

Indigenous Early Childhood Development National Partnership Agreement

Queensland Health

Element Two Revised Implementation Plan

(February 2012)

NB From 01 July 2012 Health Service District's will be transitioning to Local Health and Hospital Networks.

Components	Overarching Outcomes	Overarching Outputs	Long term Performance Indicators
<p>Key Initiative 1: Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Young People in Queensland</p> <p>A. Queensland Aboriginal and Torres Strait Islander Young People’s Health and Wellbeing Program</p> <p>B. Queensland Aboriginal and Torres Strait Islander Young People’s Sexual and Reproductive Health Program</p> <p>C. Queensland Aboriginal and Torres Strait Islander Young Women’s Healthy Life Program</p> <p>Key Initiative 2: Improving Aboriginal and Torres Strait Islander Queenslanders’ Access to Maternity and Infant Health Care Services</p> <p>D. Queensland Aboriginal and Torres Strait Islander Maternity and Infant Health Care Program</p> <p>E. For Me and Bub Program, Smoking and Alcohol Prevention Program</p> <p>F. Queensland Aboriginal and Torres Strait Islander Maternity, Child and Youth Health Workforce Development Program.</p>	<ul style="list-style-type: none"> • Indigenous children are born and remain healthy • Indigenous children have the same health outcomes as non-Indigenous children • Indigenous children acquire the basic skills for life and learning • Indigenous families have ready access to suitable and culturally inclusive early childhood and family support services 	<ul style="list-style-type: none"> • Increased provision of antenatal care services targeted at young Indigenous women • Increased provision of sexual and reproductive health services to Indigenous teenagers • Increased provision of maternal and child health services for Indigenous children and their mothers 	<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"> – Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year – Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services – Reduced proportion of Indigenous babies born with low birth weight each year – Reduced mortality rate of Indigenous infants each year – Reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year – Reduced proportion of hospital admissions of Indigenous children 0-4 years

Component A: Queensland Aboriginal and Torres Strait Islander Young People's Health and Wellbeing Program				
What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
<p>Service Delivery:</p> <ul style="list-style-type: none"> Through the employment of Aboriginal and Torres Strait Islander Youth Health Workers and delivery of programs such as <i>Core of Life</i> increase Aboriginal and Torres Strait Islander young people's access to primary health care services to: <ul style="list-style-type: none"> increase their knowledge and skills associated with general health, self-care, and sexual and reproductive health prevent their uptake of tobacco, alcohol, and other substances at a young age build their resilience through skill development, decision making and problem solving increase their health literacy and ability to effectively navigate the primary health care system ensure their access to health services, especially prevention and early intervention services, in a timely manner. 	<ul style="list-style-type: none"> Employ and support Aboriginal and Torres Strait Islander Health Workers and/or as appropriate other positions in the following Health Service Districts (HSDs): <ul style="list-style-type: none"> Cape York Townsville Mt Isa Darling Downs West Moreton Torres Strait and Northern Peninsula Support the implementation of programs like <i>Core of Life</i> to ensure that Queensland Health and non-government organisations can promote information and health knowledge to Aboriginal and Torres Strait Islander young people such as: <ul style="list-style-type: none"> reproductive health pregnancy and birthing education healthy lifestyles. Development of a Orientation and Practice Support Package including a: <ul style="list-style-type: none"> Review of evidence Orientation and Practice Support Manual Training Package. 	<ul style="list-style-type: none"> HSDs are responsible for local implementation of the Aboriginal and Torres Strait Islander Young People's Health and Wellbeing Program. Aboriginal and Torres Strait Islander Youth Health Workers or similar roles are responsible for the day-to-day delivery of services to Aboriginal and Torres Strait Islander young people in their region. The Child Health and Safety Unit (CH&SU) is responsible for developing statewide mechanisms to support program implementation. Orientation and Practice Support Package is being developed by Freestone Associates in consultation with relevant stakeholders. 	<ul style="list-style-type: none"> HSDs report: <ul style="list-style-type: none"> on number of Aboriginal and Torres Strait Islander Youth Health Workers and/or other positions employed to deliver program activities services and activities implemented with Aboriginal and Torres Strait Islander young people in schools on services and activities implemented with Aboriginal and Torres Strait Islander young people outside in community settings network of support and referral mechanisms established to support Aboriginal and Torres Strait Islander young people. Types of ongoing support provided for program development (e.g. development of practice support program) If relevant, number of facilitators trained in programs such as <i>Core of Life</i> and number of recipients of programs such as <i>Core of Life</i>. Review of evidence, manual and training package developed 	<ul style="list-style-type: none"> Life of the program. Review of evidence, manual and training package developed and distributed by 30 June 2012.

Component A: Queensland Aboriginal and Torres Strait Islander Young People's Health and Wellbeing Program

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
<p>Management:</p> <ul style="list-style-type: none"> Support the employment, retention and development of the Aboriginal and Torres Strait Islander Youth Health Workers and/or other positions If relevant: <ul style="list-style-type: none"> support relevant Queensland Health and non-government staff to receive training and resources for implementing programs such as <i>Core of Life</i>. Support target clients (e.g. Aboriginal and Torres Strait Islander young people) to access programs such as <i>Core of Life</i> 	<ul style="list-style-type: none"> Develop recruitment strategies that target suitable applicants. Create workplaces that support the retention and development of employees. Provide opportunities to participate in knowledge and skill development. The CH&SU identify the need for programs such as <i>Core of Life</i> and support implementation. HSD and non-government organisation support implementation of programs such as <i>Core of Life</i> to target clients. 	<ul style="list-style-type: none"> HSDs are responsible for the recruitment and day-to-day support of Aboriginal and Torres Strait Islander Youth Health Workers and/or other positions The CH&SU and nurse educators employed under Component F identify, develop and/or deliver development opportunities for both the HSDs and Aboriginal and Torres Strait Islander Youth Health Workers and/or other positions The CH&SU supports the strategic, statewide implementation of programs such as <i>Core of Life</i> HSD and non-government organisation support day-to-day implementation of programs such as <i>Core of Life</i> 	<ul style="list-style-type: none"> Positions are recruited and have access to appropriate support and development opportunities. A range of opportunities are provided to support the knowledge and skill development of Aboriginal and Torres Strait Islander Youth Health Workers and/or other positions. 	<ul style="list-style-type: none"> Life of the program
<p>Linkages and Coordination:</p> <ul style="list-style-type: none"> Support the successful integration of Aboriginal and Torres Strait Islander Youth Health Workers in relevant services in Queensland Health. Support the establishments of links between the Aboriginal and Torres Strait Islander Youth Health Workers and government and non-government secondary schools, health and social services. Where required, identify and develop relevant referral pathways for Aboriginal and Torres Strait Islander young people to access government and non-government health and social services. 	<ul style="list-style-type: none"> Ongoing support provided to HSDs employing Aboriginal and Torres Strait Islander Youth Health Workers. Utilise workplace processes to ensure Aboriginal and Torres Strait Islander Youth Health Workers are included in usual team building mechanisms. Identify strategies to engage and work with: <ul style="list-style-type: none"> government and non-government secondary schools Government and non-government health and social services. Identify opportunities and work with key stakeholders to develop referral pathways for Aboriginal and Torres Strait Islander young 	<ul style="list-style-type: none"> The CH&SU provides leadership of statewide, strategic program implementation with HSDs and key stakeholders. HSDs and the Aboriginal and Torres Strait Islander Youth Health Workers are responsible for establishing local level linkages to and coordination with relevant government and non-government education, health and social service providers. 	<ul style="list-style-type: none"> There is acceptance by HSDs and key stakeholders of the program. HSDs report that: <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander Youth Health Workers are integral to providing services to Aboriginal and Torres Strait Islander young people Links have been established with government and non-government secondary schools and health and social services If required, referral pathways implemented to support Aboriginal and Torres Strait Islander young people to access government and non-government health and social services. 	<ul style="list-style-type: none"> Life of the program

