Indigenous Early Childhood Development National Partnership

SOUTH AUSTRALIAN IMPLEMENTATION PLAN

Preamble
South Australia's Strategic Plan has set specific targets to improve outcomes for South Australian Aboriginal children, families and communities across all areas of health, education, social and economic activity. A range of strategies is being put in place in all government agencies to meet these targets which seek to improve the health and wellbeing outcomes of Indigenous people through health information that empowers them to make informed decisions and choices concerning their health. These will be supported by the State's Early Childhood Development portfolio that places significant importance on the education, care, health and wellbeing of young children.

Background
The Pregnancy Outcome Unit in South Australia reports, over a number of years, consistent patterns of poorer birth outcomes for Aboriginal women. Of particular note is the significantly high proportion of Aboriginal women represented in the data in the areas of teenage pregnancy, mothers smoking during pregnancy, lower number of antenatal visits, and low birth weight babies (less than 2500g).
Aboriginal teenagers are much less likely to access antenatal care and much more likely to have poorer maternal and infant health outcomes. Pregnant teenagers are more likely to give birth to low birth weight infants.

Limited sexual health knowledge, high rates of partner change, binge drinking and substance use and high rates of sex with acquaintances increases young people's vulnerability to poor relationships and sexual health outcomes (Smith, Agius et al. 2003). Aboriginal children and young people have the highest rates of sexually transmitted infections, are three times more likely to be sexually abused than their non-Aboriginal counterparts, and are more likely to live in poverty (many in rural and remote areas). They find it more difficult to access services than do their non-Aboriginal peers.

Rationale
The existing models of maternity care in South Australia have not been able to change this pattern of poorer birth outcomes for Aboriginal women.

The Aboriginal Family Birthing Program (Whyalla) and the Anangu Bibi Birthing Program (Port Augusta) commenced in 2004. The unique and innovative factor regarding these services is that Aboriginal health workers were employed as Aboriginal Maternal and Infant Care (AMIC) workers who function in direct partnership with a midwife and doctors to create an opportunity for Aboriginal women to be cared for by Aboriginal women during pregnancy, birth and the post natal period (6-8 weeks). AMIC workers receive perinatal clinical skills training from the midwives and also receive day to day support from these midwives. In a reciprocal way the midwives receive support and education in cultural issues and practices from the AMIC workers. A key quality of the program is the collegial relationship established between the AMIC worker and the midwife. This in turn, facilitates a trusted rapport within the team which reflects in the woman's confidence in the model and thus improves her willingness to access health

services. This model of care has been evaluated and the positive outcomes support the extension of this program statewide (Regional Family Birthing and Anangu Bibi Birthing Program: The first 50 births report August 2006).

The prevention and sexual health education programs described in the aims will provide a more holistic approach to sexual and reproductive health and draw the emphasis away from infection control to healthy relations and behaviours. They will link with existing and new programs such as: *Healthy Ways*, *Healthy for Life*, and *New Directions for Mothers and Babies and comprehensive Well Health programs*.

There is a definite issue in the Aboriginal community in the high exposure to various infections and this reduces the resilience and auto-immune response is lowered, increasing the potential for sexually transmitted infections (STIs). Sexually transmitted infections of gonorrhoea and syphilis are still in significant proportions in many Aboriginal communities. Furthermore, the incidence of chlamydia, which can be responsible for infertility, is steadily rising. In SA (2007) there were 455 cases of gonorrhoea, 49 syphilis, and 3386 chlamydia infections reported. Aboriginal people were greatly over represented in these statistics.

Evidence

For Aboriginal people Australia-wide, 51% of all hospitalisations were related to pregnancy complications (Australian Institute of Health and Welfare 2006).

Aboriginal teenage girls in South Australia were found to:

- contribute a higher proportion of births (23% of Aboriginal births) compared with non Aboriginal teenagers (5% of non-Aboriginal births)
- have a proportion of low birth weight babies and pre-term deliveries about twice that of non-Aboriginal teenagers
- be more likely to have fewer antenatal visits
- have significantly more medical conditions than non-Aboriginal teenagers. These conditions include STIs, anaemia and urinary tract infections

The children of these Aboriginal teenage girls have a greater incidence of congenital abnormalities than their non-Aboriginal peers. This is particularly so for babies born to teenage mothers (Westenberg, Van der Klis et al. 2002).

