WORKPLAN

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

Plan period:

2009-2014

Area A: Teenage sexual and reproductive health

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 Area A	Improve access to sexual and reproductive health services, information and support for young Indigenous people (women and men) Ensure Indigenous young people have the knowledge to make informed decisions about their sexual and reproductive health (Outcome: Increased proportion of Indigenous teenagers accessing sexual and reproductive health programs.)	Dept Health and Human Services (DHHS) Population Health is lead agency Service Development Integration Committee to oversee development and implementation Project team (DHHS) to administer project and reporting, conduct consultations and oversee tender process NGO/consortium to be contracted to deliver sexual health education and promotion and strategies Population Health (DHHS) to provide in kind support	 I. Consultation Strategy Develop an IECD consultation strategy to include: Collaboration with areas	Consultation strategy developed Meetings held/ approaches identified Issues included in 1 st Workplan Draft paper produced Consultations documented, issues identified & included in Workplan As above As above Project Team	November 2009 Ongoing June - August 2009 January 2010 July 2009 - June 2010 January – June 2010 January - June 2010 August 2009
			support, coordinate and administer strategies developed under Element 2.	established	

3.	Resource distribution		
	Identify, print and distribute identified	Resources printed	December
	resources.	and distributed to	2009 – March
		Aboriginal services	2010
		and other NGO's	
4.	Sexual health education and		
	promotion strategies	NGO identified/	March 2010
	Identify NGO/consortium to deliver education and health promotion	selected	March 2010
	strategies that support Aboriginal young	selected	
	people to be better informed in making	Funding Agreement	May 2010
	decisions relation to their sexual and	signed	1149 2010
	reproductive health	0.0.01	
	•		
	Deliver sexual health and relationships	No. of young people	July 2010 –
	education and health promotion	attending sessions	July 2014
	strategies.	No. of sessions held	
_			
5.	Sexual health & relationships		
	training	-	1
	Identify and cost appropriate training programs for workers working with	Training program identified and costed	January 2010
	young Aboriginal people	Identified and costed	
		Training programs	March 2010 –
	Deliver sexual health training to	delivered	June 2014
	workers		Jane
6.	Aboriginal Cultural Competency		
	Training	Training Program	March 2010
	Deliver Aboriginal Cultural	Developed	
	Competency training to mainstream		
	services that provide sexual health &		
	relationships education to young	Training programs	July 2010 -
	people, including young Aboriginal	delivered	2014
	people		

Management Area A	Ensure the project is managed effectively through a project team with appropriate skilled staff in key positions within DHHS	Lead agency is Population Health (DHHS) Project Team will support implementation of strategies	 Project Team Project Team (established as above) for Element 2 to be responsible for implementing Workplan: Developing and implementing consultation strategy 	Project team established Reviews of project	August 2009 Ongoing
	within Drns	within this Workplan	 Negotiation strategy Negotiating with service providers and developing and monitoring funding agreements Developing and implementing communication strategy Distributing resources Establishing advisory groups Monitoring and reporting for each strategy Developing and implementing training strategy. 	Meetings held	Ongoing
		Project Team will support advisory groups	2. Advisory Groups Established as required to oversee various elements of the Workplan	Advisory groups established & meeting regularly	Ongoing
		Project Team will manage funding agreement/s between DHHS and non-government sector	3. Funding Agreements Services outsourced to community organisations will be managed through agreements that will specify governance arrangements, implementation strategies, desired outcomes, data collection, monitoring and reporting, etc	Signed Funding Agreement	May 2010 - ongoing

Linkages and Coordination Area A	Ensure the IECD elements are integrated and consistent	Lead agencies for Elements I, 2 & 3 will rotate secretariat support of Service Development Integration Committee	1.	Service Development Integration Committee (SDIC) Establish inter-agency Service Development Integration Committee to coordinate activities across Elements I, 2 & 3 - to include reps from lead agencies for each Element plus reps from key service delivery areas as appropriate.	SDIC established Terms of Reference developed Meetings held	September 2009 December 2009 2009 - 2014
	Inform and engage key stakeholders	Project Team in collaboration with teams implementing Elements I & 3 Service Development Integration Committee to oversee development and implementation	2.	 Communication Strategy Develop list of key stakeholders across IECD Elements Develop appropriate strategies to share information with different groups – to include: email network regular consultations with existing networks and forums 	Stakeholder list developed Communication Strategy developed Network formed Meetings held Information shared	November 2009 November 2009 November 2009 August 2009 - 2014
	Integrate strategies within Element 2 into services for ongoing sustainability	Project Team, in collaboration with Service Development Integration Committee	3.	Sustainability Workplan Develop post IECD workplan to ensure strategies are well-integrated into Aboriginal organisations and mainstream services for ongoing sustainability	Sustainability workplan for 2014 & beyond developed	Jan – June 2014

