

# WORKPLAN INDIGENOUS EARLY CHILDHOOD DEVELOPMENT NPA - QH

## Element 3: Increased access to, and use of, Maternal and Child Health Services by Indigenous Families

Plan period: 2009-2014

Components	Overarching Outcomes	Overarching Outputs	Long term Performance Indicators
<ol style="list-style-type: none"> <li>1. Making Tracks package to close the gap in Indigenous Primary Health Care in Cape York through increased access to maternal Child Health Services</li> <li>2. Indigenous Health Package allocation of new funding for positions 2008-09 with a range of maternity initiatives both recurrent and non-recurrent.</li> <li>3. Deadly Ears program – the ear health program for Aboriginal and Torres Strait Islander children across Queensland.</li> </ol>	<ul style="list-style-type: none"> <li>– Increased provision of antenatal care services targeted at young Indigenous women</li> <li>– Increased provision of sexual and reproductive health services to Indigenous teenagers</li> <li>– Increased provision of maternal and child health services for Indigenous children and their mothers</li> <li>– Increased provision of hearing health services for Children</li> </ul> <p>Communication of the implementation plan and NPA through consultation with:</p> <ul style="list-style-type: none"> <li>– Queensland Health Service District Chief Executive Officers</li> <li>– Queensland Aboriginal and Torres Strait Islander Health Partnership (statewide)</li> <li>– Aboriginal and Torres Strait Islander Services, Queensland Government.</li> </ul>	<ul style="list-style-type: none"> <li>– Indigenous children are born and remain healthy</li> <li>– Indigenous children have the same health outcomes as non-Indigenous children</li> <li>– Indigenous children acquire the basic skills for life and learning</li> <li>– Indigenous families have ready access to suitable and culturally inclusive early childhood and family support services</li> </ul>	<p>Specific performance indicators are listed for each program, however the components <i>may</i> also contribute to the following performance indicators in the long term:</p> <ul style="list-style-type: none"> <li>– Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year</li> <li>– Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services</li> <li>– Reduced proportion of Indigenous babies born with low birth weight each year</li> <li>– Reduced mortality rate of Indigenous infants each year</li> <li>– Reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year</li> <li>– Reduced proportion of hospital admissions of Indigenous children 0-4 years</li> <li>– Reduce the sequelae of otitis media</li> </ul>

