Two heads are better then one: Working in partnership to reduce the impact of otitis media on communication development for Aboriginal and Torres Strait Islander Children

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INTRODUCTION

The inequalities in Indigenous health in Australia are well documented, especially in the context of rural and remote communities. The prevalence of otitis media (OM), infection of the middle ear, exists in much higher rates in the Indigenous population than the non-Indigenous population, it begins earlier and may extend into adolescents and beyond. Studies focusing on early childhood report a prevalence of 91% in Indigenous children aged 6-30 months and 95% in 6-8 week old Indigenous infants compared with 30% among non-Aboriginal infants. OM often occurs with a fluctuating mild-moderate conductive hearing loss which can be present for a few weeks, up to a few months. Although OM is a medical issue, the associated hearing loss has the potential to adversely effect speech and language and educational outcomes. It is therefore integral that approaches to manage OM in children from Indigenous communities span beyond the boundaries of the health sector, to encompass early development, medical and educational considerations.

One approach to ensuring effective cross-sectorial participation to improve health outcomes involves health service delivery through the formation of partnerships. A partnership, is an alliance among people and service providers from multiple sectors working in mutually beneficial relationship to achieve a common goal that would otherwise be unachievable by one service alone. Partnerships for health service delivery have the distinguishing features of broad community engagement to create and sustain health promoting conditions and a focus on empowering people and systems to create sustainable change, leading to improved population health outcomes.

The potential for the partnership model to facilitate greater amounts of community and systems change to effect improvements in population-level outcomes is well documented in the Public Health literature. However the research on the application of partnerships within Allied Health to target the Indigenous ear health endemic is limited. The principles of community driven service delivery and the reported benefits suggest this model could provide the ideal tool for Allied Health services aiming to improve population-level outcomes in Indigenous communities. The purpose of this paper is to explore the partnership model further by sharing the story of one such partnership developed between a Queensland Health program (The Deadly Ears Aboriginal and Torres Strait Islander Ear Health Program), a Department of Education and Training program (the Children’s Services Skilling Plan), and a Multifunctional Aboriginal Children’s Service (Undoonoo). This partnership aimed to reduce the impact of OM for 0-4 year olds in a remote Indigenous community by building the capacity of key stake holders in the early education setting. After initially describing the nature of the partnership, the paper reflects on the early outcomes from the perspective of both the service providers within the partnership and the staff from early education services. Through this process, this paper is able to highlight the benefits the partnership model brought to Deadly Ears Allied Health service delivery into Woorabinda community. The authors conclude by recommending partnerships as a valid model for applications to other Allied Health services focussed on meeting population health needs in rural and remote settings.
THE NATURE OF THE PARTNERSHIP

**Deadly Ears** is a statewide (Queensland) Indigenous ear health program. Deadly Ears is the core component of *‘Deadly Ears Deadly Kids Deadly Communities: 2009-2013’*, a comprehensive inter-agency strategic framework established to improve ear health in Indigenous children. The Deadly Ears team works with communities (following community invitation) to develop sustainable solutions that improve population outcomes along the ear health continuum. This requires a diverse team that includes Community Engagement and Development, Health Promotion, Allied Health and an ENT outreach surgical team known as 'Hospital Walkin' Country'.

This paper focuses on the Allied Health component of the program which consists of Speech Pathology, Occupational Therapy, Audiology, and Allied Health Assistants. The Allied Health team focuses on reducing the impact of OM in Indigenous communities through working with local service providers to create the positive environments necessary to optimise communication and play development for all Indigenous children. The team explores ways to value add and build local capacities within the early childhood, health and education services. The Allied Health team works in a multi-disciplinary manner with the broader Deadly Ears program, and is dependent on Community Engagement and Health Promotion components to engage successfully with communities. The wider Deadly Ears program itself functions through relationships and partnerships.