Component A: Queensland Aboriginal and Torres Strait Islander Young People's Health and Wellbeing Program

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
	<p>people to access government and non-government health and social services.</p>			
<p>Community Involvement:</p> <ul style="list-style-type: none"> Engage with local Aboriginal and Torres Strait Islander community members and stakeholders to identify and address issues impacting on the health and wellbeing of Aboriginal and Torres Strait Islander young people. 	<ul style="list-style-type: none"> Establish locally relevant mechanisms to engage, consult and feedback to the local Aboriginal and Torres Strait Islander community. 	<ul style="list-style-type: none"> HSDs and Aboriginal and Torres Strait Islander Youth Health Workers. 	<ul style="list-style-type: none"> HSDs report on the implementation of local mechanisms and their success or otherwise. 	<ul style="list-style-type: none"> Life of the program
<p>Data and Reporting:</p> <ul style="list-style-type: none"> Collect and report on progress in line with reporting requirements of the IECD NPA 	<ul style="list-style-type: none"> Implement data collection tools and reporting templates. 	<ul style="list-style-type: none"> CH&SU supports HSDs to collect relevant data and provide timely reporting. HSDs and Aboriginal and Torres Strait Islander Youth Health Workers collect relevant data and prepare and submit timely reports. 	<ul style="list-style-type: none"> Relevant and timely information is provided on program implementation and services being provided to Aboriginal and Torres Strait Islander young people. 	<ul style="list-style-type: none"> Life of the program
<p>Risk Management:</p> <ul style="list-style-type: none"> Ensure recruitment and retention of a knowledgeable and skilled Aboriginal and Torres Strait Islander Youth Health Workers or similar positions Ensure Aboriginal and Torres Strait Islander young people have access to timely and appropriate access to health and social services. Timely identification of and implementation of programs such as <i>Core of Life</i>. 	<ul style="list-style-type: none"> Utilise appropriate recruitment and staff management practices as per Queensland Health policies. Work with key stakeholders to ensure Aboriginal and Torres Strait Islander young people's access to timely and appropriate health and social services. Provide opportunities for professional development to Aboriginal and Torres Strait Islander Youth Health Workers. 	<ul style="list-style-type: none"> HSDs and CH&SU undertake recruitment as required. HSDs and Aboriginal and Torres Strait Islander Youth Health Workers to engage with key stakeholders to improve Aboriginal and Torres Strait Islander young people's access to timely and appropriate health and social services. HSDs, CH&SU, and nurse educators employed under Component F identify/develop/implement development opportunities for Aboriginal and Torres Strait Islander Youth Health Workers or similar positions and support participation. HSDs support the implementation of programs such as <i>Core of Life</i>. 	<ul style="list-style-type: none"> Recruitment of positions as per allocation of funding. Negotiation of referral and access pathways with key stakeholders Number of development opportunities that Aboriginal and Torres Strait Islander Youth Health Workers or similar positions participate in. Implementation of programs such as <i>Core of Life</i> occurs. 	<ul style="list-style-type: none"> Life of the program

Summary of Milestones for Commonwealth Payments

Component A: Queensland Aboriginal and Torres Strait Islander Young People's Health and Wellbeing Program

Reporting Period	Agreed Milestones for the Period
January – June 2012	<ul style="list-style-type: none"> • Complete recruitment of three additional Aboriginal and Torres Strait Islander Youth Health Workers or relevant positions to support program implementation • In regions where program is implemented provide as appropriate to the needs of Aboriginal and Torres Strait Islander young people primary health care, education, promotion and advocacy programs and services • Develop and implement workforce development activities/program for Aboriginal and/or Torres Strait Islander Youth Health Workers • Continued implementation of the Core of Life program by trained facilitators • Support implementation of other programs as relevant to support Queensland Health and non-government organisation staff to work effectively with Aboriginal and Torres Strait Islander young people
July – December 2012	<ul style="list-style-type: none"> • In regions where program is implemented provide as appropriate to the needs of Aboriginal and Torres Strait Islander young people primary health care, education, promotion and advocacy programs and services • Develop and implement workforce development activities/program for Aboriginal and/or Torres Strait Islander Youth Health Workers • Continued implementation of the Core of Life program by trained facilitators • Support implementation of other programs as relevant to support Queensland Health and non-government organisation staff to work effectively with Aboriginal and Torres Strait Islander young people
January – June 2013	<ul style="list-style-type: none"> • In regions where program is implemented provide as appropriate to the needs of Aboriginal and Torres Strait Islander young people primary health care, education, promotion and advocacy programs and services • Develop and implement workforce development activities/program for Aboriginal and/or Torres Strait Islander Youth Health Workers • Continued implementation of the Core of Life program by trained facilitators • Support implementation of other programs as relevant to support Queensland Health and non-government organisation staff to work effectively with Aboriginal and Torres Strait Islander young people
July – December 2013	<ul style="list-style-type: none"> • In regions where program is implemented provide as appropriate to the needs of Aboriginal and Torres Strait Islander young people primary health care, education, promotion and advocacy programs and services • Develop and implement workforce development activities/program for Aboriginal and/or Torres Strait Islander Youth Health Workers • Continued implementation of the Core of Life program by trained facilitators • Support implementation of other programs as relevant to support Queensland Health and non-government organisation staff to work effectively with Aboriginal and Torres Strait Islander young people
January – June 2014	<ul style="list-style-type: none"> • In regions where program is implemented provide as appropriate to the needs of Aboriginal and Torres Strait Islander young people primary health care, education, promotion and advocacy programs and services • Develop and implement workforce development activities/program for Aboriginal and/or Torres Strait Islander Youth Health Workers • Continued implementation of the Core of Life program by trained facilitators • Support implementation of other programs as relevant to support Queensland Health and non-government organisation staff to work effectively with Aboriginal and Torres Strait Islander young people

