

Indigenous Early Childhood Development National Partnership NP

SOUTH AUSTRALIAN IMPLEMENTATION PLAN

WORKPLAN **Element 3: Increase access to and use of maternal and child health services by Indigenous families (*New Directions – an equal start in life for Indigenous children*)**

The *New Directions* initiatives will be negotiated through the South Australian Aboriginal Health Partnership. These new further initiatives aim to provide an equal start in Life for Aboriginal Children and will be complementary to the programs and initiatives developed in Elements 1 and 2 of this workplan.

The following provides details of complementary/matching funding commitment of the South Australian Government. All of these service delivery initiatives are from new funding to the Department of Health in 2008/09.

Plan period: **2009-2014** **Complementary/Matching Program Funding**

Milestone (eg General Primary Health Care Services)	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)	What is the estimated cost? (\$)
Service Delivery	Expansion of the Intensive Home Visiting program (Family Home Visiting) into the remaining rural and remote areas of the state	SA Health Children Youth and Women's Health Service (CYWHS)	Consultation will be undertaken with rural and remote communities to determine community readiness and to prepare a project implementation plan that details the progressive expansion of the program into the remaining rural and remote areas of the state,	Project implementation timelines will be monitored. Aboriginal stakeholders are engaged in the	2009-10 <ul style="list-style-type: none"> Undertake consultation with remaining rural and remote communities. Prepare project implementation 	\$750,000 pa = \$3,000,000 over 4 years

Milestone (eg. General Primary Health Care Services)	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)	
			including key rural implementation areas of Ceduna and Coober Pedy.	<p>consultation process.</p> <p>Number of Aboriginal families offered Family Home Visiting in the northern country region.</p> <p>Number of Aboriginal families who accept Family Home Visiting in the northern country region.</p> <p>Number of Aboriginal families active in Family Home Visiting in the northern country region.</p>	<p>plan.</p> <ul style="list-style-type: none"> Commence service delivery in Ceduna/Yalata/Oak Valley and Coober Pedy/Oodnadatta. Commence joint delivery with RICE. <p>2010-11</p> <ul style="list-style-type: none"> Expand service delivery into remaining rural and remote locations. <p>2011-2012</p> <ul style="list-style-type: none"> Continue to provide services in rural and remote locations. <p>2012-2013</p> <ul style="list-style-type: none"> Continue to provide services in rural and remote locations. 	
	Expansion of the Focus Schools program aimed at schools with a	SA Health Sexual Health Information	The program will be expanded using a targeted and community development approach.	Communities and schools agree to engage with the program.	2009-10 <ul style="list-style-type: none"> Schools identified for targeting. 	\$249,600 pa = \$998,400 over 4 years - appropriate

Milestone (eg. General Primary Health Care Services)	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)	
	high proportion of Indigenous attendance	Networking and Education (SHine SA)	<p>Consultation will occur with parents, communities and health and education stakeholders.</p> <p>Culturally and age appropriate curriculum and resources will be provided.</p>	<p>Aboriginal stakeholders and providers are engaged in the consultation process.</p> <p>Education and information sessions and resources are available to parents and carers of Aboriginal students.</p> <p>Monitoring of the program via SHine SA's reporting mechanisms.</p> <p>Evaluation of teacher training.</p> <p>Teacher evaluation of curriculum and teaching materials.</p> <p>Student evaluation.</p> <p>Parent evaluation.</p>	<ul style="list-style-type: none"> Schools and Aboriginal stakeholders approached and engaged in consultation. Schools that engage commence program. Reporting provided as per agreed mechanism with SHine SA. Evaluations reported in yearly report. <p>2010-11 As above</p> <p>2011-12 As above</p> <p>2012-13 As above</p>	indexation to be added.
	Increase the incidence of smoke-free pregnancies among Aboriginal women and their	SA Health Drug and Alcohol Services South Australia (DASSA)	Through the Smoke-free Pregnancy Project Stage 4. The Smoke-free Pregnancy Project began in 2004 as an initiative to increase the incidence of smoke-free pregnancies among all pregnant	Number of Aboriginal and mainstream health professionals trained to routinely deliver brief smoking	2009-10 <ul style="list-style-type: none">Provide education, training and resources for health	\$76,080 \$76,080 \$152,160 over 2

