



Women's and Children's Health Network

Submission on  
'at risk young parents  
and their children'

May 2017

## Introduction

In response to the National Children's Commissioner request, the Women's and Children's Health Network (WCHN) makes this submission providing information about a selection of programs offered across SA Health that focus on a range of early interventions for young parents and their children to address the below issues:

- the types of early interventions likely to decrease the risk profile and trajectory of young parents, young parents to be and their children
- the types of early interventions which improve their capacity for safe and effective parenting
- the types of early interventions which increase the likelihood of young parents becoming economically secure.

It is noted that some of the services included in this submission do not restrict their eligibility to young parents and their children. However, the services included do seek to target this cohort.

## Program Information

### Aboriginal Family Birthing Program (AFBP)

The Metropolitan Aboriginal Family Birthing Program is a free service for Aboriginal women in metropolitan Adelaide. As part of the program, women are cared for by a group of midwives and Aboriginal and Maternal Infant Care (AMIC) Worker throughout the pregnancy, birth and after the baby is born.

In the urban, regional and remote areas where the AFBP has been implemented, the program has expanded access to culturally responsive antenatal care for Aboriginal women and families. The positive experiences reported by many women using the program have the potential to translate into improved outcomes for Aboriginal families.

In 2015/16, the WCHN implemented a revised model of its Aboriginal Family Birthing Program to an enhanced program of maternal care that provides pregnant Aboriginal women with culturally safe and competent services. The program now combines specialist Aboriginal Maternal Infant Care Workers, midwives and specialists in an effort to improve health outcomes for Aboriginal women and their babies. See below for details of this.

### Aboriginal Maternal Infant Care (AMIC)

The Aboriginal Maternal Infant Care (AMIC) Maternity Model is a model of care under the Aboriginal Family Birthing Program. This model of care has recently been redesigned within the Women's and Children's Hospital (WCH) and aims to provide care to Aboriginal women and their families in partnership between AMIC Practitioners and a designated AMIC Program Midwife.

The AMIC Program delivers both antenatal and postnatal services for Aboriginal women and their babies up to four weeks post birth, with the fundamental philosophy of the program including continuity of care and partnership. The AMIC Program aims to identify all Aboriginal women at initial point of contact (written, phone or self-referral) and conduct AMIC/Midwifery Triage Visits for all Aboriginal women planning to have a baby at WCH.

The AMIC Practitioner is a part of a primary health care team that includes midwives and doctors in the delivery of antenatal, birthing and post natal care to Aboriginal women and their families that contributes to:

- > Improving access to maternity care services
- > Linking and referral of families into community support where appropriate
- > Provision of high quality and culturally safe services and work practices
- > Psycho-social well-being
- > Evidence based practice to meet the culturally related needs of pregnant women and their families
- > Participation in the development of policies, procedures and practice standards for the organisation
- > The development, implementation and evaluation of health education programs

#### Eligibility Criteria:

- > Any woman who identifies as Aboriginal and/or Torres Strait Islander
- > Any woman whose unborn baby identifies as Aboriginal and/or Torres Strait Islander
- > Is less than 28 weeks gestation at initial point of contact, unless transferring from a country AMIC Program (acceptance at any gestation)

#### Type of Service/s Provided:

- > Social, cultural and emotional support
- > Advocacy role that includes support for women from different language groups

Midwives provide:

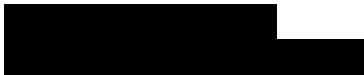
- > Clinical midwifery care
- > Clinical skill sharing

**Has an Evaluation Occurred?**

In 2013, the Australian Research Centre for Health of Women and Babies (ARCH), Robinson Research Institute at the University of Adelaide and the Murdoch Children's Research Institute (MCRI) were commissioned by the Women's and Children's Health Network to provide an evaluation of the Aboriginal Family Birthing Program and to make recommendations for the future operation and development of the program. The evaluation found that AFBP women were more likely to be more socially disadvantaged, have poorer pregnancy health and to have inadequate numbers of antenatal visits than Aboriginal women attending other services. Even with greater social disadvantage and higher clinical complexity, pregnancy outcomes were similar for AFBP and other Aboriginal women<sup>1</sup>.