Antenatal programs that address the medical issues of the pregnancy and also teach a range of life skills are strategies that can assist in improving pregnancy and birth outcomes for Aboriginal young people. Greater attention to antenatal care will reduce the amount of chronic disease overtime as these infants experience better antenatal and post natal care, and as a consequence, will be healthier adults.

There are significant barriers, and very little support, for pregnant and parenting teenagers to continue with their education. This is particularly so for Aboriginal students. These students already have low attendance levels. Education is a critical social determinant underlying health and wellbeing. Maternal education levels are significant predictors of the health and wellbeing of infants and children, and education and social outcomes for the family and community.

WORKPLAN

Element 2: Antenatal care, pre-pregnancy and teenage sexual and reproductive health

Plan period: 2009-2014

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)
Service Delivery	**AIM 1:** To improve the sexual health, well being and safety of Aboriginal children and young people in targeted rural and remote South Australian communities in school years 5 to 10 by: - Increasing access to age and culturally appropriate, comprehensive, relationships and sexual health education programs - Improving sexual health literacy of Aboriginal students This will provide the	SA Health SHine SA, the non-government, South Australian Sexual Health organisation working with individual Aboriginal communities at the local level. SHine SA will consult with the community and providers to engage communities in developing the program and adapting this for Aboriginal communities.	Phase 1 of the program will provide the coordination for the subsequent strategies that are planned to occur with the implementation of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes with the initial primary focus on sexual health curriculum & resource development Based on the Focus Schools program (a current sexual health curriculum being delivered through high schools) and using a targeted and community development approach, a Senior Project Officer will target 17 Aboriginal &	Number of Aboriginal stakeholders and providers are engaged in the consultation process. Number of education and information sessions and resources are available to parents and carers of Aboriginal students. Number of communities and schools agree to engage with the program. An Action Plan is developed in year 1 that will define & consolidate: - Research into evidence based practice - Plans for curriculum development.	2009-10 - Program Coordinator employed - Aboriginal stakeholders and providers are engaged in the consultation process - Education and information sessions and resources are available to parents and carers of Aboriginal students - Communities and schools agree to engage with the program - Curriculum and resources are developed

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)
	developmental work to support the delivery of the program through the NP on Closing the Gap in Indigenous Health Outcomes initiatives with an intensive initial focus on sexual health curriculum & resource development		Anangu schools & communities and consult with parents, communities and health and education stakeholders. This will inform the development of the following strategies that will be implemented through the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes with an intensive focus on the development of sexual health curriculum: - -Developing culturally and age appropriate curriculum and resources years 5 to 10 - -Outreach initiatives including local work force development in sexual health training programs - -Engaging the parents, carers and grandparents of Aboriginal young people in the local community in meaningful dialogue and in extending culturally appropriate sexual health knowledge with resources - -Inviting young people to be involved in fun initiatives; learning about relationships, their	- Plans and dates for the phased roll out of the curriculum across the 17 schools	- The development of an Action Plan for the combined NPs strategies - Implementation of the Action Plan through the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes including phased engagement of 17 schools, development & applying the new curriculum, workforce 2010-11 - Continued implementation of the sexual health curriculum component of the Action Plan through resource development & distribution with support from a Senior Aboriginal Health Literacy Consultant 2011-12 - Continued

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)
			responsibilities and rights, & keeping them safe - -Developing young people as sexual health peer educators - -Encouraging greater school retention of young people through interesting informative school programs.		implementation of the sexual health curriculum component of the Action Plan- through resource development & distribution with support from a Senior Aboriginal Health Literacy Consultant 2012-13 - Continued implementation of the sexual health curriculum component of the Action Plan through resource development & distribution with support from a Senior Aboriginal Health Literacy Consultant 2013-14 - Continued implementation of the sexual health curriculum component of the Action Plan through resource