Component B: Queensland Aboriginal and Torres Strait Islander Young People's Sexual and Reproductive Health Program				
What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
<p>Service Delivery: Improve access of Aboriginal and Torres Strait Islander young people in Queensland to sexual and reproductive health services:</p> <ul style="list-style-type: none"> • Across urban, rural and remote locations • Community and custodial settings. 	<ul style="list-style-type: none"> • Develop and implement social marketing projects • Development and dissemination of safe sex resources • Implement sexual health and positive lifestyle education programs for Aboriginal and Torres Strait Islander young people • Recruit staff to increase access to sexual and reproductive health services including health promotion, and sexually transmitted infections and blood borne viruses testing and treatment in community and custodial settings. 	<ul style="list-style-type: none"> • Communicable Diseases Branch (CDB) is responsible for the strategic implementation of projects and programs. • HSDs and Public Health Units (PHUs) will have local implementation responsibilities. • Development and implementation of some projects and programs may occur in partnership with non-government organisations. • Health care providers such as Aboriginal and Torres Strait Islander Health Workers, nurses, health promotion officers and other health care providers will be responsible for service delivery and health promotion to Aboriginal and Torres Strait Islander young people. 	<ul style="list-style-type: none"> • Health promotion activities occur as planned. • Social marketing activities undertaken as planned • Resources developed and distributed. • Employment of relevant staff to increase access to health promotion, testing and treatment services. • Increase access to sexual and reproductive health services as identified by number of participants in health promotion activities and receiving young people's health checks. 	<ul style="list-style-type: none"> • Life of the program
<p>Management: Ensure the appropriate use of resources to support implementation of projects and programs to increase Aboriginal and Torres Strait Islander young people's access to sexual and reproductive health services.</p>	<ul style="list-style-type: none"> • Undertake Queensland Health project and program planning and management processes • Implement appropriate recruitment, retention and workforce development strategies 	<ul style="list-style-type: none"> • CDB will coordinate and oversight implementation of projects and programs at a strategic statewide level. • HSDs, PHUs and their employees are responsible for the day-to-day management of local projects and programs. 	<ul style="list-style-type: none"> • Resources are allocated and utilised as planned. • Positions are recruited • Opportunities for workforce development are planned and implemented. • Activities are delivered against project plans. 	<ul style="list-style-type: none"> • Life of the program
<p>Linkages and Coordination: Appropriate and timely engagement occurs with key government and non-government service providers to:</p> <ul style="list-style-type: none"> • Develop effective sexual and reproductive health programs and resources • Encourage the use of programs and resources • Assist in the expansion of sexual and reproductive health services 	<ul style="list-style-type: none"> • Establish and support statewide strategic partnerships. • Establish and support local service networks. 	<ul style="list-style-type: none"> • CDB will support linkages and partnerships with strategic stakeholders. • HSDs and PHUs will support linkages and partnerships with internal and/or local stakeholders. 	<ul style="list-style-type: none"> • Key stakeholders are actively and appropriately involved in project and program implementation. 	<ul style="list-style-type: none"> • Life of the program

<p>Community Involvement: Appropriate and timely engagement occurs with Aboriginal and Torres Strait Islander representatives to ensure:</p> <ul style="list-style-type: none"> • Input into the development and implementation of projects and program • Appropriateness and acceptability of projects and programs • Participation in events and activities and use of sexual and reproductive health services. 	<ul style="list-style-type: none"> • Ensure Aboriginal and Torres Strait Islander representation on strategic partnerships and committees that support implementation of projects and programs • At the local level implement strategies that enable and support engagement and consultation with Aboriginal and Torres Strait Islander community members. 	<ul style="list-style-type: none"> • CDB will support Aboriginal and Torres Strait Islander representatives to be involved in strategic project and program implementation. • HSDs and PHUs will implement strategies to ensure local level involvement of Aboriginal and Torres Strait Islander representatives in project and/or program development and implementation. 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander representatives are actively and appropriately involved in project and program implementation. 	<ul style="list-style-type: none"> • Life of the program
<p>Data and Reporting:</p> <ul style="list-style-type: none"> • Collect and report on progress in line with reporting requirements of the IECD NPA 	<ul style="list-style-type: none"> • Establish data collection tools and reporting templates. 	<ul style="list-style-type: none"> • CDB supports HSDs and PHUs to collect relevant data and provide timely reporting. • HSDs and PHUs collect relevant data and prepare and submit timely reports. 	<ul style="list-style-type: none"> • Relevant and timely information is provided on project and program implementation and sexual and reproductive health services being provided to Aboriginal and Torres Strait Islander young people. 	<ul style="list-style-type: none"> • Life of the program
<p>Risk Management:</p> <ul style="list-style-type: none"> • Ensure the timely implementation of efficient and effective social marketing, health promotion, and illness prevention projects and programs to improve the sexual and reproductive health of Aboriginal and Torres Strait Islander young people. • Ensure recruitment and retention of a knowledgeable and skilled workforce providing sexual and reproductive health services to Aboriginal and Torres Strait Islander young people. 	<ul style="list-style-type: none"> • Develop and implement projects and programs in consultation with key government and non-government stakeholders and Aboriginal and Torres Strait Islander representatives. • Apply Queensland Health's standard operating and project/program management procedures. • Utilise appropriate recruitment and staff management practices as per Queensland Health policies. • Provide opportunities for professional development for the relevant workforce. 	<ul style="list-style-type: none"> • CDB, HSDs and PHUs: <ul style="list-style-type: none"> - work in partnership to implement projects and programs - work with government and non-government stakeholders to coordinate and integrate services - engage with Aboriginal and Torres Strait Islander representatives to ensure the appropriateness and acceptability of projects and programs and use of services - utilise recruitment strategies as required - support ongoing professional development of the workforce 	<ul style="list-style-type: none"> • Implementation of projects and programs as planned. • Participation of government and non-government stakeholders. • Participation of Aboriginal and Torres Strait Islander representatives. • Recruitment of positions as per funding allocations. • Number of development opportunities the workforce can participate in. 	

Summary of Milestones for Commonwealth Payments

Component B: Queensland Aboriginal and Torres Strait Islander Young People's Sexual and Reproductive Health Program

Reporting Period	Agreed Milestones for the Period
January – June 2012	<ul style="list-style-type: none"> • Social marketing programs implemented (e.g. Condom Festivals) • Continued development and distribution of sexual and reproductive health resources (e.g. Condoman comics, condoms) • Development of sexual health and positive lifestyle education programs • Aboriginal and Torres Strait Islander Health Workers employed as required to work in custodial and community settings • Sexual Health Nurse employed to provide sexual health testing and treatment services across Cape York, Torres and Northern Peninsula region.
July – December 2012	<ul style="list-style-type: none"> • Social marketing programs implemented (e.g. Condom Festivals) • Continued development and distribution of sexual and reproductive health resources (e.g. Condoman comics, condoms) • Development of sexual health and positive lifestyle education programs • Aboriginal and Torres Strait Islander Health Workers employed as required to work in custodial and community settings • Sexual Health Nurse employed to provide sexual health testing and treatment services across Cape York, Torres and Northern Peninsula region.
January – June 2013	<ul style="list-style-type: none"> • Social marketing programs implemented (e.g. Condom Festivals) • Continued development and distribution of sexual and reproductive health resources (e.g. Condoman comics, condoms) • Commence implementation of sexual health and positive lifestyle education programs • Aboriginal and Torres Strait Islander Health Workers employed as required to work in custodial and community settings • Sexual Health Nurse employed to provide sexual health testing and treatment services across Cape York, Torres and Northern Peninsula region.
July – December 2013	<ul style="list-style-type: none"> • Social marketing programs implemented (e.g. Condom Festivals) • Continued development and distribution of sexual and reproductive health resources (e.g. Condoman comics, condoms) • Continue implementation of sexual health and positive lifestyle education programs • Aboriginal and Torres Strait Islander Health Workers employed as required to work in custodial and community settings • Sexual Health Nurse employed to provide sexual health testing and treatment services across Cape York, Torres and Northern Peninsula region.
January – June 2014	<ul style="list-style-type: none"> • Social marketing programs implemented (e.g. Condom Festivals) • Continued development and distribution of sexual and reproductive health resources (e.g. Condoman comics, condoms) • Continue implementation of sexual health and positive lifestyle education programs • Aboriginal and Torres Strait Islander Health Workers employed as required to work in custodial and community settings • Sexual Health Nurse employed to provide sexual health testing and treatment services across Cape York, Torres and Northern Peninsula region.

