

Building Strong Foundations (BSF) Program Service Standards

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Functional Sub group Clinical/ Patient Services - Baby and child
Clinical/ Patient Services - Governance and Service Delivery
Personnel/Workforce - Conduct and ethics
Personnel/Workforce - Recruitment and selection

Summary This Policy Directive articulates the service values and required standards for NSW Health services and staff providing the Building Strong Foundations for Aboriginal Children Families and Communities (BSF) service. The policy makes mandatory all BSF Service Standards and all Criteria Elements and Performance Criteria associated with each BSF Service Standard, as outlined in the BSF Service Standards.

Replaces Doc. No. Building Strong Foundations (BSF) Program Service Standards [PD2015_042]

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Applies to Local Health Districts

Audience LHD Executives, Building Strong Foundations Staff, Aboriginal Health Staff, LHD Child & Family Manage

Distributed to Public Health System, Ministry of Health

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

BUILDING STRONG FOUNDATIONS FOR ABORIGINAL CHILDREN, FAMILIES AND COMMUNITIES

PURPOSE

This Policy Directive articulates the service values and required standards for NSW Health services and staff providing the Building Strong Foundations for Aboriginal Children Families and Communities Program (BSF). The Policy Directive makes mandatory all Criteria Elements and Performance Criteria associated with each of the BSF Service Standards, as outlined in the Building Strong Foundations for Aboriginal Children, Families and Communities Program Service Standards.

This Policy Directive supports NSW Health to provide the best possible culturally safe and appropriate early childhood health services and care to Aboriginal children, families and communities through the BSF program.

MANDATORY REQUIREMENTS

Local Health Districts must ensure all NSW Health BSF staff and services meet the key requirements detailed in the attached standards:

In ensuring compliance with the BSF Service Standards, Local Health Districts (LHDs) must ensure BSF Staff and Services comply with all Criteria Elements and Performance Criteria associated with each BSF Service Standard (p9-31).

LHDs are responsible for ensuring processes are in place for assessing and demonstrating this compliance. The attached Standards include examples of the types of evidence that may be used to demonstrate compliance with each Standard, Element and Performance Criteria.

NSW Kids and Families may request that the BSF Annual Reports include evidence of implementation of the attached Standards.

IMPLEMENTATION

Chief Executives across the NSW public health system are responsible and accountable for:

1. Ensuring that this policy and the associated Building Strong Foundations for Aboriginal Children, Families and Communities Service Standards are understood and implemented by all BSF Staff, as well as managers and co-ordinators of BSF staff
2. Enabling frontline staff to operationalise this Policy Statement in accordance with the attached Service Standards
3. Monitoring their LHD implementation of the Standards and reporting progress to NSW Kids and Families on request, with the maximum reporting requirement not to exceed once per year.

REVISION HISTORY

Version	Approved by	Amendment notes
May 2016 (PD2016_013)	A/Director, Office of Kids and Families	Minor editorial amendments
September 2015 (PD2015_042)	Deputy Secretary, Population and Public Health	New policy

ATTACHMENTS

1. Building Strong Foundations for Aboriginal Children, Families and Communities Program Service Standards.



BUILDING STRONG FOUNDATIONS

**FOR ABORIGINAL CHILDREN, FAMILIES
AND COMMUNITIES (BSF) PROGRAM**

SERVICE STANDARDS

strong communities strong families strong children strong communities

Reprint 2016
Prepared for NSW Kids and Families by:
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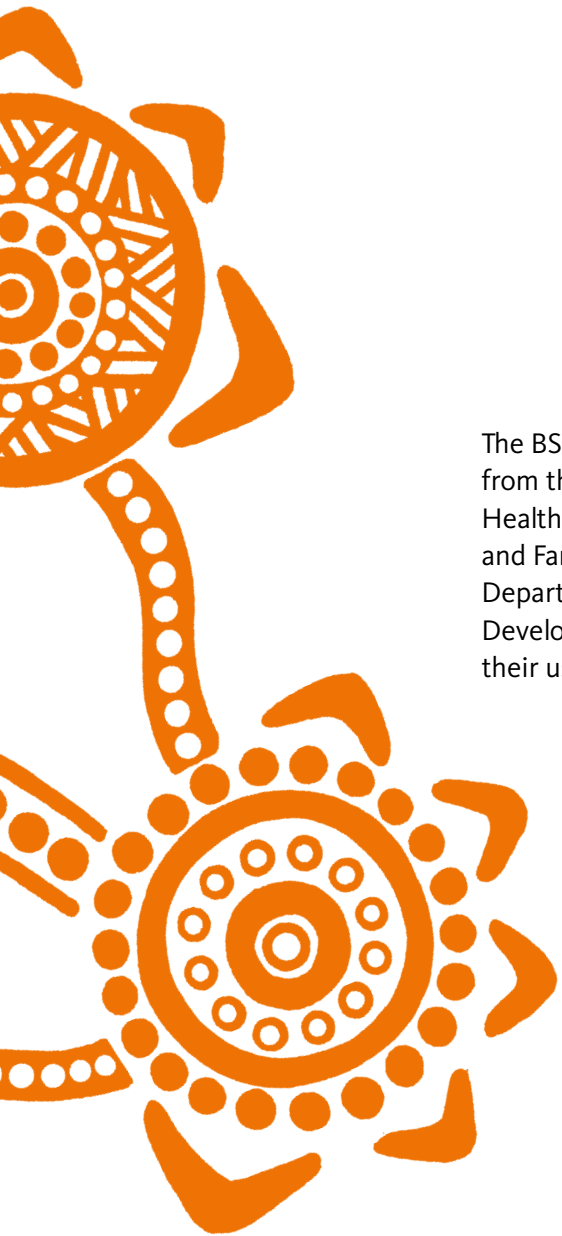


The BSF logo illustration: Raechel Saunders, Biripi Nation

The four circle designs represent different family groups. The large and small boomerang shapes surrounding each circle represent adults and children and the way every family is made up in different ways. The outside lines connecting the circles represent the need for community and family connections. The central line connecting the circles represents the importance of communication and of helping families to build stronger, healthier lives.

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The BSF Service Standards have been adapted from the Victorian Maternal and Child Health Service Program Standards. NSW Kids and Families wishes to thank the Victorian Department of Education and Early Childhood Development for providing permission for their use.