The **Child Services Skilling Plan (CSSP)** is a strategically managed approach to the delivery of publicly funded vocational training that ensures effective outcomes for the children’s services industry and Queensland communities. Two of the relevant strategies are the Target High Areas Needs strategy and Indigenous Remote Areas strategy. Both of these aim to work in with communities to deliver contextualised training that support services to meet legislative requirements and supports the provision of quality early childhood services.

**Undoonoo** is a Multifunctional Aboriginal Children’s Service (MACS) long daycare in Woorabinda community, managed by the Woorabinda Shire Council. MACS are children service centres which were created to meet the needs of Aboriginal communities in rural and remote settings. The care provided in MACS centres is similar to mainstream programming and planning, offering flexible care and providing educational experiences for children. Undoonoo additionally offers children who attend the service the opportunity to participate in numerous activates with an Indigenous focus that promotes Indigenous identity and pride. Undoonoo is one of 3 MACS centres in Queensland and is unique in that it offers a pre-prep program.

Undoonoo is celebrating its 20 year anniversary this year (opening on 2 November 1990) and has seen a growth from a 28 place centre to now having 62 places. It fills a vital need in the community, particularly with working parents who rely heavily on the centre. Undoonoo is a hub for all other early childhood run programs, for example working themselves in partnership with services such as Mum and Bubs group, Playgroup, Queensland Health, Red Cross, Sport and Recreation and the local schools. Undoonoo currently has 16 staff, and cater for children 0-5 years old. Undoonoo is evolving towards becoming an early learning centre and progressing to implementing the Early Years Learning Framework.

The partnership was informally initiated when preliminary discussions at the community level revealed a common vision and agenda. Therefore it was deemed necessary to collaborate to reduce overlap in the community and optimise resources.

**Partnership Objectives**
Based on a consultation process, the partnership developed the vision that “all children have the right to live healthy and engage in learning environments”. The following objectives were devised to work towards this vision:

- To empower staff in communities to:
  a) know about OM, its causes and consequences;
  b) identify OM in their children and refer to an appropriate service;
  c) develop community owed and community specific resources to promote ear health to the wider community, and;
  d) use the following strategies to support the language development of the children - get down and close with the kids, engage with interest, talk to the kids about what they are doing.

These goals align with the Commonwealth’s vision that “by 2020 all children will have the best start in life to create a better future for themselves and the nation” and with the Commonwealth’s objectives that include:

- Children are born healthy and remain healthy
- Children’s environments are nurturing, culturally appropriate and safe
- Children have knowledge and skills for lifelong learning
- Children benefit from better social inclusion and reduced disadvantage, especially Indigenous children
- Children are engaged in and benefiting from educational opportunities

Strategies, activities and actions to progress these goals were also identified through a process of consultation within the partnership with a focus of meeting the needs of the childcare director and the training requirements of the staff to complete their Childhood Services studies. In the initial phase, activities were planned for a 6 month period including workshops, presentations, resource/curriculum development, and work-shadowing. Specific activities include:

- Deadly Ears staff delivered a series of video-teleconferences (VTC) to Rural and Remote Support TAFE teachers around the state on OM, the impact of OM and strategies to facilitate learning with a conductive hearing loss. This was a train-the-trainer model of delivery to support Rural and Remote Support Teachers embed OM into the delivery of their curriculum to their students;
- Collaboration on the Certificate IV Training and Assessment for the Directors of Indigenous daycares across the state to include the development of a module on language stimulation and a module on OM;
- Collaboration on training of daycare staff on health and hygiene curricula, including strategies to reduce cross infections;
- Imbedding nose blowing and hand washing into transitions with the children have been included into professional conversations, presentations and assessment for Childhood Services students.

The partnership has ensured that all training delivered aligned to the needs of the community and that all follow-up, regardless of the service, contained consistent information and messages.