**Most Relevant Contact Person (& Details) for Service:**

Cathy Leane  
Manager Strategic Partnerships, Women's and Children's Health Network



## Aboriginal Family Birthing Program Country

In 2015/16, the Aboriginal Family Birthing Program had 133 births, of which 76 (56%) were to mothers under the age of 24. Service sites are:

- > Murray Bridge
- > Gawler
- > Pt Augusta with outreach to Coober Pedy
- > Whyalla
- > Ceduna with outreach to Yalata/Oak Valley

### Eligibility Criteria:

- > Aboriginal mothers with high risk pregnancies
- > Entry: up to 28 weeks' gestation

### Type of Service/s Provided:

Specifically trained Aboriginal Maternal Infant Care (AMIC) Practitioners and dedicated AFBP Midwives provide clinic services and home visits for:

- > Antenatal education and clinical care, including assisting with attendance at appointments
- > Birthing support
- > Postnatal care and follow-up for 6 weeks
- > Social and emotional support for housing, welfare payments, medication management, family violence issues, attendance at specialist appointments, other medical appointments and care, linking with family if this is not their community
- > Assist women who are required to birth in other Country Health South Australia Local Health Networks or metropolitan hospitals with arrangements for travel & accommodation

### Has an Evaluation Occurred?

The Aboriginal Family Birthing Program is evaluated every 6 months via Commonwealth reporting requirements and evaluation of performance reports, which outline trends for the program and performance against State and National averages.

The Aboriginal Families Study found that in comparison with women attending mainstream public antenatal care, women attending metropolitan and regional Aboriginal Family Birthing Program services had a higher likelihood of reporting positive experiences of pregnancy care. Women attending Aboriginal Health Services were also more likely to report positive experiences of care. In the urban, regional, and remote areas where the Aboriginal Family Birthing Program has been implemented, the program has expanded access to culturally responsive antenatal care for Aboriginal women and families. The positive experiences reported by many women using the program have the potential to translate into improved outcomes for Aboriginal families<sup>ii</sup>

### Most Relevant Contact Person (& Details) for Service:

Wendy Thiele, Manager

Aboriginal Family Birthing Program, Country Health South Australia Local Health Network

[REDACTED]

Between 8/5/17-30/6/2017 please contact Cathy Brook [REDACTED]

[REDACTED]

## Child Protection Services (CPS) Women's and Children's Hospital

### Eligibility Criteria:

- > Significant child protection history – previous child(ren) removed
- > Currently under the Guardianship of the Minister
- > Meets 'high risk infant' criteria: factors of adversity (e.g. domestic violence, mental health difficulties, drug/alcohol, intellectual disability, major concerns about relationship with unborn child, transience/homelessness) are current and of a significant degree to potentially compromise the safety and wellbeing of the unborn baby.
- > Significant mental health difficulties which are impacting on daily living and functioning.
- > 16 years of age and under (2012)

### Type of Service/s Provided:

- > Telephone consultation to professionals within Women's and Children's Health Network (WCHN), other professionals and to members of the public to discuss child protection matters, provide information and advice and where appropriate facilitate referrals to other services. This is available Monday to Friday from 9am to 5pm.
- > Therapy for children and young people under the age of 18 and family members where abuse/neglect and/or psychological maltreatment has been established and there is evidence of resulting harm which needs to be resolved to restore and enhance health. Referrals for CPS therapy are accepted from Families SA, SA Police, other professionals and parents/carers.
- > Sexualised Behaviour Treatment Service which provides therapy to children 2-12 years of age and their families or carers where the major concern is problematic sexual behaviour and where recent sexual abuse has not been confirmed. Referrals to the Sexualised Behaviour Treatment Service are accepted from parents, carers, Families SA, SA Police, and other professionals where the child/young person meets the criteria. Referrals for treatment are accepted from the eastern and western Child and Adolescent Mental Health Service (CAMHS) catchment areas.
- > Keeping Them Safe (KTS) therapy service, which provides long term therapy for children aged between 0-12 years, who are under the Guardianship of the Minister and/or of Aboriginal or Torres Strait Islander descent. Referrals to the KTS program are accepted from Families SA.

### Has an Evaluation Occurred?

No.

### Most Relevant Contact Person (& Details) for Service:

Liz Matteo  
Child Protection Services, WCHN



## **Early Links**

This program provides referral to support services to assist these at risk patients to access assistance as required to meet their needs and facilitates active discharge planning to ensure that at risk mothers and their newborn infants are supported after discharge from Southern Adelaide Local Health Network (SAHLN). This program is facilitated by the Social Work Department at the Flinders medical Centre (FMC) and began in 2004.

### **Eligibility Criteria:**

A screening process is undertaken and those identified via the screening process as being at risk receive support.