Component C: Queensland Aboriginal and Torres Strait Islander Young Women's Healthy Life Program

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
<p>Service Delivery:</p> <ul style="list-style-type: none"> Support the delivery of forums and events to provide educational opportunities for young Aboriginal and Torres Strait Islander women in relation to reproductive health, pregnancy, parenting and healthy lifestyles. Increase the capacity of Mobile Women's Health Nurses and Indigenous Women's Health Workers to provide reproductive and pre-conceptual health, pregnancy, parenting and healthy lifestyle education and advice to Aboriginal and Torres Strait Islander women in their region of service delivery. 	<ul style="list-style-type: none"> Develop mechanisms to release small grants to support education forums and events for Aboriginal and Torres Strait Islander women across Queensland. Organise and deliver education forums and events for Aboriginal and Torres Strait Islander women across Queensland Undertake a training needs/skills gap analysis. Develop a workforce to participate in skill development opportunities. 	<ul style="list-style-type: none"> The Queensland Cervical Screening Program will oversee the implementation of these programs and support workforce development strategies. HSDs and relevant health staff will consult communities and deliver, in response to identified need, appropriate education forums and events. Mobile Women's Health Nurses and Indigenous Women's Health Workers will deliver education and advice to Aboriginal and Torres Strait Islander women in relation to reproductive and preconceptual health, pregnancy and parenting and healthy lifestyle 	<ul style="list-style-type: none"> Applications are made for the grants by HSDs and relevant non-government organisations. Grants are released. Education forums and events for Aboriginal and Torres Strait Islander women across Queensland are organised and attended by the target population. Training needs/skills gap analysis completed. Workforce development strategy developed. Opportunities for participation in skill development identified and attendance supported. 	<ul style="list-style-type: none"> Life of program.
<p>Management:</p> <ul style="list-style-type: none"> Undertake, develop, process and implement activities that support the implementation of the educational forums and events. Provide development opportunities and support the participation of the Mobile Women's Health Nurses and Indigenous Women's Health Workers. 	<ul style="list-style-type: none"> Implement a mechanism for identifying needs and submitting bids for grants. Consultation with Aboriginal and Torres Strait Islander women at local level to identify areas of need. Work in partnership with relevant government and non-government services and health care providers to plan and deliver forums and events. 	<ul style="list-style-type: none"> The Queensland Cervical Screening Program will: <ul style="list-style-type: none"> manage the grant process undertake training needs/skills gap analysis organise and manage access to training opportunities that meet the needs of staff delivering clinical services and health promotion will provide training and support to staff who will facilitate education forums and events. HSDs and other organisations receiving grants will work with relevant health staff and community representatives to plan, organise and deliver education forums and events. 	<ul style="list-style-type: none"> Applications are made for grants, grants are released, and education forums and events are held. The number of development opportunities held and the level of participation. 	<ul style="list-style-type: none"> Life of program.

<p>Linkages and Coordination:</p> <ul style="list-style-type: none"> Promote awareness in HSDs and non-government organisations of availability of grants. Encourage HSDs and non-government organisations to work collaboratively to deliver education forums and events to the target population. Ensure staff delivering education forums and events and Mobile Women's Health Nurses and Indigenous Women's Health Workers have knowledge of referral pathways to other services and can support the participants at forums and events and/or their clients to utilise/access these services where appropriate. 	<ul style="list-style-type: none"> Establish formal and informal communication processes to raise awareness of the availability of grants to support forums and events. Establish relationships with relevant organisations and service providers: <ul style="list-style-type: none"> to support the delivery of the forums and events identify appropriate referral pathways and mechanisms. 	<ul style="list-style-type: none"> The Queensland Cervical Screening Program will raise awareness of the availability of funding to support the forums and events. HSDs and relevant health staff work as required in partnership with other organisations or other service providers to deliver education forums HSDs, Mobile Women's Health Nurses and Indigenous Women's Health Workers and other relevant staff will use formal and informal communication and negotiation mechanisms to establish relationships with other service providers to support Aboriginal and Torres Strait Islander women's access to additional/specialised services. 	<ul style="list-style-type: none"> Applications are made for grants, grants are released, and education forums and events are held. Participants in education forums and event and clients of Mobile Women's Health Nurses and Indigenous Women's Health Workers are referred on to other services as required. 	<ul style="list-style-type: none"> Life of program.
<p>Community Involvement:</p> <ul style="list-style-type: none"> Ensure that the education forums and events: <ul style="list-style-type: none"> reflect the needs of the targeted Aboriginal and Torres Strait Islander women are culturally acceptable encourage participation 	<ul style="list-style-type: none"> Establish formal and informal communication processes with key community representatives to: <ul style="list-style-type: none"> identify need discuss delivery options encourage participation. 	<ul style="list-style-type: none"> HSDs or organisations that receives grants are responsible for consulting with relevant Aboriginal and Torres Strait Islander representatives for the region where education forums and events will take place. 	<ul style="list-style-type: none"> The target population participates in education forums and events delivered in their local area. 	<ul style="list-style-type: none"> Life of program.
<p>Data and Reporting:</p> <ul style="list-style-type: none"> Collect and report on progress in line with reporting requirements of the IECD NPA 	<ul style="list-style-type: none"> Implement data collection tools and reporting templates to report on: <ul style="list-style-type: none"> activities undertaken at or during education forums and events the target population's participation levels in education forums and events Mobile Women's Health Nurses, Indigenous Women's Health Workers and other relevant staff's participation in development opportunities. 	<ul style="list-style-type: none"> The Queensland Cervical Screening Program will oversee implementation of data collection tools and reporting templates. HSDs and other relevant organisations will collect and collate data and submit in timely manner to the Queensland Cervical Screening Program. 	<ul style="list-style-type: none"> Relevant and timely information is provided on the: <ul style="list-style-type: none"> implementation of the education forums and events delivery of workforce development opportunities. 	<ul style="list-style-type: none"> Life of program.

<p>Risk Management:</p> <ul style="list-style-type: none"> • Ensure that the delivery of forums and events: <ul style="list-style-type: none"> - meet the identified need of the target population - are culturally acceptable - encourage participation - support engagement with other stakeholders as required or appropriate • Ensure workforce development opportunities meet the needs of the Mobile Women's Health Nurses and Indigenous Women's Health Workers expanded services to Aboriginal and Torres Strait Islander women. 	<ul style="list-style-type: none"> • Ongoing communication and consultation with key stakeholders • Analysis and review of data collected to ensure implementation is occurring as planned. 	<ul style="list-style-type: none"> • The Queensland Cervical Screening Program: <ul style="list-style-type: none"> - supports HSDs and other relevant organisations to implement education forums and events - works with key stakeholders to identify workforce development needs and supports access to these opportunities. • HSDs, other organisations and relevant staff are responsible for managing the day-to-day implementation of education forums and events. • Mobile Women's Health Nurses and Indigenous Women's Health Workers utilise their new skills to provide expanded services to the target population. 	<ul style="list-style-type: none"> • Education forums and events for Aboriginal and Torres Strait Islander women across Queensland organised and attended. • Mobile Women's Health Nurses and Indigenous Women's Health Workers provide an expanded range of services to Aboriginal and Torres Strait Islander women in their catchment areas. 	<ul style="list-style-type: none"> • Life of program.
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Summary of Milestones for Commonwealth Payments