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)
					development & distribution with support from a Senior Aboriginal Health Literacy Consultant
	AIM 2: Improve access to sexual health services for Aboriginal and Torres Strait Islander young women and their partners	SA Health The Aboriginal Health Council of SA (AHCSA) (SA's peak Aboriginal Community Controlled Health Organisation) will develop and coordinate state health services to provide culturally and developmentally appropriate services which address sexual and relationship health	The coordination of the Sexual Health Services for Aboriginal and Torres Strait Islander Young Women and their Partners program through the Aboriginal Community Controlled Health Sector. This will require: - Employment of a Regional Sexual Health Coordinator who will work across the state from the AHCSA. This will be a joint funded role with the Aboriginal Sexual Health Coordination Program' (funded by SA Health) - Recruitment of Aboriginal Health Workers through relevant Aboriginal Community Controlled Health Organisations (ACCHOs). - Establishment of a Statewide Project Advisory Group with membership including SA Health and Shine SA to guide the	Employment of relevant Officers Establishment of Statewide Project Advisory Group Development of Annual Work Plan For identified Year 1 sites: - Evidence of engagement with local stakeholders & community - Increased engagement of the target group and the community in sexual health education, awareness and health promotion. - Increased sexual health services, including screening services for Aboriginal young women & their partners. - Increased number of STI screening tests	2009-10 - Employment of officers - Initial service delivery to nominated sites in country areas - Development of Annual Work Plan to determine process of rolling out to future sites 2010– 11 - Implementation of Annual Work Plan to roll out agreed sites 2011-12 - Implementation of Annual Work Plan to roll out agreed sites 2012-13 - Implementation of Annual Work Plan to roll out agreed sites 2013-14

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)
			development of the program. - Manage program implementation through agreed sites across the state - Ensure local program engagement with other services that would support young women and their partners - The delivery of sexual health Services will require provision of a range of direct sexual health promotion services to support young Aboriginal people and encourage their use of services through: - Consultation with and delivery of services through sites where service need has been immediately identified by AHCSA. - Engagement of the target group and the community in sexual health education, awareness and health promotion - Sexual health services, including screening services for STIs for Aboriginal young women & their partners.		- Implementation of Annual Work Plan to roll out agreed sites

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)
			- Ensure the program effectively links with the Aboriginal Sexual Health Coordination Program' (funded by SA Health) in providing sexual health services to young women and their partners. - The future delivery of services as defined through the Annual Work Plan		
	AIM 3: Expansion of the current Country Health SA Aboriginal Family Birthing Program based in Port Augusta (*Anangu Bibi*) & Whyalla. This program will be integrated into midwifery services across selected country and metropolitan sites and complemented with State resources.	SA Health Country Health SA in partnership with the Aboriginal Community Controlled Health Sector and Aboriginal Health Council of SA will lead the country implementation. Children, Youth & Women's Health Service (CYWHS) (in partnership with Country Health SA, the Aboriginal Community Controlled Health Sector and Aboriginal Health Council SA) will lead the metropolitan implementation.	The expanded program will: - Increase Port Augusta's current program caseload from 20 births /year up to 50/ year. (50% of local Aboriginal antenatal birthing demand, ie: 100 births per year) - Strengthen current services in metropolitan Adelaide and Whyalla - Establish new services in Ceduna, Murray Bridge, Coober Pedy and the far West Coast. - Plan for the establishment of new services in metropolitan Adelaide. This will be done by: - Establishing a SA wide Aboriginal Maternal & Infant Care (AMIC)	As per the current "*Anangu Bibi"* Program, key performance indicators will incorporate National and State targets including: - Increased antenatal visits - Increased engagement with midwife, GP and Obstetrician - Reduction /Cessation in smoking, drug and alcohol - Sexual Health and nutrition support during pregnancy - Increased birth weight - Increased take up of postnatal support programs including Family Home Visiting - Coordinated support and navigation of support services including Housing, Centre Link, Counselling, family violence etc	Staged implementation approach: Country : 2009-10: - Port Augusta's caseload increases in April 2009 to 50 births - New program services established in Murray Bridge and Ceduna with outreach support to the far West Coast and Coober Pedy 2010-11: - Port Augusta, Murray Bridge, Ceduna, Coober Pedy and West Coast operating at

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)
			workforce - Building working partnerships between AMIC & Midwives, GPs and support organisations. - Creating training & career pathways for AMIC staff in SA Health towards nursing and midwifery	Nationally accredited consistent training made available and taken up by AMIC workers and Midwives Career pathways developed for AMIC health workers in to Nursing and Midwifery Education pathways developed for Aboriginal people into AMIC and Midwifery work Consistent care is available to Aboriginal women in South Australia regardless of their address.	allocated caseload capacity 2011-12 - As above 2012-13 - As above and external evaluation conducted 2013-14 - As above Metropolitan: 2009 -2010 - Planning and service development work undertaken across metropolitan Adelaide to include: establishment of metropolitan service provider reference group, establishment of the local Aboriginal women's advocacy group(s), training of AMIC workers and midwives planned and timeframe negotiated, links to Aboriginal Health Council, to community based

