



Commonwealth Department of
Health and
Family Services

Audit of current training in breastfeeding support and infant nutrition

*for Aboriginal and Torres Strait Islander
health workers and other health
professionals providing health care to
Aboriginal or Torres Strait Islander
women*



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We hope that this report reflects all contributions as fully as possible and that it will generate further activity and discussion to help develop better training opportunities and services. The ultimate aim is to ensure health professionals from all areas of work or specialisation, as well as communities and families, are fully able to support Aboriginal and Torres Strait Islander women if they chose to breastfeed and to ensure Indigenous infants receive the best nutrition and start in life.

Abbreviations

ALCA	Australian Lactation Consultants' Association
ASF	Australian Standards Framework
FTT	Failure to thrive
IBCLC	International Board Certified Lactation Consultant
NHMRC	National Health and Medical Research Council
NMAA	Nursing Mothers' Association of Australia
OATSIHS	Office for Aboriginal and Torres Strait Islander Health Services
RPL	Recognition of Prior Learning
TAFE	Technical and Further Education
VET	Vocational Education and Training

The Audit Team

This training audit was conducted at the same time and in conjunction with a review of current interventions and identification of ‘best practice’, currently used by community-based Aboriginal health service providers in promoting and supporting breastfeeding and appropriate infant nutrition. The findings of that project are reported separately. The roles and responsibilities of the people involved in the two projects are listed below.

Steering group

This consisted of representatives of the three consortium members. They were responsible for overseeing the management plan and monitoring the progress and quality of the projects.

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- Dympna Leonard, Senior Public Health Nutritionist at the Tropical Public Health Unit in Cairns.
- Sandra Tanna, former Project Officer (Women’s Issues), Apunipima Cape York Health Council, now manager of Mookai Rosie Bi Bayan, an accommodation and support facility for Aboriginal women from Cape York communities who come to Cairns to give birth and Aboriginal children who come to visit health specialists.
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Project team

The project team conducted the audit, consulted with Indigenous advisers, analysed the contributions from training providers, and drafted the report. The areas of expertise of team members, their main roles and responsibilities for both projects were as follows.

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- Dr Anita Groos, public health nutritionist—principal for the training audit project, site visits and reporting for the interventions review project in Western Australia and the Northern Territory.
- Mary Anne McDonald, public health consultant—project planning, interventions review analysis and reporting.

- Professor Ian Siggins, Department of Social and Preventive Medicine, University of Queensland, Brisbane—data management, analysis and reporting.
- Jo Winterbottom, journalist—editing of tender documents and draft reports.
- Tim Blumfield, research assistant—Internet and University handbook searches for the training audit.
- Lorene Johnson, research assistant—secretarial and database support.

Commonwealth steering committee

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- Jan Streatfield—OATSIHS.
- Jill Guthrie—OATSIHS.
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- Mavis Gold—Aboriginal Health Coordinator, North Coast Public Health Unit, NSW.
- Margaret Campbell—Healthy Public Policy Unit, Public Health Division, Department of Health and Family Services.

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The Indigenous advisers listed below provided guidance to the project team on local health, community networks and pertinent local issues. They also provided information and advice on training providers and the audit methodology, and assessed the work of the project team to ensure it was relevant to and representative of Indigenous communities.

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Executive summary

Background and policy context(Chapter 1)

In April 1997, the Office for Aboriginal and Torres Strait Islander Health Services (OATSIHS) in conjunction with the Healthy Public Policy Unit, commissioned two projects as part of a strategy to encourage continued breastfeeding and appropriate introduction of additional food to Aboriginal and Torres Strait Islander infants. This report covers the first of the projects and focuses on training opportunities, with the aim of improving current training for Aboriginal and Torres Strait Islander health workers and other primary health care practitioners in breastfeeding support and infant nutrition. A separate report is available for the other project, which conducted a review of interventions used by health service providers to promote and support breastfeeding and appropriate infant nutrition.

Sources of maternal and child health care, and infant nutrition advice for Aboriginal and Torres Strait Islander women (Chapters 2 and 3)

Aside from health care practitioners who provide breastfeeding and infant nutrition support and advice, non-clinical, community-based support networks can be important in providing environments which encourage better infant feeding choices and make them easier to achieve and sustain.

Breastfeeding and infant nutrition within the context of the national competency standards for health workers (Chapter 4)

In keeping with the generalist approach to training Aboriginal and Torres Strait Islander health workers, all relevant units relating specifically to maternal and child health or nutrition are optional or elective units. The standards themselves are also very broad in the definition of the necessary knowledge and competence. A consequence of this, and the recency of the national initiative, is that it is not possible to define a minimum level of expertise that all health workers will attain in this area. Much will depend on the setting in which health workers are being trained and working; that is, whether the emphasis is on clinical skills in a hospital or curative service setting, or on community level action and priorities.

Terms of reference (Chapter 5)

The terms of reference for the project focused on assessing currently available training and establishing whether there is a need for the development of additional course resources or other materials. Further developments should aim to strengthen the role of Aboriginal and Torres Strait Islander health workers and other health practitioners in providing advice, care and support to breastfeeding mothers and good primary health care in the areas of nutrition or maternal and child health.

Audit design and method (Chapter 5)

The audit made a public call for submissions and issued individual invitations to contribute to the project. For Aboriginal and Torres Strait Islander health workers and specialists in the area of lactation, all the training opportunities and relevant organisations identified were contacted in writing and followed up by telephone. For other mainstream training opportunities, such as nursing specialists, medical, dietetics or nutrition training, public health or health promotion courses, a sample of institutions was contacted in writing to invite them to submit the relevant details.

Framework for evaluating training opportunities (Chapter 5)

The following elements were considered in relation to the training offered:

- attention to breastfeeding and infant nutrition within the context of the whole course;
- the style and delivery of the course;
- opportunities for participants to acquire useful clinical skills;
- attention to cultural, social, environmental and health promotion concepts;
- emphasis on referral and support structures; and
- comprehensive, up-to-date and evidence-based content.

Response rate (Chapter 6)

A total of 43 contributions were received, 21 in relation to training opportunities for Aboriginal and Torres Strait Islander individuals, and 22 in relation to mainstream training opportunities.

Findings (Chapters 6 and 7)

The report highlights that there is some content on breastfeeding or infant nutrition in all the training opportunities responding to the audit. However, the depth and comprehensiveness varies widely in relation to the level of training offered, the aims of the training or perceived role of the health practitioner, the level of specialisation in relation to these issues, and both trainer and learner sense of priority for this subject area. In some cases the training may not be fully up-to-date with recent developments. *Current training in breastfeeding and infant nutrition could be improved within all the education sectors considered as part of the audit.*

Areas for improvement (Chapters 7 and 8)

Overall, most training and national resources (such as the flip chart recently produced to support the NHMRC guidelines on infant feeding for health workers) tend to neglect issues surrounding the introduction of first foods to infants. Training opportunities and resources should be amended to take account of the relevant NHMRC dietary guidelines for children and adolescents, and thus be made more appropriate to infant feeding choices until at least 12 months of age. Within this context, it is essential that conflicting messages do not begin to arise. Where undernourishment and a poor food supply is common, the current emphasis on exclusive breastfeeding for 6 months, as opposed to the earlier initiatives encouraging the introduction of solid foods from 4 months, may not be appropriate advice for all mother and infant pairs.

A strategy to encourage a more holistic approach to maternal and child health care could do much to enhance interest, commitment and training in this area. Particularly in relation to encouraging continued breastfeeding and the appropriate introduction of additional food to Aboriginal and Torres Strait Islander infants, the following elements should be considered.

- Antenatal and postnatal care and advice has a role to play in supporting women in their infant feeding choices and in preparing them for some of the challenges to be faced. Information on common breastfeeding problems, which may occur after the initiation stage, should be an important component of this advice and support.
- Counselling, as well as clinical problem solving skills in relation to common breastfeeding and infant health problems, needs to be emphasised.
- Nutrition, growth and development of infants and young children should be related to advice on feeding choices. This is particularly relevant in failure to thrive (FTT) cases where illness episodes complicate the care of the child, and such episodes have emotional consequences for both carers and the child. Similarly, there should be increased awareness of the particular benefits of breastfeeding for low birth-weight babies and those born to mothers with gestational diabetes.
- Emphasis should be given to appropriate cultural and community support structures, as well as referral to specialist health care practitioners.

Findings specific to the setting or level of training offered

Aboriginal and Torres Strait Islander health worker training

Submissions to the audit suggest that this sector would particularly welcome the development of specific units, additional teaching resources, and more widely applicable materials to facilitate knowledge transfer and counselling activities with clients. However, it was also emphasised that in order to be locally relevant, such resources and materials need to take account of the diversity of cultures and settings in Indigenous communities. Further, any such developments need to build on the existing experience of training providers who already give some emphasis to breastfeeding and infant nutrition.

Given the generalist emphasis of training for Aboriginal and Torres Strait Islander health workers, and the amount of information that already needs to be covered in training, it is not feasible to recommend the introduction of further core curriculum content. New units or training materials should be developed through consultation with training and health service providers, be accredited and in line with the national competency standards for health workers, and consider health worker specialisation in the area of maternal and child health.

Certificate level training¹

To reach a large number of health workers rapidly, initial efforts should address Certificate level of training, focus on an in-service approach, and utilise the content of existing units in women's health, child health and nutrition.

Good examples are the courses offered by the Western Australian Aboriginal Medical Services Training Providers and the Queensland Aboriginal and Torres Strait Islander Health Worker Education Program.

1 National competency standards grades A and B, Australian standards framework levels 3 and 4.

Associate Diploma and higher level training²

Existing specialist units in nutrition, and the planned expansion of specialist training opportunities in maternal health, should be examined in greater detail before the development of any new materials. Negotiations between training providers should be encouraged to facilitate wider delivery and uptake of existing opportunities.

Good examples are Nutrition for mothers and children within the Nutrition specialist award in Aboriginal and Torres Strait Islander primary health care, offered in the Queensland TAFE sector; and the short course in Maternal health for Aboriginal and Torres Strait Islander health workers offered at university level through the Department of Public Health and Tropical Medicine, James Cook University, the Royal Australian College of Obstetricians and Gynaecologists, and the Kimberley Aboriginal Medical Services Council.

Community-based health literacy and community education opportunities for Aboriginal and Torres Strait Islanders³

Although these courses do not qualify participants as health workers, the potential benefits of this type of training should be more widely promoted and supported. It has the potential to develop supportive environments for good infant feeding choices and sustained action at a community level.

Such accredited training is currently being offered by Pundulmurra College in Western Australia, the Sydney Institute of Technology TAFE sector in New South Wales, and is being modified for nutrition worker training by Territory Health Services in the Northern Territory.

The development of materials for breastfeeding and infant nutrition knowledge transfer from health worker to client, and health promotion messages to individuals, families and communities, should be linked to the development of self-directed or community-based and -delivered learning packages. Such developments could also be linked to the Nursing Mothers' Association of Australia (NMAA) activities in some communities, which are training Aboriginal individuals to become breastfeeding counsellors. The adaptation of existing NMAA resource materials should be considered.

Other health practitioners

Sufficient opportunities currently exist at postgraduate level for specialist training covering breastfeeding or infant nutrition. Such courses could be improved by a more holistic approach to the subject, in particular, increased attention to food and nutrition issues. Health service providers also need to value and reward such expertise amongst their staff, as this would support greater uptake of such specialised training opportunities. The inclusion of this specialist training in community health and hospital accreditation systems should be considered.

Only a small minority of settings place much emphasis on social, cultural and environmental contexts affecting Aboriginal and Torres Strait Islander health. These are, primarily, training rural nurses and relevant specialisations such as community, child and family health nursing or midwifery. Cross-cultural and interpersonal counselling skills continue to be lacking in the training of most mainstream medical practitioners.

For these groups, the project suggests renewed vigour in making such learning and cross-cultural awareness training either compulsory or more accessible, rather than the development of further training opportunities in the area of breastfeeding and infant nutrition. Short, intensive training

2 National competency standards grades C and D, Australian standards framework level 5 and above.

3 Australian standards framework levels 1 and 2.

courses in the area of Aboriginal and Torres Strait Islander health and nutrition, utilising a life cycle or disease-focused approach, should be considered, as the practitioner's workplace setting is often not the same as that which the training has been designed to meet.

Recommendations for the way forward

Short term

It is recommended that support be provided for the following activities.

- OATSISHS should facilitate discussion among Aboriginal and Torres Strait Islander health worker training providers, for the development and delivery of additional modules in nutrition and maternal and child health care. This could take the form of a workshop to foster change processes among those with little current emphasis on breastfeeding and infant nutrition and to identify lead agencies for the development of additional courses and modules. The consultation process and further developments should be informed by specific technical expertise in breastfeeding and infant nutrition. This forum should also consider health worker specialisation in the area of maternal and child health.
- The development and local delivery of a specific in-service package in nutrition for Aboriginal and Torres Strait Islander maternal and child health care should be considered. The package should be aimed at and appropriate to the learning styles of Indigenous health workers. Ideally, the local in-service should also involve nutrition, nursing and other specialist health care providers to facilitate rapid and culturally-appropriate training for all groups involved in providing breastfeeding and infant nutrition advice to Aboriginal and Torres Strait Islander women, families and communities.
- New course developments should initially focus on certificate-level training for Aboriginal and Torres Strait Islander health workers and health literacy or community-based education courses. It should build on the content of existing units and ensure that teaching is as up-to-date and evidence-based as possible. Care should be taken that such developments not only consider curriculum content but are adequately resourced to provide full training and learning packages that can be adapted to local issues.

Medium term

- Training and health service providers should ensure that learning and career pathways exist for Aboriginal and Torres Strait Islander health workers wishing to specialise in the area of nutrition or maternal and child health. Consultation between training providers should consider mechanisms to encourage wider delivery and uptake of existing opportunities beyond Certificate level.
- Institutions providing training for other health professionals must increase their content and emphasis on social, cultural and environmental contexts affecting Aboriginal and Torres Strait Islander health at an individual and community level. Specialist postgraduate training should also take a more holistic approach to maternal and child health care. This should include comprehensive and sensitive antenatal and postnatal care, nutrition, growth and development of infants and young children, and the benefits of breastfeeding for special situations, such as low birth-weight babies or those born to mothers with gestational diabetes.
- The education sector providing training for Aboriginal and Torres Strait Islander health workers should consider national information systems for available courses, specialisations, and their

uptake. The lodgement of curriculum and learning materials with an independent body would also greatly facilitate future projects and activities similar to this one.

Long term

- Workplaces in a whole range of settings need to support and recognise specialist knowledge and skills to encourage greater uptake of the existing and proposed training opportunities in this area. This is particularly the case in hospitals where there may be many Aboriginal and Torres Strait Islander clients but the existing training does not prepare health practitioners for a primary health care role or approach.
- Aboriginal and Torres Strait Islander health workers and other health practitioners providing advice, care and support for breastfeeding and good infant nutrition, should be enabled to do so on the basis of a holistic knowledge base and in an environment of appropriate professional support from specialists. Continued dialogue, increased cross-cultural awareness, and building of professional relationships will be essential in ensuring that Aboriginal and Torres Strait Islander women, families and communities are adequately supported and empowered to achieve better outcomes in the area of maternal and child health.

Chapter 1

Introduction

Strategies to encourage continued breastfeeding and appropriate introduction of additional foods for Aboriginal and Torres Strait Islander infants

The Office for Aboriginal and Torres Strait Islander Health Services (OATSIHS) within the Commonwealth Department of Health and Family Services aims to help raise the health status of Aboriginal and Torres Strait Islander people. OATSIHS is responsible for developing policies and strategies at the national level to improve health outcomes. As part of Federal Government's *Health Throughout Life* initiative, which has a focus on breastfeeding and infant nutrition, OATSIHS is implementing a strategy to encourage continued breastfeeding and appropriate introduction of additional food to Aboriginal and Torres Strait Islander infants.

The two components of the strategy are:

- improving current training for Aboriginal and Torres Strait Islander health workers and other primary health care practitioners in breastfeeding support and infant nutrition; and
- supporting 'best practice' in community-controlled Aboriginal Health Services.

The focus on breastfeeding and infant nutrition for Aboriginal and Torres Strait Islander groups is, in part, based on concerns relating to:

- a possible trend for urban and young mothers to stop breastfeeding early;
- the associated introduction of inappropriate foods to infants at an early stage; and
- delayed introduction of additional solid food to infants in other areas where prolonged breastfeeding is still common and/or mothers may be malnourished.

Assumptions underlying the strategy are:

- strengthening the role of Aboriginal and Torres Strait Islander health workers and other health practitioners in providing advice, care and support to breastfeeding mothers will increase the capacity of community-based services to provide good primary health care in the areas of maternal and child health, and in nutrition; and
- identification and sharing of information on successful interventions currently being used by community-based Aboriginal Health Services for encouraging continued breastfeeding and good infant nutrition, especially the introduction of appropriate additional foods, will support breastfeeding and good infant nutrition and facilitate the development of appropriate care protocols.