### **Type of Service/s Provided:**

At risk mothers receive Social Work, Psychiatric care, Drug and Alcohol Services, Aboriginal Health and social services, and Child Protection Services as required.

### **Has an Evaluation Occurred?**

No, however a review of this program was undertaken over 10 years ago and identified that this program was an essential part of the service provided to the SALHN community.

## Lyell McEwin Perinatal and Infant Mental Health Team

The Perinatal and Infant Mental Health Team provides a multidisciplinary specialist assessment, support and treatment service to women and their families where perinatal mental health issues have arisen. Evidence-based and best practice interventions using a bio-psychosocial model are used to provide safe and effective care to achieve positive outcomes for the mental health and social wellbeing of women, infants and their families. The service is underpinned by frameworks and policies that ensure a culturally sensitive, family and client centred practice that builds capacity, resilience and enhances child safety and development.

### Eligibility Criteria:

- > Via screening tools: Antenatal Risk Questionnaire (ANRQ)  $\geq 23$ , Postnatal Risk Questionnaire (PNRQ)  $\geq 24$ , with recent or current mental health issues, Edinburgh Postnatal Depression Scale (EPDS)  $> 12$  and/or a positive response to question 10.
- > Women with symptoms of depression or anxiety.
- > Women with recent history of major mental illness.
- > Women need to have delivered their babies at LMH within the past 3 months.
- > Postnatal women who have delivered at other hospitals, or who are greater than 3 months postnatal are only eligible for You Are Not Alone (YANA) support group contact.
- > Antenatal women must be booked in to deliver at Lyell McEwin Hospital.

*Note: Women must agree to the referral.*

### Exclusion criteria

- > Women whose main issues are parenting problems where a parenting assessment is required, because these will be better managed by the Centre for Parenting and any other community services that offer parenting courses including the Circle of Security Parenting course.
- > Women in crisis - women who are at risk of harming to themselves or others will need to be referred to mental health triage on 131 465 and they may be referred to ED for assessment.
- > Women who can be better managed by Social Work and Counselling, community centres, Relationships Australia, Centrelink, SIDS and Kids, Stillborn and Neonatal Death (SANDS), Department for Child Protection, Housing SA, Yarrow Place, Northern Health Network and other community counselling services because they have only one of the following:
  - > relationship problems
  - > domestic violence
  - > childhood sexual abuse
  - > early pregnancy loss
  - > loss and grief
  - > intrauterine fetal death
  - > homelessness/housing
  - > financial
  - > intellectual disability
  - > illicit drugs and alcohol

### Type of Service/s Provided:

- > Telephone counselling
- > Outpatient reviews in daily clinics



- > Inpatient reviews
- > Home visits
- > Group therapy
- > Ongoing counselling/therapy: Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IP), non-directive counselling, medication therapy
- > Referral to community services/support
- > Psychiatrist appointments
- > Psychiatric registrar appointments
- > Psychiatric registrar appointments

### **Has an Evaluation Occurred?**

The service as a whole has not been formally evaluated however, satisfaction surveys have been completed which were positive. Evaluation of the YANA antenatal and postnatal support groups has occurred. Since 2006 group evaluation has included pre and post intervention questionnaires. This has slightly altered over time, but has included:

- > The Edinburgh Postnatal Depression Scale (EPDS)
- > The Condon postnatal attachment scale
- > The Karitane parenting confidence scale
- > A satisfaction survey
- > Measuring client goals and outcomes
- > Evaluations have shown that the groups are highly beneficial for the women that attend:
  - > EPDS scores were significantly lower post intervention and at the 6 month follow up, affirming the usefulness of the group therapy and showing improved and sustained outcomes.
  - > There was an increase in postnatal mother infant attachment scores.
  - > There was an increase in the parenting confidence of all women attending.
  - > 95% of women attended 7 or more sessions.
  - > 98% of women found the group useful.
  - > A benefit of the group was the socialisation aspect of the groups and the friendships that the women made.
  - > Many women exchanged contact details or friended each other on Facebook
  - > One YANA group kept a community group running for an extended period on completion of the formal group.

### **Most Relevant Contact Person (& Details) for Service:**

Dianne Simmons or Tracy Semmler-Booth  
Nurse/Midwife Consultants (job share)



## **Metropolitan Youth Health (MYHealth)**

MYHealth offers a range of free and confidential clinical health services to vulnerable young people aged 12-25 years. Service sites are located in the northern, western and southern metropolitan Adelaide areas. They also provide a visiting health service to the Adelaide Youth Training Centre and other areas across metropolitan Adelaide.