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)
					agencies and to each of the birthing hospitals. 2010 - 2011 - Increase caseload in metropolitan Adelaide from 20 to 40 2011 – 2012 - Expand service across the metropolitan area with caseload in new areas to expand from 0 to 20 which is 5% of the metropolitan Aboriginal antenatal demand of 350 births. 2012 – 2013 - Increase caseload in new areas from 20 to 50 (14%) 2013 – 2014 - Increase caseload in new areas from 50 to 100 (27%)
Management	**AIM 1:** To improve the sexual health, wellbeing and safety of	SHine SA will manage the program, the staff to develop and coordinate the program	Reference Committee has Aboriginal representation.	Membership of Committee identified and staff employed	2009-10 - Program Action Plan developed

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)

	Aboriginal children and young people in targeted rural and remote South Australian communities in school years 5 to 10 by:
	- Increasing access to age and culturally appropriate, comprehensive, relationships and sexual health education programs
	- Improving sexual health literacy of Aboriginal students
	- Extending outreach information on sexual health for those young people not engaged with school education.
		will be Aboriginal	Aboriginal staff employed by SHine SA		- Coordinate consultations with targeted 17 Aboriginal schools, their communities and other key stakeholders willing to assist that will bring together 2 culturally appropriate interventions:
					  - Aboriginal focus schools program, &
					  - Investing in Aboriginal youth
					
					2010-11
					- Implementation of Action Plan, including phased engagement of 17 schools, development & applying the new curriculum, workforce development and training peer educators.
					- Identification of additional schools where they have a high population of Aboriginal students and young people to

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)
					roll out additional programs - Program developed and schools contacted to participate - Implementation of teacher and Aboriginal Education and Community Officer training programs for Aboriginal Focus Schools For the subsequent years (2011-14) - continued coordination, implementation of the two programs as described within the 'Services' section.
	AIM 2 Improve access to sexual health services for Aboriginal and Torres Strait Islander young women and their partners	Aboriginal Health Council of SA	Establish a Statewide Project Advisory Group that guides the development of the Program with SA Health membership involving key metropolitan and country stakeholders, including Aboriginal community and young people Consult with Aboriginal communities and young	Statewide Project Advisory Group established and project plan completed	2009-10 - Coordinate recruitment of the Regional Sexual Health Coordinator and 2 Aboriginal Health Workers. - Development of Program Annual Work Plan - Overall planning and coordination of all

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)
			people, and other key stakeholders Develop Annual Work Plan		consultations and engagement with key stakeholders and other relevant programs For the subsequent years (2010-14) - Coordination of Sexual Health Services for Aboriginal and Torres Strait Islander Young Women and their Partners Program - Continuation of services that meet the performance measures of the programs annual workplan
	AIM 3: Expansion of the current Country Health SA Aboriginal Family Birthing Program based in Port Augusta (*Anangu Bibi*) & Whyalla. This program will be integrated into midwifery services across selected country and metropolitan sites.	Country CHSA will lead the Aboriginal Family Birthing Program implementation across country SA in partnership with AHCSA and the Community Controlled Health Sector Metropolitan CYWHS will have a lead role	Country Establish CHSA Aboriginal Family Birthing Program Implementation Team Incorporating Project Coordination, Workforce Development and Evaluation / Performance Monitoring Metropolitan The CYWHS Coordinator	Country Project implementation timelines will be established (as mentioned in above "Service Delivery AIM 3" and monitored against approved project plan. Metropolitan • Coordinator appointed • Metropolitan wide	Country - Evaluation partner appointed early 2010 2009-10 - Port Augusta caseload increased to 50 - Consultation with Murray Bridge, Ceduna and Coober Pedy.

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)
	In 2006 the total Aboriginal births identified in SA was 559. Metropolitan 330 births Regional 229 births	in the planning of the service development and will negotiate the working relationships with AHCSA as the training provider	will: - Develop and implement a communications strategy and strengthen relationships between all partners including non government - negotiate training	reference group established	- Memorandum of Understandings (MOUs) to be in place with key stakeholders and executed - Steering Committee and Advocacy Groups will be in place. 2010-11 - New services commence in Ceduna, Murray Bridge and Coober Pedy - Port Augusta Aboriginal specific Midwifery Group Practice established 2011-12 - Caseload increased in Whyalla 2012-13 - Services at full capacity 2013-14 - As above Metropolitan 2009-10