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
Service Delivery	1	<p>Deliver a package of key maternal and child health services 'Making Tracks' to close the gap in Indigenous Primary Health Care in Cape York through increased access to maternal Child Health Services.</p> <p>The package includes:</p> <ul style="list-style-type: none"> <li>- child health primary prevention teams;</li> <li>- specialist services;</li> <li>- a coordination and workforce development team;</li> <li>- a Baby Basket Initiative (staged delivery of goods to support mothers); and</li> <li>- Enhanced maternity and birthing services for Cooktown and Weipa</li> </ul>	<p>The package will be delivered on the ground in Queensland Health Districts by Apunipima Cape York Health Council and Queensland Health.</p>	<ul style="list-style-type: none"> <li>- Recruit / fund child health primary prevention teams.</li> <li>- Recruit / fund specialist services</li> <li>- Recruit / fund a coordination and workforce development team.</li> <li>- Fund a Baby Basket initiative.</li> <li>- Deliver enhanced maternity and birthing services in Cooktown and Weipa</li> </ul>	<ul style="list-style-type: none"> <li>- Community-based maternal and child health enhancements contribute to bringing about long term health improvements and changes to the governance and delivery of primary health care in Cape York.</li> <li>- Child health primary prevention teams are recruited / funded and are delivering services.</li> <li>- Specialist services are recruited / funded and are delivering services.</li> <li>- The Baby Basket Initiative is implemented and baskets are distributed.</li> <li>- Maternity and birthing services in Cooktown and Weipa are enhanced.</li> </ul>	<p><b>2008-09</b></p> <ul style="list-style-type: none"> <li>- Commence funding and implementation of package</li> </ul> <p><b>2009-10</b></p> <ul style="list-style-type: none"> <li>- Continued implementation</li> </ul> <p><b>2010-11</b></p> <ul style="list-style-type: none"> <li>- As per 2009-10</li> </ul> <p><b>2011-12</b></p> <ul style="list-style-type: none"> <li>- As per 2010-11</li> </ul> <p><b>2012-13</b></p> <ul style="list-style-type: none"> <li>- <i>No funding allocated to continue service delivery</i></li> </ul> <p><b>2013-14</b></p> <ul style="list-style-type: none"> <li>- <i>No funding allocated to continue service delivery</i></li> </ul>
	2	<p>Deliver an Indigenous Health Package allocating new funding for positions from 2008-09, including:</p> <ul style="list-style-type: none"> <li>- a Maternity Initiative to enhance current maternity services to increase outcomes for Aboriginal and Torres Strait Islander pregnant women and their infants through implementing strategies to increase the number of antenatal visits, reduce smoking in pregnancy and increase birthweights of infants. [Potential sites are: Mareeba, Tully, Chinchilla, Goondiwindi, Stanthorpe, Charleville, Cunnamulla, Roma, St George, Ayr, Charters Towers, Thursday Island, Mater, Redland, RBWH]</li> <li>- an enhancement to Maternal and Child Services in Metro North to build capacity in service provision for Indigenous families and children.</li> </ul>	<p>The package will be delivered on the ground in Queensland Health Districts by Queensland Health staff and staff from non-government organisations such as community health services.</p>	<ul style="list-style-type: none"> <li>- Deliver a Maternity Initiative and enhance Maternal and Child Services in Metro North that allocates new funding for positions.</li> </ul>	<ul style="list-style-type: none"> <li>- Positions under the package are recruited and deliver enhanced maternal and child services.</li> </ul>	<p><b>2008-09</b></p> <ul style="list-style-type: none"> <li>- Commence funding and implementation of package</li> </ul> <p><b>2009-10</b></p> <ul style="list-style-type: none"> <li>- Continued implementation</li> </ul> <p><b>2010-11</b></p> <ul style="list-style-type: none"> <li>- As per 2009-10</li> </ul> <p><b>2011-12</b></p> <ul style="list-style-type: none"> <li>- As per 2010-11</li> </ul> <p><b>2012-13</b></p> <ul style="list-style-type: none"> <li>- As per 2011-12</li> </ul> <p><b>2013-14</b></p> <ul style="list-style-type: none"> <li>- As per 2012-13</li> </ul>
	3	<p>Implement Deadly Ears, Deadly Kids Deadly Communities, a new funding initiative announced in the 2008-09 State Budget to target high rates of ear disease among Indigenous children and to improve ear health for Aboriginal and Torres Strait Islander children and young people.</p> <p>The framework was endorsed by the Deputy Premier, Paul Lucas, on 18 August 2009 and is available at:  <a href="http://www.health.qld.gov.au/deadly_ears/html/documents.asp">http://www.health.qld.gov.au/deadly_ears/html/documents.asp</a></p>	<p>The package will be delivered on the ground in Queensland Health Districts by Queensland Health staff and staff from non-government organisations such as community health services.</p> <p>The Queensland Government's budget commitment has allowed the <i>Deadly Ears</i> program to recruit new positions and develop the program's capacity to deliver</p>	<ul style="list-style-type: none"> <li>- Prevention initiatives, screening programs and the management of Otitis Media and Conductive Hearing Loss based on an evidenced-based approach to practice and policy.</li> <li>- Community engagement processes empower and enable communities to take action to promote, increase control over and improve individual and community</li> </ul>	<ul style="list-style-type: none"> <li>- Reduced incidence and impact of Otitis Media and Conductive Hearing Loss in Aboriginal and Torres Strait Islander children and young people living in Queensland</li> <li>- Improved coordination and integration of culturally appropriate and evidence-based interagency sustainable ear health services across the care continuum for Aboriginal and Torres Strait Islander</li> </ul>	<p><b>2008-09</b></p> <ul style="list-style-type: none"> <li>- Ear health training was provided in communities across Queensland, and a number of ear health promotion campaigns, including the Festival of Binungs in Cherbourg, were coordinated;</li> <li>- a number of culturally appropriate screening and assessment tools were developed;</li> </ul>