Additional components planned as part of the strategy are:

- in order to strengthen training and knowledge in breastfeeding support and infant nutrition, additional modules could be incorporated within existing courses in women's/child health and nutrition where needed. Core elements for training modules for Aboriginal and Torres Strait Islander health workers in early infant feeding and support of breastfeeding mothers will be developed if a need is established, and if required, these will be adaptable for incorporation into in-service training for other health professionals; and
- OATSIHS will provide assistance to community controlled Aboriginal health services which wish to develop, on a local or regional basis, appropriate care protocols based on identified 'best practice' interventions for breastfeeding support and appropriate infant nutrition. Assistance will be in the form of an information guide on developing clinical care guidelines, and advice on 'best practice' interventions for supporting breastfeeding and good infant nutrition.

The two initial components for implementing the OATSIHS strategy to encourage continued breastfeeding and appropriate introduction of additional foods for Aboriginal and Torres Strait Islander infants, are the following two projects:

- audit of current training in breastfeeding support and infant nutrition for Aboriginal and Torres Strait Islander health workers and other health professionals providing health care to Aboriginal and Torres Strait Islander women; and
- review of current interventions, and identification of 'best practice', currently used by community-based Aboriginal Health Service providers in promoting and supporting breastfeeding and appropriate infant nutrition.

The proposed outcomes of the training audit, which forms the basis of this report, are:

- assessment of whether present curricula are adequate, appropriate, and in line with current technical knowledge, i.e. whether current training is sufficient in content and depth;
- provide examples of excellence as a resource for other training providers and to build interest and commitment in this area; and
- an assessment of the need for further curriculum or resource development to better support training in breastfeeding support and appropriate infant nutrition.

National context

The OATSIHS breastfeeding and infant nutrition activities are linked to a wider national initiative, which is based on the current government's election commitment in *Health throughout life:*

Maternal health—Increasing initiation and duration of breastfeeding in Australia.

Implementation of this commitment is to be based on the following strategic directions:

- family and community education;
- hospital support and post-hospital support;
- employer support;
- health professional education; and
- monitoring.

The *National Aboriginal Health Strategy* (1989) has long identified the goals that:

- “Aboriginal mothers and children should have access to health services which offer appropriate maternal and child health care.” (p. 180);
- “Antenatal care should be vigorously promoted by all health services provided for Aborigines.” (p. 181); and
- “Promotion of breastfeeding is the primary strategy to ensure adequate growth in the first 6 months of life. This should be in conjunction with a monitoring program to detect any failure of growth or development. All Aboriginal children under five should have access to a comprehensive child health service, which should be conducted by a local Aboriginal health service. Family oriented nutrition education is necessary for those children whose growth falters with the introduction of weaning foods. This is the time of highest risk for young Aboriginal children when their health should be closely monitored and families may require the greatest support.” (p. 181).

Increasing the prevalence and duration of breastfeeding is included in *Australia’s National Health Goals and Targets* (Nutbeam et al, 1993). Encouraging and supporting breastfeeding is also one of the dietary guidelines reiterated in the *National Food and Nutrition Policy* (Commonwealth Department of Health, Housing and Community Services, 1992) which also recognises that certain subgroups of the Australian population are ‘at risk’ of undernourishment:

- “Aboriginal and Torres Strait Islander people suffer from a range of nutrition problems, highlighting the difficulties of obtaining a nutritious diet in remote areas in addition to social, economic and educational disadvantage.” (p. 5); and
- “The role of many women as gatekeepers of their families’ health requires special attention. Women in poverty may compromise their own nutrition by choosing to look after the welfare of other family members before their own and may need improved food skills to obtain good nutrition from the foods which they can afford.” (p. 5).

Australia supports the World Health Organization (WHO) *International Code of Marketing of Breastmilk Substitutes* developed in 1981. The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants by the protection and promotion of breastfeeding, and by ensuring the proper use of breastmilk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Subsequent efforts such as the WHO and United Nations International Children’s Emergency Fund (UNICEF) *Baby-friendly Hospital Initiative* of 1989 and the *Innocenti Declaration* developed in the early 1990s are also relevant. They again emphasise the importance of enabling women to breastfeed as part of optimal maternal and child nutrition, and also the need for infants to receive appropriate and adequate complementary foods. Key components of these initiatives are the adoption and integration of breastfeeding policies into wider health and development policies, but also the recognition that support structures are necessary for mothers at these times.

In 1996, the National Health and Medical Research Council (NHMRC) released *Infant Feeding Guidelines for Health Workers. Dietary Guidelines for Children and Adolescents* (NHMRC, 1995) was developed separately. Taken together the documents again emphasise the benefits of exclusive breastfeeding until the infant is 4–6 months old and the fact that it remains an important food for much longer (the first 12 months) (NHMRC, 1995). The infant feeding guidelines focus particularly on the WHO code and its application, strategies for some of the problems that mothers may encounter during breastfeeding and guidelines for safe bottle-feeding. They have also been

supported by a recently released flip-chart, which deals with positioning and other issues. A section on breastfeeding in specific situations deals with issues such as HIV-positive mothers, other infections, medications, smoking and alcohol consumption (NHMRC, 1996a, p. 39–40).

Current rates of breastfeeding in Australia are estimated to be approximately 80 per cent at birth, 60 per cent at three months and 40 per cent at six months of age. The following breastfeeding targets have been proposed for the year 2000:

- babies up to two months of age—to increase the proportion who are breastfed following discharge to 90 per cent;
- babies up to three months of age—to increase the proportion who are fully breastfed to 60 per cent and the proportion who are partially breastfed to 80 per cent; and
- babies up to six months of age—to increase the proportion who are fully breastfed to 50 per cent and the proportion who are partially breastfed to 80 per cent (NHMRC, 1995, p. 10).

There are still major problems of definition and assessment to be overcome before these rates can be measured or assessed with any confidence. Definitions of breastfeeding and infant age vary between different studies and where recall is used there may be differences in the accuracy depending on whether women had or had not breastfed.

Recent work in the area of breastfeeding duration and influences on infant feeding choices have highlighted the fact that the broad social environment undervalues breastfeeding, and numerous infant feeding choices and external influences add up to a complex set of social, physiological and cultural factors that contribute to early weaning (Tasmania Community Nutrition Unit, 1997). A recent review of research (Scott et al, 1997) highlights a number of important factors which are reproduced below.

Demographic and socio-economic factors:

- breastfeeding duration is shorter in lower socio-economic groups;
- in general, the higher the education level of the mother, the longer the duration of breastfeeding; and
- older mothers are more likely to breastfeed longer than younger mothers.

Psychological and cultural factors:

- return to paid employment is a frequently cited reason for early cessation of breastfeeding; and
- support from fathers, friends and family is an important factor influencing breastfeeding duration.

Biomedical:

- common reasons given for ceasing breastfeeding prematurely are a perception of insufficient milk, difficulties sucking, sore nipples and convenience. This suggests that mothers are inadequately prepared for the inevitable challenges of breastfeeding (i.e. poor technique, expectations not matched with reality, etc.) or that these reasons are given frequently as they are socially acceptable reasons for ceasing breastfeeding.

Health service related:

- baby-friendly practices, such as rooming-in and the removal of free breastmilk substitutes increases breastfeeding duration; and

- inconsistent advice and indifference about the importance of breastfeeding among health staff may have a negative effect on breastfeeding duration—if new mothers perceive from health workers' attitudes that a breastfeeding difficulty can be overcome by changing to bottle feeding, at no expense to the baby's health, the decision is much easier to make.

The research also suggests that breastfeeding choices and commitment are established very early and during the antenatal period. This emphasises again that a holistic maternal and child health model, with relevant and accurate advice and support available throughout pregnancy and after birth, is essential to allow mothers to make informed choices about their infant feeding practices.

The introduction of solid foods to infants is not supported by similar research activity or by clear messages and targets. Although the dietary guidelines for children and adolescents (NHMRC, 1995) cover this topic under the heading of 'enjoy a wide variety of nutritious foods', the messages appear to be primarily based on the case of a healthy and well-nourished mother and infant pair. Extracts of the guidelines relating to the timing and type of solid foods to be introduced are summarised below; the guidelines also cover suggestions on how this food should be introduced (NHMRC, 1995, p. 35–36).

When should solid foods be introduced?

- between four and six months of age, when infants can begin to adapt to different foods, textures and modes of feeding;
- although foods introduced at four months may not contribute significantly to nutrition, their gradual inclusion ensures that by six months of age, when these foods do become important nutritionally, the infant is more likely to be able to cope with them; and
- at this age the infant's appetite and nutritional requirements are generally no longer satisfied by milk alone and stores of several nutrients, such as iron and zinc, are also often falling.

Possible consequences of the inappropriate timing of introduction of solid foods are:

- introduction too early may lead to increased morbidity due to diarrhoea, food allergies and undernourishment due to the normal decrease in maternal milk production as the baby suckles less; and
- introduction too late may lead to faltering growth, decreased immune protection, increased diarrhoeal disease and malnutrition when exclusive breastfeeding becomes inadequate.

What foods should be introduced?

The first foods introduced to a baby will establish food taste preferences which can influence eating throughout life. It is an opportunity to accustom a child to the flavours of healthy food such as fruit and vegetables. Conversely, if highly seasoned and/or highly sweetened foods are used as first foods, preferences for these flavours will be developed. (James et al, 1997) Good first foods are:

- iron-enriched infant cereal at 4–6 months, then vegetables, fruit, meats, poultry and fish are added gradually as the infant becomes accustomed to them;
- an increasing range and amount of food should be offered in the second six months—solid foods should provide an increasing proportion of the energy intake because infants grow rapidly during this time. The process should lead to consumption of a wide variety of family foods by the end of the first year of life.

Aboriginal and Torres Strait Islander context

Traditionally, Indigenous Australian women breastfed for long periods, and there is still an overall sense among many health professionals providing care to Aboriginal and Torres Strait Islander people that these patterns continue and few women experience breastfeeding problems. Although information on breastfeeding practices among Aboriginal and Torres Strait Islander women is scarce and often difficult to interpret (for the reasons outlined above), it is clearly the case that breastfeeding is no longer universal. Practices now appear to range from a continuation of breastfeeding for prolonged periods in some regions, to early cessation of breastfeeding at around three months and/or mixed bottle and breastfeeding from a very young age.

The National Aboriginal and Torres Strait Islander Survey of 1994 (Australian Bureau of Statistics, 1995) collected some information on breastfeeding prevalence based on recall for children aged 12 years and under. Breastfeeding was more common in rural areas, where 80 per cent of children were breastfed at some point, while in capital cities or other urban areas the prevalence was only 66 to 68 per cent. The findings from this survey are reproduced below.

Whether breastfed	Part of State		
	Capital city per cent	Other urban per cent	Rural per cent
Less than 1 month	6.2	4.8	3.3
1 month to less than 2	5.5	1.5	1.5
2 months to less than 3	5.7	5.3	3.7
3 months to less than 6	12.1	13.6	8.4
6 months to less than 12	13.2	15.9	13.7
12 months or more	19.1	23.1	42.1
Currently breastfeeding	4.0	3.2	6.2
Not stated	0.1	0.5	1.0
Was not breastfed	33.3	30.4	18.2
Don't know/not stated	0.9	1.8	2.0

Australian Bureau of Statistics (1995, p. 24)

These rates are in keeping with earlier studies in Queensland, Western Australia, and the Northern Territory, which found that breastfeeding rates and the duration of breastfeeding decreased with increasing proximity to towns and settled areas (Hitchcock, 1989, Rae, 1994). The reasons mothers gave for not breastfeeding, or for stopping early, were similar to those non-Aboriginal mothers give—that is, anxiety over their milk supply, problems with sore nipples, and interference with their lifestyle.

The study of Aboriginal mothers in Western Australia (Phillips and Dibley, 1983) showed that most of the artificially fed infants were receiving low-solute milk, but that as many as 16 per cent were drinking unmodified cow's milk by four weeks of age, and 48 per cent by six months. These patterns were not dissimilar to results from studies of non-Aboriginal Perth mothers from low

socio-economic backgrounds. Such inappropriate use of non-humanised milk at an early stage, plus lowering of immunity through the absence of protective factors found in breastmilk, should be cause for serious concern.

Conversely, prolonged exclusive breastfeeding with delayed introduction of solid foods, as well as repeated infections, has led to the characteristic growth pattern seen in many Aboriginal infants. That is, a normal growth curve for the first three months, slowing in the following 3–6 months and then flattening and dipping in the second six months (NHMRC, 1996b, p. 16). Malnutrition and infection cycles characterise the FTT conditions often seen in Indigenous infants and young children. A summary of this malnutrition–infection complex as presented by the NHMRC draft *Report on Aboriginal and Torres Strait Islander Nutrition* (1996b, p. 27) is reproduced here.

“Inadequate dietary intake can cause weight loss and/or growth failure, and result in low nutritional reserves. This is associated with lowering of immunity, with almost all nutrient deficiencies. With protein-energy and Vitamin A deficiencies there may be progressive damage to mucosa, lowering resistance to colonisation and invasion by pathogens. Thus the two major defence mechanisms are compromised. Diseases will now be of potentially increased incidence, severity, and duration. The disease process exacerbates the loss of nutrients, by both the metabolic response and by physical loss from the intestine. This exacerbates the malnutrition leading to further possible damage to defence mechanisms. Concurrently many diseases result in loss of appetite causing further decreases in dietary intake.”

Past nutrition education strategies in the area of infant feeding are also described by the NHMRC working party (NHMRC, 1996b, p. 144–146). These included communal feeding programs, nutritional supplementation programs, specific nutrition education targeted towards the problem of malnourished infants, and more general health education activities initiated by nursing sisters or clinic staff with individual clients. These latter sources of advice were usually varied and depended on individual worker perceptions, priorities and skills. Dietitians and nutritionists have been working with community groups, individual women and families. In Queensland, Western Australia and the Northern Territory they have also worked with health and nutrition workers in efforts to transmit the necessary nutrition messages to the Aboriginal and Torres Strait Islander population. However, the continuing high rates of morbidity associated with poor nutritional status indicate that little real change has been achieved.

It is difficult to know how much such programs can be expected to achieve in the short term, as the impact of poor nutrition can be inter-generational. However, recent initiatives which are community-based have shown improvements in nutrition status in short timeframes. These include the *Minjaling Nutrition Project* and the *Strong Women, Strong Babies, Strong Culture Project* in the Northern Territory. (Fejo and Rae 1996)

The above factors contribute to the renewed concern about strategies to encourage both continued breastfeeding and appropriate introduction of additional foods for Aboriginal and Torres Strait Islander infants. The purpose of this consultancy is to conduct an audit of education and training for Aboriginal and Torres Strait Islander health workers and other health professionals working in community-based primary health care services for Aboriginal and Torres Strait Islander peoples on breastfeeding support and infant nutrition. This will provide a profile of current training and education and enable identification of additional requirements.

Chapter 2

Health care practitioners involved in breastfeeding and infant nutrition support and advice

Aboriginal and Torres Strait Islander health workers

The recent work on National Competency Standards for Aboriginal and Torres Strait Islander health workers noted the following points.

“Aboriginal health work and Torres Strait Islander health work is carried out in many different locations throughout Australia—remote, rural, provincial, urban, coastal, inland and island. In each different State/Territory, there may be different regulations governing what health workers can do.

“Each community in which a health worker operates will have a unique set of cultural values and traditions, as well as a unique location.

“Each local community health worker faces the challenges of integrating health practice with the unique cultural needs of his/her community. Health workers are also primarily responsible to their local community and may have responsibilities to integrate western and traditional health approaches and to manage difficulties emerging from this integration. Some health workers work alone while others work in groups or teams. Some are closely supervised (by more senior health workers, other health professionals, or managers...either directly or indirectly) and others must make very complex decisions alone.

“All health workers provide direct services to individuals and families, plan to meet future needs, promote well being and prevent ill health. However, not all workers undertake clinical practice, as the term ‘health’ is used holistically, and includes environmental, spiritual, psychological and social well being.

“This means that there are many factors influencing just what the health worker does in day-to-day practice. It would be fair to say that the role of a health worker is varied and complex. One health worker’s job may look very different to another health worker’s job, although both workers are concerned with the health of the community and individuals.”
(Community Services and Health Training Australia, 1996, p. 7).

To encompass these wide and varied roles and settings, health worker training has followed a generalist approach, with special skills and experience developed through workplace practice and on-the-job training. Criticisms of the current situation appear to focus on opposite ends of a spectrum.

“Limitations of the health promotion role of Aboriginal health workers have been raised in the face of clinical demands, particularly those facets brought about by the ‘impossibly huge and vague mandate’ of their role as ‘cultural brokers’. Despite many requests and submissions for specialised Aboriginal health workers to be employed to work with departmental dietitians as community-based Aboriginal Nutrition Workers, funding has not been forthcoming” (NHMRC, 1996b, p. 146).