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)
					- The Steering Group will be established, including Terms of Reference. This group will continue for the life of the program. - The Metropolitan Aboriginal Family Birthing Project reference group has been established and has met once. This group will continue for the life of the program. 2010-14 - Continuation of the Steering Group
Linkages and Coordination	**AIM 1:** To improve the sexual health, well being and safety of Aboriginal children and young people in targeted rural and remote South Australian communities in school years 5 to 10 by: - Increasing access to age and culturally appropriate, comprehensive, relationships and	Facilitation by SHine SA Aboriginal staff	Consult with Aboriginal communities and professionals in the development. Aboriginal Education Units DECS. Aboriginal Health Council. APY Education Committee. Dr Lester-Irabinna Rigney (Aboriginal Health literacy) Yunggorendi First Nations,	Consultation and development occurs. Curriculum and resources are approved by community and workforce stakeholders.	2009-10 - Coordinate consultations with targeted 17 Aboriginal schools, their communities and other key stakeholders willing to assist that will bring together 2 culturally appropriate interventions: - Aboriginal focus schools 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)
	sexual health education programs - Improving sexual health literacy of Aboriginal students - Extending outreach information on sexual health for those young people not engaged with school education.		Flinders University.		- Investing in Aboriginal youth - Education information sessions provided to parents and carers - Reference group developed with representation from parent group, SA Health, AHCSA, Aboriginal Education Services (DECS) For the subsequent years (2010-14) - continued rollout of programs to Aboriginal schools & communities - continued engagement with the Aboriginal schools, community and other key stakeholders - continued linkages and coordination with local Aboriginal communities and other programs under Closing the Gap National Partnership
	AIM 2	AHCSA	Establish strong working	Evidence of agreements of	2009-10

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)
	Improve access to sexual health services for Aboriginal and Torres Strait Islander young women and their partners		partnerships, including the development of a Reference Group with key metropolitan and country stakeholders. Develop formalised agreements of understanding.	understanding between key project partners Regular review of agreements and working partnerships Achievement of identified Project outcomes achieved	- Establish Statewide Project Advisory Group - Establish a Reference Group - Identify and consult with Aboriginal communities, and other key stakeholders For the subsequent years (2010-14) - Engage with other relevant local programs, including the Aboriginal Sexual Health Coordination Program - Engage and involve key metropolitan and country stakeholders, including the Aboriginal community - Continued provision of Sexual Health Services delivered by local health services and

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)
					statewide service providers where relevant to the target area
	AIM 3: Expansion of the current Country Health SA Aboriginal Family Birthing Program based in Port Augusta (*Anangu Bibi*) & Whyalla. This program will be integrated into midwifery services across selected country and metropolitan sites.	Country Strong working partnerships are already in place between CHSA, AHCSA and Aboriginal Community Controlled Health Sector as per the current piloted programs in Port Augusta and Whyalla. CHSA will continue to lead facilitation and further cultivate partnership with project partners during implementation and service delivery. CHSA will also strengthen transition care for families into CYWHS (Family Home Visiting Program) Metropolitan CYWHS metropolitan birthing project will link with: - CHSA, - AHCSA, - Nunkuwarrin Yunti, - Other psychosocial services targeting	Country & Metropolitan Existing strong working partnerships are already in place. These will be formalised by the establishment of agreements of understanding.	Country & Metropolitan Evidence of agreements of understanding between key project partners (CHSA, CYWHS, AHCSA and ACCHOs) Take up and acceptance rates of families referred via the AMIC model in to CYWHS Family Home Visiting (ie: 8 weeks post to 2 years)	Country 2009-10 - Formal sign off of a MOU between Country Health SA & AHCSA - New Agreement with Ceduna Kooniba and Nunyara Wellbeing Centre to be established 2010-11 - MOU reviewed and renewed - Evaluation partner selected and agreement executed For the subsequent years (2010-14) - MOU reviewed and renewed Metropolitan 2009-10 - Continued

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 with young children and also in the antenatal period; - Other Commonwealth government initiatives such as the Patient Liaison Officers.			identification of appropriate linkages and coordination mechanisms to increase effectiveness of programs - Continued contribution to and participation in the other NP initiative coordination and information groups and forums to continue over the life of the program 2010-11 - Seeking coordination and linkage opportunities in readiness for the Family Support Service under the Closing the Gap initiative in the metropolitan region to support the Aboriginal Family Birthing Program 2011-12