Component C: Queensland Aboriginal and Torres Strait Islander Young Women's Healthy Life Program

Reporting Period	Agreed Milestones for the Period
January – June 2012	<ul style="list-style-type: none"> • Ongoing consultation with community stakeholders and service providers • Conduct 10-20 forums annually • Ongoing assessment of young Aboriginal and Torres Strait Islander women's need and the ability of the Mobile Women's Health Nurses and Indigenous Women's Health Workers to meet these needs. • Mobile Women's Health Nurses and Indigenous Women's Health Workers participate in training and skill development opportunities as appropriate to their knowledge and skill requirements. • Mobile Women's Health Nurses and Indigenous Women's Health Workers provide an expanded range of clinical services and education as appropriate to the need of young, Aboriginal and Torres Strait Islander women in their service catchment area.
July – December 2012	<ul style="list-style-type: none"> • Ongoing consultation with community stakeholders and service providers • Conduct 10-20 forums annually • Ongoing assessment of young Aboriginal and Torres Strait Islander women's need and the ability of the Mobile Women's Health Nurses and Indigenous Women's Health Workers to meet these needs. • Mobile Women's Health Nurses and Indigenous Women's Health Workers participate in training and skill development opportunities as appropriate to their knowledge and skill requirements. • Mobile Women's Health Nurses and Indigenous Women's Health Workers provide an expanded range of clinical services and education as appropriate to the need of young, Aboriginal and Torres Strait Islander women in their service catchment area.
January – June 2013	<ul style="list-style-type: none"> • Ongoing consultation with community stakeholders and service providers • Conduct 10-20 forums annually

Summary of Milestones for Commonwealth Payments

Component C: Queensland Aboriginal and Torres Strait Islander Young Women's Healthy Life Program

Reporting Period	Agreed Milestones for the Period
	<ul style="list-style-type: none"> • Ongoing assessment of young Aboriginal and Torres Strait Islander women's need and the ability of the Mobile Women's Health Nurses and Indigenous Women's Health Workers to meet these needs. • Mobile Women's Health Nurses and Indigenous Women's Health Workers participate in training and skill development opportunities as appropriate to their knowledge and skill requirements. • Mobile Women's Health Nurses and Indigenous Women's Health Workers provide an expanded range of clinical services and education as appropriate to the need of young, Aboriginal and Torres Strait Islander women in their service catchment area.
July – December 2013	<ul style="list-style-type: none"> • Ongoing consultation with community stakeholders and service providers • Conduct 10-20 forums annually • Ongoing assessment of young Aboriginal and Torres Strait Islander women's need and the ability of the Mobile Women's Health Nurses and Indigenous Women's Health Workers to meet these needs. • Mobile Women's Health Nurses and Indigenous Women's Health Workers participate in training and skill development opportunities as appropriate to their knowledge and skill requirements. <p>Mobile Women's Health Nurses and Indigenous Women's Health Workers provide an expanded range of clinical services and education as appropriate to the need of young, Aboriginal and Torres Strait Islander women in their service catchment area.</p>
January – June 2014	<ul style="list-style-type: none"> • Ongoing consultation with community stakeholders and service providers • Conduct 10-20 forums annually • Ongoing assessment of young Aboriginal and Torres Strait Islander women's need and the ability of the Mobile Women's Health Nurses and Indigenous Women's Health Workers to meet these needs. • Mobile Women's Health Nurses and Indigenous Women's Health Workers participate in training and skill development opportunities as appropriate to their knowledge and skill requirements. • Mobile Women's Health Nurses and Indigenous Women's Health Workers provide an expanded range of clinical services and education as appropriate to the need of young, Aboriginal and Torres Strait Islander women in their service catchment area.

Component D: Queensland Aboriginal and Torres Strait Islander Maternal and Infant Care Program

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
<p>Service Delivery:</p> <ul style="list-style-type: none"> • Ensure Aboriginal and Torres Strait Islander women, especially those under the age of 20 years, have access to timely and culturally competent maternal and infant health care and early parenting support in both hospital and community settings. 	<ul style="list-style-type: none"> • Support the employment of: <ul style="list-style-type: none"> - Maternal and Infant Care Teams, usually consisting of one midwife and one Aboriginal and Torres Strait Islander Maternal and Infant Care Health Worker, to work in community settings - Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers in major maternity units - Aboriginal and Torres Strait Islander Young Parent Support Workers or other professionals to provide support to pregnant and/or parenting young Aboriginal and Torres Strait Islander people. • Implement a range of workforce development programs to ensure incumbents in the teams and positions have the knowledge and skills required to provide culturally and clinically competent services. 	<ul style="list-style-type: none"> • The CH&SU in consultation with key corporate business units and HSDs will provide the strategic oversight of this program. • HSDs will oversee the day-to-day implementation of new positions and programs. • Employed midwives, Aboriginal and Torres Strait Islander Health Workers and/or other positions will deliver maternal, infant and young parent support services to Aboriginal and Torres Strait Islander women and their families. 	<ul style="list-style-type: none"> • Teams and positions are allocated, recruited and have access to professional development activities. • Services are delivered to the target population. • Improved health outcomes are experienced by those people in the target population who receive the services. 	<ul style="list-style-type: none"> • The life of the program.

<p>Management:</p> <ul style="list-style-type: none"> • Support the employment, retention and development of: <ul style="list-style-type: none"> - Maternal and Infant Care Teams - Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers - Aboriginal and Torres Strait Islander Young Parent Support Workers 	<ul style="list-style-type: none"> • Queensland Health's standard recruitment and staff management practices will be used to recruit and manage these staff on a day-to-day basis. • Identify workforce development needs and provide education, training and other development opportunities to meet the needs of these staff. • Encourage and support relevant Aboriginal and Torres Strait Islander Health Workers to participate in Cert IV in Child and Youth Health (Aboriginal and /or Torres Strait Islander) • Establish networking or other communication opportunities for these staff. 	<ul style="list-style-type: none"> • The HSDs are responsible for the recruitment and day-to-day management and integration of the teams and positions within existing services. • The Child Health and Safety Unit, Nurse Educators and HSDs in partnership will undertake or enable access to activities which support the development of staff in these teams and positions. 	<ul style="list-style-type: none"> • Teams and positions are allocated and recruited. • The number of professional development opportunities available and level of participation. • Networking and communication mechanisms for teams and positions have been established and are utilised. 	<ul style="list-style-type: none"> • The life of the program.
<p>Linkages and Coordination:</p> <ul style="list-style-type: none"> • Ensure pregnant and parenting Aboriginal and Torres Strait Islander women and their families can be linked in or referred to other government and non-government health and social services as required 	<ul style="list-style-type: none"> • Establish local communication, networking and referral mechanisms between relevant service providers/stakeholders and the teams and positions as required to provide appropriate care to pregnant and parenting Aboriginal and Torres Strait Islander women and their families. 	<ul style="list-style-type: none"> • Each HSD and their will identify and establish linkages and referral pathways with relevant government and non-government health and social services. 	<ul style="list-style-type: none"> • HSDs have agreed communication, networking and referral mechanisms between Maternal and Infant Care Teams, Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers and Aboriginal and Torres Strait Islander Young Parent Support Workers and relevant government and non-government health and social services. 	<ul style="list-style-type: none"> • The life of the program.
<p>Community Involvement:</p> <ul style="list-style-type: none"> • Engage, at the local level, with Aboriginal and Torres Strait Islander community members and representatives to ensure maternal and infant care services are culturally competent, acceptable and accessible. 	<ul style="list-style-type: none"> • Consult and negotiate with relevant Aboriginal and Torres Strait Islander community members and stakeholders in relation to the establishment, planning and implementation of maternal and infant care services. 	<ul style="list-style-type: none"> • HSDs and the relevant staff will establish mechanisms to engage, consult and feedback to the local Aboriginal and Torres Strait Islander community. 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander community members and stakeholders participate in consultation process. • Maternal and infant care services are culturally competent, acceptable and accessible to the target Aboriginal and Torres Strait Islander women and their families. 	<ul style="list-style-type: none"> • The life of the program