**EVALUATION OF THE PARTNERSHIP**

Six months following initial implementation, outcomes of the partnerships were evaluated from the perspective of both the partnership (Deadly Ears / CSSP/ Undoonoo) and the recipients of the service delivery. This was in the form of qualitative and quantitative methodologies. Qualitative methodologies primarily consisted of interviews on the perceived benefit of the partnership for all parties involved. Qualitative data was reviewed to identify common themes in the areas of a) perceived benefits of
partnership to service providers and community, b) perceived increases in positive behaviour change within the childcare setting and c) potential areas for improving of the quality of the partnership.

The strengths of the partnership itself were also quantified, through the Partnership Analysis Tool specifically The Continuum of Partnerships and The Checklist. This tool is designed for service providers to assess, monitor and maximise the ongoing effectiveness of partnerships they are engaged in. The Checklist and Continuum of Partnerships was completed by each member of the partnership separately and collated to ascertain an indication of the overall strength of the partnership.

RESULTS

Common themes emerged highlighting positive outcomes of the partnership with perceived benefits including:

- Intersectoral sharing of knowledge, skills and resources with regards to Children’s Services curriculum, policy, training methods and OM and language strategies;
- Collaborative and consistent approach to the delivery of training to early childhood education and care professionals about OM and language stimulation strategies;
- Development of a strategy to implement a leadership model across a wide range of Indigenous communities;
- Inclusion and consultation across both services for policy planning and future service development;
- High degree of perceived need for a partnership by both service providers;
- Clear need and commitment to continuing the partnership in the long term.

On the Continuum of Partnerships in the Partnership Analysis Tool Deadly Ears and CSSP rated the partnership as functioning at the level of Collaborating and Undoonoo characterised the partnership as being between Cooperating and Collaborating. This result indicates that both Deadly Ears and CSSP characterised the partnership as being a long term collaboration which includes shared planning, joint responsibility and equal commitment for goal attainment. Undoonoo characterised the partnership as involving more of an exchange of information, altering activities and sharing resources. A high level of trust and power-sharing based on knowledge and expertise was also indicated; a key feature necessary if partnerships are to succeed. Further evidence of collaboration was highlighted on the Checklist of the Partnership Analysis Tool with CSSP and Deadly Ears giving the partnership a score of 115 and Undoonoo a score of 124 out of a total of 140. This suggests that “A partnership based on genuine collaboration has been established.”

Areas that were identified that need improvement for the partnership to grow included:

- Collaborative action by staff require more reward by management;
- Strategies to ensure alternative view are expressed within the partnership
- A way of reviewing the range of potential partners to add to the collaboration and bringing in new members may need to be developed

A review of the themes emerging from the community daycare perspective indicated a positive trend in outcomes for the community including:

- Staff perceiving benefits from service providers working together “I can see that you are working in partnership and it’s benefiting us”;
- Reduced overlap and repetition of information to staff;
- A shift in service culture in terms of more positive approaches to staff learning and development;
Ear health promotion messages spread not only to children and staff in the childcare but further into the wider community; "we are able to get the information on ears out into the community";

Increased health awareness and action in the community; "more awareness in the community of children’s needs, especially their ears and speech. Parents are asking more questions where before they were too shame to ask or didn’t know what to ask";

Greater flexibility in the thinking of staff when it comes to strategies to support ear health and early development "it (the partnership) has given the staff ideas to go outside of the box and look for different strategies especially with ears and language development";

Greater ability of staff to identify children with ear health and communication difficulties and refer to the appropriate health service provider;

Increased attendance rates (over the 6 month period of implementation), allowing greater engagement with parents and a wider scope to share information through monthly open days;

The partnership has enabled open communication between the partners, which has had a flow-on effect into the community:
  o Staff at Undoonoo are being “recognized as educators not babysitters” by the community. Staff are “valued by the community and the community learns what good work they do. This inspires them to continue working when times are difficult”.

The partnership has been able to influence children in communities beyond those immediately engaged with the partnership. This was achieved in the first instance through the VTCs with Rural Support Teachers. Rural Support Teachers have reported that this series of VTCs have completely “transformed” their practice with respect to supporting staff with children who have language difficulties. They have since been able to identify children with OM and refer them for appropriate treatment. Another teacher reported that this model of service delivery was “looking at the condition holistically” and she “believes it is vital that we (Rural Support Teachers) incorporate this program into education programs for Early Childhood centres not only concentrating on remote area centres but also urban, as the condition (OM) is everywhere”.