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)
					- Establishment or attendance and contribution to the appropriate interagency forum covering the location of the second round of the Closing the Gap initiative as above For the subsequent years (2010-14) - Ongoing contribution to interagency forums
Community Involvement	**AIM 1** To improve the sexual health, well being and safety of Aboriginal children and young people in targeted rural and remote South Australian communities in school years 5 to 10 by: - Increasing access to age and culturally appropriate, comprehensive, relationships and sexual health education programs	Facilitation by SHineSA Aboriginal staff	Consultation with Aboriginal parents of students in years 5 to 10 in targeted communities. Involvement of relevant Aboriginal groups such as APY Women's Council. Aboriginal education, youth and health workers involved in curriculum and resources development. Reference Committee during implementation has Aboriginal representation.	Number of Aboriginal parents consulted. Number of Aboriginal groups involved. Membership of the reference committee. Program and resources pass cultural scrutiny.	2009-10 - Aboriginal reference group formed - Parents involved in consultation at community level for both programs - Key stakeholders in the community such as APY Education Committee and NPY Women's Council and equivalent groups in other

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)
	- Improving sexual health literacy of Aboriginal students - Extending outreach information on sexual health for those young people not engaged with school education.				communities For the subsequent years (2010-14) - Continued engagement with the Aboriginal schools, community and other key stakeholders - continued linkages and coordination with local Aboriginal communities and other programs under Closing the Gap National Partnership
	AIM 2 Improve access to sexual health services for Aboriginal and Torres Strait Islander young women and their partners	AHCSA	Establish Statewide Project Advisory Group involving key metro and country stakeholders, including Aboriginal community and young people Consult with Aboriginal communities and young people, and other key stakeholders Develop project and evaluation plan, which includes strategies for community involvement	Number of stakeholders consulted and involved in the project Number of young people in the community accessing project strategies	2009-10 - Develop project and evaluation plan that include strategies for community involvement - Establish Statewide Project Advisory Group - Establish a Project Reference Group - Consult with Aboriginal communities, young people, and

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)
					other key stakeholders For the subsequent years (2010-14) - Services delivered by local health services and statewide service providers, where relevant to the target area - Engage and involve key metropolitan and country stakeholders, including the Aboriginal community and young people - Engage other relevant local programs, including the Aboriginal Sexual Health Coordination Program
	AIM 3: Expansion of the current Country Health SA Aboriginal Family Birthing Program based in Port Augusta (*Anangu Bibi*) & Whyalla.	Extensive SA statewide community consultation and support has been given to the "Anangu Bibi" service model concept. The current program sites in	Establish a state wide Steering Committee with relevant partner and community representation to oversee the implementation and ongoing service delivery of the program	Evidence of community engagement and participation in consultation, service design and guidance	Country & Metropolitan 2009-10 - Steering Committee in place by early

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)
	This program will be integrated into midwifery services across selected country and metropolitan sites. In 2006 the total Aboriginal births identified in SA was 559. Metropolitan 330 births Regional 229 births	Port Augusta and Whyalla are supported and guided by a Community Women's "Advocacy" Group who oversee the cultural appropriateness and "safety" of the program. The group consists of senior community women and relevant Aboriginal Health service representatives. The expanded program model will continue to support a Women's Advocacy Group to guide future service delivery.	Establish local site specific Women's Advocacy Group to support and promote local program service design and implementation		2009. Three membership places will be secured for senior community women to participate in the Steering Committee Country 2009-10 - Aboriginal Women's Advocacy Groups to be strengthened / established in Port Augusta, Whyalla, Ceduna & Murray Bridge - Community consultation to take place in Port Augusta, Whyalla, Ceduna, Murray Bridge and Coober Pedy. - Engagement of local artist for each service delivery site to develop local logos for each 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)
					2010-11 - Continue to support Steering Committee and Advocacy Groups For the subsequent years (2010-14) - As above Metropolitan 2009-10 - Metropolitan wide Aboriginal Community Advocacy group will be established and supported. This group will operate for the life of the program. Advice will be taken from the group about how to ensure specific needs are accounted for ie young women, women relocated from outside metropolitan Adelaide. For the subsequent