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
			<p>an increased range of services across Queensland. It is a multi-disciplinary team consisting of:</p> <ul style="list-style-type: none"> <li>- Director;</li> <li>- Nurse Unit Manager;</li> <li>- Clinical Nurse;</li> <li>- Advanced Speech Pathologist;</li> <li>- Specialist Occupational Therapist;</li> <li>- Specialist Audiologist;</li> <li>- 2 x Specialist Speech Pathologists;</li> <li>- Community Engagement Coordinator;</li> <li>- Workforce Development Coordinator;</li> <li>- Health Promotions Coordinator;</li> <li>- Senior Health Worker;</li> <li>- Advanced Health Worker;</li> <li>- 2 x Allied Health Assistants;</li> <li>- Senior Administration Officer;</li> <li>- 2 x Trainees; and</li> <li>- Project Officer.</li> </ul>	<p>health and well being.</p> <ul style="list-style-type: none"> <li>- Sustained delivery of, and access to, comprehensive primary health care with</li> <li>- Mainstream services consistent with the need of Aboriginal and Torres Strait Islander people</li> <li>- Individuals are empowered to use services and take responsibility for improving their own health.</li> <li>- Approaches and strategies are aimed to improve health, social and economic outcomes for the individual, family and community.</li> </ul>	<p>children and young people living in Queensland.</p> <ul style="list-style-type: none"> <li>- Ear health services are integrated into primary and public health care services/approaches to Aboriginal and Torres Strait Islander child, maternal and family health.</li> </ul>	<ul style="list-style-type: none"> <li>- the program was invited to consult with several new communities; and</li> <li>- The <i>Deadly Ears, Deadly Kids, Deadly Communities Framework: 2009-13</i> was developed and describes the comprehensive, multi-agency responses needed to address ear disease in Indigenous children.</li> <li>- 940 children were screened for hearing and communication impairments through the program, while <i>Deadly Ears</i>-trained local screening personnel have performed a significant number of further screenings.</li> <li>- <i>Deadly Ears'</i> ENT outreach clinics have seen 584 children, and performed ENT surgery on 104 children in rural and remote communities.</li> <li><b>2009-10</b></li> <li>- Continued implementation as per 08-09 activities.</li> <li>- the program will expand its activities into new communities currently being consulted with, including communities in Cape York and the Gulf of Carpentaria.</li> <li><b>2010-11</b></li> <li>- As per 2009-10</li> <li><b>2011-12</b></li> <li>- <i>Ministerial commitment to ongoing service delivery</i></li> <li><b>2012-13</b></li> <li>- <i>Ministerial commitment to ongoing service delivery</i></li> <li><b>2013-14</b></li> <li>- <i>No funding allocated to continue service delivery</i></li> </ul>
<b>Management</b>	1	Manage the delivery of a package of key maternal and child health services 'Making Tracks' to close the gap in Indigenous Primary Health Care in Cape York through increased access to maternal Child Health Services.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required with the Apunipima Cape York Health Council.	<ul style="list-style-type: none"> <li>- Package of maternal and child health services is delivered.</li> <li>- Reporting is coordinated and collated.</li> </ul>	Life of the program

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
	2	Manage the implementation of an Indigenous Health Package allocating new funding for positions.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	Management through existing Health District governance structures and entering contractual agreements as required	- Positions are recruited and deliver enhanced maternal and child services. - Reporting is coordinated and collated.	Life of the program
	3	Manage the implementation of the Deadly Ears, Deadly Kids Deadly Communities program as per the <i>Deadly Ears, Deadly Kids, Deadly Communities Framework: 2009-13</i> .	Management responsibility sits with the Children's Health Services District.	Management through existing Health District governance structures and entering contractual agreements as required	- Deadly Ears, Deadly Kids, Deadly Communities program is delivered. - Reporting is coordinated and collated.	Life of the program
Linkages and Coordination	1	Establish linkages and promote coordination of a package of key maternal and child health services 'Making Tracks' to close the gap in Indigenous Primary Health Care in Cape York through increased access to maternal Child Health Services.	Linkages and coordination have been / are being established at a management level by Primary, Community and Extended Care Branch, Queensland Health.  Linkages and coordination at a local level have been / are being fostered at the Health District level and by those delivering the package to health consumers.	Linkages and coordination at a management level have been / will be developed and enacted through development of the implementation plan.  Linkages and coordination at a local level have been / will be encouraged in the execution of the implementation plan.	- The package contributes to bringing about long term health improvements and changes to the governance and delivery of primary health care in Cape York.	Life of program
	2	Coordinate and establish linkages to support the implementation of an Indigenous Health Package allocating new funding for positions.	Linkages and coordination have been / are being established at a management level by Primary, Community and Extended Care Branch, Queensland Health.  Linkages and coordination at a local level have been / are being fostered at the Health District level and by those delivering the package to health consumers.	Linkages and coordination at a management level have been / will be developed and enacted through development of the implementation plan.  Linkages and coordination at a local level have been / will be encouraged in the execution of the implementation plan.	- The positions are successfully recruited in both Health Service Districts and the non-government sector.	Life of program
	3	Establish linkages and promote coordination of the Deadly Ears, Deadly Kids Deadly Communities program.	Linkages and coordination have been / are being established at a management level by the Children's Health Services District.  Linkages and coordination at a local level have been / are being fostered at the Health District level and by those delivering the package to health consumers.  Deadly Ears, Deadly Kids, Deadly Communities: 2009-13 is: - founded upon effective partnerships between, and a meaningful long-term commitment by, all stakeholders;	Linkages and coordination at a management level have been / will be developed and enacted through development of the implementation plan.  Linkages and coordination at a local level have been / will be encouraged in the execution of the implementation plan.	- The program is successfully implemented and improves ear health in Aboriginal and Torres Strait Islander people and service delivery is improved. - Actions are seen in housing, education, employment, municipal services, disability services, community services and more.	Life of program