Milestone (eg. General Primary Health Care Services)	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)	
	families and maintain postnatal smoking cessation	The program is based at Quit SA and is a statewide program	<p>women and their families in South Australia. Stage 4 of this initiative aims to extend the gains made in mainstream antenatal services and focus on services that provide antenatal care to Aboriginal women and their families.</p> <p>DASSA will:</p> <ul style="list-style-type: none"> • Train Aboriginal and mainstream health professionals to routinely deliver brief smoking cessation interventions. • Assist the development of supportive policy at participating public maternity care services and Aboriginal health care settings. • Continue to offer the Pregnancy Quitline (PQL) service. • Offer quit smoking assistance to partners and family members of Aboriginal pregnant women. 	<p>cessation interventions.</p> <p>The number of regional and metropolitan public maternity care services and Aboriginal health care settings assisted to develop supportive policy.</p> <p>The number of referrals to the Pregnancy Quitline (PQL).</p> <p>The number of partners and family members offered nicotine replacement therapy (NRT).</p>	<p>professionals.</p> <ul style="list-style-type: none"> • Work with regional and metropolitan Aboriginal maternity care and related settings to support policy and practice change. • Continue to offer Pregnancy Quitline for Aboriginal pregnant women and their families. <p>2010-11</p> <ul style="list-style-type: none"> • Provide education, training and resources for health professionals. • Work with regional and metropolitan Aboriginal maternity care and related settings to support policy and practice change. 	years

Milestone (eg. General Primary Health Care Services)	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"> Continue to offer Pregnancy Quitline for Aboriginal pregnant women and their families. 	
Total Complementary Program Funding						\$4,150,560
Management	Expansion of the Intensive Home Visiting program (Family Home Visiting) into the remaining rural and remote areas of the state	CYWHS	<p>An established project board will manage the rollout.</p> <p>Focus groups established at key rural implementation areas (Ceduna and Coober Pedy).</p>	Membership of Project Board identified and staff employed.	<p>2009-10</p> <ul style="list-style-type: none"> Establish Project Board. Establish focus groups for key rollout areas. <p>2010-11</p> <ul style="list-style-type: none"> Project Board to manage and review rollout into new areas. 	Built into overall program
	Expansion of the Focus Schools program aimed at schools with a high proportion of Indigenous attendance	SHine SA	<p>Advisory group will be established.</p> <p>Annual Work Plans will be developed.</p>	<p>Advisory Group established.</p> <p>Outcomes will be monitored against Annual Work Plans.</p> <p>Monitoring of the program via SHine SA's reporting mechanisms.</p>	<p>2009-10</p> <ul style="list-style-type: none"> Advisory group established. Annual work plan developed. Reporting against work plan provided as per agreed mechanism with 	Built into overall program

Milestone (eg. General Primary Health Care Services)	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)	
					SHine SA. 2010-11 As above 2011-12 As above 2012-13 As above	
	Increase the incidence of smoke-free pregnancies among Aboriginal women and their families and maintain postnatal smoking cessation	SA Health Drug and Alcohol Services SA (DASSA)	Smoke-free Pregnancy Project is funded through SA Health Out of Hospitals funding.	Monitoring of outcomes.	2009-2011 <ul style="list-style-type: none"> DASSA will continue to manage the funding and contract for the Smoke-free Pregnancy Project, based at Quit SA, and monitor outcomes through quarterly reports. 	Built into overall program
Linkages and Coordination	Expansion of the Intensive Home Visiting program (Family Home Visiting) into the remaining rural and remote areas of the state	CYWHS	Linkages and coordination will occur with Aboriginal communities and service providers.	Consultation and program development occurs.	2009-10 <ul style="list-style-type: none"> Establish links with Aboriginal communities and service providers. 2010-2013 <ul style="list-style-type: none"> Maintain links with Aboriginal communities 	Built into overall program

Milestone (eg. General Primary Health Care Services)	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)	
--	---------------------------------	--	---	---	------------------------------------	--

	Expansion of the Focus Schools program aimed at schools with a high proportion of Indigenous attendance	SHine SA	Ongoing liaison and collaboration with DECS in regards to curriculum development.	Communities and schools agree to engage with the program.	and service providers. 2009-10 <ul style="list-style-type: none"> Meetings with DECS to review curriculum. 2010-11 As above 2011-12 As above 2012-13 As above	Built into overall program
	Increase the incidence of smoke-free pregnancies among Aboriginal women and their families and maintain postnatal smoking cessation	Drug and Alcohol Services SA (DASSA)	Smoke-free Pregnancy Project has established linkages with a range of Aboriginal and non-Aboriginal health professionals and services to achieve the aim of increasing the incidents of smoke-free pregnancies. These include: <ul style="list-style-type: none"> Aboriginal Health Council of South Australia Children, Youth and Women's Health Service, including Child and Family Health Services Country Health SA Rural Health Education Foundation GPSA. The project has established links with the Puyu Wiya Advisory Group based at the Aboriginal Health	Establishment of links with Aboriginal and non-Aboriginal health professionals and services.	2009-2011 <ul style="list-style-type: none"> The Project will continue to maintain and increase linkages with health agencies and health professionals, and to coordinate actions through the Puyu Wiya Advisory Group. 	Built into overall program