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)
					years (2010-14) - The Metropolitan Advocacy Group will be continued
Data and Reporting	Improve the collection of statistical data to clearly flag children of Aboriginal fathers, with a view to facilitating a valid comparison of outcomes with other children.	Epidemiology Branch of SA Health (Pregnancy Outcome Unit and Health Statistics Unit)	Two five-year periods will be compared, in order to characterise pregnancy outcomes for children of Aboriginal and non-Aboriginal heritage. Two five-year periods will be compared, in order to characterise pregnancy outcomes for children of Aboriginal and non-Aboriginal heritage. <u>For the first five-year period,</u> a retrospective data-linkage exercise will be undertaken, combining data from the Department of Health and the Registrar of Births, Deaths and Marriages (BDM). The objective is to flag Aboriginal fathers in the perinatal records of the Department of Health. <u>For the second five-year period,</u> new business processes for the perinatal registry will be implemented, to facilitate regular	Outcomes will be compared between 1. pregnancies of Aboriginal mothers and Aboriginal fathers 2. pregnancies of Aboriginal mothers and non-Aboriginal fathers 3. pregnancies of non-Aboriginal mothers and Aboriginal fathers 4. pregnancies of non-Aboriginal mothers and non-Aboriginal fathers and in relation to: - low birthweight - preterm birth - small-for gestational age births - perinatal deaths - infant deaths. Other criteria will also be examined such as smoking rates, attendance for antenatal care. The first three groups will also be combined to derive outcomes for all Aboriginal pregnancies, by which to	The first analysis will cover the five-year period July 2003 through June 2008. The second analysis will cover the five-year period July 2008 through June 2013.

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)
			prospective flagging of Aboriginal fathers. The new business processes will include a revised data dictionary, revised case processing rules, and a new database architecture that will preserve the relationship between mother, father and child. Currently these relationships are not clearly preserved in the perinatal registry of the Department of Health.	compare the outcomes for all non-Aboriginal pregnancies.	
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 to recruitment into Country areas	SA Health and the State Aboriginal workforce program under the National Partnership Agreement on Indigenous Economic Participation	- Implement flexible recruitment strategies - On-going 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	- Timely recruitment into positions - On-going workforce development strategies implemented - Accommodation options built into aims where applicable	Ongoing process

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)
			South Australia Works. This offers a suite of programs to provide Aboriginal people with 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 ACCHOs	- 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	- The Aboriginal Health Impact statement will be used as an audit tool to ensure the most comprehensive community engagement	Ongoing process

SOUTH AUSTRALIAN SUMMARY OF MILESTONES AND COMMONWEALTH PAYMENTS

Element 2: Antenatal care, pre-pregnancy and teenage sexual and reproductive health

Summary of Milestones and Commonwealth Payments			
Element 2 – Antenatal care, pre-pregnancy and teenage sexual and reproductive health			
Reporting Period	**Agreed Milestones for the Period**	**Basis of Payment**	**Commonwealth Payment Amount***
		Facilitation Payment July 2009	$347, 740
July 2009- Jan 2010	Aim 1 o Contract between Shine SA and SA Health signed Aim 2 o Contract between Aboriginal Health Council of SA and SA Health signed Aim 3 o Country - consultation processes with target sites started o Metropolitan - consultation processes started o Metropolitan service provider reference group established Data Project o Epidemiology Branch of SA Health are in readiness for the implementation of the first stage of the data project	Receipt of Progress Report 31 January 2010 describing satisfactory progress or satisfactory achievement of Milestones	PAID

Jan to June 2010	Aim 1 o Draft sexual health curriculum and information resources developed o Consultation and Information sessions to key stakeholders commenced o Schools identified for rollout of program o Schools agree to engage in program o Education and information sessions to parents and carers of Aboriginal students made available Aim 2 o Statewide Project Advisory Group established o Program action plan developed o Consultation with agreed sites undertaken o Delivery of services to agreed sites commenced Aim 3 o Case load in Port Augusta increased o Community consultations in Murray Bridge and Ceduna conducted o New program services in Murray Bridge and Ceduna established o Outreach support to far West Coast and Coober Pedy provided o Metropolitan– Aboriginal Health Worker Training in Maternal and Infant Care commenced in partnership with Aboriginal Health Council of SA. First intake will start March-April 2010 o Metropolitan- recruitment process completed for the Coordinator role Data Project o Implementation of the data & reporting project	Receipt of Annual Report 31 August 2010 describing satisfactory achievement against Milestones	$347, 740
		Total $ Year 1	$695,480
July – Dec 2010	Aim 1 o Sexual health curriculum and information resources developed o Identified schools have engaged in program o Teacher and Aboriginal Education and Community Officer training	Receipt of Progress Report 31 January 2011 describing satisfactory progress or satisfactory	$586, 760