INTRODUCTION AND BACKGROUND

The Building Strong Foundations (BSF) Service Standards are designed to assist health services, clinical stream directors, managers and BSF staff to ensure BSF programs are delivered with fidelity to support Aboriginal* families, children and communities so that Aboriginal children have the best start to life, are healthy and ready for life and learning. The BSF Standards set out specifications and procedures intended to ensure BSF program systems are culturally safe, reliable and consistently perform the way they were intended to. The BSF Standards establish a common language that defines quality and safety criteria; are practical and outline achievable goals and are based on best practice evidence, where available, or by consensus of relevant clinical/content and Aboriginal family experts.

These Standards are designed to be used by all BSF Services, in conjunction with other relevant policies including the National Safety and Quality Health Service Standards. They may be used as part of internal continuous quality improvement processes and for evaluation purposes. Services should therefore consider retaining evidence to support the criteria.

An integrative literature review was undertaken to inform the development of the BSF Service Standards. The primary aims of the review were to identify current best practice examples of service standards and workforce and recruitment strategies for the delivery of high quality services for Aboriginal children, families and communities. The review included: literature on service provision; developing, utilising and identifying effective components of service standards; implementing and evaluating service standards; and, effective human resource processes to support the provision of best practice health care for Aboriginal children and families.

The context of the literature review and the development of the service standards recognises Aboriginal peoples as the first peoples of Australia and respects the culture of strong connection and community. The review acknowledges that Aboriginal and Torres Strait Islander people view health in a holistic way as reflected in the holistic definition of health contained within the National Aboriginal Health Strategy (1989).[†] The historical and ongoing impact of colonisation is recognised. The importance of adopting a strengths-based approach to working with Aboriginal families and trust and cultural respect is valued.

* The term 'Aboriginal' is not generally inclusive of Torres Strait Islander people, and reference to both Aboriginal and Torres Strait Islander people should therefore be spelt out where necessary. This notwithstanding, also note that within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW (see NSW Health Circular No. 2003/55).

† "Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of life view and includes the cyclical concept of life-death-life."²



BSF SERVICE VALUES

The BSF program development was informed by the Aboriginal Maternal and Infant Health Services' (AMIHS) service delivery model and has common service values*. These values are:

- **Cultural Respect** – recognising the unique place that Aboriginal and Torres Strait Islander people have in Australian society.
- **Social Justice** – enabling Aboriginal people to have their physical, social, emotional and spiritual needs met and have greater control over the decision-making processes which affect their lives.
- **Participation** – facilitating involvement by people in the issues which affect their lives based on autonomy, shared power, skills, knowledge and experience.
- **Equality** – challenging the attitudes of individuals, and the practices of institutions and society, which discriminate against and marginalise people.
- **Access** – facilitating access to services by Aboriginal people and working towards ensuring that those services are culturally respectful and appropriate.
- **Learning** – recognising the skills, knowledge and expertise that people contribute and develop by taking action to tackle issues that impact on the wider social determinates of health.
- **Collaboration** – working together to identify and implement action, based on mutual respect of diverse cultures and contributions.

These values are embedded in both the AMIHS and BSF programs and are recognised by all who deliver, manage and work within the programs. Essentially, these values are the elements that both programs aspire to and form the basis of the BSF Service Standards. In addition, each of these values appears in current health related service standards identified in the literature review.

* The values were previously developed for AMIHS and BSF Services and are reproduced here unchanged.

OVERVIEW OF THE BSF SERVICE

Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities Services provide a free, culturally safe and appropriate early childhood health service for Aboriginal children from birth to school-entry age and their families.¹ The program is an early identification, health promotion, prevention, early intervention and referral service provided by teams of Aboriginal Health Workers and Child and Family Health Nurses. In some locations, the core team is supported by other allied health therapists and social workers.

The BSF program works with families, parents, carers, and the local community, to support the health, growth and development of Aboriginal children, so they are able to fully engage in life and learning.¹ The BSF Service aims to support families in providing a nurturing environment for their child, so that the child develops optimal physical, social, emotional and cultural wellbeing. BSF Services can be provided in the home, at the local community health centre/clinic, or in a place where families, parents, carers and children feel safe and comfortable.

The BSF Service includes:

- Developmental surveillance and health monitoring
- Health promotion, including primary prevention, health education, anticipatory guidance and support for parents and carers and community development
- Early identification of child and family needs
- Responding to identified need, with information, brief interventions and appropriate referrals.

Staff in BSF Services work in partnership with local Aboriginal people and other related service providers to strengthen communities. A good example of this might be the establishment of community gardens that not only provide a supply of healthy food, but also a safe and positive community space for all the family. Any Aboriginal child from birth to school age who resides within the catchment area of a BSF program is eligible to be referred to the voluntary service. The referrals can come from parents/carers themselves, or other services and agencies (with parent/carer consent), such as maternity services, AMIHS, childcare centres, General Practitioners (GPs) and Child Wellbeing Units.¹

Smooth transition of care of the newborn and family from maternity services to child and family health services ensures continuity of care for the child up until school age. Some BSF programs are co-located with an AMIHS, which facilitates a seamless transition of care for the family.



EVIDENCE-BASED FRAMEWORK

The BSF Service Standards provide an evidence-based framework to support the delivery of culturally safe, reliable, consistent and competent Aboriginal child and family health services. Consultation with services and a review of current evidence in relation to service standards enabled the identification of evidence-based principles which underpin the Service Standards.²

EVIDENCE-BASED PRINCIPLES THAT UNDERPIN INDIGENOUS CHILD AND FAMILY HEALTH PROGRAMS*

1. Ensure all care provided is based on best practice evidence
2. Ensure community leadership and sustained involvement in the development of the service
3. Ensure consistency with the principles of Primary Health Care
4. Invest in capacity building for sustainability
5. Provide targeted funding for Aboriginal specific services
6. Provide locally accessible and appropriate services for all families
7. Provide a culturally responsive service
8. Ensure flexibility in implementation and service delivery
9. Support a strengths-based and family centred approach
10. Provide integrated services
11. Promote high quality communication and collaboration

In addition to these principles, the BSF Service Standards evidence-based framework incorporates the following key elements:

- Cultural respect
- Development and retention of a skilled workforce
- Monitoring and evaluation of services
- Continuous quality improvement
- Optimal governance practice

* The evidence is based on the findings from the literature review undertaken to inform the development of the BSF Service Standards.

