

## Policy Brief #6

### SOCIAL HEALTH ISSUES – TIME FOR ACTION

Translating evidence from the Aboriginal Families Study to inform policy and practice

## The Aboriginal families 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 evidence to inform health policy and services, and was preceded by extensive consultation with Aboriginal communities and services in SA.

Major areas of focus include:

- Maternal health and wellbeing
- Children's health and development
- Engagement with health services
- Connections to family, community, culture and language.

Mothers in the study completed a baseline questionnaire in the first year after the birth of the study children (2011-2013). A second wave of follow-up of mothers and children (aged 5-8 years) has recently been completed.

This policy brief summarises preliminary findings from the first 170 women taking part in the second wave of follow up (when the study children were 5-8 years old). It highlights the impact of stressful events and social health issues on the health and wellbeing of Aboriginal families, and discusses implications for policy and services.

## Social health issues

A majority of women (86%) experienced at least one stressful event (e.g. death of a family member) or social health issue (e.g. housing problems) in the year prior to follow-up.

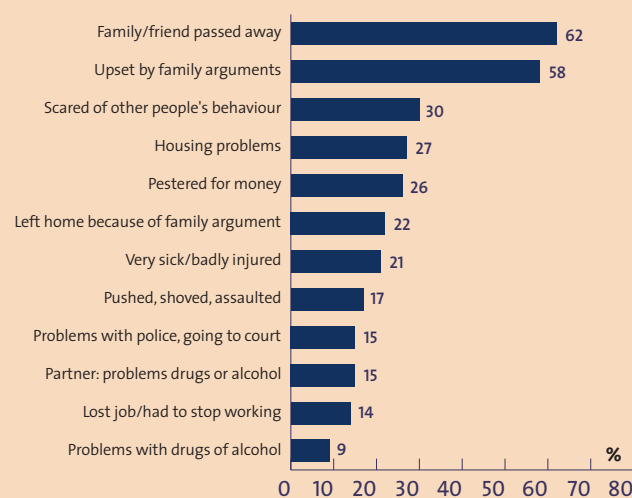
The most common social health issues were:

- a family member or friend passing away (62%)
- being upset by family arguments (58%)
- being scared by other people's behavior (30%)
- housing problems (27%)
- being pestered for money or to buy something like alcohol (26%)

It was also common for women to report that they had:

- been very sick or badly hurt (21%)
- left their home and stayed away overnight because of a family argument or fight (22%)
- been pushed, shoved or assaulted (17%).

Fig 1: Social health issues in past year



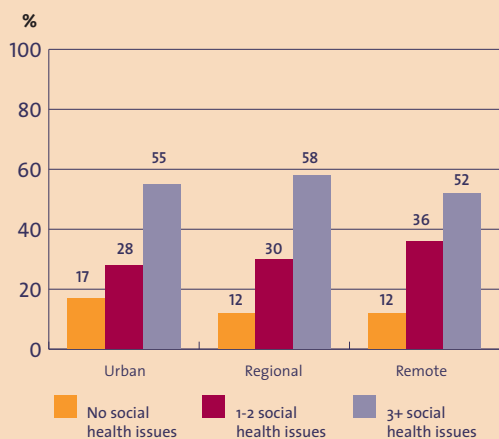


**56% of women had experienced three or more social health issues in the previous 12 months.**

**27% of women had experienced five or more social health issues in the previous 12 months.**

Women living in Adelaide were just as likely to report multiple stressful events and social health issues as women living in urban and regional areas of South Australia.

**Fig 2: Social health issues by place of residence**



## Why focus on social health issues?

The questions asked in the study were shaped by the things that community members 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 or to family and community violence.

The first stage of the study (when the study children were 4-12 months of age) highlighted the daily challenges faced by many 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 findings also highlighted things that keep women and families strong.



**63% of women felt that it was strong family connections that kept them strong.**



**82% of Aboriginal women felt connected to a particular place and/or community.**

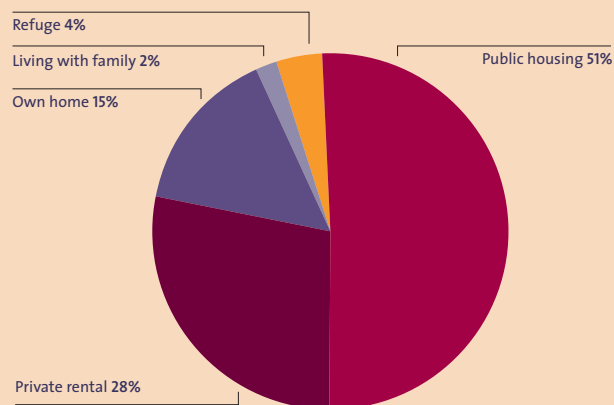
We are mindful that Aboriginal and Torres Strait Islander communities have occupied the continent now known as Australia for more than 60,000 years. Today, Aboriginal and Torres Strait Islander people continue connections to culture, identity, knowledge, place and relationships to Country that are a source of strength and resilience.