Conversely, others see the current developments in training, at a national and State level, as eroding the practical emphasis and clinical role of Aboriginal and Torres Strait Islander health workers.

“Increasingly, the training of Aboriginal health workers is being taken up by tertiary institutions and unnecessary academic barriers are being erected. While these graduates can increasingly recite Latin names of body parts and write sociological essays, many have poorly developed problem orientated knowledge or practical skills. The quality of the ‘apprenticeship’ component of Aboriginal health worker training, particularly in mainstream clinical placements, is often dubious, with Aboriginal health workers being used as gofers and liaison officers instead of health practitioners” (Kimberley Aboriginal Medical Services Council, 1997).

Lactation consultants

The specialist clinical practice group specifically involved in breastfeeding support and problem solving are lactation consultants. Most specialists trained in this area come from a nursing background and can incorporate existing clinical skills into patient care where lactation problems are encountered. However, it is not necessary to be a nurse or other health practitioner in order to become a lactation consultant.

Nursing staff

This encompasses a predominantly female workforce and longer or repeated periods of patient contact make this a group that is particularly involved with breastfeeding and infant nutrition support. Specialisations in the areas of midwifery and child and family health also ensure that there is greater awareness of issues relating to breastfeeding and infant nutrition choices.

Medical practitioners

The principal groups involved in maternal and child health care services are doctors from general practice, obstetrics and gynaecology, and paediatric specialisations. Advice is primarily given in an opportunistic way, with curative care elements predominating. Again, the settings and expertise of staff working in this area are diverse and will depend on individual interests and priorities.

Dietitians and nutritionists

Dietitians form the group most involved in specialist advice on nutrition for individuals and groups, nutritionists in general take on a greater health promotion and public health role. Although such specialist advice is theoretically available to all members of the population, it is often only in

cases where serious problems have arisen that a referral for individual dietary counselling and advice is made. However, dietitians work in most hospital settings and can be a useful resource for families during an illness episode. This support can also be extended once the patient and family have returned home. Dietitians are also becoming increasingly involved in health promotion and preventive activities, but the main focus to date has primarily been on lifestyle risk factors relating to chronic diseases in adults. Community or public health nutritionists can also play an important role in community level action to support environments which provide for the needs of breastfeeding women, and ensure good infant and family feeding choices are easier choices.

Chapter 3

Non-clinical support staff

Aboriginal and Torres Strait Islander health promotion, health literacy, community education and development staff

The majority of Aboriginal and Torres Strait Islander workers involved in these activities have developed skills as part of on-the-job training. Many have come from health worker backgrounds or work closely with other professionals who have formal qualifications in the area of health promotion. The general focus is on preventive and promotive activities but individual advice may also be offered based on staff experience and perceptions. The role and potential of increasing knowledge and skills in the areas of health literacy generally, and breastfeeding and infant nutrition specifically, at the individual, family or community levels, should not be underestimated.

Aboriginal and Torres Strait Islander Nutrition Workers

Several State and Territory initiatives have tried to increase the role and skills of Indigenous nutrition staff. Although much of the training in this area has focused on dietary practices in relation to adult health problems, the knowledge and skills developed as part of improved family nutrition practices can also benefit infant feeding choices.

In Queensland, nutrition workers were trained in a six-week training program by the Aboriginal Health Nutrition Program conducted by Queensland Health until the early 1990s. Graduates of this course continue to be employed in urban and remote areas of the state. A short training program to provide Aboriginal and Torres Strait Islander volunteers with the knowledge and skills needed to establish nutrition promotion programs was also developed in Queensland at the end of the 1980s. The program, known as the *Community Nutrition Worker Training Program*, is no longer active, as funding was not made available to employ graduates who were reluctant to continue to work without remuneration. In the Northern Territory community, dietitians and nutritionists have also been working closely with Aboriginal people and have passed on skills and knowledge to lead to a concept of Aboriginal nutrition workers or advisers. These community-based workers have been partly funded through operational and project sources during the 1990s and it is now hoped that officially recognised and accredited training can be offered to these individuals. Since 1994, the emphasis in Western Australia has been on providing a community-based nutrition education program that trained health workers, health professionals and key Aboriginal community groups working in the area of Aboriginal nutrition.

Community-based support groups

Although primarily targeted at non-Indigenous women, the Nursing Mothers' Association of Australia (NMAA) has actively supported breastfeeding for some time. Activities relate particularly

to establishing mother-to-mother support networks, with local groups active in many areas of the country. The group also offers breastfeeding counsellor training to selected members who have successfully breastfed one baby for at least nine months. The training focuses on the skills needed to work effectively with mothers in a counselling situation, with the emphasis on breastfeeding information and helping skills. In addition, community educators support the activities of the groups and breastfeeding mothers within the community.

A small number of NMAA groups in relevant areas have also become involved in specific breastfeeding promotion programs and/or care and support activities for Aboriginal and Torres Strait Islander women.

Chapter 4

Health practitioner training in breastfeeding and infant nutrition

Aboriginal and Torres Strait Islander health workers

As mentioned above, until recently the emphasis in health worker training has been on generalist skills and competencies in order to accommodate the range of roles and a holistic view of health and health care, which incorporates cultural aspects. With the development of draft Aboriginal and Torres Strait Islander health worker *National Competency Standards*, a system of six health care streams has been developed (Community Services and Health Training Australia, 1996). However, the streams represent groupings of similar types of competency units, and most workers need units from every stream to fulfil their health worker functions.

Overall, there are 79 units of competency and four distinct levels (A, B, C, D). At each level there is a core group of units which form part of every job at that level, and optional units which some jobs do not require. Core units across all levels are:

- provision of first aid;
- counselling;
- responding to community emergencies;
- demonstration of safe working practices;
- use office equipment and technology; and
- maintenance of records.

The headings of core and elective units grouped within each stream are shown overleaf. (Community Services and Health Training Australia, 1996, p. 22–26).

In keeping with the generalist health worker approach, all relevant units relating to maternal and child health or nutrition are optional units. As noted by the NHMRC working party on Aboriginal and Torres Strait Islander nutrition, “very general areas of competency are given under performance criteria (how the job is being performed correctly). The range of variables (the situation in which work must be performed) and the evidence guide (underpinning knowledge and skills which a worker needs to perform the tasks of the unit effectively) more clearly define the necessary teaching component or skill areas required. At levels A and B these focus particularly on clinical practice and service” (NHMRC, 1996b, p. 209). At higher levels, the emphasis is on management issues and planning, advocacy, as well as relevant legislation such as child protection legislation, *United Nations Charter for Human Rights* and the *Rights of the Child* and *Government Welfare Department Guidelines and Programs* (Community Services and Health Training Australia, 1996, p. 110).

National Competency Standards – core and elective groups

Clinical care stream

Care
Dental
Emergencies

Management and teams stream

Advocacy
Disaster planning
Management
Policy and programming

Administration stream

Implement office systems
Maintain records
Produce written communication
Use office equipment and technology
Specific care stream
Children's health
Disability
Men's health business
Mental health
Nutrition
Older people
Other specialist health services
Substance abuse/misuse
Women's health business
Youth health

Research stream

Collect information on the community's health
Maintain community health profile
Coordinate community health research

Community care stream

Counselling
Emergencies
Environmental health
Health promotion
Interpreting

Occupational health and safety

Team work
Training

For nutrition units, a number of issues and knowledge are identified for health work at levels A and B. A brief summary is shown below. (Note that levels A and B are equivalent to ASF levels 3 and 4 respectively, as detailed overleaf.)

Unfortunately, the units relating to maternal and child health issues do not present similar details. Underpinning knowledge for child health care at level A includes only a general reference to 'child development and child health care'; at level B this is expanded to 'community child health needs and strategies' and 'child development, health and treatment'. For women's health, underpinning knowledge at level A makes reference to 'women's health, disease/issues, impact and treatment' and 'community needs, wishes and strategies for women's health'. At level B, more specific mention of the following relevant elements of specific care is made under the range of variables; antenatal care, postnatal care, birthing care and 'practice as detailed in the clinical care and community care streams' as underpinning knowledge.

As noted by the NHMRC working party on nutrition, the current nutrition content in most generalist Aboriginal and Torres Strait Islander health worker training is incorporated within such child health, women's health, or family and culture modules (NHMRC, 1996b, p. 211). In Queensland, a nutrition elective for health workers has been developed by Queensland Health and the Technical and Further Education (TAFE) sector. The Far North Queensland Institute of TAFE in

Level A		Level B	
<p>Nutrition related issues can include:</p> <ul style="list-style-type: none"> • Lifestyle diseases • Antenatal care • Child care • Care of older people • Care of people with specific disorders • Diet • Breastfeeding • Family nutrition • Bush foods • Food preparation • Food availability • Nutritional value of food 	<p>Underpinning knowledge:</p> <ul style="list-style-type: none"> • How nutrition affects lifestyle diseases • How nutrition affects different stages of life • Foods available in the community • Basic food groups • Seasonal foods • There are certain food taboos that may exist in certain communities. The health worker may need to be aware of these. • Bush tucker (uses, location, preparation) 	<p>Nutrition education or choices may include:</p> <ul style="list-style-type: none"> • Lifestyle diseases • Antenatal care • Child care • Care for other special groups (older people, disabled etc.) • Diet • Breastfeeding • Family nutrition • Bush foods • Food preparation • Food availability • Nutritional value of food 	<p>Underpinning knowledge:</p> <ul style="list-style-type: none"> • Bush medicine and bush tucker • Other health services • Existing program policy • Organisational policies and guidelines • Lifestyle diseases and nutrition • Diseases and stages of life • Food groups (requirements, seasonal foods) • Available foods in the community • Local beliefs about food

Cairns now offers this elective as part of the Aboriginal and Torres Strait Islander Primary Health Care training, which is offered at Certificate IV, Diploma and Advanced Diploma level.

Given the general nature of the present National Competency Standards and short timespan these have been available, it is very much a case of examining individual curricula or training outlines to find where and how much emphasis is given to breastfeeding and infant nutrition support. This will be discussed in more detail as part of the results of this audit. However, it is important to note here that it is difficult to ascertain the general level of skills held by health workers providing advice and care in this area. Courses can and do change, and much training and expertise is developed on-the-job. In this context it is unfortunate that the National Competency Standards are not more specific in terms of the minimum capabilities that should be developed in the area of maternal and child health work. Although units in the clinical care stream refer specifically to the management of a range of conditions, no reference to potential breastfeeding problems was found. The unit descriptions relating to health education and health promotion refer only to more general advice relating to 'child immunisation, diabetes care, drug and alcohol use, nutrition, child health broadly, women's health, older people's health, and so on' (p. 276).

Until recently, Aboriginal and Torres Strait Islander health worker training has been primarily located within the TAFE and Vocation, Employment and Training (VET) sectors. Under the

Australian Standards Framework (ASF) developed in 1994 (see also Appendix 1) for the recognition of training, the majority of courses are at ASF levels 1 to 4. During the 1990s, higher level training at level 5 to 7 (Diploma, Advanced Diploma, and Bachelor Degree) has been developed, both within the traditional Aboriginal health worker training structures and the tertiary sector in universities. Plans for Honours and postgraduate qualifications are also developing for this area. There is, however, a widespread feeling that relatively few Indigenous students are able to participate in training beyond ASF level 4. Training is primarily carried out through practical and workplace experience, as well as block release and/or workshop-type courses. This has allowed for the use of Adult Learning Principles and incorporation of Aboriginal learning styles. The focus on listener/learner priorities and appropriateness of knowledge to perceived problems and needs related to the workplace setting, has enabled training to be flexible and targeted. However, it has also meant that greater emphasis may be given to some issues above others.

A recent national workshop on Aboriginal and Torres Strait Islander health worker training highlighted some of the positive and negative issues in health worker training development and delivery. The positive elements identified by the different sectors providing health worker training are summarised in Appendix 2 (National Workshop Aboriginal and Torres Strait Islander Health Worker Training, 1997, p. 46–49).

Kathy Abbott and John Tregenza also outlined the results of a study carried out to define the roles of health workers in Central Australia. This work, sponsored by the Central Australian Aboriginal Congress, is particularly relevant to any future training plans in maternal and child health that may be an outcome of this project. The results and comments presented at the workshop are reproduced here (National Workshop Aboriginal and Torres Strait Islander Health Worker Training, 1997, p. 42–43).

There was general agreement among the nearly 300 people interviewed that “Aboriginal health workers are professionals in their own right”; a “most important resource in the community (Permanent)” and “Part of community and part of community process (Control).”

Eight distinct roles of Aboriginal health workers were identified:

- traditional health;
- cultural brokerage;
- clinical role;
- health education (most important);
- environmental health role;
- community care;
- administration; and
- policy and planning.

Different groups (health workers, medical profession, etc.) placed different emphasis on the worth of the roles. There were also rural/urban differences in perceived roles. The clinical role usually requires almost 95 per cent of the health workers' time, leaving the remaining time to carry out the various other roles. Health workers are now choosing to specialise in one or more of the roles. The hope is that in the community there will be a group of health workers who can offer all the roles.

Most of the previous training given to health workers was in the medical model. Early training was aimed at giving health workers the possibility of taking over the role of the Sister in the community. In 1987, emphasis was given to the traditional role of the health worker—this lasted until 1989. Now, the community development model has been applied. This gives the community control over the workers' development. These were non-accredited courses. Now we hope to develop a curriculum out of current study. Eight grades of health worker skills have been defined.

Current funding is limiting the number of health workers in the community, so that all the roles cannot be supplied to all the communities, as it is difficult for each health worker to possess all the skills to match all the roles.

The *National Aboriginal Health Strategy* (1989, p. 85–90) also discusses the role of Aboriginal health workers and related training and career structures. It emphasises the need for a more uniform national approach to recognised and accredited qualifications, as well as health worker registration.

Mainstream primary health care practitioners

The *National Aboriginal Health Strategy* (1989, p. 90–99) emphasised that health professionals working with Aboriginal and Torres Strait Islander people are often not merely the providers of clinical care, but must become involved in whole of life issues. Scant attention to cultural, traditional, political and socio-economic factors in health-related education programs has left most practitioners ill-prepared for these wider roles. “As a result, unrealistic expectations, culturally-inappropriate care and treatment, poor communication, and intolerance based on lack of understanding and general dissatisfaction on both sides can be the consequence” (National Aboriginal Health Strategy, 1989, p. 90).

The working party recommended that:

- tertiary institutions responsible for undergraduate and post-graduate medical, nursing, and paramedical courses be approached to include the compulsory study of Aboriginal culture and history and health issues as part of formal course work; and
- where possible, Aboriginal people should be involved in the development and teaching of these units' (National Aboriginal Health Strategy, 1989, p. 98).

These suggestions were also taken up by the *Royal Commission into Aboriginal Deaths in Custody* (1991, specifically their recommendations 210, 247, 257, see also Appendix 3) and formed the basis of a National Aboriginal and Torres Strait Islander Health Council Workforce Issues Sub-Committee inquiry in early 1997. An audit to determine the extent to which courses reflect the content of the recommendations mentioned above was carried out by writing to the Deans of Health Sciences in Australian universities.

Aside from some nursing units, the majority of health professional training relevant to breastfeeding and infant nutrition support is carried out within the higher education sector. The majority of health practitioners require qualifications at a postgraduate level, and this has allowed for the development of several specialisations in this area. Courses following a lecture format, with some practical placements, predominate. Training often lasts for four or five years at ASF level 7 and above.

Chapter 5

Audit of current training in breastfeeding support and infant nutrition

Terms of reference

These were the terms of reference for this project.

- Develop a system of audit, and conduct an audit, of the range of courses identified in the project.
- Prepare a report on education and training for Aboriginal health workers and other health professionals in the areas of breastfeeding and infant nutrition health care and support for Aboriginal and Torres Strait Islander women.
- For **Aboriginal health workers**, the report should include:
 - identification of training providers of accredited and less formal courses in all States and Territories;
 - identification of those courses in which training in breastfeeding promotion/support and/or infant nutrition are included; and
 - results of an audit of each course in respect to the range of components and features of courses offered (e.g. number of hours allocated, style of course, course content).
- For **other health professionals**, the report should :
 - identify the range of health care workers providing health care relating to maternal and child health, and infant nutrition, to Aboriginal and Torres Strait Islander women and infants (e.g. nurses, general practitioners, nutritionists, midwives);
 - ascertain which components in their education and training may cover breastfeeding support and infant nutrition; and
 - include results of an audit of these components in respect to their appropriateness to Aboriginal and Torres Strait Islander health care.

The consultancy should be guided by the following principles:

- the audit should take into account Aboriginal and Torres Strait Islander culturally valid understanding of health and health care, especially concerning breastfeeding practices and infant care; and,
- the audit should be conducted in a consultative and culturally sensitive manner.

