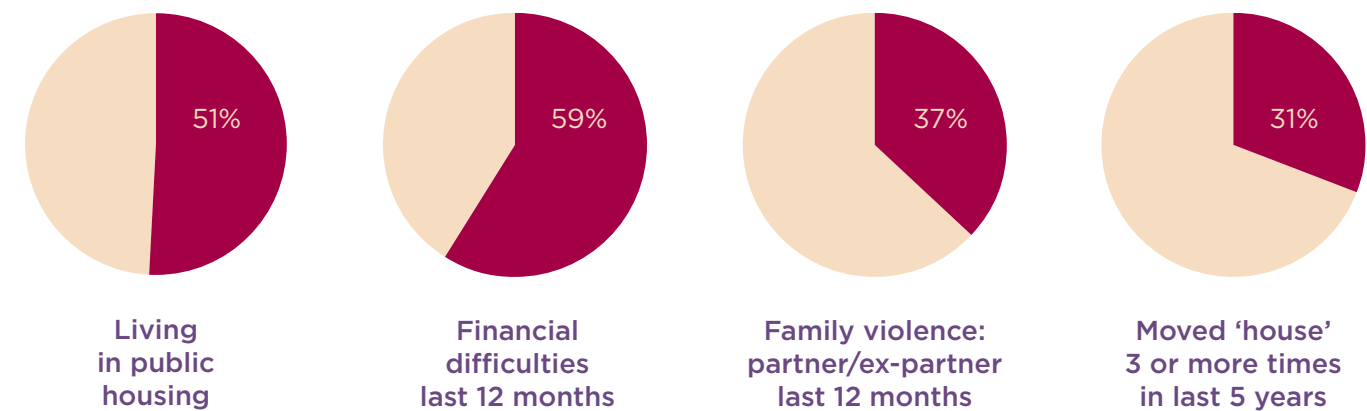
Just under half of women were living in public housing and just under a third of women were living in private rental accommodation. One in three women had moved three or more times in the last 5 years.

More than a third of women (38%) had experienced partner violence in the previous 12 months.

Women who had experienced partner violence in the last 12 months were more likely to be:

- single
- living in a single adult household
- experiencing housing insecurity
- experiencing financial difficulties
- experiencing other social health issues.

Social determinants of women and children's health



What action have we taken based on the findings so far?

The research findings are being used to strengthen services so that they can provide better care and support for Aboriginal families.

For example:

- The two policy briefs reporting preliminary findings from wave 1 were used to advocate for ongoing funding for the Aboriginal Family Birthing Program in Adelaide and regional areas.
- The wave 1 findings led to the inclusion of family support workers and social workers in culturally safe, multi-disciplinary teams providing support to Aboriginal families during pregnancy in Port Augusta and Adelaide.
- Findings about women's experiences of discrimination and unfair treatment influenced the Women's and Children's Health Network to prioritise 'tackling racism and discrimination' as a core element of the Aboriginal Health Plan (2018-2022).
- Data from waves 1 and 2 were used in the Close the Gap South Australian Aboriginal and Torres Strait Islander Maternal and Child Health Continuity of Care Systems Protocol (2022).
- We are also working in partnership to implement and evaluate new models of culturally safe care for Aboriginal families in the Corca Bubs Deadly Mothers Strong Families study and the ICARE study.



What are we doing now?

Continuing to share findings from waves 1 and 2 with communities, services and policy makers.

Asking community members, people who work in services and in policy what they think about the findings.

Giving presentations at conferences and workshops.

Writing up the findings in a variety of ways (e.g. papers, policy briefs, infographics) for different audiences.

Advocating for changes to policy and services to improve outcomes for Aboriginal families based on what women and other primary caregivers of the study children told us.

Consulting with South Australian Aboriginal communities about the next stage of the study (wave 3).

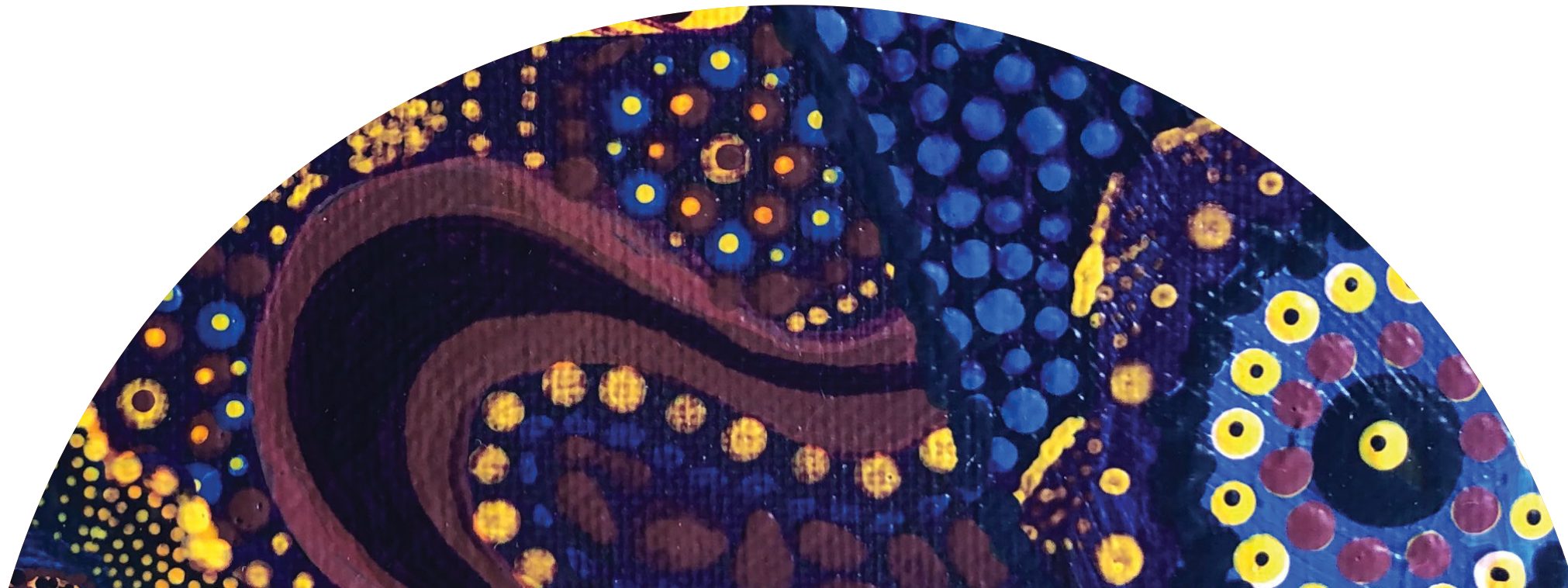


What's happening next?

The Aboriginal Advisory Group has asked the research team to put together a plan to apply for funding for a third wave of the study when the children will be around 15-16 years old.

We are planning for this now and keen to hear from families, including young people themselves, what you think we should be focusing on in wave 3 of the study.

- What is it important for the research to focus on?
- Who should we involve (young people, mothers, other caregivers, other family members)?
- How should the research be done (e.g. yarning circles, yarning interviews, structured questionnaires/ interviews with an Aboriginal researcher)?



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