STRUCTURE OF THE BSF SERVICE STANDARDS

The structure of the BSF Service Standards has been adapted from the Victorian Maternal and Child Health Service Program Standards.³ Each standard has four components.

1. Statement of Rationale – Provides support for the Standard.

2. Criteria Elements – Sets out elements outlining compliance and performance in relation to the Standard.

3. Performance Criteria – Strategies, procedures and processes that are required to meet the Standard.

4. Examples of Evidence – Examples of how the Standard may be met.

Elements and criteria for the Standards are not mutually exclusive and there is much crossover and sharing between Standards.





THE BSF SERVICE STANDARDS

1. CULTURAL RESPECT

BSF Services recognise Aboriginal peoples as the first peoples of Australia and, as such, respect the unique history, culture and knowledge that individuals, families and communities possess.

2. ACCESS AND ENGAGEMENT

BSF Services will work respectfully with individuals, families and communities to enable Aboriginal children and families to access and engage services that support physical, social, emotional and cultural wellbeing of children, families and communities.

3. OPTIMAL HEALTH, DEVELOPMENT AND WELLBEING

BSF Services promote and support optimal health development and wellbeing of Aboriginal children from birth to school entry through provision of culturally respectful care that responds to the needs of the child, the family and the community.

4. PARTNERSHIPS WITH FAMILIES, COMMUNITIES AND SERVICE PROVIDERS

BSF Services build and maintain partnerships with families, communities and other services and organisations that support the delivery of culturally safe and responsive care for individuals, families and communities.

5. COMPETENT AND SUPPORTED PROFESSIONAL WORKFORCE

BSF Services are delivered by competent and supported health professionals.

6. OPTIMAL GOVERNANCE AND QUALITY IMPROVEMENT

BSF Services are supported by Local Health Districts or Aboriginal Community Controlled Health Services to provide a responsive and accountable service for Aboriginal families and communities through effective governance and management systems. In turn, effective governance and management processes will contribute to improving service quality.

STANDARD ONE: CULTURAL RESPECT

BSF Services recognise Aboriginal peoples as the first peoples of Australia and, as such, respect the unique history, culture and knowledge that individuals, families and communities possess.

RATIONALE

Aboriginal peoples are recognised and respected as the traditional custodians of Australia. As such, like other indigenous peoples, Aboriginal peoples have a strong connection to, and identify with, the land and all that live on it. In the past Aboriginal peoples had a strong, sustainable and healthy livelihood and this can, in part, be attributed to their traditional, holistic, view of health. The nationally recognised definition of Aboriginal health refers to health as:

'...not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their communities. It is a whole of life view and includes the cyclical concept of life-death-life'⁴

It is widely accepted that invasion and subsequent colonisation had, and continues to have, a negative impact on the health, development and wellbeing of Aboriginal Australians.⁵ In recognition of this, the consequences of invasion and subsequent colonisation are now well accepted as social determinants of Aboriginal health.⁶ In an attempt to address the burden of disease that exists for Aboriginal peoples, various interventions and strategies have been introduced with varying rates of success. Despite efforts to 'close the gap', disparity remains between Aboriginal and non-Aboriginal Australians in terms of the burden of disease using common health indicators and measures.^{7,8}

In 2009, the Australian Government recognised and supported the United Nations Declaration on the Rights of Indigenous Peoples 2007.⁹ This commits governments to work within a framework that fully respects the rights of Aboriginal and Torres Strait Islander peoples.¹⁰ In addition, Australia is a signatory to the United Nations Convention on the Rights of the Child (1989) which protects childrens' rights including indigenous rights.¹¹

CRITERIA ELEMENTS

1. Recognises Aboriginal peoples as the traditional custodians of the land.
2. Acknowledges and addresses the ongoing impact of invasion and subsequent colonisation.
3. Demonstrates cultural respect and cultural responsiveness in service delivery.

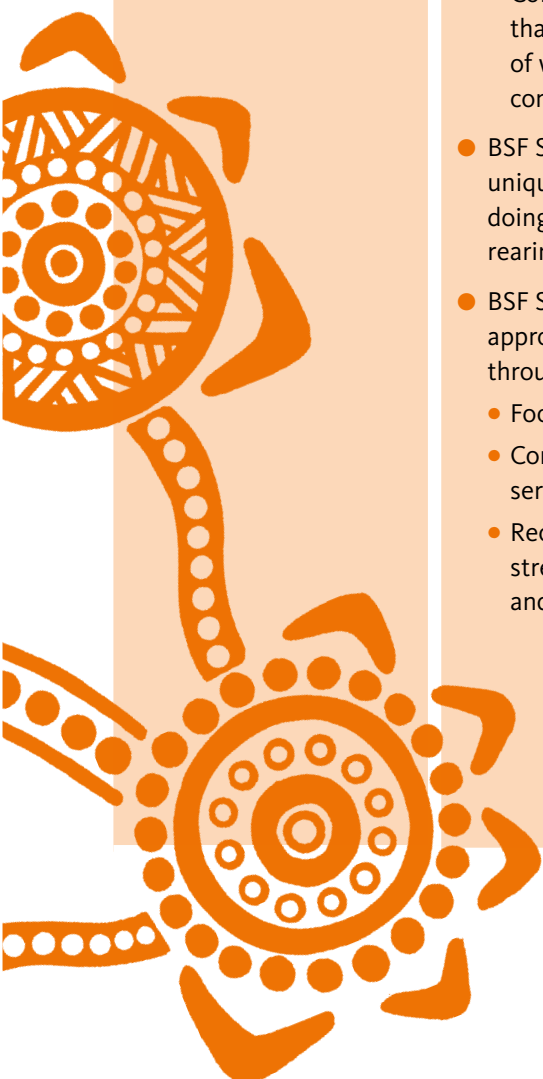
STANDARD ONE: CULTURAL RESPECT

BSF Services recognise Aboriginal peoples as the first peoples of Australia and, as such, respect the unique history, culture and knowledge that individuals, families and communities possess.