Training audit method and approach

The project was conducted by the same team and alongside the *'Review of current interventions, and identification of 'best practice', currently used by community-based Aboriginal Health Service providers in promoting and supporting breastfeeding and appropriate infant nutrition'* (see also Section 1.1 above). The timeframe for the project was approximately three months, from the end of April to the middle of July 1997.

The proposed approach was to cover the following areas.

- Identification of:
 - the range of community-based Indigenous health workers and other relevant health care workers (which might include general practitioners, obstetricians, midwives, nurses, other allied health professionals such as community nutritionists, dietitians and community organisations such as the NMAA);
 - the range of courses (including relevant certificate, diploma, undergraduate, postgraduate, in service and continuing education, short courses and distance education programs); and
 - the components of those education and training courses which cover breastfeeding support and infant nutrition.
- Design of an audit system, including an instrument to judge courses and their conduct in terms of:
 - hours allocated;
 - the style and delivery of courses (including the utilisation of adult learning principles);
 - its content and integrity;
 - attention to cultural, social and environmental contexts;
 - the use of or compliance with good practice standards;
 - the up-to-date and evidence-based nature of a course; and
 - the ability of participants to acquire useful clinical skills in breastfeeding and infant nutrition.
- Assessment of resources, such as the *National competency standards for Aboriginal and Torres Strait Islander health workers*, for references to breastfeeding and infant nutrition.
- Commentary on training and education courses and their conduct, specifically as they relate to health workers and a categorised range of other health professionals providing health care to Aboriginal and Torres Strait Islander communities.

Owing to the tight timeframe, samples of training and education facilities were to be selected to maximise representation from Aboriginal and Torres Strait Islander health worker programs and cover a broad range of other professions.

A detailed methodology and the instruments used to request information from training providers are presented in the interim report for the Commonwealth Steering Committee. The overall approach was a call for public submissions to the project, and special invitations to participate in the audit for selected training institutions. Indigenous advisers to the project were involved in commenting on research instruments to request information, and in reviewing the listings of institutions selected for special invitation to contribute. The aim was to ensure no key training opportunities for Aboriginal or Torres Strait Islander health workers were missed.

Indigenous health and nutrition courses were located from references on Aboriginal and Torres Strait Islander health worker and nutrition training (National Workshop Aboriginal and Torres Strait Islander Health Worker Training, 1996, NHMRC, 1996b), and as an outcome of the higher education search conducted for mainstream health practitioners. All training providers in this category were invited to contribute to the audit, with 38 training providers contacted by letter and followed up by telephone to offer further information on the project and/or assistance with developing a response.

Lactation and infant feeding courses offering specialisation to health practitioners in this area were identified from the Royal College of Nursing Directory of Higher Education Courses (1997) and research networks of the project team. This group, including the NMAA, amounted to 14 training opportunities who were all offered invitations to participate.

Mainstream health and nutrition service provider courses were located from a range of references on higher education courses and training. Listings of courses in various categories were compiled from references, checking of Internet sites, and handbooks for university providers where relevant. For medical, nutrition/dietetics, and other mainstream training, university handbooks were scanned for relevant units within courses. Because of the number of courses involved, it was not possible to do this for all training opportunities in nursing—instead, a larger number of courses was selected to receive invitations to participate. Selection of mainstream training providers for invitation to contribute to the audit used the following criteria:

- state coverage (including, urban, rural and remote location or student target group);
- range of disciplines (medical, nursing, dietetics and nutrition, other);
- type of course (to include problem based learning and formal course structures, external and on campus modes of delivery); and
- apparent availability of, or focus on, relevant maternal and child health and nutrition issues within specific units.

A total of 47 courses or training providers from this category were invited, in writing, to contribute to the project.

Initial discussions with the Commonwealth steering committee for the project suggested that a questionnaire approach would not be welcomed by the field. In addition, a questionnaire would have needed to be adequately trialled, and there was insufficient time to allow for such a methodology. Instead, the project offered a range of options for responses, as follows:

- response to a checklist of issues;
- any course notes, course outlines, relevant extracts of course curriculum and other learning resources, learning objectives, evaluations, etc.;and
- a faxed or other response to arrange a telephone interview.

In light of increasing competition in the education sector, an undertaking was given to participants that any material provided to the audit (such as curriculum documents) would not be reproduced without prior permission.

Although the closing date for submissions was listed as 2 June, this deadline was extended during later telephone contact with Aboriginal health worker training providers, and responses were accepted up to the first week in July.

Scope and limitations

The inclusive sample of all identified Aboriginal or Torres Strait Islander health worker training courses, and for specialist lactation and child health training opportunities, tried to ensure adequate coverage and the opportunity to document and assess relevant breastfeeding and infant nutrition components within courses.

During initial discussions with the Commonwealth steering committee, it was agreed that smaller samples would be chosen in the higher education sector for training of other health professionals involved in providing care to Aboriginal and Torres Strait Islander communities. An initial assumption that course and relevant unit descriptions would be readily available through University Handbooks and/or Internet sites was found to be mistaken, and prevented a more comprehensive overview.

Similarly, we assumed that training providers would be willing to share necessary information readily available in curriculum and other course documents, and also their successful approaches in training for breastfeeding and infant nutrition support to Aboriginal and Torres Strait Islander women and families. However, the range of information submitted (from one-page letters and brief comments on the checklist of issues, to full learning resource packages) made it impossible to apply the planned audit instrument in a consistent manner. Original plans to follow up any ambiguous or incomplete submissions by further telephone contact also had to be abandoned owing to time constraints, and the sense that people had already given as much time and information as they had readily available to the project. This quotation from one respondent clearly illustrates this difficulty:

“I find it very difficult to respond to the continuous requests for information that we get, especially when we are expected to respond quickly. I feel it would be much better if you allowed people more time to get around to these numerous requests all equally important... Please in future allow more time for people to respond without a constant stream of reminders by fax or phone.”

Additional sources of information

This project followed closely on the National Aboriginal and Torres Strait Islander Health Council workforce issues sub-committee’s Audit of schools of health sciences in Australian universities. This aimed to determine the extent to which courses covered Aboriginal and Torres Strait Islander health, cultural and social issues within health practitioner training and relevant findings have been incorporated as part of this report where possible.

The *NHMRC Working party on Aboriginal and Torres Strait Islander Nutrition* also assessed available education and training in food and nutrition for workers in Aboriginal and Torres Strait Islander communities during 1996 (NHMRC, 1996b, p. 198–216). Although this focused on general food and nutrition training, rather than breastfeeding and infant nutrition support (particularly where response gaps exist for the present audit), these findings are also drawn upon in the general assessments made for this report.

Although the focus was not specifically on Aboriginal and Torres Strait Islander nutrition training, the work of the *National Specialty Program in Public Health and Community Nutrition* and its *1996–97 Directory of Postgraduate Public Health and Community Nutrition Training in Australia* is also included where appropriate.

System of audit and desirable course contents

As outlined above, the system of audit for breastfeeding and infant nutrition components of courses for Aboriginal and Torres Strait Islander health workers and other health practitioners focused on a range of elements. A training audit checklist and scoring system was developed to incorporate these criteria (this is presented in Appendix 5). A trial scoring of ten responses received by early June revealed it was difficult to assess course content adequately on the basis of the information in some submissions. Both the Aboriginal health worker responses available at this time scored 'medium'. Only two of four lactation or specialist child health courses could be assessed with confidence on the basis of the information provided. One scored 'high' and one 'medium'. Similarly, only two of four mainstream responses from nursing and midwifery training could be adequately scored, and both fell into the 'medium' category. Rather than apply different standards to several courses, it was decided not to score individual courses, but to attempt a more general assessment of groups of responses in the various categories of health care providers.

Given the range of training opportunities and qualifications necessary for different health care providers, it is impossible to prescribe an ideal course content in this area. Content and depth will therefore depend, to a large extent, on the level of specialisation expected of Aboriginal and Torres Strait Islander health workers and other health practitioners. However, a number of other elements contributing to good training opportunities can be defined, and form the basis of the scoring system. In line with the original checklist, we list below some desirable features of courses intended to provide health care workers with skills to enable them to support Aboriginal and Torres Strait Islander women during breastfeeding and with adequate infant nutrition practices.

Attention to breastfeeding and infant nutrition:

- allocation of a specific unit or module to cover this subject area and whether it is core or elective;
- subject covered within other units (core or elective); and
- the number of hours allocated.

Style and delivery of the course:

- highly participatory formats using adult learning principles are particularly relevant for Aboriginal and Torres Strait Islander health worker training;
- mixtures of didactic, problem-based learning, and self-directed learning modes provide some flexibility in training, but may not allow sufficient priority to some important issues; and
- highly didactic and lecture-based programs demand high levels of literacy and usually entail longer periods of study within a formal institutional setting.

Opportunities for participants to acquire useful clinical skills:

- clinical course components and relevant practical placements;
- some level of practical application but not a major focus, or may be without specific opportunity to be supported in the relevant skills to be developed; and
- little or no opportunity for supervised practical application of the specific skills

For Indigenous training, attention to cultural, social, environmental and health promotion concepts in content:

- large cultural, social, community development and health promotion component offered as part of the course;
- moderately sensitive, some discussion of social and cultural contexts but main focus of course may be on clinical skills rather than counselling and health promotion roles; and
- little attention to these issues as may occur if courses are offered to Indigenous students, but content is very similar to mainstream courses

For mainstream training, learning opportunities in relation to Indigenous cultural, social and environmental issues:

- Aboriginal health or social module is offered as part of the course (core or elective);
- some Indigenous issues covered as part of the course; and
- little attention or priority is accorded to these issues.

Specific mention of various standards:

- to be up-to-date and evidence based, training in this subject area should take account of a number of standards or other relevant documents as appropriate to the level of the course; and
- these may include *NHMRC Infant feeding guidelines for health workers*, *NHMRC Dietary guidelines for children and adolescents*, *WHO Code for Marketing of Breastmilk Substitutes*, *Baby-friendly hospital guidelines* or *Ten steps to successful breastfeeding*, as well as *National competency standards for Aboriginal and Torres Strait Islander health workers*.

Emphasis on referral or support structures:

- depending on the level of training and specialisation of health practitioners adequate breastfeeding advice to mothers and families should include an awareness of available support structures such as lactation consultants, NMAA volunteer counsellors or other mother-to-mother groups.

Content (comprehensive, up-to-date and evidence based):

- aside from the inclusion of the standards outlined above, a comprehensive assessment of the inclusiveness of the training opportunity for the role to be fulfilled by the health care practitioner; and
- this should include a holistic view of general health care for Aboriginal and Torres Strait Islander people, but also recognise the need for holistic approaches in maternal and child health—that is, in relation to breastfeeding and infant nutrition support, antenatal, postnatal, child growth and health, nutrition advice and knowledge are appropriate to support strategies to encourage continued breastfeeding and appropriate introduction of additional foods for Aboriginal and Torres Strait Islander infants.

Further discussion on potential course or unit content will be presented as part of the outcomes of this training audit. However, no generalisations are possible due to the range of roles and level of specialisation to be fulfilled by the various health care providers.

Chapter 6

Results

Submissions on training opportunities for Aboriginal and Torres Strait Islander people

Of 38 organisations identified as offering training courses specifically for Aboriginal and Torres Strait Islander people, 21 (55 per cent) responded to the training audit project in some form. These 21 responses are shown below by State or Territory and category of training.

State	Course type		
	Aboriginal & Torres Strait Islander health workers	Short courses, specialist training, on-the-job training	Health literacy, community development or education
ACT	-	-	-
TAS	-	1	-
NSW	3	1	1
NT	3	-	1
QLD	5	1	-
SA	-	1	-
VIC	-	-	-
WA	3	1	-
Total	14	5	2

The main target group for the courses included in this category is Indigenous Australians wishing to become health workers, or previously trained Aboriginal and Torres Strait Islander health workers who are upgrading their skills. In a few cases the higher level courses also include a small number of non-Indigenous people.

The analysis of responses for health worker training has been split into two subgroups:

- those providing specific training for Aboriginal or Torres Strait Islander health workers up to ASF level 6 (Certificate to Advanced Diploma, 9 submissions), and

- those primarily delivered in the higher education sector (ASF level 7, Associate Degree or Bachelor Degree, five submissions).

Aboriginal and Torres Strait Islander health worker training at Certificate and Advanced Diploma levels

Summary assessment

- The Western Australian Aboriginal Medical Services Training Providers curriculum (Kimberley Aboriginal Medical Services Council, Marr Mooditj, Ngaanyatjarra) allows for the following units: Nutrition (50 hours), Child Health (50 hours), Women's Health (50 hours) at the Advanced Certificate level.
- In Queensland the Aboriginal and Torres Strait Islander Primary Health curriculum offered through a range of Rural Health Training Units and other TAFE providers suggests the following mandatory modules: Nutrition (25 hours), Maternal Health (30 hours), Child Health (30 hours) at Certificate, Associate Diploma, and Diploma level.
- The South Australian Aboriginal health worker curriculum, also used in some Northern Territory locations, includes the Introductory health and nutrition (60 hours) and Child health at Certificate 2 level.
- Excepting the Queensland curriculum, some of the units are elective subjects. The emphasis and depth given to breastfeeding and infant nutrition issues will depend to a large extent on teacher and/or student priorities.
- The Western Australian curriculum in particular covers the benefits and promotion of breastfeeding and good infant nutrition well, although there appears to be little emphasis on the common problems that are experienced by mothers, nor specific clinical or other strategies to address these.
- Clinical skills transfer is limited by the individual workplace setting for students, the availability of specialists in this area, and/or presentation of clients with relevant problems.
- There are no single units which present a holistic overview of health and nutrition issues relevant to maternal and child health, or breastfeeding support and appropriate infant nutrition practices.

Need for specific unit or resource materials

Of six submissions which commented on this issue, all but one suggested that additional training opportunities and/or teaching and community resources in breastfeeding and infant nutrition would be beneficial. Specific suggestions are outlined below.

- No additional units are needed, but additional resource materials for the introduction of solid foods would be beneficial. These should cover why more than breastmilk is needed by infants after a certain age, the process of introducing food and common infant responses as they learn to cope with solids.
- No additional units are needed, but current courses would benefit from increased input on nipple/breast problems experienced by mothers. The WHO/UNICEF Baby-friendly hospital workshop materials for developing countries may be a useful training tool.
- Self-directed learning materials which are culturally-appropriate, take account of 'women's business' issues, and incorporate models of successful approaches or interventions would be welcomed.

- Teaching aids, such as flip-charts and breast models, would help existing training.
- Additional training units should involve community-based workers and target group members during development.
- A specific unit to cover breastfeeding and infant nutrition in depth would be welcomed. Dietitians and other specialists should be involved for additional resources on feeding children under five, and particularly in developing education strategies for younger mothers which could involve video resources.
- Practices among young teenage mothers are a particular concern. They are often in different situations to other mothers and have little peer group support for breastfeeding. Many are also poorly informed and therefore frightened about breastfeeding, which leads to problems at a very early stage and worries about insufficient milk. Additional information resources targeted specifically at this group, and/or hospital based strategies prior to discharge (similar to current physiotherapy input for new mothers), could help support and prepare these women for the challenges they face.

Other issues

- Attention should be given to the location where training is offered and the resource people (e.g. dietitians) or settings (e.g. hospital) that can support adequate skills transfer. Greater use should be made of Rural Health Training Units.
- Consideration needs to be given to the support of health workers after they have qualified and/or finished their training. It may be difficult for them to keep up with new developments and multiple roles in the community may mean they have difficulty in putting all their knowledge and learning into quality practice.
- One-off funding is not supportive of good outcomes in training or other projects. Funding for at least three years would allow greater involvement of 'grass roots' people.
- There has been little progress in implementing the recommendations of the *Royal Commission on Aboriginal Deaths in Custody* or the *National Aboriginal Health Strategy*.

Additional information

In Queensland, the Aboriginal and Torres Strait Islander Primary Health Care program offers the Specialist Award in Nutrition, which contains a mandatory module at Diploma and Advanced Diploma level (30 hours, ASF level 5) which could complement other, more clinically-oriented units, or form the basis of further training developed at other levels.

“Nutrition for mothers and children’ covers food requirements for healthy infants, essential requirements, the benefits of breastfeeding for babies and mothers, strategies to support mothers breastfeeding, common problems, dangers of bottle-feeding, food requirements of older infants and toddlers, healthy children and adolescents, food requirements during pregnancy.”
(NHMRC, 1996b, p. 243)

Health worker training at Certificate to Advanced Diploma level

(The majority of responses in this category relate to Certificate level qualifications.)