### **Eligibility Criteria:**

- > Vulnerable young people aged 12–25, with a focus on young people under 18 years
  - current or previously under the Guardianship of the Minister
  - Aboriginal and/or Torres Strait Islander
  - young pregnant and/or parenting women and their partners
  - refugees
  - not able to live at home
  - same sex attracted and/or gender diverse
  - currently at the Adelaide Youth Training Centre
  - those struggling to understand and/or attend to their own health.

*\*Priority is given to young people in Community Residential Care and Emergency Care.*

### **Type of Service/s Provided:**

- > assessment and management of general medical issues
- > immunisation
- > sexual health:
  - assessment and screening
  - Pap smears
  - contraception advice (including emergency contraception)
  - pregnancy testing and referral
- > antenatal and post-natal care
- > health education
- > drug and alcohol issues
- > programs for pregnant and parenting young women and their partners, including:
  - health care, education, training and career pathways
  - case management and group activities

### **Has an Evaluation Occurred?**

No.

### **Most Relevant Contact Person (& Details) for Service:**

Ms Katrina Dee

Youth Team Coordinator – Yarrow Youth

[REDACTED]

[REDACTED]

## **South Australian Support Services – Young Parents and their Children**

The Child and Family Health Service (CaFHS) is responsible for developing and implementing effective strategies to improve early childhood health, development and well-being outcomes for children from birth to five years of age in South Australia. This is achieved by the promotion of positive parenting and provision of universal and targeted programs.

CaFHS is currently undergoing a statewide service redesign that will result in an enhanced Service Delivery Framework and models of care. Services will be contemporary, evidence based, child centred and family focussed, culturally responsive and effective. They will support the provision of best health and development outcomes for children using an approach underpinned by proportionate universalism.

Two models of care are proposed under the new CaFHS enhanced Service Delivery Framework:

### **1. Targeted and sustained service**

A service response at the earliest opportunity in life to the unique needs of families experiencing additional challenges to support them to foster their child's health and development at a time in a child's life when it can be most beneficial to their current and future wellbeing and health outcomes.

### **2. Service for children under statutory care**

Support for children who are under Guardianship orders to achieve optimal health, growth, development and wellbeing.

## **Eligibility Criteria:**

### **1. Targeted and sustained service**

Eligible families will face a myriad of issues and barriers to effective parenting. These issues can be considered in terms of the child, the care giver, their relationship and wider family relationships as well as those factors influenced by the environment in which these children and families live. In addition to those issues the following situations would be considered as requiring a priority for allocation and more timely response:

- > Vulnerability identified in the post natal period.
- > Younger infants (particularly those aged under 12 months)
- > Aboriginal infants, children and families
- > Caregivers who have previously been under the Guardianship of the Minister
- > Younger maternal age of caregiver (under 20 years)

### **2. Service for children under statutory care**

Children under Guardianship orders.

## **Type of Service/s Provided:**

### **1. Targeted and sustained service**

Children and families experiencing vulnerability need increased levels of support to access information and resources they require. This support will vary from family unit to family unit and will depend on the particular barrier(s) that a caregiver or caregivers may be facing. The targeted and sustained service builds on the Healthy Child and Family Program and is an inter-professional led therapeutic service. It will work toward the improvement of health, wellbeing and developmental outcomes for children pre-birth to three years where families are experiencing multiple barriers to effective parenting. The service will focus on the caregiver, the child and the caregiver-child relationship as a key strategy to promote young children's current and future health, development and well-being.

## **2. Service for children under statutory care**

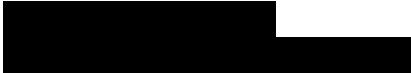
It is proposed that CaFHS will work in partnership with the Department for Child Protection and have a role in completing the preliminary health assessment (within 30 days or order commencing) and in reviewing and assessing children at regular intervals and responding to identified health and development needs using a care plan approach. Carers will be provided with parenting information and support.

### **Has an Evaluation Occurred?**

No.

### **Most Relevant Contact Person (& Details) for Service:**

Melissa Bradley  
Director, Child and Family Health Service



## **Strengthening Links**

Strengthening Links is an antenatal program at WCH for vulnerable women and their unborn high risk infants that assist women during pregnancy and birth (until discharge of woman and infant). The program aims to increase the safety and wellbeing of high risk infants and ensure safe handover to community services.