Criteria Element	Performance Criteria	Examples of Evidence
<p>1. Recognises Aboriginal peoples as the traditional custodians of the land</p>	<ul style="list-style-type: none"> ● BSF Services formally acknowledge traditional custodians of the land through multiple means, including: <ul style="list-style-type: none"> ● Service related documentation ● Protocol for internal and external meetings ● Service related communication such as emails ● BSF Services demonstrate strong connections with traditional custodians* and Aboriginal Community Controlled Health Services <ul style="list-style-type: none"> ● Formal partnerships or Memorandum of Understanding (MOU) with local Aboriginal Community Controlled Services such as health and medical services, land councils, early childhood and family services 	<ul style="list-style-type: none"> ● Acknowledgement of traditional custodians of the land evident in email signature blocks ● Acknowledgement of Country on entry to services ● Acknowledgement of traditional custodians of the land as standard agenda item for all formal meetings ● MOUs with local Aboriginal Community Controlled Health Services ● Knowledge of Aboriginal language groups within local community

* In some locations services may provide for more than one traditional custodian and/or Aboriginal language group, within the local community and this performance criteria is relevant to these groups. See *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health* http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_o69.pdf

Criteria Element	Performance Criteria	Examples of Evidence
<p>2. Acknowledges and addresses the ongoing impact of invasion and colonisation on Aboriginal peoples and communities</p>	<ul style="list-style-type: none"> ● BSF Services acknowledge the historic and ongoing impact of invasion and colonisation on Aboriginal peoples and communities through formal statements in service documentation ● BSF Services commit to addressing the ongoing impact of colonisation through: <ul style="list-style-type: none"> ● Service provision that understands and addresses the social determinants of Aboriginal health ● Service provision that is developed and informed by the local Aboriginal community ● Continuing professional development that supports staff in practical aspects of working with Aboriginal families and communities ● BSF Services recognise and respect the unique knowledge and ways of being and doing that inform Aboriginal families' child rearing practices¹² ● BSF Services utilise a strengths-based approach to service planning and delivery through: <ul style="list-style-type: none"> ● Focus on community strengths and needs ● Community engagement at all levels of service planning and delivery ● Recognition that Aboriginal culture is a strength and protective force for children and families 	<ul style="list-style-type: none"> ● Formal statements in service charters/mission statements/policies ● Completion of training and education modules addressing social determinants of Aboriginal health and trauma-informed care ● Evidence of meaningful engagement with local community ● Documentation of local Women's Reference Group (or similar advisory group) meetings



Standard One: Cultural Respect continued

Criteria Element	Performance Criteria	Examples of Evidence
<p>3. Demonstrates cultural respect and cultural responsiveness in service delivery</p>	<ul style="list-style-type: none"> ● BSF Services incorporate the Aboriginal definition of health in all aspects of service provision ● BSF Services ensure all staff demonstrate cultural respect and responsiveness in practice through: <ul style="list-style-type: none"> ● Communicating openly and respectfully at all times ● Working in partnership with communities to develop and enhance service provision ● Prioritising community involvement in all aspects of service provision ● BSF Services support all staff to develop cultural responsiveness in professional practice through: <ul style="list-style-type: none"> ● Provision of culturally safe workplaces ● Commitment to 100% completion of cultural respect training, both online and local face-to-face requirements ● Recognition of the unique role of the Aboriginal Health Worker as cultural broker and guide ● Respect for the equal partnership between the Aboriginal Health Worker and the Child and Family Health Nurse 	<ul style="list-style-type: none"> ● Evidence of engagement with community reference group(s) ● Evidence of partnership with Aboriginal community for planning and conduct of community development activities ● Recognition and celebration of community identified events ● Audit of services and environment in relation to key components of culturally safe workplaces ● Audit of completion rates of cultural respect training including online and local face-to-face components within recommended timeframes ● Evidence of appropriate ongoing cultural support and support for reflective practice by Aboriginal Health Worker ● Evidence of specifically designed local resources ● Recognition of potential literacy/ numeracy issues and use of interpreter services, if necessary



STANDARD TWO: ACCESS AND ENGAGEMENT

BSF Services will work respectfully with individuals, families and communities to enable Aboriginal children and families to access and engage services that support physical, social, emotional and cultural wellbeing of children families and communities.

RATIONALE

All children deserve the best start in life. In order to achieve optimal health, development and wellbeing, the early years of a child's life are critical. It is now recognised that a woman's healthy pregnancy is an important requirement for a healthy start to life.¹³ Access to effective quality health care and support in pregnancy and the early years will support optimal health and development.³

There are a large number of protective factors in pregnancy and early childhood that are associated with prevention of adverse events for the child's health, developmental, learning and social wellbeing.¹⁴⁻¹⁶ These protect against the risk factors that are associated with negative impacts on the child's health, developmental, learning and social outcomes.^{3, 17}

Increasing the protective factors and reducing the risk factors provides a stronger foundation for developing cognitive, coping and emotional skills that positively affect learning, behaviour and health throughout life. Access to quality care and targeted interventions will reduce the risk.^{3, 17}

In BSF Services, quality care includes the provision of a culturally safe, holistic and integrated child and family health service that promotes engagement and improves access for Aboriginal children, families and communities.¹ Relevant and culturally appropriate services should commence during pregnancy and seamlessly connect to the child and family health services.^{16, 18}


CRITERIA ELEMENTS

1. Supported access and engagement.
2. Responsive service delivery.

STANDARD TWO: ACCESS AND ENGAGEMENT

BSF Services will work respectfully with individuals, families and communities to enable Aboriginal children and families to access and engage services that support physical, social, emotional and cultural wellbeing of children families and communities.