Community Involvement Area A	Engage with Aboriginal organisations and individuals in the implementation of the Workplan	Project Team will be responsible for ensuring community involvement	1.	 Community Liaison Project Team will liaise with external stakeholders including Aboriginal services, young Aboriginal people, antenatal clinics, youth organisations via: Consultations (see Consultation Strategy) Advisory groups with community representation Email Network (Aboriginal organisations and individuals to be invited to join) Established forums Other means as identified during consultations 	Consultation Strategy developed, as above Consultations documented Groups formed Network reach Attendance at existing networking meetings	September 2009 July 2009- January 2010 Ongoing Ongoing Ongoing
Data and Reporting Area A	Establish baseline data to inform project Explore data sharing between services to improve continuity of	The Project Team will be responsible for data collection and reporting The Project Team will collect baseline data, investigate current data collection capabilities and gaps.	1.	Data Collection Investigate current data collection capabilities within DHHS and key non government agencies Work with relevant services to fill data gaps Work with relevant services to improve data sharing	Overview of relevant data sources New data collections established Data sharing arrangements in place	December 2009 July 2010 2011-2014
	care		2.	Monitoring & Reporting Develop monitoring, reporting and evaluation processes for each strategy Produce requisite reports to State and Commonwealth Governments.	Monitoring and reporting processes in place Timely reports submitted.	January 2010 As required
Risk Management Area A	Reduce potential risk of key strategies being seen to be imposed by governments and rejected by Aboriginal communities	Project Team will be responsible for managing all risk	Ι.	Risk Management Strategy Develop Risk Management Strategy Implement Consultation & Communication strategies, to ensure key stakeholders are fully informed and have opportunity to participate	Strategies developed and progressively implemented	

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

Plan period:

2009-2014

Area B: Antenatal Care

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 Area B	Improve access to, and take-up of, antenatal services for young Aboriginal women aged under 20 (Outcome: Increased proportion of pregnant Indigenous women aged under 20 years with an antenatal contact in the first trimester of pregnancy)	Dept of Health and Human Services (DHHS) Population Health is lead agency Service Development Integration Committee to oversee development and implementation Project Team (DHHS) to administer project and reporting, oversee funding processes and conduct consultations Population Health to provide in kind support DHHS health professionals in antenatal areas and Aboriginal Health Liaison Officers to provide support	 Consultation Strategy Develop an IECD consultation strategy to include: collaboration with areas responsible for Elements I and 3 to identify common approaches Ist round consultations with Aboriginal organisations and other key stakeholders Preparation of Background/Discussion paper 2nd round consultations with Aboriginal organisations (as per Area A above) Consultations with key service delivery areas Consultations with antenatal clinics in Area Health Services 	Issues included in 1 st Workplan Background paper developed Consultations documented, issues identified & included in 2 nd Workplan As above As above	December 2009 January 2010 November 2009 January – July 2010 June 2010

		2.	Project Team Establish Project Team (as per Area A, above)	Project Team established	August 2009
	Project Team	3.	Scope current practice Scope current antenatal data collection, service delivery and practice Identify barriers to young Aboriginal women accessing mainstream antenatal services.	Info included in Background/ Discussion Paper As above	October - December 2009 As above
	Project Team in collaboration with AHLO's, Family & Child Services, Aboriginal organisations, Child & Parenting Centres and hospitals	4.	Develop collaborative practice Strengthen links Aboriginal Health Liaison Officers (AHLO) with antenatal services Link Family and Child Services, Aboriginal organisations and Child and Parenting Centres Facilitate the development of a shared care agreement between hospitals and GP's	Linkages strengthened, protocols developed Collaborative arrangements in place Shared care protocols developed	November 2010 Ongoing 2011
	Project Team, in collaboration with Service Development Integration Committee	5.	Aboriginal Cultural Competency training Deliver Aboriginal Cultural Competency training to mainstream services that provide antenatal care	Training programs delivered	July 2010 - 2014
Increase capacity of Aboriginal health services to provide support and early intervention for young pregnant women and their partners in Tasmania	Project Team and Aboriginal Health Services	6.	Community based pregnancy support Explore options to increase community based pregnancy support to young Aboriginal women in the North, NW and South	Funding Agreements in place No. of referrals	March 2010 – June 2014
Provide a holistic approach to antenatal care for young Aboriginal parents	Project team and antenatal services	7.	Hospital antenatal services Increase capacity for new/ innovative models of service delivery – eg. outreach clinics	Outreach clinics established in community settings	2010 - 2014
			Ensure opportunistic screening and referrals re. smoking, alcohol and other risk factors are part of antenatal visits	No. of brief interventions conducted Decrease in substance misuse	2010 - 2014