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
			<ul style="list-style-type: none"> <li>- targeting a coordinated approach to ongoing investment in ear health at local, state and national levels; and</li> <li>- as a result, it will see actions in housing, education, employment, municipal services, disability services, community services and more.</li> </ul>			
Community Involvement	1	Deliver an effective and culturally appropriate package underpinned by community consultation and engagement.	<p>Community involvement has been / will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health</p> <p>Community involvement at a local level has been / will be coordinated at the Health District level by the Apunipima Cape York Health Council.</p>	<p>Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan.</p> <p>Community involvement at a local level will be enacted through consultation in the development of the implementation plan.</p>	- The package is developed and delivered in a culturally appropriate way and is accessed by Aboriginal and Torres Strait Islander families.	Life of program
	2	Implement a Indigenous Health Package allocating new funding for positions to service Aboriginal and Torres Strait Islander communities.	<p>Community involvement has been / will be promoted at a management level by Primary, Community and Extended Care Branch, Queensland Health</p> <p>Community involvement at a local level has been / will be coordinated at the Health District level and sought by those delivering the programs to consumers.</p>	<p>Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan.</p> <p>Community involvement at a local level will be enacted through consultation in the development of the implementation plan.</p>	- The package is delivered in a culturally appropriate way and is accessed by Aboriginal and Torres Strait Islander families.	Life of program
	3	<p>Engage with Aboriginal and Torres Strait Islander families under the Deadly Ears, Deadly Kids Deadly Communities program.</p> <p>Engagement is underpinned by the nine principles of the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013 and the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009.</p> <p>The implementation of the Deadly Ears, Deadly Kids, Deadly Communities Framework: 2009-13 will be governed by an interagency steering committee. The framework is the product of collaboration between Queensland Health and:</p> <ul style="list-style-type: none"> <li>- Aboriginal and Torres Strait Islander communities;</li> </ul>	<p>Community involvement has been / will be promoted at a management level by the Children's Health Services District.</p> <p>Community involvement at a local level has been / will be coordinated at the Health District level and sought by those delivering the programs to consumers.</p>	<p>Community involvement will be promoted at a management level and enacted through consultation in the development of the implementation plan.</p> <p>Community involvement at a local level will be enacted through consultation in the development of the implementation plan.</p>	- The program is delivered in a culturally appropriate way and is accessed by Aboriginal and Torres Strait Islander families.	Life of program