Criteria Element	Performance Criteria	Examples of Evidence
<p>1. Supported service access and engagement</p>	<ul style="list-style-type: none"> ● BSF Services support access and engagement for Aboriginal children and families through: <ul style="list-style-type: none"> ● Designing and reviewing programs and services with, and for, the Aboriginal community ● Ensuring eligible families are provided with the opportunity to engage with the service in a timely manner, taking consideration of each family's needs ● Engaging with fathers, partners, carers and other relevant family members ● Provision of a culturally respectful and welcoming environment ● Valuing Aboriginal childrearing practices, values and beliefs that support optimal health, development and wellbeing of children ● Provision of a range of options for accessing the service including transport assistance, home or community visiting and/or clinic based options ● Providing targeted responses including referral and active follow up, to families with identified needs for additional support and/or services ● Ensuring hours of operation reflect the needs of the local Aboriginal community and that families are provided with information regarding out of hours/crisis contacts ● Alternative means of communication such as text message reminders and social media sites ● Developing reciprocal relationships with relevant agencies and care providers 	<ul style="list-style-type: none"> ● Survey of, or feedback from, families using the service ● Evidence that feedback is acted on by the service ● Number of new and continuing children/families accessing the service ● MOUs or service access agreements with other agencies ● Data in relation to number and timing of visits/assessments ● Documentation in child's My Personal Health Record (Blue Book) ● Evidence of specific activities or strategies in place to better engage fathers, partners and other relevant family members

Criteria Element	Performance Criteria	Examples of Evidence
	<ul style="list-style-type: none"> ● The BSF Service promotes regular engagement through recommended scheduled child health checks as outlined in the My Personal Health Record (Blue Book)¹⁹. The recommended schedule includes but is not limited to: <ul style="list-style-type: none"> ● Initial home visit at one – four weeks ● Six – eight weeks ● Six months ● Twelve months ● Eighteen months ● Two years ● Three years ● Four years 	
<p>2. Responsive service delivery</p> 	<ul style="list-style-type: none"> ● BSF Services have a flexible approach to service provision to meet the needs of the child, family and local community and may include but are not limited to: <ul style="list-style-type: none"> ● Drop-in clinics ● Home visits ● Ability for opportunistic assessments/ services ● Integrated service delivery ● Coordination of visits for care requirements ● BSF Services are responsive to the needs of the community they serve by: <ul style="list-style-type: none"> ● Developing and maintaining local Aboriginal community engagement/ reference groups ● Involving a wide range of local Aboriginal community members in development opportunities and service events ● Using a grass roots approach to service planning and provision ● Regular evaluation of services and quality improvement activities 	<ul style="list-style-type: none"> ● Audit of recorded place of visit e.g. home, clinic, community ● Community feedback on services ● Policies and procedures that support a choice in means of service delivery e.g. home visiting, use of social media, telehealth ● Quality improvement activities that demonstrate local Aboriginal community involvement

STANDARD THREE: OPTIMAL HEALTH, DEVELOPMENT AND WELLBEING

BSF Services promote and support optimal health and development of Aboriginal children from birth to school entry through provision of culturally respectful care that responds to the needs of the child, the family and the community.

RATIONALE

Optimal health, development and wellbeing for all children is influenced by events during pregnancy, and early life experiences and environments.¹⁴⁻¹⁶ These critical periods lay down the foundations for healthy development and wellbeing throughout life.^{3, 20}

BSF Services have the opportunity to influence the health, wellbeing, learning and development of Aboriginal children and families by developing partnerships with families through the provision of culturally respectful services, using evidence-based and effective strategies as well as validated tools to ensure provision of quality child and family health services.

BSF Services use a strengths-based approach to promote health and development, to reduce health risks and to increase the capacity of the family, empowering them to make decisions in order to improve the health, wellbeing, learning, development and safety of the child.¹ Physical, social, emotional and cultural wellbeing are equally valued in their contribution to the health of the child, the family and the community.

CRITERIA ELEMENTS

- 1.** Optimal health, development and wellbeing of the child and family.
- 2.** Evidence-based service delivery.



STANDARD THREE: OPTIMAL HEALTH AND DEVELOPMENT

BSF Services promote and support optimal health and development of Aboriginal children from birth to school entry through provision of culturally respectful care that focusses on the child, the family and the community.

Criteria Element	Performance Criteria	Examples of Evidence
<p>1. Optimal health, development and wellbeing of the child and family</p>	<ul style="list-style-type: none"> ● BSF Services work in partnership with Aboriginal families to undertake all age-related assessments, monitoring and interventions as supported in protocols and national clinical practice guidelines including: <ul style="list-style-type: none"> ● NSW Supporting Families Early Package: Maternal and Child Health Primary Care Policy¹⁶ ● NSW Health Child and Family Health Nursing Professional Practice Framework 2011-2016²¹ ● National Framework for Universal Child and Family Health Services¹⁸ ● The Child and Family Health Nurses Associations (NSW) Inc (CAFHNA) Competency Standards for Child and Family Health Nurses³¹ ● Aboriginal Health Worker Guidelines ²⁹ ● National Aboriginal and Torres Strait Islander Health Plan 2013-2023²² ● Allied health professional competency standards ● BSF Services use validated tools and assessments for monitoring, support and best practice interventions to optimise child health, safety, wellbeing and development <ul style="list-style-type: none"> ● Professional observation and decision-making are used to provide culturally respectful, best practice child, family and community-focused care (see Standard 1, Criteria 3) ● Monitoring of the child and family is inclusive of: <ul style="list-style-type: none"> ● Physical assessments, including weight, height, head circumference, hips and gait, oral health, vision and hearing risk factors ● Developmental assessment, including secondary screening and eliciting parental concerns regarding the child’s global/cognitive, social, emotional, behavioural, motor and language skills ● Assessment of maternal health and wellbeing ● Identification of additional risk and protective factors that may affect the health and wellbeing of the child using Safe Start Guidelines³² 	<ul style="list-style-type: none"> ● Evidence of Child Personal Health Record activities undertaken ● Key Performance Indicators and targets in relation to assessment and monitoring met ● Demonstration of adherence to clinical guidelines ● Evidence of systems for timely transfer of information from maternity to child and family health services and between services providing care for the child and family ● Evidence of referral pathways/ processes ● Culturally inclusive information regarding service provision ● Completed health records ● Knowledge of local community resources ● Evidence of activities based on policy and best practice ● Audits of health records/ age-related assessments and anticipatory guidance completed ● Evidence of referral processes/ pathways documented: referrals made, accepted, acted upon ● Evidence of programs/ interventions delivered ● Evidence of activities to provide timely adherence to immunisation schedule ● Promotion of ‘Deadly Tots Love Yarn, Sing, Read, Play’ resources ● Examples of culturally inclusive educational and health promotion materials