	programs have commenced o Peer education program and information resources developed o Roll out of sexual health curriculum started at identified schools Aim 2 o Consultation with and delivery of services to next wave of agreed sites o Number and % increase in sexual health services provided o Number and % increase in STI screening tests provided Aim 3 o Services provided to clients at agreed caseload capacity in Port Augusta o Services provided to clients at agreed caseload capacity in new sites of Murray Bridge, Ceduna, Coober Pedy and far West Coast o Metropolitan - caseloads in metropolitan service increased o Metropolitan - AMIC Training strategy ongoing	achievement against Milestones	
Jan –June 2011	Aim 1 o Roll out of sexual health curriculum continues to all nominated schools o Increase in number of programs delivered and number of participants o Increase in number of Peer education programs delivered and number of participants Aim 2 o Consultation with and delivery of services from agreed sites o Number and % increase in sexual health services provided o Number and % increase in STI screening tests provided Aim 3 o Services provided to clients at agreed caseload capacity in Port Augusta o Services provided to clients at agreed caseload capacity in new sites of Murray Bridge, Ceduna, Coober Pedy and far West Coast o Metropolitan - caseloads in metropolitan service increased o Metropolitan - AMIC Training- second program commences with intakes 3 and 4 during 2011 and 2010	Receipt of Annual Report 31 August 2011 describing satisfactory achievement against Milestones	$586, 760

		Total $ Year 2	$1,173,520
July – Dec 2011	Aim 1 o Roll out of sexual health curriculum continues to all nominated schools o Increase in number of programs delivered and number of participants Aim 2 o Consultation with and delivery of services to next wave of agreed sites o Number and % increase in sexual health services provided o Number and % increase in STI screening tests provided Aim 3 o Services provided to clients at agreed caseload capacity in Port Augusta o Services provided to clients at agreed caseload capacity in new sites of Murray Bridge, Ceduna, Coober Pedy and far West Coast o Metropolitan – services provided to clients at agreed caseload capacity in metropolitan service o Metropolitan – expansion of service in metropolitan area	Receipt of Progress Report 31 January 2012 describing satisfactory progress or satisfactory achievement against Milestones	$622,035
Jan –June 2012	Aim 1 o Roll out of sexual health curriculum continues to all nominated schools Aim 2 o Consultation with and delivery of services to next wave of agreed sites o Number and % increase in sexual health services provided o Number and % increase in STI screening tests provided Aim 3 o Services provided to clients at agreed caseload capacity in Port Augusta o Services provided to clients at agreed caseload capacity in new sites of Murray Bridge, Ceduna, Coober Pedy and far West Coast o Increase in Whyalla caseload	Receipt of Annual Report 31 August 2012 describing satisfactory achievement against Milestones	$622,035

	o Metropolitan – services provided to clients at agreed caseload capacity in metropolitan service; o Metropolitan – increase in caseload in new metropolitan service		
		Total Year 3 $	$1,244,070
July – Dec 2012	Aim 1 o Roll out of sexual health curriculum continues to all nominated schools Aim 2 o Consultation with and delivery of services to next wave of agreed sites o Number and % increase in sexual health services provided o Number and % increase in STI screening tests provided Aim 3 o Country - services provided to clients at agreed caseload capacity o Metropolitan – services provided to clients at agreed caseload capacity in metropolitan services	Receipt of Progress Report 31 January 2013 describing satisfactory progress or satisfactory achievement against Milestones	$638,837
Jan –June 2013	Aim 1 o Roll out of sexual health curriculum to all nominated schools Aim 2 o Services to all nominated sites continue to be delivered Aim 3 o Services provided to clients at agreed caseload capacity	Receipt of Annual Report 31 August 2013 describing satisfactory achievement against Milestones	$638,837
		Total Year 4 $	$1,277,675
July – Dec 2013	Aim 1 o Roll out of sexual health curriculum to all nominated schools Aim 2	Receipt of Progress Report 31 January 2014 describing satisfactory progress or satisfactory	$479,627

	o Services to all nominated sites continue to be delivered Aim 3 o Services provided to clients at agreed caseload capacity	achievement against Milestones	
Jan – July 2014	Aim 1 o Roll out of sexual health curriculum to all nominated schools Aim 2 o Services to all nominated sites continue to be delivered Aim 3 o Services provided to clients at agreed caseload capacity	Receipt of Annual Report 31 August 2014 describing satisfactory achievement against Milestones	$479,627
		Total Year 5 $	$959,255
		Total Australian Government Payment	**$5,350,000**

*** Payments can be made on a pro-rata basis if milestones for the period are only partially completed. If this occurs, the remaining portion of the payment will be made available immediately following completion of relevant milestone**