<p>Data and Reporting:</p> <ul style="list-style-type: none"> Collect and report on progress in line with reporting requirements of the IECD NPA 	<ul style="list-style-type: none"> Implement data collection tools and reporting templates. 	<ul style="list-style-type: none"> CH&SU supports HSDs to collect relevant data and provide timely reporting. HSDs and relevant staff collect data and prepare and submit timely reports. 	<ul style="list-style-type: none"> Relevant and timely information is provided on program implementation and services being provided to pregnant and parenting Aboriginal and Torres Strait Islander women and their families. 	<ul style="list-style-type: none"> Life of the program
<p>Risk Management:</p> <ul style="list-style-type: none"> Ensure recruitment, retention and development of: <ul style="list-style-type: none"> Maternal and Infant Care Teams Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers Aboriginal and Torres Strait Islander Young Parent Support Workers Ensure Aboriginal and Torres Strait Islander women and their families have access to culturally and clinically competent maternal and infant care services. 	<ul style="list-style-type: none"> Standard recruitment and staff management practices are used. Implement workforce development activities for staff in the teams and positions. Work with key stakeholders and community members to ensure that the services being provided are accessible and appropriate to the target population. 	<ul style="list-style-type: none"> The HSDs are responsible for the recruitment and day-to-day management and integration of the teams and positions within existing services. The CH&SU, nurse educators and HSDs are responsible for supporting the continued professional development of the staff in these teams and positions. HSDS, teams and positions are responsible for supporting, in partnership with key stakeholders, for the provision of timely and culturally and clinically competent maternal and infant care services to the target population. 	<ul style="list-style-type: none"> Teams and positions are allocated and recruited. Staff have access to professional development opportunities. Queensland Health maternal and infant care services are culturally competent, accessible and appropriate to Aboriginal and Torres Strait Islander women and their families. 	<ul style="list-style-type: none"> Life of the program

Summary of Milestones for Commonwealth Payments

Component D: Queensland Aboriginal and Torres Strait Islander Maternal and Infant Health Care Program

Reporting Period	Agreed Milestones for the Period
January – June 2012	<ul style="list-style-type: none"> Employment of at least: <ul style="list-style-type: none"> five Maternal and Infant Care Teams five Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers in major maternity units three Aboriginal and Torres Strait Islander Young Parents Support Workers. Positions are support through the provision of workforce development opportunities. Culturally and clinically competent maternal and infant care services are provided to Aboriginal and Torres Strait Islander women and their families in the localities where teams and positions are employed.
July – December 2012	<ul style="list-style-type: none"> Employment of at least: <ul style="list-style-type: none"> five Maternal and Infant Care Teams five Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers in major maternity units three Aboriginal and Torres Strait Islander Young Parents Support Workers. Positions are support through the provision of workforce development opportunities. Culturally and clinically competent maternal and infant care services are provided to Aboriginal and Torres Strait Islander women and their families in the localities where teams and positions are employed.

Summary of Milestones for Commonwealth Payments

Component D: Queensland Aboriginal and Torres Strait Islander Maternal and Infant Health Care Program

Reporting Period	Agreed Milestones for the Period
January – June 2013	<ul style="list-style-type: none"> • Employment of at least: <ul style="list-style-type: none"> - five Maternal and Infant Care Teams - five Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers in major maternity units - three Aboriginal and Torres Strait Islander Young Parents Support Workers. • Positions are supported through the provision of workforce development opportunities. • Culturally and clinically competent maternal and infant care services are provided to Aboriginal and Torres Strait Islander women and their families in the localities where teams and positions are employed.
July – December 2013	<ul style="list-style-type: none"> • Employment of at least: <ul style="list-style-type: none"> - five Maternal and Infant Care Teams - five Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers in major maternity units - three Aboriginal and Torres Strait Islander Young Parents Support Workers. • Positions are support through the provision of workforce development opportunities. <p>Culturally and clinically competent maternal and infant care services are provided to Aboriginal and Torres Strait Islander women and their families in the localities where teams and positions are employed.</p>
January – June 2014	<ul style="list-style-type: none"> • Employment of at least: <ul style="list-style-type: none"> - six Aboriginal and Torres Strait Islander Maternal and Infant Care Teams - five Aboriginal and Torres Strait Islander Maternal and Infant Care Health Workers in major maternity units - three Aboriginal and Torres Strait Islander Young Parents Support Workers. • Positions are support through the provision of workforce development opportunities. • Culturally and clinically competent maternal and infant care services are provided to Aboriginal and Torres Strait Islander women and their families in the localities where teams and positions are employed.

Component E: For Me and Bub Program, Smoking and Alcohol Prevention Program

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
<p>Service Delivery</p> <ul style="list-style-type: none"> Improve the delivery of smoking, alcohol and other drug brief intervention to reduce smoking and substance use in the antenatal period by Aboriginal and Torres Strait Islander women. 	<ul style="list-style-type: none"> Adapt the SmokeCheck program for use in the antenatal setting Roll out training to relevant clinical staff in Queensland Health and non-government health services Provide ongoing support for the clinical staff implementing the intervention to the target population. 	<ul style="list-style-type: none"> The Indigenous Smoking Prevention (ISP) Team within Tobacco and Alcohol Branch is responsible: <ul style="list-style-type: none"> for developing and implementing the program and training package across Queensland for providing ongoing support for trained clinical staff and program evaluation. Trained clinical staff (particularly those in maternity services) will be responsible for providing the brief intervention support to the target population. 	<ul style="list-style-type: none"> For Me and Bub Program developed Number and proportion of clinical staff who participate in program training Number and proportion of trained clinical staff who use the For Me and Bub Program to support the target population to reduce/cease smoking during the antenatal period Increase in the number and proportion of the target population who reduce/cease smoking during the antenatal period 	<ul style="list-style-type: none"> Life of program
<p>Management</p> <ul style="list-style-type: none"> Ensure the development of the For Me and Bub Program meets the need of clinical staff delivering antenatal care Ensure clinical staff have opportunity to participate in For Me and Bub Program training Ensure that ongoing and timely support is available for clinical staff delivering the For Me and Bub Program to target population Support trained clinical staff to deliver the intervention with the target population 	<ul style="list-style-type: none"> Ongoing consultation, communication and engagement with relevant health services, clinical staff and representatives from the target population. Offer a range of opportunities for clinical staff to participate in training program Clear articulation of what ongoing support is available for clinical staff and timely responses to requests for support Establishment of mechanisms to capture information on the utilisation and acceptance of the For Me and Bub Program by clinical staff. 	<ul style="list-style-type: none"> The ISP Team is responsible for the strategic and day-to-day implementation of the For Me and Bub Program HSDs and other relevant organisations and the line managers of clinical staff are responsible for ensuring that clinical staff are given the opportunity to participate in training and encouragement to utilise the intervention with the target population 	<ul style="list-style-type: none"> Number and proportion of clinical staff who participate in program training Proportion of trained clinical staff who indicate satisfaction with level of post training program support Number and proportion of trained clinical staff who use the For Me and Bub Program to support the target population to reduce/cease smoking during the antenatal period 	<ul style="list-style-type: none"> Life of program