Standard Three: Optimal Health and Development continued

Criteria Element	Performance Criteria	Examples of Evidence
<p>1. Optimal health, development and wellbeing of the child and family continued</p>	<ul style="list-style-type: none"> ● Professional observation and judgment are utilised to provide anticipatory guidance to promote attachment and parenting; and support child physical, social and emotional development and readiness to learn through play ● BSF Services provide appropriate referrals and support to access services, as required, to meet the health, development and wellbeing needs of the child and family ● BSF Services provide culturally appropriate information and evidence-based best practice interventions (see Standard 1, Criteria 3; Standard 2, Criteria 1) to improve outcomes for children and, families in relation to, but not limited to: <ul style="list-style-type: none"> ● Sudden Unexpected Death in Infancy (SUDI) and safe sleeping ● Smoking cessation and reducing exposure to environmental smoke ● Breastfeeding and nutrition ● Optimal parental mental health ● Changing mobility and home hazards, including windows ● Teeth cleaning and oral health ● Promotion of a healthy weight ● Early literacy and transition to kindergarten/ school ● BSF Service monitors the immunisation status of the child and implements measures to ensure timely adherence to the recommended immunisation schedule²³ ● Provision of locally developed and informed service information and utilisation of appropriate external resources (adapted to the local context where necessary) 	

Criteria Element	Performance Criteria	Examples of Evidence
<p>2. Evidence-based service delivery</p>	<ul style="list-style-type: none"> ● BSF Services work in partnerships with families, communities and other services to provide culturally respectful and evidence-based services: <ul style="list-style-type: none"> ● Works with Aboriginal communities to determine service requirements ● Implements service delivery in accordance with evidence and recommendations from relevant research ● Where evidence is limited, services are delivered in accordance with community consultation and best practice child and family health care ● Participates in a case management and multidisciplinary approach, when appropriate ● Services support a culturally respectful and ethically sound approach to the generation of research and associated evidence 	<ul style="list-style-type: none"> ● Community consultation records ● Service changes in response to new evidence ● Service changes in response to changes in policy/guidelines ● Evidence of BSF Service staff contributing to development of multidisciplinary case management plans for families, when required, to support optimal child health outcomes.



STANDARD FOUR: PARTNERSHIPS WITH FAMILIES, COMMUNITIES AND SERVICE PROVIDERS

BSF Services build and maintain partnerships with families, communities and other services and organisations that support the delivery of culturally safe and responsive care for individuals, families and communities.

RATIONALE

Working in partnership with Aboriginal communities is fundamental to the provision of effective quality services for all sectors.¹⁵

In BSF Services, the development and support of partnerships in the provision of culturally safe and respectful care for Aboriginal children, families and communities is vital. Relationships built on trust and mutual respect are required to support families and communities in optimising the health, wellbeing and development of the child.

BSF Services work not only with the child and family, but also with other health services and sectors and with the wider community. In addition to BSF Services, the provision of child and family health services may include, but is not limited to, programs such as New Directions; Aboriginal Community Controlled Health Services; GPs; and other relevant primary care, specialist and allied health services. Links with maternity services are critical to ensure seamless transition to child and family health services.

CRITERIA ELEMENTS

1. Working with the child and family.
2. Working with other services and organisations.
3. Working with local Aboriginal communities.



STANDARD FOUR: PARTNERSHIPS WITH FAMILIES AND COMMUNITIES

BSF Services build and maintain partnerships with families, communities and other services and organisations that support the delivery of culturally safe and responsive care for individuals, families and communities.

Criteria Element	Performance Criteria	Examples of Evidence
<p>1. Working with the child and family</p>	<ul style="list-style-type: none"> ● BSF Services recognise the key role partnerships play in maximising a child’s health, wellbeing, safety, development and learning ● BSF Services have policies and procedures outlining the culturally responsive, child-focused, family-centred approach to service delivery ● BSF Services support a strengths-based approach when working with children, families and communities ● BSF Services enable families to identify and take the lead in accessing services that meet their individual and/or community requirements ● The BSF Service workforce works in partnership with families and communities to increase confidence and capacity to make decisions about the child’s growth and development and the child and family’s health, safety and wellbeing ● BSF Services work effectively with fathers, partners and carers to encourage skills development and confidence in parenting 	<ul style="list-style-type: none"> ● Policies and procedures ● Formal feedback from families/communities is sought (using surveys or other tools) and used to guide improvements in partnership with the family ● Evidence of strengths-based training availability and completion rates

Standard Four: Partnerships with Families and Communities continued

Criteria Element	Performance Criteria	Examples of Evidence
<p>2. Working with other services and organisations</p>	<ul style="list-style-type: none"> ● BSF Services collaborate with local Aboriginal Community Controlled Health Services (ACCHS) and build effective working partnerships ● BSF Services develop or identify relevant community resources, activities and services in their local community, and information on these resources is available to families ● BSF Services ensure effective transition of care from maternity to child and family health services ● BSF Services have documented policies and procedures for referral processes ● BSF Services collaborate with maternity services, early years services, health services and local organisations/programs to provide integrated service delivery for the child, family and community ● BSF Services participate in a multidisciplinary, multiagency and collaborative approach to improving service access, provision and coordination ● BSF Services have effective partnerships with key service providers, for example, adult mental health services (see Supporting Families Early Policy⁶) 	<ul style="list-style-type: none"> ● Database of local Aboriginal community services and other Non-Government Organisations ● Collect formal and informal feedback in relation to family awareness of availability of other services ● Referral process documented (referrals made, accepted, acted upon) ● Evidence of inter-agency collaboration/involvement (minutes from meetings or MOUs) ● Evidence of multidisciplinary meetings as part of Supporting Families Early Policy⁶ ● Document transition of care process and audit of same

Criteria Element	Performance Criteria	Examples of Evidence
<p>3. Working with local Aboriginal communities</p>	<ul style="list-style-type: none"> ● BSF Services recognise the importance of community and build respectful and effective trusting relationships ● Community consultation and involvement is evident ● Community reference groups/Women's Reference Groups are formed and involved in all aspects of service planning ● BSF Service workforce are trained in community development ● Community development programs are evident ● Policies and procedures in regard to community development processes ● Services commit time and resources required to build relationships and rapport with community 	<ul style="list-style-type: none"> ● Policy and procedures in place ● Community meetings documented ● Survey of other community services ● Community development training available and uptake recorded ● Showcase of community development projects ● Evidence of formal and informal feedback to communities

STANDARD FIVE: COMPETENT AND SUPPORTED PROFESSIONAL WORKFORCE

**BSF Services are delivered
by competent and supported
health professionals.**



RATIONALE

A competent workforce is an essential component of the provision of culturally safe and effective child and family health services.²⁴⁻²⁶ Each professional group requires clear practice standards and role descriptions/ definitions to enable them to meet the expected or required standard of competence in service delivery.