Criteria / key issues	Description / comments
Attention to breast-feeding and infant nutrition	Range from no specific units offered and some content within other units, to greater attention as part of maternal health, women's health, child health, healthy life stages, health and nutrition, or community nutrition units.
Style and delivery	Block release programs, competency based and Recognition of Prior Learning, theory and on-the-job assessments, self paced learning for distance education, Aboriginal Study Centre approach, face to face classroom sessions, remote area follow up, adult learning principles.
Opportunities to acquire useful clinical skills	On-the-job training as part of block release system, but this depends on skills available in individual industry placements, some clinical components, preceptorship programs in Aboriginal Health Services.
Attention to cultural, social, environmental and health promotion concepts	Specific modules on health promotion, community development and implementation of primary health care, as students are Indigenous people these elements are also covered by experiential knowledge base.
Reference to various standards	<i>Australian Dietary Guidelines and Food and Nutrition Policy, WHO/UNICEF Baby-friendly Hospital Initiative.</i>
Emphasis on referral and support structures	Family and community support emphasised.

Course contents/learning objectives or assessment criteria relevant to breastfeeding and infant nutrition

- Advantages and disadvantages of breast and bottle feeding
- Normal nutritional status and basic nutritional requirements for children under five years of age
- Suitable foods for babies, pregnant and breastfeeding women
- Strategies to promote breastfeeding
- Breaking the FTT cycle
- Appropriate health education programs to assist care-givers in child rearing.

Aboriginal and Torres Strait Islander health worker training at Associate Degree or Bachelor levels

Summary assessment

- No curriculum or course content materials were submitted as part of the responses for this category. It is therefore difficult to comment in detail on content and depth relating to breastfeeding and infant nutrition.
- A knowledge-based and holistic approach to training predominates over clinical problem-solving skills. Emphasis appears to be placed on offering accurate and appropriate advice to individuals, families, and the community. Health education and illness prevention, plus community development components of the course, are emphasised.
- The course offered by the Southern Cross University (Lismore, NSW) is able to incorporate the North Coast Aboriginal Breastfeeding Project (Golds, 1995) as part of a health education and illness prevention module.

Need for specific unit or resource materials

Three submissions commented on this issue. Two emphasised that additional resource materials, rather than additional training units, were needed. One particularly emphasised the benefits of a holistic approach and the fact that no additional course contents were possible as students and teachers were already overwhelmed by the quantity and diverse contents. Another submission suggested that both resources, and a specific unit to slot into existing courses, were needed. Specific suggestions are outlined below.

- Locally-based resource development would be useful, due to the diversity of communities. This should take the form of assistance and support to training providers to develop the necessary resources.
- As some of the issues involved are culturally sensitive, there are few resources available. Indigenous flip-charts, an appropriate breast model and short videos that could be dubbed for different settings would be welcomed.
- Materials outlining the impact of alcohol and other drug intake during breastfeeding are needed. Materials that assist with teaching regarding the vertical transmission of infectious diseases through shared breastfeeding or breast pumps would also be relevant.
- A possible postgraduate certification in infant nutrition and breastfeeding may add to the quality and quantity of attention to this area.

Other issues

- Some training providers are currently developing nutrition electives or specific summer school-type courses on breastfeeding and infant nutrition as part of maternal and child health. The latter aims to involve older Indigenous women who would work with maternal and child health nurses to support young mothers locally. Funding for these initiatives is uncertain at this time.
- A general lack of continuity of funding and effort was perceived as a major problem for trainers and students.
- There is a need for more research in breastfeeding and infant nutrition for transient populations and Aboriginal and Torres Strait Islander people who live in South Eastern States. Most work to date has been carried out on populations in the north and west of Australia.
- There is a need for the establishment of a scientific and Indigenous community task force or working group to develop advice and support for health workers on the subject of vertical transmission. This group should draw on the experience and resources already developed through the National HIV/AIDS Strategy.

Health worker training at Associate Degree of Bachelor level

Criteria / key issues	Description / comments
Attention to breastfeeding and infant nutrition	Range from no specific units offered and some content within other units, to some attention as part of nutrition, maternal health, child health and development, nutrition and family health units, holistic approach to maternal and child health emphasised throughout the entire course.
Style and delivery	Flexible study mode with teaching blocks throughout the year, competencies defined in individual learning contracts, face-to-face classroom sessions, lectures, tutorials and practicals, problem-based learning packages, community placements with tutoring and mentor support.
Opportunities to acquire useful clinical skills	Dependent on community and workplace setting for individual students, training is more knowledge-based rather than focused on clinical competencies and outcomes. Little information available on clinical elements.
Attention to cultural, social, environmental and health promotion concepts	Specific modules on health promotion, community development and implementation of primary health care. As students are Indigenous Australians, these elements are also covered by experiential knowledge base.
Reference to various standards	No information available.
Emphasis on referral and support structures	Family and community support emphasised, importance of involving older women.

Course contents/learning objectives or assessment criteria relevant to breastfeeding and infant nutrition
(little information available)

- Advice to mothers, families and community regarding benefits and recommended duration of breastfeeding
- Awareness of impediments to good nutrition
- Advice on good infant nutrition and problems related to poor nutrition
- Maternal and infant nutrition approached in holistic manner and integrated with issues relating to pregnancy
- Physical issues of growth and normal growth rates and nutrition for children under five.

- There should be more research done on what affects Aboriginal and Torres Strait Islander women's choices about antenatal care and on the acceptability and accessibility of existing ante and postnatal services.
- An important issue to be addressed is the training and support of older women. This is a generation which, for a variety of reasons, did not breastfeed. The women need support in saying that although this was alright at that time, the traditional way is now considered best. These women have a key role in encouraging and supporting their daughters and granddaughters in breastfeeding.

Short courses, specialist training, experiential or on-the-job training for Aboriginal and Torres Strait Islander people

Only one submission in this category relates to accredited specialist training for health workers. One is a brief description of the goals of a recently piloted workshop for family and child health nurses, dental therapists, nutritionists and Aboriginal liaison officers; and three relate to experiential and on-the-job training for health workers within the workplace. The comments of these latter responses (all from urban settings), in relation to health workers training opportunities in the areas of breastfeeding and infant nutrition, are summarised below.

Workplace training for Aboriginal and Torres Strait Islander health workers

Competencies and training relevant to breastfeeding and infant nutrition

- Knowledge of anatomy
- Knowledge of women's health
- Pathophysiology of the breast
- Basics in orofacial, dental health, maxillary areas
- Effects of bottle feeding on shape of the mouth
- Preparation of infant nutrition alternatives
- How to include men in infant health and how to support them in supporting mothers, sisters and girlfriends
- How to support families and mothers in budgeting and purchase of nutritious foods.
- Specific nutrition program includes breastfeeding issues.
- Mothercraft of high-risk mothers
- Empowerment of women to make health care choices
- Medication and other drug risks during pregnancy and breastfeeding
- Common breastfeeding problems and their solution
- Emotional support to mothers
- Nutritious foods for the whole family
- Budgeting and money management suggestions
- Hygiene and environmental health issues

Needs for specific unit or resource material

- Package explaining the risks of maternal nutrition, drugs and alcohol to pregnancy and breastfeeding.
- Health worker training and resources in the difficult area of how hepatitis B and HIV status can be sensitively checked in areas of high or increasing prevalence, and appropriate advice offered by health workers before breastfeeding is universally recommended.
- Appropriate video on positioning and attachment.

Other issues raised by respondents

- Training needs to be community-based and accredited. Specialisations should be available in the area of maternal and child health, and health workers should have access to such training opportunities without the need to go to a major centre.
- It is time to have holistically and comprehensively trained Aboriginal health workers given specialist training in some key areas, such as maternal and child health, mental health, etc.
- There is a need for approaches to training that help the health worker to see breastfeeding and infant nutrition in a context of housing, employment, child care, and general family health issues.
- The transfer of training to the tertiary sector has not helped the development of a much more integrated and holistic approach to training and intervention. There is a feeling amongst some Aboriginal Medical Service providers that in this transfer, there has been a loss of the value of the former apprenticeship training. "Perhaps the pendulum has swung too far and the Commonwealth needs to broker greater links between the tertiary training providers, the community-controlled health services, and older women's networks. There should also be more Aboriginal trainers involved in teaching in the tertiary sector. Alternatively, there is a need for an Aboriginal university where Aboriginal people can be in control of Aboriginal health worker training."
- There continues to be a need for emphasis on the attitudes and skills of mainstream health workers in relation to Aboriginal and Torres Strait Islander people.
- The introduction of the expert lactation consultant can interrupt family dialogue for feeding the neonate. The conversation that occurs between the grandmothers, mother and mother of the new born, and the positive female communication that encompasses and revolves around the new baby, is often lost to the advice of the expert. The introduction of an expert may drive further apart the two groups which most need to get together for learning to occur.'

The piloted workshop goal was to stimulate action in nutrition for Aboriginal children by:

- providing an opportunity to explore issues around nutrition for children;
- promoting networking between people who work with nutrition, child health and Aboriginal health; and
- raising awareness of policies, support structures and available resources for working in nutrition, Aboriginal health and child health.

The workshop was run for family and child health nurses, dental therapists, nutritionists and Aboriginal liaison officers and may provide a useful model for coordinated action in other areas. A full written description is not yet available.

It appears that there is only one stand-alone short course in maternal health for Aboriginal and Torres Strait Islander health workers currently available. The joint program of the Department of

Public Health and Tropical Medicine, James Cook University (QLD), the Royal Australian College of Obstetricians and Gynaecologists (NSW) and Kimberley Aboriginal Medical Services Council (WA) is offered through intensive teaching in Townsville and practical placement in King George V Hospital, Sydney.

The objectives of the theory sessions relating to breastfeeding and infant nutrition are outlined below.

Maternal health for Aboriginal and Torres Strait Islander health workers

At the end of the theory sessions the student should be able to:

- describe the central role of breastfeeding in Aboriginal and Torres Strait Islander culture;
- describe traditional practices that promote successful breastfeeding;
- assess the various colonial historical factors that have had negative impact on breastfeeding practice;
- describe the way breastmilk is produced;
- describe the benefits of immediate breastfeeding after birth;
- describe the benefits of breastfeeding to the child as they relate to nutrition, immunity, dental-oral hygiene, emotional issues and reduction of the risk of sudden infant death syndrome (SIDS);
- evaluate the quality of local practice, suggest areas and outline strategies to achieve improvement when given the *Ten steps to successful breastfeeding* (WHO/UNICEF);
- demonstrate, using a mannequin or baby, positioning and methods of attachment.
- identify problems associated with positioning and attachment when shown cases (live or video);
- describe the potential outcomes of poor positioning and attachment;
- describe methods for managing breastfeeding problems, including supply, cracked nipples, painful nipples, breast infection and abscess;
- describe the impact of supplementary feeds on breastmilk supply;
- given lists of common local myths of breastfeeding, can come up with arguments about these;
- describe the effect of drugs on breastfeeding and the baby (nicotine, caffeine, alcohol, etc.);
- describe traditional practices that promote successful infant nutrition;
- describe the indications for the introduction of solids (age about six months, developmental stage and food seeking behaviours);
- describe the composition of foods suitable for different stages of infancy;
- list at least 20 foods that are locally available which are suitable weaning foods;
- describe ways of preparing foods for consumption by the weaning infant;
- describe the potential problems associated with and can map out strategies for dealing with issues such as low community knowledge on infant nutrition, too early introduction of solids, too late introduction of solids, gastro-enteritis, allergy and children low on food chain who miss out;
- describe the problems associated with the use of cow's milk/artificial milk substitutes as they relate to nutrition (when optimally prepared and diluted), immunity, infection and allergy; and
- given the growth chart of a child deprived of breastmilk, can identify the poor nutrition-infection-poor growth cycle.

The topics above are currently covered intensively over 1 1/2 days in a problem-based teaching mode, but a full two-week infant nutrition and breastfeeding subject is to be developed. The course has been running for five years and 96 students from around Australia have graduated.

Additional information

The above course and associated practicum placement, plus training opportunities in tropical paediatrics, are also outlined as part of the National Workshop Aboriginal and Torres Strait Islander Health Worker Training (1997, p. 26–27). Past consultation indicates that similar maternal health courses were previously also available through Marr Mooditj College in Western Australia, but these are presently not offered due to funding constraints (NHMRC, 1996b, p. 239).

Health literacy, community education or development training for Aboriginal and Torres Strait Islander individuals

The training opportunities in this category are not aimed at health workers, but are designed to develop skills among interested individuals in Aboriginal and Torres Strait Islander communities. One submission is planning to use elements of this training for community-based workers to support nutrition and healthy kids initiatives. Qualifications are at Certificate levels 1 and 2.

Summary assessment

- Course contents and emphasis are negotiated with learners based on their priorities and area of interest, or targeted at specific intervention initiatives in nutrition and child health.
- Learners are provided with an overview of health issues in a social and cultural context that is relevant to their particular situation. These individuals have the potential to become important resource people for their families and/or the wider community. They can also help to facilitate better interaction with and access to the health services provided in their area.
- Homemaker and shopping wise units further support practical skills development that can benefit infant care practices, the whole family, and help to empower individuals through knowledge and the ability to make informed choices for better health.
- There are no specific units covering maternal and child health or related nutrition issues, but nutrition and lifestyle factors and other health units focus attention on the importance of good food and health practices.

Need for specific unit or resource development

- Self-paced, interactive and culturally-appropriate materials for use with or without a mentor would be useful in the area of breastfeeding and infant nutrition.
- Some workbook modification and resource development is planned for infant feeding practices and growth chart use.

Other issues

- Learners are provided with a range of skills to enable them to become advocates for healthy lifestyles and to use these skills in their families and communities.

Health literacy and community education training at Certificate level

Criteria / key issues	Description / comments
Attention to breast-feeding and infant nutrition	Some content within other units: family matters, Aboriginal health, introduction to primary health care, nutrition lifestyle factors, healthy foods, care giving—babies and children.
Style and delivery	Competency based and recognition of prior learning, self-directed and self-paced learning, tutorials, Aboriginal Study Centre approach, one-to-one sessions, adult learning principles.
Opportunities to acquire useful clinical skills	Not applicable.
Attention to cultural, social, environmental and health promotion concepts	Learning outcomes relating to social, environmental and cultural factors affecting choice of foods for the family; broad historical issues are also included, as students are Indigenous Australians these elements are also covered by experiential knowledge base.
Reference to various standards	Not applicable.
Emphasis on referral and support structures	Not applicable, no specific information available.

Course contents / learning objectives or assessment criteria relevant to breastfeeding and infant nutrition

- Healthy food choices throughout different life stages and their contribution to reducing the risk of lifestyle diseases
- Nutrition-related disorders commonly affecting Aboriginal and Torres Strait Islanders throughout life stages
- Health benefits of breastfeeding
- Correct preparation of common formula and bottle hygiene
- Importance of regular clinic check-ups for mother and baby
- Common causes of FTT
- Suitable foods for babies being weaned.

Other health professionals

Of the 61 organisations or specific courses invited to contribute to the training audit, 22, or approximately 36 per cent responded in some form. The breakdown of submissions by State or Territory and category of training offered is shown below. However, it should be noted that for specialist training opportunities in the area of lactation or infant feeding, the response rate was almost inclusive. For other mainstream training opportunities the response rate was less than 20 per cent.

Although such a conclusion can only be subjective on the basis of the information available, it is likely that those education and training opportunities that do include a special focus on breastfeeding and infant nutrition are well represented within the submissions received. In contrast, those less active in this area are likely to be in the group from whom no submissions were received. A listing of the training providers responding in some form or other to the audit is given in Appendix 7.

State/Territory	Lactation specialists	Child, family and community health nursing	Midwifery training	Medical training
ACT	-	-	-	-
TAS	-	-	-	-
NSW	3	3	1	1
NT	-	-	-	-
QLD	-	2	2	1
SA	1	1	1	-
VIC	2	1	-	1
WA	1	-	-	1
Total	7	7	4	4

The majority of submissions received within this category relate to postgraduate opportunities for nursing, midwifery and lactation specialisations. The non-accredited lactation counsellor and lactation educator training offered through the NMAA is also included in this group, but will be analysed and presented separately.

Comments will be made upon the opportunities for learning within these various settings, regarding the health, social and cultural circumstances of Aboriginal and Torres Strait Islander groups.

Breastfeeding counsellors and community educators, NMAA

Submissions were received from the national headquarters of the NMAA and one Western Australia based group. The training opportunities offered to members of the NMAA are non accredited, internal certificate, qualifications as a breastfeeding counsellor or community educator. The purpose of the breastfeeding counsellor training is to empower women to breastfeed. All counselling is on the basis of questioning, offering information and suggestions. Trainees must have successfully breastfed at least one baby for a minimum of nine months and be recommended

by another breastfeeding counsellor. The role of the community educator is more varied and aims to create community awareness and support for nursing mothers.

Summary assessment

- The emphasis of the organisation is on mother-to-mother support for breastfeeding and infant care. This is consistent with the WHO initiatives and recommendations.
- A large number of booklets have been produced, but the target audience is primarily non-Indigenous. Resources for study modules to help lactation consultants with continuing education are currently being developed. The organisation is also involved in administering the course *Infant Feeding Matters* run by ALMA Seminars.
- A special needs working group is currently offering extra support and the option of verbal completion and assessment to two Aboriginal trainees in NSW.
- Although some infant feeding issues and topics are included as part of lactation counsellor training, the overall focus is primarily on breastfeeding.