**DISCUSSION**

The use of partnerships for the planning and delivery of health services provides the necessary tools to ensure the cross-sectoral involvement required to improve population health outcomes. Despite the limited research in the area, the use of a partnership model to deliver Allied Health services in rural and remote Indigenous communities (where the rates of OM are endemic) appears to a viable model to ensure sustainable community outcomes. This paper provides anecdotal evidence in support of this argument by sharing the journey and outcomes of Allied Health service delivery through a partnership model in a remote Indigenous childcare.

Two key factors that lead to the development of the partnership were based on the identified ear health needs of a remote Indigenous community and the need for the Deadly Ears Allied Health team to delivery a service that is community driven, population based, sustainable, effective and cost efficient. The preliminary results of the evaluation suggest that this has been achieved through the use of a partnership model with the CSSP and Undoonoo.

In the initial 6 months of the journey of the partnership has involved a progression from working in isolation to working in cooperation/ collaboration on the Partnership Continuum. Undoonoo characterised the partnership more as cooperating on the continuum which likely reflects the nature of this partnership. CSSP and Deadly Ears are more aligned in their service delivery and therefore it is more appropriate for these services to be collaborating. Although Undoonoo has similar visions and objectives they have different service delivery obligations and as such working in cooperation is suitable. The partnership is build on strong relationships and trust, a clear vision and objectives, all
factors which are documented as being indicators of a strong partnership. It is important to acknowledge that this partnership exists within a context where extensive community engagement and relationship building has been completed prior to the initiation of the partnership, without this, these results would not have been achieved.

One of the primary objectives of the partnership was to empower the community to manage OM and reduce its impact on communication development. Empowerment is defined in the literature as an “increase in the capacity to set priorities and control resources”. Himmelman reports that contrary to the claim of partnerships to foster institutional or community change, few actually transform existing power relations to empower those viewed as the focus of their decisions. This partnership endeavours to transfer the power to the community by establishing grassroots leadership and community organisation, strategies which are documented to be successful in transformation of power. This will be a potential challenge for the partnership because the organisations in this paper are government departments and as such traditionally have the resources and decision-making power. To ensure this partnership continues to transfer power to the community the partnership needs to support the community to have determination of the goals and activities of the partnership and promote a ‘learning community’ where all members of the partnership share and are accountable for what is learned and how it will be applied.

Due to the partnership being in its infancy there has been limited opportunity to gather detailed qualitative and quantitative data. The use of the Partnership Analysis Tool was not the ideal for this partnership due to there being so few stakeholders. The qualitative data gathered from the community, the teachers and the service providers has been much more powerful at evaluating the impacts of the outcomes the partnership has achieved.

The service providers will continue within the partnership and it is hypothesised this will ensure ongoing reduction in overlap on service delivery, provide more continuity, support communities to be empowered, and result in more sustainable outcomes for the community.

CONCLUSION

This partnership between Deadly Ears Allied Health team, CSSP and Undoonoo has been used to explore the validity of the partnership model in the delivery of Allied Health services to improve population health outcomes in Indigenous communities. The results of preliminary evaluation of the partnership reveal benefits for the service providers and for the community. It has been an effective means of empowering an ear health promoting environment in the community through collaboration on a range of community-driven strategies. Through a partnership we were able to build the capacity of the key stakeholders in the community, as well the services within the partnership, which will enable more sustainable outcomes. It is therefore concluded that the partnership model is an effective service delivery model for Allied Health programs working to improve population-level health outcomes in rural and remote Indigenous communities.


4. Williams CJ, Jacobs AM. The impact of otitis media on cognitive and educational outcomes. MJA 2009; 191(9):s69-s72.