In addition to professional competence, a vital aspect of the BSF Service workforce is cultural responsiveness as it is recognised that Aboriginal people are more likely to access care when there is respectful communication and understanding or acknowledgement of culture.²⁷

An effective workforce, whether Aboriginal or non-Aboriginal, needs to depend on trust and relationship building. Non-Aboriginal staff need particular attention to being the ‘right kind of person’, that is, being able to work effectively in a cross-cultural, flexible and collaborative manner.¹⁴ Training and supportive supervision needs to be built into a workforce development strategy to ensure that staff with these qualities are recruited into the programs.

New and existing staff require support to develop and strengthen professional knowledge, skills and attributes to deliver culturally respectful and safe child health services.

CRITERIA ELEMENTS

1. Competent and supported workforce.
2. Continuing professional development (CPD).
3. Supervision, performance review and career development.

STANDARD FIVE: COMPETENT AND SUPPORTED PROFESSIONAL WORKFORCE

BSF Services are delivered by competent and supported health professionals.

Criteria Element	Performance Criteria	Examples of Evidence
<p>1. Competent and supported workforce</p>	<ul style="list-style-type: none"> ● BSF Services employ a workforce qualified to deliver services in accordance with the BSF Service Standards <ul style="list-style-type: none"> ● Aboriginal Health Workers meet the requirements outlined in the accepted definitions and in accordance with position description and standards ● Child and Family Health Nurses practice within the requirements of their registration and within recognised professional codes, standards and guidelines ● Allied health professionals including social workers, occupational therapists and speech pathologists practice within the requirements of their registration and in accordance with professional codes, standards and guidelines ● The BSF Service workforce meets and is trained in the legislative requirements of the relevant Acts and Regulations ● The BSF Service workforce understands and respects the unique roles and contribution that each team member brings to the services ● BSF Services (through Local Health Districts or Aboriginal Community Controlled Health Services governing authority) have documented human resource management policies and procedures including but not limited to: <ul style="list-style-type: none"> ● Recruitment, selection and appointment processes ● Working hours/days ● Pay and performance ● Leave and illness ● Induction, training and education ● Workplace relations, including grievance processes ● Performance development ● Dress code ● Management of students, including work experience of university and other students 	<ul style="list-style-type: none"> ● Current position descriptions for all groups of staff ● Performance review and development that is linked to professional codes, standards and guidelines, and cultural considerations and world views ● Aboriginal Community Controlled Health Service/ Local Health District recruitment policies and procedures ● Retention strategy ● Orientation/induction information and record of completion ● Record of staff development ● Clear grievance/complaints processes ● Employment contracts ● Personnel records audit ● Strategic plan that includes workforce planning

Standard Five: Competent and Supported Professional Workforce continued

Criteria Element	Performance Criteria	Examples of Evidence
<p>1. Competent and supported workforce continued</p>	<ul style="list-style-type: none"> ● BSF Services maintain up-to-date personnel records for all members of the workforce that as a minimum contain: <ul style="list-style-type: none"> ● Position description ● Performance reviews ● Performance development and professional education undertaken ● Evidence of qualifications and registration ● Other requirements of employment (for example, Working With Children Check, criminal record check, driver's licence) ● BSF Services take a proactive approach to workforce planning, recruitment and retention, including involvement in: <ul style="list-style-type: none"> ● Workforce planning ● Strategies for retention of workforce ● Provision of career pathways within the service ● Provision for workforce shortages/vacancies 	
<p>2. Continuing professional development (CPD)</p>	<ul style="list-style-type: none"> ● Each position within the BSF Service has a position description outlining: <ul style="list-style-type: none"> ● Mandatory/recommended qualifications or professional registration ● Key performance indicators ● Skills and knowledge (as per the Training and Education Matrix) ● Values and personal skills ● Lines of accountability ● Roles and responsibilities 	<ul style="list-style-type: none"> ● Position descriptions available ● Evidence of access to position descriptions ● Evidence of attendance at clinical supervision or mentoring program ● Evidence of attendance at continuing professional development activities ● Audit of mandatory training completion/ attendance ● Staff survey of professional development needs ● Audit of training/ development against the Training and Education Matrix

Criteria Element	Performance Criteria	Examples of Evidence
<p>3. Supervision, performance review and career development</p>	<ul style="list-style-type: none"> ● The BSF Service staff are provided with appropriate clinical supervision* and/or cultural support†, and are supported by experienced and relevant workers and/or mentors^{28, 29} ● The BSF Service has a performance review system that supports each individual staff member to remain competent and accountable and identifies areas for improvement and training needs, in conjunction with that staff member ● Performance review commences within three months of employment with formal reviews occurring at least yearly. The performance review: <ul style="list-style-type: none"> ● Is based on the staff members job description ● Includes the active participation of the staff member, their manager and, if appropriate, clinical supervisor and/or cultural mentor ● Identifies strengths in performance ● Involves setting goals ● Is an ongoing process and provides opportunities for regular feedback throughout the year ● Is documented ● Provides opportunities to provide feedback on the Service and the coordinator ● Is assessed and documented ● The BSF Service workforce has access to career opportunities, including opportunities for leadership and management positions ● Aboriginal Health Workers in the BSF Services are supported to develop a career progression pathway/plan ● BSF Services support training and development of the workforce through a range of strategies, including: <ul style="list-style-type: none"> ● Provision of service-specific training and development through the Training and Support Unit ● Support to attend profession-specific training and development ● Provision of clinical supervision or a program of mentoring ● Provision to undertake all mandated training and development 	<ul style="list-style-type: none"> ● Evidence of regular supervision/support sessions for all members of the team ● Documentation of regular performance reviews ● Career planning is part of regular performance monitoring ● Evidence of career progression opportunities for all team members <p>* In this document clinical supervision refers to reflective clinical supervision whereby the health professional is provided with 'regular, protected time for facilitated, in-depth reflection on their practice' as defined in HETI's The Superguide: a supervision continuum for nurses and midwives.</p> <p>† Cultural support aims to provide Aboriginal Health Workers with support in their role and can be provided through a formal or informal mentoring program</p>

STANDARD SIX: OPTIMAL GOVERNANCE AND QUALITY IMPROVEMENT

BSF Services are supported by Local Health Districts or Aboriginal Community Controlled Health Services to provide a responsive and accountable service for Aboriginal families and communities through effective governance and management systems. In turn, effective governance and management processes will contribute to improving service quality.