### **Principles:**

- > The fetal environment and early years' experience is crucial to lifetime health and WCHN services provide medical and psycho-social support to vulnerable women and their high risk infants during pregnancy and early childhood.
- > SA Health is committed to protecting children from physical and psychological abuse and neglect. The goal of all services is to ensure the safety and wellbeing of the infant in vulnerable circumstances including during pregnancy.
- > Close collaboration between service providers and professionals is required.
- > All high risk infants will have care plans and ISBAR Handover at transition points between services.

### **Eligibility Criteria:**

All high risk infants of vulnerable women in antenatal and postnatal period prior to engagement with postnatal community services. Criteria include current:

- > Mental illness
- > Previous children involved in child protection
- > Substance misuse
- > Intellectual or physical disability
- > Current domestic violence
- > Transience/homelessness
- > Adolescent pregnancy
- > Past trauma
- > Attachment problems
- > Poor engagement with antenatal care services
- > Under Guardianship of Minister (GOM) or previously under GOM
- > Social isolation

### **Type of Service/s Provided:**

Within the contact of a multi-disciplinary team which includes midwifery, medical, mental health, drug and alcohol, Aboriginal and other services, the Key Worker (Social Worker) role in WCH provides:

- > Psychosocial assessment and intervention
- > Risk management
- > Hospital and community engagement and support
- > Arranging case discussions and case conferences with other stakeholders and services to ensure a comprehensive post-discharge plan
- > Care plan for the antenatal needs of women, around the birth and postnatally in partnership with other professionals involved with the case
- > Close liaison with statutory services to manage risks and ensure safe discharge including facilitation of statutory interventions referral and handover to appropriate community services for intervention.

**Has an Evaluation Occurred?**

Internal Audits and reviews have taken place.

**Most Relevant Contact Person (& Details) for Service:**

Mark McCarthy

Manager Women's and Children's Hospital Social Work Service



## Talking Realities Young Parenting Program

The Talking Realities Young Parenting Program is for young people aged under 25 years who are pregnant or parenting and is based in the western metropolitan area. The program supports young parents to increase their life skills, knowledge and capacity to become the best parents they can be. Young parents have the opportunity to meet other young parents, have fun and learn new skills. The program offers a Friday fun group, supported play group and skills based workshops.

Accredited training is a key part of the program and involves peer education, leadership and early childhood development. Talking Realities empowers young parents to develop pathways towards education and future employment and to support the learning of their children.

### Eligibility Criteria:

- > Young people aged under 25 years who are pregnant or parenting.

### Type of Service/s Provided:

- > A range of training programs with education pathways. Training includes:
  - o Peer education training
  - o Early childhood development
  - o Leadership training
  - o Literacy and numeracy
  - o SACE Research Project
  - o First Aid
- > Friday Fun Group – a free group for mothers aged under 25 years and their children, held on select Fridays from 11am-2pm.
- > One on one support

### Has an Evaluation Occurred?

No.

### Most Relevant Contact Person (& Details) for Service:

Ms Katrina Dee

Youth Team Coordinator – Yarrow Youth

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## **Women's and Children's Health Network Consumer and Community Engagement Strategy**

The WCHN Consumer and Community Engagement Strategy and the WCHN Person and Family Centred Care Charter are governing documents setting the blueprint for the way that WCHN partners with our consumers. Young mums were critical in the co-design stages of these documents, with a specific young mum's consultation occurring at MY Health at the Parks in 2016 including to co-write the behaviours that need to be part of the charter.

### **Eligibility Criteria:**

All consumers and the families of WCHN.

### **Type of Service/s Provided: N/A**

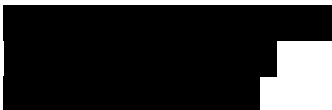
### **Has an Evaluation Occurred?**

The charter is evaluated annually as part of Person and Family Centred Care Week. A young mum is part of the community review panel. Findings from the evaluation:

- > Organisational, educational and procedural maturing needs to be the focus by WCHN in the next 24 months to continue to advance the voice of the consumer. This will be evidenced by:
  - o A greater focus on all clinical staff promoting the Consumer Database to further mature the diversification of the population group.
  - o Divisions to promote Basecamp and an organisational wide campaign for Basecamp to reduce barriers for engagement, particularly for Aboriginal women, mothers and working families.
  - o Chrome to be installed on staff computers to increase access as Basecamp is not compliant with Internet Explorer.
  - o Roll out of the Family Huddle model across acute and community sites; with a focus on adolescent and birthing for the first half of 2017.
  - o Research committee to be established to support consumers to be involved in research co-design.
  - o A strategic plan to focus on developing professional skills and capacity for consumer workforce, increasing exposure to certificate based education. Our young mothers view the consumer workforce as a stepping stone back into the workforce, so skills-based training was considered essential. There was also a strong push for the development of a live experience workforce.
  - o Organisation approach to Community Expos such as Disability Expo, Pregnancy and Babies Expo and Reconciliation Day to ensure consistency of messages, adequate resourcing and appropriate engagement techniques for consumers to partner.
  - o Divisions to better promote the Consumer Memo as the pinnacle document from the Network relating to consumer affairs.
  - o Development of a staff reward and recognition program that aligns with the Person and Family Centred Care Charter.
  - o A procedure development for shared decision making and supporting partnerships at the bedside / counselling room.

### **Most Relevant Contact Person (& Details) for Service:**

Allan J. Ball  
Director Consumer & Community Engagement, WCHN Community Engagement Unit





## **Yarrow Place (Youth Team)**

The Intensive Therapeutic Care program at Yarrow Place provides therapeutic support for young people with Department for Child Protection (DCP) involvement. It is a partnership model which provides targeted service for young people who are identified as having frequent absconding behaviours and who are at risk of/are being sexual exploited.

### **Eligibility Criteria:**

- > Children aged 12 to 25 (must be under 18 at the time of referral) who are under Guardianship of the Minister until 18 years and are absconding from care (age can be negotiated for specific cases)
- > Current concerns regarding absconding behaviours and risk or experience of sexual exploitation
- > A Department for Child Protection (DCP) worker that is willing and able to be partnered in the therapeutic care approach is essential
- > Priority for allocation will be given to younger clients who are assessed as being at higher risk of harm
- > Priority will be given to young people in Community Residential Care and Emergency Care. Young people in foster care or other stable family based care at the time of referral will not be considered a priority for allocation unless in exceptional circumstances.

*\*Referrals that do not get allocated are returned to the relevant DCP worker with suggested alternative pathways for therapeutic support where possible.*

### **Type of Service/s Provided:**

- > Work with young people who have histories of trauma and complex needs
- > Engage the young person and support positive relationships in their lives
- > Support the young person with their 'healing journey'
- > Advocacy
- > Support appropriate referrals to other agencies
- > Actively promote and support the Therapeutic Care Team (TCT)
- > Support to increase the number of therapeutic experiences for the young person
- > Working with 'significant other' relationships in the young person's life

The role of the TCT is to bring together expertise from different professionals and agencies in one forum whilst providing wrap-around support for the young person, to make decisions in partnership that is in the best interests of the young person.

### **Has an Evaluation Occurred?**

In July 2012 an evaluation of the Yarrow Place demonstration project was undertaken. The Yarrow Place Intensive Therapeutic Services demonstration project was established in response to a key recommendation of the Commission of Inquiry into the Abuse of Children in State Care. The Commission found that children in State care who abscond from their placements are at high risk from sexual exploitation. Outcomes from the self- evaluation included:

- > Improved outcomes for young people, including increased engagement in the therapeutic process, reduced risks and improved stabilisation of self.
- > Positive working partnerships were developed between staff at participating services
- > Service gaps and risks were identified and addressed

**Most Relevant Contact Person (& Details) for Service:**

Ms Katrina Dee

Youth Team Coordinator – Yarrow Youth

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<sup>i</sup> Australian Research Centre for Health of Women and Babies (ARCH), Robinson Research Institute at the University of Adelaide and the Murdoch Children's Research Institute (MCRI), *'Partnerships are crucial': An evaluation of the Aboriginal Family Birthing Program in South Australia*, ['Partnerships are crucial' An evaluation of the Aboriginal Family Birthing Program in South Australia](https://www.researchgate.net/publication/310603097) [accessed May 18, 2017].

<sup>ii</sup> Brown, S, Weetra, D, Glover, K, Buckskin, M, Leane, C, Mitchell, A, Stuart-Butler, D, Turner, M, Cartland, D & Yelland, J. 2015, 'Improving Aboriginal Women's Experiences of Antenatal Care: Findings from the South Australian Aboriginal Families Study in South Australia', *Birth Issues in Perinatal Care*, [https://www.mcri.edu.au/sites/default/files/media/documents/afs\\_birth\\_2015.pdf](https://www.mcri.edu.au/sites/default/files/media/documents/afs_birth_2015.pdf), accessed 18 May 2017.