Need for specific unit or resource materials

This question was not addressed in the submission. However, the modification of existing training material to make it more appropriate and acceptable for various cultural groups was suggested as a possible strategy.

Other issues

The organisation is striving for accreditation of their training program.

NMAA breastfeeding counsellor training

Criteria / key issues	Description / comments
Attention to breast-feeding and infant nutrition	Main focus is breastfeeding rather than infant nutrition.
Style and delivery	Reading, meetings, workshop, practical work.
Opportunities to acquire useful clinical skills	Not applicable.
Attention to cultural, social, environmental and health promotion concepts	Recognition of the differing needs of cultural and ethnic groups to encourage awareness in trainees. But program is not particularly geared to Indigenous population. A small number of individual NMAA groups have been involved in specific Aboriginal outreach worker initiatives.
Reference to various standards	<i>WHO/UNICEF Meeting on Infant and Young Child Feeding, 1979.</i>
Emphasis on referral and support structures	As a community-based mother-to-mother support group, this is part of the overall philosophy of the organisation.

NMAA breastfeeding counsellor training

Course contents / learning objectives or assessment criteria relevant to breastfeeding and infant nutrition

- Benefits of breastfeeding (health, social, economic, environmental)
- Preparation for breastfeeding
- Diet for pregnant and lactating mothers
- Physiology of lactation—structure of the breast, the let-down reflex, milk production
- Positioning and attachment of the baby to the breast
- Management of lactation —breastmilk supply (low supply, too much, signs of an adequate supply), nipple care (prevention and treatment of sore nipples, management of inverted nipples), breast care (prevention and treatment of engorgement, blocked ducts and mastitis), expressing and storing breastmilk
- Introducing solids (signs of readiness, suitable first foods, foods to avoid)
- Weaning
- Weight gains in the breastfed baby
- Breast refusal—the crying baby; wakeful babies and night waking
- Relactation and adoptive breastfeeding
- Breastfeeding and hospitalisation
- Breastfeeding combined with commitments away from the home

Lactation consultants and related specialists

Three submissions related to courses designed to assist health practitioners to prepare for and qualify as a lactation consultant with the International Board Certified Lactation Consultant, (IBCLC), or continue their professional education and development in this area. The certification exam is at a university level of difficulty and candidates must meet the requirements of a number of pathways including tertiary qualification, practice as a breastfeeding consultant or clinical experience within a lactation education program. Certification is for five years and re-certification by continuing education or re-examination is required.

Two further submissions related to one training program within a university offering a Graduate Certificate in 'Lactation and Infant Feeding', which is particularly targeted at midwives and early childhood nurses.

Summary assessment

- Course content varies depending on the objectives of the training. That is, whether it is preparatory for examination to qualify as a lactation consultant or part of ongoing professional development for this group. Except for the formal university setting, the clinical practice elements are not a major component of the much shorter training offered. It is expected that participants will be able to develop their skills as part of workplace practice.
- The emphasis is very much on breastfeeding and lactation. There appears to be little nutrition content for introduction of foods to older infants.

Need for specific unit or resource materials

Emphasis needs to be on professional development sessions for health professionals working in the area.

- Additional training opportunities and resources would be useful.
- Aside from additional training units or resources, it is important to consider grants or other support to help increase student numbers so that there are more informed lactation consultants in the community to educate and support mothers.

Other issues

- “It should be recommended that the International Board of Lactation Consultants (IBLC) examination is seen as the minimum acceptable standard for lactation consultants.”
- “A national curriculum or similar would be good as long as it was kept out of the hands of academic nurses. It must be developed by content experts working with communities. I would like to see it developed by a group of content experts and community representatives paid to do a clear job and done in an interactive way.”
- “We need to worry about the bottle, not just saying ‘breast is best but bottle is OK’. Women need to know the effect of a choice of bottle-feeding on the physiology of their baby.”
- “There needs to be more work done in the area of reflux and formula.”

Lactation consultants and related specialist training

Criteria / key issues	Description / comments
Attention to breast-feeding and infant nutrition	Lactation and breastfeeding is the major focus.
Style and delivery	Didactic, but taught in a practical way to practising health professionals; external mode consisting of 12 workshops (problem solving case studies, discussion and assignments), professional development seminars, workshops and lectures offered alongside clinical practice.
Opportunities to acquire useful clinical skills	As part of professional and workplace practice, not a principal component of training. Special clinical placements and experience.
Attention to cultural, social, environmental and health promotion concepts	Variable depending on length of training opportunity. Limited to some lecture content on cultural aspects of infant feeding. More extensive health promotion and policy content.
Reference to various standards	<i>WHO Code on Marketing of Breastmilk Substitutes, Baby-friendly Hospital Initiative, WHO Bulletin, 1989: Infant feeding—the physiological basis, NHMRC Infant feeding guidelines for health workers.</i>
Emphasis on referral and support structures	Not applicable.

Lactation consultants and related specialist training

Course contents / learning objectives or assessment criteria relevant to breastfeeding and infant nutrition

- Understanding IBLC ethics and standards of practice, and achieving Australian Lactation Consultants Association (ALCA) recommendations and competencies, emphasis is motivational and on good clinical and practical skills.
- Understanding of the processes of breastfeeding; anatomy, physiology, endocrinology, correct positioning and attachment, problems involved in breastfeeding, broad implications of breastfeeding, maternal issues and understanding research related to breastfeeding.
- Clinical challenges in managing breastfeeding in special situations, such as congenital abnormalities, pre-term infants, neurological impairment or FTT; counselling in one-to-one and group settings, communication skills and adult learning principles; anatomy and physiology; breastmilk composition and research; socio-cultural values and education; maternal nutrition, twins and breast problems; maternal and infant illnesses; breastfeeding policies and structures plus strategies for managing change within this clinical speciality.

6.9 Child, family and community health nursing

Seven submissions were received for this category of training, with two delivering the same distance education unit Issues in Breastfeeding in different settings. Qualifications received are at the level of Graduate Certificate or Diploma and the main target groups for these training opportunities are nurses, midwives, early childhood, paediatric or remote area nurses. For the majority of courses on child, family and community nursing, breastfeeding, growth and development, or child health units were mandatory or core subjects. One course offering a child and adolescent health specialisation included some relevant content in all four units making up the course, but had no specific learning objectives on breastfeeding and infant nutrition. In contrast to the other training opportunities in this category, the course was delivered in a predominantly urban environment, where students had little opportunity for practical sessions in health services used by Indigenous people.

Summary assessment

- Very good coverage of the subject area in relation to workplace settings emphasising community-based and primary health care.
- Attention to counselling skills and community structures, such as mother-to-mother support groups, is consistent with the WHO initiatives and recommendations.
- Clinical skills are emphasised and developed as part of relevant practicum placements or workplace experience.
- There was little specific information on the learning outcomes or advice offered to carers about the introduction of first foods, hence these elements were difficult to assess.

Need for specific unit or resource materials

All four submissions specifically addressing this issue indicated that additional units and/or resource materials were needed to better support training in this area. The suggested range of materials or resources is outlined below.

- Appropriate readings to highlight issues and give an overview. Specific strategies for working with Indigenous people and health workers that can become a resource or used in clinical experiences depending on the student's setting.
- Additional resource materials suited to multiple modality and distance education are needed.
- As not all Aboriginal and Torres Strait Islander people are the same, it would be difficult to develop national resources.
- "There need to be breastfeeding resources that target health professionals, not just women. These need to especially target general practitioners and nurses in hospitals. They should cover the myths about breastfeeding, plus patient and professional communication to ensure that how advice and support is given is factual and unemotive."
- "There is a need for good content in all breastfeeding materials, training or resources. However, professionals need to look at the language they use and the way they deliver messages. There are often mixed messages given to women. For example, women are encouraged to breastfeed for at least six months, but longer-term breastfeeding is subtly or overtly derided as saying something about the mother's needs rather than the baby's."

One submission from an urban setting suggested that "more professional development for staff who do work with Indigenous women would be beneficial, rather than further emphasis on this issue in a preparatory program."

Other issues

- "Underlying this course is the concept of self care, that is, that the role of the nurse, midwife or other care provider is to educate, assist, encourage and nurture the mother and her family towards effective use of their own resources."
- There is a need to get more positive role models working in the community and develop a culturally-appropriate version of the NMAA for the Aboriginal and Torres Strait Islander community. The emphasis should be on self-help and peer support initiatives.
- Training for Aboriginal and Torres Strait Islander health workers as lactation consultants is needed.
- "Education is not just important for mothers, it is also vital for health professionals. There must be enough resources given to the employment of nurses and Aboriginal and Torres Strait Islander health workers to release them to do training and then to have enough time and support in the workplace to implement training. The recent work on postnatal depression is a good example of how things don't work back in the workplace. Nurses return to extraordinary workplaces where throughput is god. Nurses wanting to do a good job are lying about throughput, saying they are seeing new clients, so that they get the time to address breastfeeding or post natal depression."
- "If the Aboriginal and Torres Strait Islander communities see breastfeeding and infant nutrition as a priority it will be taken up more effectively. There could be greater support for community level awareness and behaviour change programs. Breastfeeding and infant nutrition issues have to compete with land rights and stolen children. The elders know it is important, but fear that the younger generation do not have it as a priority because other issues are more important."
- "There is a very unuseful trend towards advising women to take the baby off the breast if it is unsettled or troublesome. Based on muddled thinking about behaviour modification and greater control allowed by bottle feeding for quantity and frequency of feeds."

Community, child and family health nursing specialisations

Criteria / key issues	Description / comments
Attention to breast-feeding and infant nutrition	Most submissions focused on lactation and breastfeeding but introduction of solid foods and nutrition to older children also covered.
Style and delivery	Distance learning packages, workshops, clinical practice placements, lectures.
Opportunities to acquire useful clinical skills	Practicum placements in maternal and child health centres, parent residential units or similar.
Attention to cultural, social, environmental and health promotion concepts	Emphasis on a primary health care approach and health promotion concepts, community settings particularly for remote area nurses provide opportunities for cross-cultural learning, some practicum placements in Aboriginal health centres.
Reference to various standards	<i>WHO Code on Marketing of Breastmilk Substitutes, Baby-friendly Hospital Initiative, NHMRC Infant feeding guidelines for health workers.</i>
Emphasis on referral and support structures	Networking with mother-to-mother support groups such as the NMAA encouraged, lactation consultants seen as specialist resource.

Course contents / learning objectives or assessment criteria relevant to breastfeeding and infant nutrition

Learning outcomes are directed towards the student developing knowledge, skills and attitude foundation that support breastfeeding as the best option. Students are expected to have this base to enable them to counsel and provide practical support and appropriate referral to other groups, such as nursing mothers. Outcomes are geared to breastfeeding alternatives and the requirements for them to support mothers who are unable or who do not wish to breastfeed. The introduction of solid foods, safety aspects associated with this and progressive nutritional needs are also addressed.

- An understanding of the dynamic and complex role of the child and family health nurse in clinical practice (including advanced skills in clinical problem-solving and decision making, and as applicable to lactation problems)
- Develop collaborative strategies to function effectively with clients from diverse groups
- Acquire expanded communication and counselling skills fitting to the role of the specialist child and family nurse
- Use of appropriate tools and strategies to assess the health status, identify health needs and intervene with clients
- Capability to conduct health, nutritional, growth and developmental assessments

- Utilise health promotion approaches relevant to individual, group and community needs (including promotion of breastfeeding, healthy family nutrition and infant and young child feeding).

Benefits of breastfeeding and management of normal lactation and assessment and intervention related to common problems and situations covered in midwifery preparation are reviewed. These topics, plus artificial formula, introduction of first foods and cow's milk, are covered using the framework of evidence-based practice. A primary health care approach and principles of health promotion, derived from the 'new' public health initiatives, and feminist, community development and cross-cultural nursing theory, underpin health teaching.

- Managing breastfeeding
- Introduction to infant nutrition
- Contemporary issues in breastfeeding, including strategies to promote breastfeeding, maintaining breastfeeding, and breastfeeding in special circumstances.
- Explain normal development, attitudes to breastfeeding and principles of artificial feeding in an infant and child
- Identify factors that have a negative and positive impact on the nutritional status of infants and children
- Appreciate the Indigenous perspective in relation to child and family health issues
- Recognise common paediatric health problems (especially those affecting Aboriginal and Torres Strait Islander populations).

Midwives

Four submissions relating to midwifery training at the Bachelor, Graduate Diploma or Masters level were received for this category.

Summary assessment

The focus is primarily on clinical skills within a hospital setting, plus some domiciliary follow up for mothers and babies who go home on early discharge. The neo-natal period is emphasised, hence course contents particularly cover the establishment of lactation and possible early problems rather than maintenance of breastfeeding or introduction of solid foods.

Need for specific unit or resource materials:

Only two submissions commented on the need for additional training opportunities and/or resources. One focused on the need for more professional development sessions and opportunities for health professionals working in this area. The other emphasised the need for more specific information on perinatal and postnatal care of Indigenous people. Audio-visual material, such as a video on pregnancy and birth from the cultural perspective, was suggested as a resource to enhance training in this area.

Other issues

The literature used to support training in one of the submissions was felt to be somewhat out of date. The course could be improved by updating materials and using current quality practice or other recent research and developments in the area of breastfeeding.

Midwifery specialisation

Criteria / key issues	Description / comments
Attention to breast-feeding and infant nutrition	Emphasis on breastfeeding and neo-natal nutrition rather than introduction of foods.
Style and delivery	Theory lectures, problem-based learning approach to dealing with common problems soon after birth in a practical setting.
Opportunities to acquire useful clinical skills	Clinical placements in postnatal wards.
Attention to cultural, social, environmental and health promotion concepts	Some opportunity for visit to Aboriginal medical centres or through workplace experience. Emphasis on patient education and health promotion to facilitate women's choices.
Reference to various standards	<i>WHO Code on Marketing of Breastmilk Substitutes, Baby-friendly Hospital Initiative, NHMRC Guidelines on infant feeding for health workers.</i>
Emphasis on referral and support structures	Lactation consultants provide some teaching, student attendance at NMAA meetings is encouraged.

Course contents / learning objectives or assessment criteria relevant to breastfeeding and infant nutrition

- Benefits of breastfeeding; anatomy and physiology of the breast; biochemistry of breastmilk; physiology of lactation; supporting the mother and baby.
- Focus on common problems in the early puerperium. Utilising problem-solving approaches to plan, implement and evaluate care with the mother who is experiencing problems with breastfeeding and/or other birth related conditions. Discussion of how extended family and other support systems can be used to assist the mother to avoid problems.
- Understanding the process of breastfeeding; covering aspects of anatomy, physiology, endocrinology, correct positioning and attachment, problems involved in breastfeeding, broad implications of breastfeeding, maternal issues and understanding research related to breastfeeding.
- Anatomy and physiology of lactation; initiating and maintaining lactation; midwife's role in assisting the mother to breastfeed; cultural, sociological, and psychological factors involved in decision making related to breastfeeding; *Baby-friendly Hospital Initiative*; cultural influences on infant care practices; midwife's role in creating an environment in which families feel supported; infant feeding issues.

Medical practitioners

Four submissions were received in this category. One related specifically to postgraduate scholarships available for study at Masters or Doctoral level in breastfeeding and infant nutrition. As these opportunities are research based no further details on course content were provided. The remaining three submissions all related to obstetrics and gynaecology specialisations and one also commented on relevant content during the paediatric term of training. The main target group for these training opportunities is fifth-year medical students.

Summary assessment

- Limited attention to breastfeeding and infant nutrition issues. What learning there is focuses on breastfeeding and clinical care, similar to the training opportunities for midwives.
- Some discussion on community structures to support breastfeeding women, which is in line with the WHO initiatives and recommendations.
- Through facilities such as hospital based lactation clinics, students may become exposed to greater learning opportunities in relation to the management of breastfeeding problems.
- Little or no attention to cultural and other issues important for Aboriginal and Torres Strait Islander groups or health promotion and primary health care principles.

Need for specific unit or resource materials:

None of the submissions addressed the issue of further training opportunities or resources and one indicated that it was “not relevant in a metropolitan area”. In contrast, another training institution recognised the potential for a change process, as follows;

- “These questions have prompted recognition of the need to provide more culturally diverse education for medical students about breastfeeding.”

Other issues

- “As a practitioner it is my overwhelming impression that the vast majority of Aboriginal women cared for at — choose to breastfeed, and anecdotally have a much lower rate of early breastfeeding problems. The maintenance of breastfeeding and education about subsequent infant nutrition would, in my opinion, be the most appropriate area of focus.”