<p>Linkages & Coordination</p> <ul style="list-style-type: none"> • Support the acceptance and use of the For Me and Bub Program by clinical staff delivering antenatal services to the target population in both Queensland Health and non-government health services 	<ul style="list-style-type: none"> • Ongoing consultation, communication and engagement with relevant health services, clinical staff and representatives from the target population • Offer a range of opportunities for clinical staff to participate in training program • Clear articulation of what ongoing support is available for clinical staff and timely responses to requests for support 	<ul style="list-style-type: none"> • The ISP Team will promote the For Me and Bub Program to both Queensland Health and non-government health services • The ISP Team will promote a range of opportunities for clinical staff in Queensland Health and non-government health services to participate in program training 	<ul style="list-style-type: none"> • Number and proportion of clinical staff who participate in program training 	<ul style="list-style-type: none"> • Life of program
<p>Community Involvement</p> <ul style="list-style-type: none"> • Ensure that the For Me and Bub Program reflects the needs and is culturally appropriate for the target population 	<ul style="list-style-type: none"> • Ongoing consultation, communication and engagement with key Aboriginal and Torres Strait Islander stakeholders • Evaluation of the impact of the For Me and Bub Program on the target population's smoking behaviour during the antenatal and postnatal period • Health services will promote the For Me and Bub Program to the target population 	<ul style="list-style-type: none"> • The ISP Team will consult with key Aboriginal and Torres Strait Islander stakeholders on the development of the For Me and Bub Program • The ISP Team will examine the impact of the For Me and Bub Program on the target population • The local service providers will advise the target population of the availability of the intervention and encourage its use 	<ul style="list-style-type: none"> • Increase in the number and proportion of the target population who reduce/cease smoking during the antenatal period 	<ul style="list-style-type: none"> • Life of program
<p>Data & Reporting</p> <ul style="list-style-type: none"> • Ensure that the For Me and Bub Program is being implemented as planned • Ensure that clinical staff from government and non-government health services access training and support 	<ul style="list-style-type: none"> • Design and use of data collection mechanisms for: <ul style="list-style-type: none"> – implementation – training of clinical staff – intervention use levels – impact on smoking behaviour of target population 	<ul style="list-style-type: none"> • The ISP Team will establish data collection mechanisms as appropriate to record: <ul style="list-style-type: none"> – implementation – training of clinical staff – intervention use levels – impact on smoking behaviour of target population 	<ul style="list-style-type: none"> • Project plan and reporting milestones are met 	<ul style="list-style-type: none"> • Life of program

Risk Management <ul style="list-style-type: none"> • Ensure the development of an appropriate brief intervention program • Ensure the access to training by clinical staff from government and non-government health services • Support the use of the intervention by trained clinical staff with the target population 	<ul style="list-style-type: none"> • The ISP Team has overall responsibility for managing the risk associated with this program 	<ul style="list-style-type: none"> • Ongoing consultation, communication and engagement with key Aboriginal and Torres Strait Islander stakeholders • Analysis and review of data collected to improve access to training or the relevance of program 	<ul style="list-style-type: none"> • Project plan milestone and risk management plan are met 	<ul style="list-style-type: none"> • Life of program
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<p align="center">Summary of Milestones for Commonwealth Payments Component E: For Me and Bub Program, Smoking and Alcohol Prevention Program</p>	
Reporting Period	Agreed Milestones for the Period
January – June 2012	<ul style="list-style-type: none"> • Implement the communication and engagement strategy • Delivery of the For Me and Bub Program training to the maternal and child health workforce • Distribute client information and promotional materials to the trained workforce • Implement on-going support services for the trained workforce • Delivery of the For Me and Bub program interventions by the trained workforce • Implement the program evaluation and monitoring framework
July – December 2012	<ul style="list-style-type: none"> • Delivery of the For Me and Bub Program training to the maternal and child health workforce • Distribute client information and promotional materials to the trained workforce • Implement on-going support services for the trained workforce • Delivery of the For Me and Bub program interventions by the trained workforce • Implement the program evaluation and monitoring framework
January – June 2013	<ul style="list-style-type: none"> • Delivery of the For Me and Bub Program training to the maternal and child health workforce • Distribute client information and promotional materials to the trained workforce • Implement on-going support services for the trained workforce • Delivery of the For Me and Bub program interventions by the trained workforce • Implement the program evaluation and monitoring framework
July – December 2013	<ul style="list-style-type: none"> • Delivery of the For Me and Bub Program training to the maternal and child health workforce • Distribute client information and promotional materials to the trained workforce • Implement on-going support services for the trained workforce • Delivery of the For Me and Bub program interventions by the trained workforce • Implement the program evaluation and monitoring framework
January – June 2014	<ul style="list-style-type: none"> • Delivery of the For Me and Bub Program training to the maternal and child health workforce • Distribute client information and promotional materials to the trained workforce • Implement on-going support services for the trained workforce • Delivery of the For Me and Bub program interventions by the trained workforce • Implement the program evaluation and monitoring framework

Component F: Queensland Aboriginal and Torres Strait Islander Maternal, Child and Youth Health Workforce Development Program

What are we trying to do? (Aim)	How are we going to do it? (Strategies)	Who will do it? (Roles and responsibilities)	How will we know how we are going? (Measures)	How long will it take? (Timeframe)
<p>Service Delivery: Implement training and skill development to support the health staff involved in the delivery of health services to Aboriginal and Torres Strait Islander pregnant women, infants, children and young people and families</p>	<ul style="list-style-type: none"> • Employment of two Nurse Educators • Provide education and training to meet the needs of the Aboriginal and Torres Strait Islander Health Workers employed under the IECD NPA and both existing and future Health Workers and other relevant positions funded by Queensland Health that provide health services to Aboriginal and Torres Strait Islander pregnant women, infants, children and young people and families • Undertake a training gap analysis to identify the educational, resource and training requirements for the target workforce • Development of an education and training plan to effectively prepare, and provide ongoing clinical education and training for the target workforce and other staff who support them (e.g. line managers and supervisors) 	<ul style="list-style-type: none"> • Cunningham Centre is responsible for the overall development and implementation of the program in consultation with the Child Health and Safety Unit, relevant HSDs and business units, external stakeholders (e.g. non-government organisations employing relevant Queensland Health funded position) and the education sector 	<ul style="list-style-type: none"> • Training Gap Analysis reviewed and updated regularly • Education and Training Plan reviewed and updated regularly • Planned education and training implemented and attended by target workforce 	<ul style="list-style-type: none"> • At regular intervals across life of program • Education and training delivered as planned across life of program.