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
		<ul style="list-style-type: none"> <li>- Queensland Government Department of Education and Training;</li> <li>- Queensland Government Department of Communities;</li> <li>- Queensland Government Office of Early Childhood Education and Care;</li> <li>- Queensland Aboriginal and Torres Strait Islander Health Council;</li> <li>- Australian Government Department of Health and Ageing's Office for Aboriginal and Torres Strait Islander Health;</li> <li>- Australian Government Department of Health and Ageing's Office of Hearing Services; and</li> <li>- Australian Hearing.</li> </ul>				
<b>Data and Reporting</b>	1	Obtain data to measure the effectiveness of a package of key maternal and child health services 'Making Tracks' to close the gap in Indigenous Primary Health Care in Cape York through increased access to maternal Child Health Services.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	<ul style="list-style-type: none"> <li>- Count the number of child health primary prevention teams recruited / funded.</li> <li>- Count the number of specialist services recruited / funded.</li> <li>- Count the number of coordination and workforce development team members recruited / funded.</li> <li>- Count the number of Baby Baskets distributed under the initiative.</li> <li>- Document the enhancement of maternity and birthing services in Cooktown and Weipa.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of child health primary prevention teams recruited / funded.</li> <li>- Number of specialist services recruited / funded.</li> <li>- Number of coordination and workforce development team members recruited / funded.</li> <li>- Number of Baby Baskets distributed under the initiative.</li> <li>- Documented enhancement of maternity and birthing services in Cooktown and Weipa.</li> </ul>	Life of the program and as per timeframes agreed under the National Partnership.
	2	Obtain data to measure the effectiveness of the Indigenous Health Package.	Management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health.	<ul style="list-style-type: none"> <li>- Record the number of positions recruited.</li> <li>- Record the quantity and type of activities delivered by recruited positions and their evaluation where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>- Number of positions recruited.</li> <li>- Quantity and type of activities delivered by the recruited positions and their evaluation where appropriate.</li> </ul>	Life of the program and as per timeframes agreed under the National Partnership.
	3	Obtain data to measure the effectiveness of the Deadly Ears, Deadly Kids Deadly Communities program.	Management responsibility sits within the Children's Health Services District.	<p>Detailed strategies are available at:  <a href="http://www.health.qld.gov.au/deadly_ears/html/documents.asp">http://www.health.qld.gov.au/deadly_ears/html/documents.asp</a></p> <p>See Section 4 implementation, monitoring and evaluation (from page 22)</p>	<p>Detailed performance measures are available at:  <a href="http://www.health.qld.gov.au/deadly_ears/html/documents.asp">http://www.health.qld.gov.au/deadly_ears/html/documents.asp</a></p> <p>See Section 4 implementation, monitoring and evaluation (from page 22)</p>	Life of the program and as per timeframes agreed under the National Partnership.

		What are we trying to do? (Aim)	Who will do it? (Roles and responsibilities)	How are we going to do it? (Strategies)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
Risk Management	1	<ul style="list-style-type: none"> <li>- Reduce the risk of not implementing a package of key maternal and child health services 'Making Tracks' to close the gap in Indigenous Primary Health Care in Cape York through increased access to maternal Child Health Services.</li> <li>- Reduce the risk of implementing the package and not having the desired outcomes.</li> </ul>	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health including.	Management through existing Health District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> <li>- Data and reporting indicate that the package is delivered</li> <li>- Evaluation indicates that the package is achieving the desired outcomes or enable it to be refocussed or changed to achieve the outcomes.</li> </ul>	Monitored throughout the life of the program
	2	<ul style="list-style-type: none"> <li>- Reduce the risk of not being able to deliver an Indigenous Health Package allocating new funding for positions.</li> <li>- Reduce the risk of implementing the package and not having the desired outcomes.</li> </ul>	Coordination of risk management responsibility sits within Primary, Community and Extended Care Branch, Queensland Health including.	Management through existing Health District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> <li>- Data and reporting indicate that the package is delivered</li> <li>- Evaluation indicates that the package is achieving the desired outcomes or enable it to be refocussed or changed to achieve the outcomes.</li> </ul>	Monitored throughout the life of the program
	3	<ul style="list-style-type: none"> <li>- Reduce the risk of not implementing the Deadly Ears, Deadly Kids Deadly Communities program.</li> <li>- Reduce the risk of implementing the Deadly Ears, Deadly Kids Deadly Communities program and not having the desired outcomes.</li> </ul>	Coordination of risk management responsibility sits within the Children's Health Services District.	Management through existing Health District governance structures and entering contractual agreements as required.	<ul style="list-style-type: none"> <li>- Data and reporting indicate that the program is delivered</li> <li>- Evaluation indicates that the program is achieving the desired outcomes or enable it to be refocussed or changed to achieve the outcomes.</li> </ul>	Monitored throughout the life of the program