During the discussion of breastfeeding and infant nutrition issues in a telephone submission a number of other points were raised:

- there are many competing and conflicting interests in what to teach health workers (e.g. pap smears, cervical smears) and some of it is very technical—should there be specialisations among health workers?
- should there be a special lactation course for health workers?
- a ‘visiting fireman’ approach, where someone goes back to the community after a course to do some on site training; and
- inserting more lactation training into medical students and medical specialist training.

Medical training

Criteria / key issues	Description / comments
Attention to breast-feeding and infant nutrition	Emphasis on breastfeeding and lactation, no relevant infant nutrition components.
Style and delivery	Lectures, tutorials on problem patients.
Opportunities to acquire useful clinical skills	Overall clinical focus to training.
Attention to cultural, social, environmental and health promotion concepts	Awareness of societal attitudes to breastfeeding is raised through viewing a video of women talking about their breastfeeding experiences and others reactions and responses towards them. No specific education related to the needs of Indigenous populations or various cultural beliefs is provided. Broad discussion about culturally-diverse expectations of breastfeeding is facilitated.
Reference to various standards	No information available.
Emphasis on referral and support structures	Available community services are identified and a team approach to breastfeeding problems is encouraged.

Course contents / learning objectives or assessment criteria relevant to breastfeeding and infant nutrition

- Physiology of milk secretion
- Assisting new mothers in the initiation and establishment of breastfeeding
- Correct attachment techniques
- Assessment and management of common breastfeeding problems
- Early postpartum issues including breast changes, feeding problems, newborn behaviours and the involution process
- Access to community support services for breastfeeding women.

Additional information:

The new core curriculum (1997) of the Royal Australian College of General Practitioners training program allows for some greater depth on the subjects of breastfeeding and infant nutrition, as well as Aboriginal health issues. Some of the relevant learning content included under the appropriate curriculum headings is reproduced below.

Reproductive health:

- postnatal—breastfeeding support and community support services (i.e. NMAA); and
- drugs contraindicated in lactating women

Children and young people's health

- post natal period in the era of early discharge—growth velocities, breastfeeding, techniques for helping mothers, breast care; and
- nutrition and physical fitness—nutritional goals by age group, strategies to minimise discord at feed/meal times.

Aboriginal health

- Self-directed learning to include inter-cultural communication, clinical practice, holistic primary health care approach.

Dietetics and nutrition

No submissions were received for this category. However, past consultation supports the following conclusion:

“The extent to which Aboriginal and Torres Strait Islander nutrition is addressed varies across the courses provided. There seems to be more emphasis on the issues where a University has a strong Aboriginal and Torres Strait Islander studies department and where there are established links with regional dietitians involved with Aboriginal and Torres Strait Islander communities.” (NHMRC, 1996b, p. 215)

The National Specialty Program in Public Health and Community Nutrition 1996–97 directory of postgraduate training opportunities also indicates that a number of relevant units are available. However, the focus of these is primarily on health promotion, primary health and community or public health strategies rather than clinical care practices. The emphasis can be expected to be more on infant feeding and nutritional status than on individual breastfeeding problems experienced by mothers.

Chapter 7

Summary and discussion

There is some content on breastfeeding and infant nutrition in all the training opportunities included as part of this audit. However, the depth and comprehensiveness varies widely in relation to the level of training offered, the aims of the training or perceived role of the health practitioner, the level of specialisation in relation to these issues, and both trainer and learner sense of priority for this subject area.

This discussion is structured according to the level of training offered, as this influences the other criteria, such as service delivery and roles of health care providers, as well as the content and depth that may be expected in relation to breastfeeding and infant nutrition.

Health literacy or community education opportunities for Aboriginal and Torres Strait Islander people

Training allows for qualification at Certificate or ASF levels 1 and 2. Graduates are not qualified health workers, but are seen as important resource people for their family and/or the wider community. The emphasis is on practical skills development that can benefit infant care practices and the health of the whole family. The focus is on the situation in the individual learners community setting as well as strategies for providing support and advice to other members of these communities. Initiatives to modify some of this training for community-based nutrition workers are also underway.

There are no specific units covering maternal and child health but some content relating to breastfeeding and infant nutrition allows for greater emphasis on these issues if they are a priority for the learner. These training opportunities have the potential to develop additional knowledge within a community and encourage emphasis on the importance of continued breastfeeding and appropriate infant nutrition.

Self-directed learning materials and other training resources could support such increased attention to the area of breastfeeding and infant nutrition. Such training opportunities and the community-level spread of knowledge should also be enhanced by appropriate resources to promote the messages being given.

Any developments in this area should build on the existing experience of the institutions presently providing these learning opportunities. It should also take account of existing resources, such as the recently produced video on introduction of solids (Halls Creek Community Health, 1996) and similar initiatives in the Northern Territory; posters and leaflets available from the Western Australian health department, plus other sources of appropriate health promotion materials for Aboriginal and Torres Strait Islander women and families.

Aboriginal and Torres Strait Islander health worker training at Certificate or ASF level 3 and 4

There are no specific units covering maternal and child health but the content of other units relates to breastfeeding and infant nutrition. Again, the emphasis on these issues depends on teacher and learner perceptions of priority. Clinical skill development is dependent on the workplace setting of individual trainees.

Any further developments in this area should build on the experience of particularly the Western Australian Aboriginal Medical Services training providers and the Queensland Aboriginal and Torres Strait Islander primary health care program.

Submissions emphasised that the further addition of core curriculum components within existing training is not possible due to the extent of material that must already be covered. The generalist nature of health worker training and wide range of roles expected of them within health care practice and the community precludes depth of study in specialist areas.

A focus should be the development of additional appropriate teaching and health promotion resources, to better support training in breastfeeding and infant nutrition, as well as knowledge transfer to clients. This should also give attention to health worker support post-qualification and place emphasis on where such training is offered and/or the people available to support teaching in this area (i.e. specialists and appropriate clinical settings).

Aboriginal and Torres Strait Islander health worker training at ASF level 5 and above

The Queensland Aboriginal and Islander Health Worker Program Specialist Award in Nutrition contains a *Nutrition for mothers and children* module at ASF level 5 (Diploma and Advanced Diploma), which should be examined in greater depth prior to any specific development of additional resources at this level.

The short course in *Maternal health for Aboriginal and Torres Strait Islander health workers*, offered at university level through the Department of Public Health and Tropical Medicine, James Cook University; the Royal Australian College of Obstetricians and Gynaecologists; and Kimberley Aboriginal Medical Service Council, as well as plans to expand this to greater depth of training in breastfeeding and infant nutrition, should also be considered prior to any further developments.

Within more general health worker training at university level, it should be noted that a knowledge-based and holistic approach to training predominates over more clinical problem-solving skills. It was difficult to assess specific course content in relation to breastfeeding and infant nutrition, yet some institutions are planning further 'summer school' type training opportunities in this area. In the past, university level training opportunities were primarily taken up by experienced health workers. Increasingly, school leavers are choosing to use this pathway to health worker qualifications. The implications of such a change should be considered through greater attention to the clinical components of these courses.

Overall, the emphasis of responses was again on the need for additional relevant teaching resources to better support existing training in breastfeeding and infant nutrition. Encouragement of networking structures between health workers and specialists, such as lactation consultants or dietitians, would enhance skills transfer. One submission also suggested that specific postgraduate qualifications in infant nutrition and breastfeeding could encourage further interest in and commitment to this area.

Mainstream training opportunities

Generalist training in the areas of medicine provide very limited attention to breastfeeding and infant nutrition issues, especially in Aboriginal and Torres Strait Islander contexts. However, there are opportunities for a range of relevant specialisations at a postgraduate level, with qualifications at the Graduate Certificate or Diploma level. The emphasis should be on supporting greater uptake and participation of mainstream primary health care practitioners in such specialisations.

The modification of existing training materials, particularly in the area of community, child and family health nursing, has the potential to support strategies for increased attention to the area of breastfeeding and infant nutrition among Aboriginal and Torres Strait Islander communities. There would need to be associated strategies for increasing student numbers, as well as the inclusion of Aboriginal and Torres Strait Islander specialists in such training.

There is some concern that the training opportunities for some of the specialisations, such as lactation consultants or endorsed midwives, consider only relatively small components of the maternal and child health spectrum. Thus, there may be particular emphasis on lactation and its establishment soon after birth or maintenance in the face of some of the problems experienced by mothers, yet little attention is given to nutrition, growth and development or the introduction of solid foods later in the infants life. However, it should also be noted that it is primarily midwives and registered nurses who are taking part in more widely relevant training opportunities.

Overall, there needs to be renewed emphasis on developing the communication skills of health professionals and increasing knowledge and understanding of the cultural, social and environmental contexts of Indigenous clients. These issues are illustrated and expanded by the following comment forming part of one of the submissions received.

“It is also important for professionals not to take the woman out of context—the belief that every woman wants to breastfeed and that all women come to the task with a blank sheet. Some are sexually abused women; some are victims of domestic violence; some have significant psychosocial body image problems. It is therefore essential that it is acknowledged that every woman has a history and that that history impacts on their choice to breastfeed or not.”

Other issues raised

Several respondents asked for health promotion resources for client use and materials for training health workers. There are a few materials around, but they are not widely available and they have not been assessed for effectiveness. It is uncertain whether locally-produced materials are easily applicable in different settings. More knowledge on how people access materials and make them locally applicable would be useful, as would an evaluation of the effectiveness of various materials.

Within the context of appropriate health care and advice for individual clients, a number of submissions raised the issue of disease transmission through breastfeeding and the potential effects of drug and alcohol misuse during pregnancy and lactation. The potential for vertical transmission of hepatitis B or HIV infections through breastfeeding is a concern for some health workers. Similarly, the potentially harmful effects of drugs and alcohol both during pregnancy and for the breastfed infant need to be considered in the advice given to mothers. Additional training resources to cover these related areas of concern should therefore also be included in any strategies that aim to promote breastfeeding.

Chapter 8

Conclusions

Current training in breastfeeding and infant nutrition could be improved in all the education sectors considered in the course of the training audit. A strategy that encourages a more holistic approach to maternal and child health care could do much to enhance interest, commitment, and training in this area.

Maternal and child health training in relation to encouraging continued breastfeeding and the appropriate introduction of additional food to Aboriginal and Torres Strait Islander infants should take account of the following elements and consider them in a depth appropriate to the health care provider setting and clinical or community role.

- Antenatal and postnatal care and advice should include strategies to support women's infant feeding choices and prepare them for the challenges to be faced during the establishment and maintenance of breastfeeding. Advice on good nutrition and health during pregnancy, as well as implications for the baby, should also be a component of antenatal care.
- Counselling, as well as clinical problem-solving skills in common breastfeeding problems, need to be emphasised. Awareness that a host of factors influence women's infant feeding choices is essential if appropriate advice, care and support is to be available for individual clients.
- The nutrition, growth and development of infants and young children, and the normal growth of breastfed babies, should be related to advice on feeding choices. Strategies to address the common perception of insufficient breastmilk need to be linked to the appropriate introduction of solid food.
- There must be increased awareness of the particular benefits of breastfeeding for low birth-weight babies and for babies of mothers with gestational diabetes.
- Hospital discharge preparation should include for the mother information on common breastfeeding problems which may occur after the initiation stage, methods of dealing with such problems and finding support.
- The FTT cycle experienced by many Indigenous infants needs to be considered in the context of nutrition as well as child illness. This is particularly important because such illness episodes are emotionally draining for care-givers and may further suppress a child's appetite.
- Account needs to be taken of the relevant cultural and community support structures available for Aboriginal and Torres Strait Islander women and their families, as well as referral to specialist health care practitioners.

Within the context of breastfeeding and infant nutrition support for Aboriginal and Torres Strait Islander women and families, it is particularly important that the advice offered is consistent. Conflicting messages must not arise from the greater emphasis on exclusive breastfeeding for a

period of six months, in light of previous initiatives encouraging the introduction of first foods from an age of four months. Advice provided to mothers must take account of the individual situation they face, as well as the nutritional status of both the mother and infant.

The development of additional training and/or health promotion resources to support breastfeeding and infant nutrition needs to take account of the diversity of cultures and settings where they are to be used. Given the generalist emphasis of training for Aboriginal and Torres Strait Islander health workers, and the amount of information that already needs to be covered as part of their course, it is not feasible to recommend introduction of further core curriculum contents.

It is suggested that an in-service approach to training in maternal and child health, with particular emphasis on breastfeeding and infant nutrition, be examined for this group. Initial efforts should focus at Certificate levels 3 and 4, and use the content of existing units in women's or child health and nutrition. Appropriately modified materials, based on the present NMAA resources and the flip-chart to support the NHMRC *Guidelines on infant feeding for health workers*, should be considered. However, the content must be expanded to include greater emphasis on nutrition, food, growth and development, as well as breastfeeding. That is, additional components need to be developed to include the NHMRC *Dietary guidelines for children and adolescents*, as well as to convey appropriate messages about the introduction of first foods and nutrition to 12 months of age.

The unit or training module developed for such in-service activities should be evolved through consultation with the relevant training providers and in line with the national competency standards. This should allow for its inclusion as an elective within existing training courses, and ensure it is accredited. Such further training for Aboriginal and Torres Strait Islander health workers also needs to be recognised in workforce and employment structures. In addition, it must aim to allow an articulated pathway to higher levels of training that can lead to health worker specialisation in maternal and child health at Associate Diploma level of qualification and beyond.

Throughout the consultation, a number of suggestions for health worker specialisation in the area of maternal and child health was made. It is beyond the scope of this audit to recommend such an approach without further detailed discussion with both training and service providers. However, the development of a specialist award in the area of maternal and child health would clearly support the strategies proposed to encourage continued breastfeeding and appropriate introduction of additional food to Aboriginal and Torres Strait Islander infants. Such an approach would allow the inclusion of breastfeeding and infant nutrition issues as core elements of specialist health worker training. Such a course would clearly enhance the options available for health workers if it were complemented with units on other health care elements particularly relevant to women and young children.

At lower levels of training (ASF 1 and 2), consideration should be given to support for developing self-directed learning packages to complement existing training for community-based workers or individuals with an interest in the area. This should be linked to the present developments for nutrition workers, resources or materials for knowledge transfer, and support of health promotion messages to individuals and communities.

At higher levels of health worker training (ASF 5 and above), the potential of existing units and planned expansion of specialist training opportunities in maternal health should be examined before any new development of materials. Again, greater emphasis should be given to the inclusion of holistic strategies for advice to cover the ante- and postnatal period, and particularly food, nutrition and growth when older. These higher levels of training also require greater knowledge of relevant legislation and standards to comply with the national competency standards

framework. Training providers should be mindful of this, and ensure the materials used are as up-to-date as possible.

More generally, further consultation and development of special training units and/or resource materials should take account of the sensitivities within the education sector. Aside from curriculum ownership issues and competition in attracting students, there are some conflicts in particular between the TAFE and VET sector (for health worker training) and the university sector. Independent trainers have affirmed that health work should be seen as a trade as well as a profession, and an apprenticeship system is therefore necessary for students fully to appreciate their future roles as health care practitioners. This model is seen as substantially different to the training opportunities now offered through the higher education sector, where there appears to be limited emphasis on clinical skills.

Any special units developed to support Aboriginal and Torres Strait Islander health worker training in the area of breastfeeding and infant nutrition are unlikely to be relevant for in-service training of mainstream health practitioners. Nevertheless, additional resource materials for support of primary health care and health promotion activities targeting Aboriginal and Torres Strait Islander people would be very valuable for this sector as well.

There is currently sufficient opportunity within postgraduate mainstream training for practitioners to acquire specialist skills in the area of breastfeeding and infant nutrition. Attention should therefore be given to encouraging greater uptake of these opportunities. A greater emphasis on food and nutrition, together with counselling during the ante- and postnatal period, and when infants are older, is also needed, particularly in the specialist courses which focus particularly on lactation or midwifery skills. The training opportunities currently offered under the heading of community, child and family health nursing appear to offer the best options for health practitioners with an interest in supporting breastfeeding and appropriate infant nutrition among Aboriginal and Torres Strait Islander groups.

Except for special settings, such as Rural Health Training Units, a few universities and individual relevant and supportive workplace settings, access to cross-cultural training opportunities remains poor. Rather than focusing attention on additional training opportunities for breastfeeding and infant nutrition at the present time, there is still a more urgent need to make general training for health practitioners on the social, cultural and health issues faced by Indigenous Australians more accessible and/or compulsory.

Self-directed learning to cover these areas is likely to be insufficient preparation for the practical realities to be faced in some workplace settings. In addition, interpersonal skills and understanding need to be developed more intensively if a sensitive and appropriate approach to counselling and advice given to Aboriginal and Torres Strait Islander women and families is to be hoped for.

Chapter 9

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Appendix 1

Australian Standards Framework in the training sector

To achieve a system of mutual recognition across States and Territories a system of Australian Standards Framework (ASF) levels or Australian Qualifications Framework (AQF) has been developed in the Vocational Education and Training sector (VET, including TAFE and other registered training providers) and higher education institutions (mainly universities). The national framework for the recognition of training has been in effect since 1994 and AQF is being implemented since January 1995.