<p>Management:</p> <ul style="list-style-type: none"> • Develop governance structure for oversight of the Statewide Aboriginal and Torres Strait Islander Maternal, Child and Youth Health Workforce Development Program • Recruit and manage the day-to-day activity of the two Nurse Educators • Plan the education and training to be provided and/or facilitated by the Nurse Educators • Manage the sourcing and purchase and/or of relevant educational support materials 	<ul style="list-style-type: none"> • Standard recruitment and staff management practices within the Cunningham Centre will be used to recruit and manage on a day-to-day basis the two Nurse Educator positions • Education and training will be delivered on the basis of the education and training plan • Educational support materials will be sourced or developed on the basis of ongoing need assessments and environmental scanning 	<ul style="list-style-type: none"> • Expert Reference Group will provide oversight of the program. • The Cunningham Centre is responsible for: <ul style="list-style-type: none"> – establishing the governance mechanism utilised to oversight the development and implementation of the program – recruiting, managing and providing the appropriate support for the two Nurse Educators. • The two Nurse Educator positions are responsible for: <ul style="list-style-type: none"> – identifying, planning and implementing the education and training program identified for the target workforce – managing the sourcing and purchase and/or of relevant educational support materials 	<ul style="list-style-type: none"> • Expert Reference Group is established and meets as per governance arrangements • Two Nurse Educators employed • Education and Training Plan developed and reviewed and updated regularly • Planned education and training implemented and attended by target workforce • Relevant educational support resources developed/sources and purchased 	<ul style="list-style-type: none"> • Life of program
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<p>Linkages and Coordination:</p> <ul style="list-style-type: none"> ● Identification, consultation and negotiation with key stakeholders to: <ul style="list-style-type: none"> – ensure that the role and responsibility of the two Nurse Educators is understood – Nurse Educators have access to the target workforce to identify need, develop and deliver education and training programs and other support mechanisms to the target workforce ● Establish linkages to other educator positions in Queensland Health and non-government organisation to leverage off existing resources ● Work with other providers of education and training to ensure that there is appropriate knowledge and skill development within the target workforce 	<ul style="list-style-type: none"> ● Formal and informal mechanisms to promote knowledge of the Nurse Educators, their roles and responsibilities and the education and training to be implemented 	<ul style="list-style-type: none"> ● The Child Health and Safety Unit and the Cunningham Centre will be responsible for highlighting the role and responsibilities of the Nurse Educators ● The Nurse Educators will lead consultation, negotiation and linkage processes with key stakeholders and the target workforce to deliver the required education and training programs 	<ul style="list-style-type: none"> ● Planned education and training implemented and attended by target workforce 	<ul style="list-style-type: none"> ● Life of program
<p>Community Involvement:</p>	<p>This is a workforce development program which focuses on meeting the needs of positions funded by Queensland Health in Health Service Districts or non-government organisations. The key stakeholders are the target workforce, their management structures, other providers of education, training and workforce development activities and relevant Queensland Health business units and non-government organisation representative organisations (e.g. Queensland Aboriginal and Islander Health Council). There will be limited involvement of the Nurse Educators with representatives from Aboriginal and Torres Strait Islander communities across Queensland as this is not a primary stakeholder for this program.</p>			
<p>Data and Reporting:</p> <ul style="list-style-type: none"> ● Meet identified education, training and workforce development needs of the target workforce 	<ul style="list-style-type: none"> ● The Nurse Educators will collect data on the delivery of education, training and workforce development activities 	<ul style="list-style-type: none"> ● Establish data collection tool to capture: <ul style="list-style-type: none"> – Type of activities – Location where activities deliver – Who delivered the activities – Who participated in activities – Participants' assessment of activities 	<ul style="list-style-type: none"> ● Planned education, training and workforce development activities are implemented as per Education and Training Plan ● Target workforce participates in education, training and workforce development activities ● Participants' assessment of activities is positive 	<ul style="list-style-type: none"> ● Life of program

<p>Risk Management:</p> <ul style="list-style-type: none"> • Nurse Educators are recruited and retained • Education training and workforce development activities are implemented and that the target workforce participates 	<ul style="list-style-type: none"> • Standard recruitment and staff management practices within the Cunningham Centre will be used to recruit and encourage the retention of the Nurse Educators • Formal and informal communication and negotiation activities that seek endorsement/acceptance of the Education and Training Plan and ensure that the target workforce is able to participate 	<ul style="list-style-type: none"> • The Cunningham Centre is responsible for recruitment and retention of the Nurse Educators • The Nurse Educators are responsible for ensuring the education training and workforce development activities are implemented • The Nurse Educators with support from the Child Health and Safety Unit, Health Service Districts and non-government organisations (as appropriate) support the target workforce to participate 	<ul style="list-style-type: none"> • Two Nurse Educators are Recruited • Planned education, training and workforce development activities are implemented as per Education and Training Plan • Target workforce participates in education, training and workforce development activities • Participants' assessment of activities is positive 	
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<p align="center">Summary of Milestones for Commonwealth Payments Component F: Queensland Aboriginal and Torres Strait Islander Maternal, Child and Youth Health Workforce Development Program</p>	
<p>Reporting Period</p>	<p align="center">Agreed Milestones for the Period</p>
<p>January – June 2012</p>	<ul style="list-style-type: none"> • Two Nurse Educator positions employed • Expert Reference Group meets as per governance arrangements • Training Gap Analysis reviewed and updated as required • Education and Training Plan reviewed and updated as required <p>Planned education and training implemented and target workforce participates.</p>
<p>July – December 2012</p>	<ul style="list-style-type: none"> • Two Nurse Educator positions employed • Expert Reference Group meets as per governance arrangements • Training Gap Analysis reviewed and updated as required • Education and Training Plan reviewed and updated as required <p>Planned education and training implemented and target workforce participates.</p>
<p>January – June 2013</p>	<ul style="list-style-type: none"> • Two Nurse Educator positions employed • Expert Reference Group meets as per governance arrangements • Training Gap Analysis reviewed and updated as required • Education and Training Plan reviewed and updated as required <p>Planned education and training implemented and target workforce participates</p>
<p>July – December 2013</p>	<ul style="list-style-type: none"> • Two Nurse Educator positions employed • Expert Reference Group meets as per governance arrangements • Training Gap Analysis reviewed and updated as required • Education and Training Plan reviewed and updated as required <p>Planned education and training implemented and target workforce participates.</p>

Summary of Milestones for Commonwealth Payments

Component F: Queensland Aboriginal and Torres Strait Islander Maternal, Child and Youth Health Workforce Development Program

Reporting Period	Agreed Milestones for the Period
January – June 2014	<ul style="list-style-type: none">• Two Nurse Educator positions employed• Expert Reference Group meets as per governance arrangements• Training Gap Analysis reviewed and updated as required• Education and Training Plan reviewed and updated as required• Planned education and training implemented and target workforce participates.

Summary of Commonwealth Payment Requests

Reporting Period	Basis of Payment	Indicative Payment Request
January – June 2012	Receipt of Annual Report 31 August 2012 describing satisfactory progress or satisfactory achievement against milestones	\$3,573,000
July – December 2012	Receipt of Progress Report 31 January 2013 describing satisfactory progress or satisfactory achievement against milestones	\$3,573,000
January – June 2013	Receipt of Annual Report 31 August 2013 describing satisfactory progress or satisfactory achievement against milestones	\$3,824,000
July – December 2013	Receipt of Progress Report 31 January 2014 describing satisfactory progress or satisfactory achievement against milestones	\$3,824,000
January – June 2014	Receipt of Progress Report 31 August 2014 describing satisfactory progress or satisfactory achievement against milestones	To Be Determined if Agreement Renegotiated