Our aim in drawing attention to social health issues affecting Aboriginal families is to highlight the work that needs to be done to address these issues and improve the health and wellbeing of Aboriginal children and families.

## Housing and households

The preliminary findings show that 51% of families in the study were living in public housing at the time of follow-up. Twenty-eight percent were living in private rental accommodation, 15% were paying off a mortgage, 2% were living with family who were paying off a mortgage and 4% were living in a refuge.

Fig. 4 Housing at time of follow-up



**Over half of women in the study had moved two or more times in the last five years.**



**Almost one in three had moved three or more times.**



**Just under one in three women were on a waiting list for public housing.**

## Financial security

More than half of women in the study (59%) reported some degree of financial stress. This affected families in many ways. The most common were:

- not being able to pay bills on time (48%)
- putting off going to the doctor (19%)
- going without meals (14%)
- not being able to heat or cool their home (14%).

## Mental health and wellbeing

The questionnaire included a number of standardised measures asking about women's mental health and wellbeing. These included measures of psychological distress (Kessler 5), depression (Adapted PHQ-9) and anxiety (GAD-7).

The preliminary findings show that:



**Around one in five women (19%) were experiencing high to very high levels of psychological distress (Kessler 5).**



**More than one in five (21%) were experiencing depressive symptoms (Adapted PHQ-9).**



**More than one in ten (13%) were experiencing anxiety symptoms (GAD-7).**

More than three quarters of women reporting high levels of psychological distress, depressive or anxiety symptoms had experienced three or more stressful events or social health issues in the past year.

## What keeps women strong?

*"My family, kids, community and culture."*

*"My mother's knowledge passed on to me from her upbringing and struggles."*

*"My kids, my work, my partner, my mum, my culture, my friends."*

*"Waking up each day to my two amazing children."*

*"Think of the future and not the past. Be strong for the children."*

# Considerations for policy and programs

## A healthy start to life

- Evidence that Aboriginal families experience a disproportionate burden of social health issues is not new.<sup>1,2</sup> However, to our knowledge the Aboriginal Families Study is the first study to report information about the extent and nature of social health issues experienced by Aboriginal women and families in South Australia during the early years of parenting.
- The research highlights unacceptably high rates of housing and financial stress affecting Aboriginal women and families. This undoubtedly has an impact on health and wellbeing, family relationships and the extent to which women and families are able to make healthy choices.
- A large number of women reported experiences of family or community conflict. There is accumulating evidence of the negative impact of family violence and other kinds of social adversity on reproductive health, as well as other longer-term health consequences for women and children.<sup>3-10</sup>

## Integrated health and social care

- Housing insecurity, financial stress and family violence are major issues affecting the health and wellbeing of many Aboriginal families.
- Health services that support families with young children have a window of opportunity to address these social determinants of poor maternal and child health outcomes.
- However, public maternity and early childhood health services are often under-resourced and lack systems to support women coping with multiple social health issues.
- In order to improve maternal and child outcomes, there is an urgent need to re-frame current models of care to combine high quality clinical care with a public health approach that gives priority to addressing modifiable social health risk factors for poor health outcomes

## Central challenges are:

- integrating systems to support women and families experiencing housing problems, financial difficulties, family and community violence, drug and alcohol issues and other social health issues as a core component of health care
- strengthening cross sector collaboration and multi-disciplinary team-based approaches to care
- engaging Aboriginal primary care and community controlled health services in program delivery and design of systems to improve outcomes for Aboriginal families
- workforce training, development and support to facilitate effective engagement with a diverse client group, foster team work, and promote enhanced systems of care
- tailoring programs to local community needs, including provision of community-based and outreach services in metropolitan and rural areas
- community consultation and engagement underpinning program planning, workforce development, monitoring and evaluation.

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### REFERENCES

References used in the development of this policy brief are available from: [ih@mcri.edu.au](mailto:ih@mcri.edu.au)

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