The VET sector pays particular attention to competency standards and recognition of prior learning (RPL). Thus, although a course is usually made up of units or modules (each calculated at 40 hours or the approximate equivalent of one college week), much more emphasis is placed on on-the-job training.

The ASF structure consisted of 12 levels in 1995, but is still evolving and being refined, particularly in the higher education sector. A rough guide to these levels and the relevant training sector is shown below.

ASF level	Schools	VET	Higher Education
12			Doctoral Degree
11			Masters Degree
10			Graduate Diploma
9			Graduate Certificate
8			Bachelor Degree (Honours)
7			Bachelor Degree
6		Advanced Diploma	Advanced Diploma
5		Diploma	Diploma
4		Certificate IV	
3		Certificate III	
2		Certificate II	
1	Senior Secondary Certificates of Education	Certificate I	

Within the VET sector the types of course run by TAFE colleges and other registered training providers at the ASF levels 1 to 5 tend to have the following features or learning objectives/outcomes.

Statement of Attainment, Level 1 and 2 Certificates: Designed as work-related short courses to establish or extend specific skills. (Duration: Less than 200 hours part time.)

Certificate and Level 3 Certificate: Designed for people wishing to gain skills and knowledge relevant to a particular job or work environment. Also provides preparation for more study at a TAFE college.

Advanced Certificate and Level 4 Certificate: Designed for training in planning, supervision, or managerial positions in industry. (Duration: Generally less than 2 years.)

Associate Diploma and Diploma: Designed for more senior technical, managerial and/or para-professional occupations. (Duration: Generally 2 years full time or 4 years part time)

Appendix 2

National Workshop Aboriginal and Torres Strait Islander Health Worker Training (1997)

As part of this workshop, held in February 1996 in Alice Springs, a group session to 'broadly identify the positive and negative issues in health worker training development and delivery' was held. The groups comprised community controlled organisations, specialist trainers, those accredited under the training authority and universities. The positive issues identified by the various groups are reproduced below (National Workshop Aboriginal and Torres Strait Islander Health Worker Training, 1997, p. 46–49).

Community controlled organisations:

- cultural knowledge, recognition, practice, control;
- community needs;
- flexible delivery;
- community input—using resources, e.g. NganKari, bush medicine;
- continuous feedback;
- multi- and highly-skilled health workers;
- traditional knowledge as curriculum foundation;
- no restrictive entry requirements;
- community ownership;
- community support;
- inclusion professional and broader political;
- on-site expert support for students;
- seen as part of the community;
- career pathways;
- continuous evaluation;
- national resource;
- more flexible to meet health workers' needs and the services/needs now and in the future;
- less bureaucratic;
- involvement in policy making—student council/board members;
- student empowerment;
- community employment for graduates;
- use aboriginal learning styles;
- can use experienced Aboriginal health workers as teachers/facilitators;
- can incorporate traditional knowledge into the course content;
- fill gaps that academic programs have in their programs; and
- incorporation of local knowledge.

Specialist trainers:

- community driven—Aboriginal input at all levels;
- flexibility (timetables);
- workshops like this for networking;
- funding tends to be secure if Department based;
- common focus;
- freedom to explore—to create, to listen;
- creating future stuff
- greater local support through closer consultation;
- network technology;
- working in a two-way environment (cross-cultural);
- essential partnerships formed out of necessity/crisis experiences; and
- flexibility of delivery.

Accredited under training authorities:

- accredited curriculum linked to State Training Profile;
- work being done on National Standards;
- existence of Aboriginal health bodies;
- learner generates own goals—problem-based learning;
- competency-based—greater flexibility, geographic locations;
- can create support network for on-the-job component;
- students know what is expected of them; and
- opportunity to review curriculum—feedback from delivery.

Universities:

- more programs being developed;
- access to resources e.g. resource people and equipment;
- career advancement/personal empowerment;
- access to universities;
- responding to community needs in curriculum review and development
- community consultation;
- community education packages more common;
- responding—learning styles, modes of delivery;
- abandoning numeracy/literacy statements;
- utilising resources for better placement of students;
- Indigenous Australians teaching Indigenous Australians;
- staff development;
- changed attitudes/perceptions within universities; and
- Department of Employment, Education and Training (DEET) funding—not from Health—related to student numbers, with some exceptions.

Appendix 3

Key recommendations for the Royal Commission into Aboriginal Deaths in Custody relevant to the training audit

Recommendation 210

That:

- all employees of government departments and agencies who will live or work in areas with significant Aboriginal populations and whose work involves the delivery of services to Aboriginal people be trained to understand and appreciate the traditions and culture of contemporary Aboriginal society;
- such training programs should be developed in negotiation with local Aboriginal communities and organisations; and
- such training should, wherever possible, be provided by Aboriginal adult education providers with appropriate input from local communities.

Recommendation 247

That more and/or better quality training be provided on a range of areas taking note of the following:

- many non-Aboriginal health professionals at all levels are poorly informed about Aboriginal people, their cultural differences, their specific socio-economic circumstances and their history within Australian society. The managers of health care services should be aware of this and institute specific training programs to remedy this deficiency, including by pre-service and in-service training of doctors, nurses and other health professionals, especially in areas where Aboriginal people are concentrated;
- the rotation of staff through country hospitals means that many professional staff are ill-prepared to provide appropriate health care services to Aboriginal people. Staff on such rotation should receive special training for their rural placements, and resources to make this possible should routinely be provided as part of the operating budgets of the relevant facilities;
- the primary health care approach to health development is highly appropriate in the Aboriginal health field, but health professionals are not well trained in this area. The pre-service and in-service training of doctors, nurses and other health professionals should provide such staff with a firm understanding of, and commitment to, primary health care. This should be a special feature of the training of staff interested in working in localities where Aboriginal people are concentrated;
- health care staff working in areas where Aboriginal people are concentrated should receive special orientation training covering both the socio-cultural aspects of the Aboriginal

communities they are likely to be serving, and the types of medical and health conditions likely to be encountered in a particular locality. Such orientation programs must be complemented by appropriate on-the-job training;

- effective communication between non-Aboriginal health professionals and patients in mainstream services is essential for the successful management of the patients' health problems. Non-Aboriginal staff should receive special training to sensitise them to the communication barriers most likely to interfere with the optimal health professional/patient relationship; and
- Aboriginal people often present to mainstream health care facilities with unusual health conditions and unusual presentations of common conditions, as well as urgent, life-threatening conditions. The training of health professionals must enable them to cope successfully with these conditions.

Recommendation 257

That special initiatives now in place in a number of tertiary training institutions, such as medical schools, to facilitate the entry into and successful completion of courses of study and training by Aboriginal students, be expanded for use in all relevant areas of health service training.

Appendix 4

Checklist of issues included in invitations to contribute to the training audit

The following questions are intended to guide your input to this project.

- Can you describe the learning objectives or competencies of any breastfeeding and infant nutrition sections of your course?
- How does the course cover the health benefits of:
 - breastfeeding?
 - the management of normal lactation?
 - prevention and management of problems such as sore nipples?
 - special situations such as twins or premature babies?
 - the introduction of appropriate first foods, breastmilk substitutes and foods not advised for very young babies, such as cows milk or powdered milk?
- How does your course help participants to deal with the practical realities that they face in the workplace in supporting women and their families?
- How does your course help participants to facilitate or design interventions at the community level that support women's choices in breastfeeding and infant nutrition?
- How does your course help students to understand the effects of cultural, social and environmental contexts on breastfeeding and infant nutrition in Indigenous people?
- Do you feel that there is a need for a specific unit or additional resource materials (specify which) to be developed to better deliver training/education in this area?
- Does your institution have any policies which improve access to courses by Aboriginal and Torres Strait Islanders?
- What do you see as the major strengths of your course in supporting breastfeeding and appropriate infant nutrition for Aboriginal and Torres Strait Islander people?
- Where/how do you see your course could be improved in relation to supporting breastfeeding and appropriate infant nutrition for Aboriginal and Torres Strait Islander people?
- Are there other issues that you would like to mention?

Appendix 5

Trial system of audit to assess individual courses in relation to the terms of reference

1. Attention to breastfeeding and infant nutrition	
Specific module/unit allocated:	Hours:
Core	4
Elective	3
Topic covered within other units/modules:	Hours
Core	2
Elective	1
Not directly covered at all	0
If hours allocated are 30+ increase score	+1
2. Style and delivery	
Highly participatory, workshop format, experiential learning, adult learning principles, external mode and/or block release possible	2
Mixture of didactic, problem based learning, self directed learning	1
Highly didactic	0
3. Opportunities for participants to acquire useful clinical skills	
Clinical course components and practical placements	2
Some level of opportunity but not a major focus	1
Little or no opportunity	0
4a. Attention to cultural, social, environmental and health promotion concepts in content (for Indigenous training)	
Large cultural, social, community development and health promotion component	2
Moderately sensitive, some discussion of social and cultural contexts	1
No particular attention to these issues, although a course for Indigenous students content similar to mainstream courses	0
4b. Learning opportunities in relation to Indigenous cultural, social and environmental issues (for mainstream training)	
Aboriginal health or social module and/or cross cultural workshops available	2
Some Indigenous issues covered as part of the course	1
Little or no attention to these issues	0

5.	Specific mention of various standards NHMRC Infant feeding guidelines for health workers	yes / no
	WHO <i>Code for Marketing of Breastmilk Substitutes</i> or <i>Baby-friendly hospital guidelines</i>	yes / no
	NHMRC <i>Dietary guidelines for children and adolescents</i>	yes / no
	<i>National Aboriginal and Torres Strait Islander health worker competency standards</i>	yes / no
	Sum number of yes answers (potential score 4)	
6.	Emphasis on referral / support structures	
	Specific mention of referral to lactation consultants, NMAA or similar	1
	No discussion of support structures for mothers	0
7.	Content (up-to-date and evidence based?)	
	High (very thorough)	2
	Medium (appears comprehensive)	1
	Low (could be expanded / improved)	0
8.	Potential score 18	Total Score
	Rating: High (13–18), Medium (7–12), Low (1–6)	

Appendix 6

Invitations to contribute to the audit and submissions received on training opportunities for Aboriginal and Torres Strait Islander individuals

The organisations and institutions invited to contribute to the training audit and those from whom a submission was received, either in response to this invitation, through other consultation and/or as part of the call for public submissions, are shown below.

State/ Territory	Organisation or institution	Courses	Response to audit
NSW	Gungil Jindibah Centre, Southern Cross University	Associate Degree of Health Science: Aboriginal Health and Community Development	✓
NSW	Yooroang Garang, Centre for Indigenous Health Studies, University of Sydney	Diploma and Bachelor: Aboriginal Health and Community Development	✓
NSW	University of Wollongong, Department of Nursing	Bachelor of Health Sciences: Indigenous Health, also developing Grad Dip and M options	✓
NSW	TAFE, Sydney Institute of Technology	Certificate 1+2: Aboriginal Community Education—Health	✓
NSW	University of Newcastle	Bachelor of Medicine (also some postgraduate plans)	
NSW	Wollotuka Centre, University of Newcastle	Diploma: Aboriginal Studies (with health component)	
NSW	Centre for Education and Information on Drugs and Alcohol	Certificate (includes program on drugs in pregnancy)	
NSW	Aboriginal Medical Services Co-op Ltd, Redfern	Certificate in Aboriginal and Torres Strait Islander Primary Health, NACCHO recognised	✓

State/ Territory	Organisation or institution	Courses	Response to audit
SA	Adelaide Institute of TAFE, Aboriginal Primary Health Care	Certificate 2–4 and Diploma in Aboriginal Primary Health Care	
SA	The Aboriginal Community Recreation and Health Service Centre	Award in Primary Health Care, to articulate further through Flinders University	
SA	Nunkuwarrin Yunti of South Australia	On-the-job training for health workers	✓
TAS	Health Advancement, Community and Health Services	Pilot workshop training program for Aboriginal Liaison Officers	✓
QLD	Far North Queensland Institute of TAFE	Certificate to Advanced Diploma Primary Health Care (Specialised Award—Nutrition)	✓
QLD	Apunipima Cape York Health Council	Certificate 3: Health Studies, ? plans through VET	
QLD	University of Queensland, Indigenous Health Program	Bachelor of Applied Health Science: Indigenous Primary Health Care	✓
QLD	James Cook University, Anton Brienl Centre (practical placement King George V Hospital Sydney)	Maternal health for Indigenous health workers; Tropical Paediatrics for Indigenous health workers	✓
QLD	Aboriginal and Torres Strait Islander Corporation for Health Education and Training, Woolloongabba	Certificate in Aboriginal and Torres Strait Islander Primary Health Care	✓
QLD	Yangulla Centre, Rockhampton Rural Health Training Unit	Certificate and Associate Diploma in Aboriginal and Torres Strait Islander Primary Health Care	✓
QLD	Cunningham Centre, Toowoomba	Associate Diploma of Health Science in Aboriginal and Torres Strait Islander Primary Health Care, accredited through TAFE QLD	✓

State/ Territory	Organisation or institution	Courses	Response to audit
QLD	Harvey Bay Seniors College	Community Studies and Primary Health Care	
QLD	James Cook University	Diploma, postgraduate, Master of Public Health and Tropical Medicine, MSc (Tropical Medicine), Certificate in Research Design in Aboriginal and Islander Health	
VIC	Northern Melbourne Institute of TAFE	Welfare and Community Development	
VIC	East Gippsland TAFE	Community Services and Child Care	
WA	Marr Mooditj Aboriginal Health College	Certificate, Advanced Certificate, Associate Diploma: Aboriginal Health Work, also Maternal Health Courses in the past	
WA	Kimberley Aboriginal Medical Services Council (Broome Campus)	Certificate and Advanced Certificate in Aboriginal Health Work	✓
WA	Curtin University of Technology, Centre for Aboriginal Studies	Associate Diploma and Degree in Indigenous Community Health	✓
WA	Ngaan Yatjarra Health Service (Aboriginal Corporation)	Certificate in Aboriginal Health Work, articulated into WA Marr Mooditj course	✓
WA	Pundulmurra College	Certificate 1 in Aboriginal Environmental Health Work and Certificate 1 in Aboriginal Community Health	
WA	Ngunytji Tjitji Pirni Corporation	On-the-job training for health workers	✓
NT	Batchelor College, School of Health Studies	Certificate, Associate Diploma and Diploma, Health Studies or Science: Aboriginal Primary Health Care	✓

State/ Territory	Organisation or institution	Courses	Response to audit
NT	Anyingininyi Congress, Tennant Creek	Certificate and Advanced Certificate in Primary Health Care	✓
NT	NT Health Services Nhulunbuy	Certificate of Health, in-service focus	
NT	Food and Nutrition Unit, Territory Health Services	Planning nutrition worker training based on parts of the Pundulmurra College curriculum	✓
NT	Health Promotion Section, Territory Health Services	Certificate	
NT	Darwin Region Rural Services, Aboriginal Health Worker Program	(in-service focus)	
NT	Central Australian Aboriginal Congress	Certificate 2+3: Aboriginal Primary Health	
NT	Congress Alukura	Specialist training for women health workers well women's check training program, articulated to SA curriculum	
NT	Nganampa Health Council	Certificate 2+3: Aboriginal Primary Health Care, articulated to SA curriculum	✓

Appendix 7

**Submissions to the training
audit received from mainstream
organisations or institutions**

NSW

University of Western Sydney School of Health, Graduate Diploma in Midwifery Australian Professional Educational Services, Lactation Course

University of Technology Faculty of Nursing, Graduate Certificate Lactation and Infant Feeding

Tresillian Family Care Centres, Graduate Certificate Child and Family Health

Karitane, Graduate Diploma Clinical Practice

University of Technology Faculty of Nursing, Graduate Certificate Lactation/Infant Feeding

NSW College of Nursing, Graduate Certificate Child and Family Health

Royal Australian College of Obstetrics and Gynaecology, RACOG Education Program

QLD

Queensland University of Technology School of Nursing, Graduate Diploma in Nursing (Midwifery)

Kirwan Hospital for Women School for Nursing, Midwifery

Australian Catholic University, Graduate Certificate in Nursing

Rural Health Training Unit Queensland Health, Graduate Certificate Family and Child Nursing

University of Queensland Tropical Health Program, Postgraduate research

SA

Flinders University Faculty of Health Sciences, Graduate Certificate in Health

Flinders University School of Nursing, Bachelor/Master of Midwifery

Australasian Lactation Courses, External Lactation Course

VIC

Independent Monash Course [ALMA Seminars], Infant Feeding Matters

University of Melbourne Department of Obstetrics and Gynaecology, MBBS

La Trobe University School of Nursing, Graduate Diploma Advanced Nursing

Nursing Mothers' Association of Australia, Breastfeeding Counsellor Training

WA

Nursing Mothers' Association of Australia, Community Education Training

University of WA Department of Obstetrics and Gynaecology, MBBS