RATIONALE

Governance incorporates the systems by which the BSF Services are managed and supports responsive and accountable service provision. Operational and/or annual action plans should be an integral part of service delivery planning and evaluation. Effective leadership and management are required to ensure services are accountable and deliver services within a clear governance framework.³⁰

Quality improvement processes ensure BSF Services deliver care as intended and continuous review and adjustments of services take place to meet the needs of the child, family, and the community in which they operate.

Quality improvement requires the collection of data to enable ongoing monitoring and evaluation, as a means of learning and improving performance and achieving optimal outcomes.

CRITERIA ELEMENTS

1. Leadership and direction.
2. Accountability and transparency.
3. Information systems.
4. Improving performance.



STANDARD SIX: OPTIMAL GOVERNANCE AND QUALITY IMPROVEMENT

Local Health Districts or Aboriginal Community Controlled Health Services support BSF Services to provide a responsive and accountable service for Aboriginal families and communities through effective governance and management systems. In turn, effective governance and management processes will contribute to improving service quality.

Criteria Element	Performance Criteria	Examples of Evidence
1. Leadership and direction	<ul style="list-style-type: none"> ● BSF Services, supported by Local Health Districts or Aboriginal Community Controlled Health Services, have strategic and operational plans to deliver and develop services ● The strategic and operational plans contain a minimum of: <ul style="list-style-type: none"> ● Key service objectives ● Strategies for achievement of objectives ● Performance indicators ● The operational plan supports the implementation of the Service Standards, is updated regularly and is accessible by BSF Service workforce ● The BSF Service workforce is involved in the development and implementation of strategic and operational plans 	<ul style="list-style-type: none"> ● Service Standards are aligned with strategic plans, operational plans and the program logic ● Evidence of involvement of Women's Reference Groups and/or other relevant advisory groups in planning and direction ● Evidence of staff involvement in planning ● Reports on key indicators ● Standards and associated plans available to all staff
2. Accountability and transparency	<ul style="list-style-type: none"> ● BSF Services' management structures have identified roles within the structure and clear lines of responsibility associated with the roles ● BSF Services support performance development within its management structure ● The management structure and processes associated with this structure are reviewed regularly ● BSF Service management and planning meetings are goal orientated and have documented outcomes ● The BSF Services' management structure supports and advocates for the service within the Local Health District or Aboriginal Community Controlled Health Service ● Communication strategies are defined and demonstrate regular communication and consultation between management and the workforce ● BSF Services meet the regulatory and legislative requirements of relevant Acts and Regulations ● BSF Services are compliant with Ministry of Health and Local Health District/Aboriginal Community Controlled Health Service policies ● BSF Services have a system for monitoring compliance with policies and procedures 	<ul style="list-style-type: none"> ● Description of organisational structure available to all staff ● Roles are clearly defined and communicated to all staff ● Performance development plans undertaken regularly ● Evidence of regular team meetings ● Communication policy in place ● Relevant policies and procedures in place ● System on monitoring compliance

Standard Six: Optimal Governance and Quality Improvement continued

Criteria Element	Performance Criteria	Examples of Evidence
<p>3. Information systems</p>	<ul style="list-style-type: none"> ● BSF Services maintain accurate records and health information for the child and family, in accordance with legislation and policy ● BSF Services, through Local Health Districts/Aboriginal Community Controlled Health Service have policies and procedures in place for health information management, consistent with NSW Ministry of Health policy, including: <ul style="list-style-type: none"> ● Information privacy ● Security of health information ● Information for families on accessing health information ● Documentation requirements ● Confidentiality and privacy ● Transfer of information ● Destruction of health records ● BSF Services ensure that information on children and families is safe, secure and only accessible by relevant and authorised workers ● Information technology systems are available through Local Health Districts or Aboriginal Community Controlled Health Services and appropriate for data collation and health information 	<ul style="list-style-type: none"> ● Records maintained for each child and, where appropriate, parent/ carer ● Health record audit ● E-records and health information is password protected ● Paper records secured appropriately ● Staff have easy access to hardware and required programs ● Evidence of training in e-record management ● Demonstrated compliance with record management

Criteria Element	Performance Criteria	Examples of Evidence
<p>4. Improving performance</p>	<ul style="list-style-type: none"> ● BSF Services are supported by a quality improvement framework which is continuous and supports improvement in the service delivery to, and outcomes for, the child and family ● The quality improvement framework is used to monitor, manage and improve safety, effectiveness, appropriateness, acceptability, access and efficiency of the BSF Service ● Activities conducted within a quality improvement framework are documented and have an appropriate documented review process ● A quality improvement framework is applied across the BSF Service Standards ● The BSF Service workforce contributes to, and participates in, the quality improvement framework. ● BSF Services have a clinical risk management system that covers potential or actual incidents that may occur within the Service, or which place the child or family at risk in their own environment ● The elements of the clinical risk management system cover: <ul style="list-style-type: none"> ● Identification of risk ● Processes for notification of a 'near miss' or incident internally and, where appropriate, externally ● Assessment and review of the risk and contributing factors to the risk ● Processes for improvement in service delivery as a result of the identification of the risk ● BSF Services have a feedback mechanism in place for families and communities to provide feedback or make a complaint ● BSF Services communicate the feedback process to families and communities and provide formal and informal opportunities for feedback ● Feedback is acted on in a timely manner ● Feedback informs service development 	<ul style="list-style-type: none"> ● Quality improvement framework document ● Quality and risk monitoring processes ● Incident reporting systems/reports ● Policy/procedures for feedback ● Complaints management process ● Survey of families and communities ● Quality improvement initiatives in place ● Evidence of how feedback and quality improvement activities have informed service development

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