Milestone (eg. General Primary Health Care Services)	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)	
--	---------------------------------	--	---	---	------------------------------------	--

			Council of South Australia, which provides expertise and advice to AHCSA and DASSA on tobacco control initiatives targeting Aboriginal people in South Australia.			
Community Involvement	Expansion of the Intensive Home Visiting program (Family Home Visiting) into the remaining rural and remote areas of the state	CYWHS	<p>Focus groups established at key rural implementation areas (Ceduna and Coober Pedy).</p> <p>Community Elders engaged in recruitment process.</p> <p>Develop SLAs with key Aboriginal Health Providers in rural and remote areas.</p>	<p>Rural and remote communities engage with the program.</p> <p>Established partnerships with organisations already familiar and established in Aboriginal communities.</p>	<p>2009-10</p> <ul style="list-style-type: none"> Establish focus groups for key rollout areas. Community Elders engaged in recruitment process. Service agreements developed and signed off. 	Built into overall program
	Expansion of the Focus Schools program aimed at schools with a high proportion of Indigenous attendance	SHine SA	<p>Continue negotiations and discussions with targeted school communities via school leadership groups, school staff, Governing Council and parent meetings.</p> <p>Provide professional development and networking opportunities for Aboriginal Education Community Officers in targeted regions.</p>	Communities and schools adopt the program.	<p>2009-10</p> <ul style="list-style-type: none"> Consultation held with each school as required. Professional development events held for AECOs. Network meetings held. <p>2010-11 As above</p> <p>2011-12 As above</p>	Built into overall program

Milestone (eg. General Primary Health Care Services)	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)	
	Increase the incidence of smoke-free pregnancies among Aboriginal women and their families and maintain post-natal smoking cessation	Drug and Alcohol Services SA (DASSA)	The Smoke-free Pregnancy Project has engaged Aboriginal health care professionals, health services and communities, and receives input from these stakeholders. The project officer is a member of the Puyu Wiya Advisory Group, established to provide expertise and advice to AHCSA and DASSA on tobacco control initiatives targeting Aboriginal people in South Australia. The Group consists of representatives from Aboriginal health agencies and other agencies providing services to Aboriginal people.	Number of Aboriginal and mainstream health professionals engaged with the program.	2012-13 As above 2009-10 • Provide education, training and resources for health professionals. 2010-11 • Provide education, training and resources for health professionals.	Built into overall program
Risk Management (General issues across all Aims)	Ensure there is an Aboriginal workforce and culturally competent non-Aboriginal workforce to deliver these programs with a particular consideration recruitment into Country areas	SA Health and the State Aboriginal workforce program under the National Partnership for Agreement on Indigenous Economic Participation	<ul style="list-style-type: none"> • Implement flexible recruitment strategies • Ongoing support for all workers • Build onto programs and sites that have demonstrated culturally safe environments and successful work with Aboriginal people • Consider accommodations and the costs of this in remote areas • Ensure cultural awareness & competence training for all staff • A range of strategies under the National Partnership including: <i>South Australia Works</i>. This offers a suite of programs to provide Aboriginal people with 	<ul style="list-style-type: none"> • Timely recruitment into positions • Ongoing workforce development strategies implemented • Accommodation options built into aims where applicable 	Ongoing process	Built into aims and part of usual practice

Milestone (eg. General Primary Health Care Services)	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)	
			case management, job training, work placements, recruitment, leadership training, career enhancement and traineeships and apprenticeships.			
	Ensure that Aboriginal communities and organisations are properly engaged in strategy development and implementation	SA Health and the Aboriginal Community Controlled sector	<ul style="list-style-type: none"> • Each region/ partner organisation to involve their existing community representation mechanisms , or develop new where none exists, for specific strategies • The implementation of the Aboriginal Health Impact Statement in all strategies 	<ul style="list-style-type: none"> • The Aboriginal Health Impact statement will be used as an audit tool to ensure the most comprehensive community engagement 	Ongoing process	Built into all strategies as usual process