	Reduce risk factors such as smoking, alcohol consumption, poor nutrition and physical inactivity among young pregnant Aboriginal women and their partners, in Tasmania	Project Team and staff in a range of identified health settings	8. 9.	Brief intervention training Provide brief intervention training in smoking cessation, alcohol/ drug minimisation etc for workers in antenatal care settings, Children & Family Services, NGO's and Youth Health Services Child & Family Centres Ensure provisions for antenatal and postnatal care are included in planning	No. of training sessions x participants Provisions in place	January 2010 - 2014 2010 - 2014
Management Area B	As per Area A above	I	<u> </u>			
Linkages and Coordination Area B	As per Area A above					
Data and Reporting Area B	As per Area A above					
Risk Management Area B	As per Area A above					

Summary of Milestones and Commonwealth Payments

Explanatory notes

Outcomes from NPA on IECD (performance measures for element 2)

- (e) increased proportion of pregnant Indigenous women aged under 20 years with an antenatal contact in the first trimester.
- (f) increased proportion of Indigenous teenagers accessing sexual and reproductive health services
- (g) reduced proportion of Indigenous babies with low birth weight each year
- (h) reduced mortality rates of Indigenous infants
- (i) reduced proportion of Indigenous women who use substances during pregnancy each year
- (j) reduced proportion of hospital admissions in Indigenous children 0-4 years.

Issues with Tasmanian Data

There is a range of issues specifically related to Indigenous data In Tasmania which will have a significant impact on Tasmania's ability to achieve all of the above outcomes. Information on use of services in Tasmania by Aboriginal people is based on self-identification and, while data collection is improving, the numbers of clients who choose to self-identify can fluctuate. Also, as service usage numbers are very small, particularly when broken down by service type, yearly variations in numbers are generally not statistically significant and cannot be reported as trend data.

In relation to the antenatal components of this plan, for example, 41 Aboriginal women aged under 20 in Tasmania gave birth in 2008 (ABS, Births, Australia 2008). This number is too small to be used as a reliable benchmark on which to determine future changes.

Currently antenatal visits are not part of the National Perinatal Data Collection (NPDC). It also important to note that in general women (including non Indigenous women) do not routinely access antenatal care in the first trimester. Antenatal clinics do not routinely book women for their first visit until the second trimester.

Tasmania is currently seeking additional data on Aboriginal infant mortality rates, however, based on the size of the population it is not going to be possible to show significant changes in this area.

From June 2011 more specific targets will be included in this plan. At this stage it is not possible to have specific targets until further work has been completed during the first two years of the project on establishing strategies and enhancing data collection systems.

Element 2 – Antenatal care, pre-pregnancy and teenage sexual and reproductive health (a) Teenage sexual and reproductive health (b) Antenatal care						
Reporting Period	Agreed Milestones for the Period	Basis of Payment	Commonwealth Payment Amount *			
		Facilitation Payment July-Aug 2009	\$225,000			
July 2009- Jan 2010	 (a) and (b) Project Established project team commenced monitoring and reporting strategy developed communication strategy paper developed and included in work plan (a) and (b) Background scoping and consultations completed and documented (a) and (b) Collection and analysis of current Tasmanian data and data collection systems completed (a) Distribution of resources for young people commenced 	Receipt of Progress Report 31 January 2010 describing satisfactory progress or satisfactory achievement of Milestones	Please indicate costs against Milestones here. Facilitation payments: \$ 37,000 (rec'd July 09) \$188,00 (rec'd Aug 09)			
Jan-June 2010	 (a) Sexual health and relationships training for workers Training program identified/ developed. (a) NGO contracted to deliver sexual health education and health promotion to young people (a) and (b) Development of Cultural Competency Training Package (a) Model for community based pregnancy support and hospital antenatal services identified and developed (b) Consultation with antenatal services completed (b) 2 sessions of Brief Intervention Training held. 	Receipt of Annual Report 31 August 2010 describing satisfactory achievement against Milestones	\$225,000			

July – Dec 2010	 (a) and (b) Aboriginal cultural competency training 6 training sessions delivered (a) Sexual health education and health promotion strategies Minimum of 100 young people attending 6 sessions held focussing on areas identified as highest need (a) Distribution of resources for young people - round 2 (a) Sexual health and relationships training 5 staff commence training course (b) Increased capacity and new models of community based pregnancy support and hospital antenatal established (b) Brief intervention Agreement developed Data collection commences Referrals and interventions recorded. 	Receipt of Progress Report 31 January 2011 describing satisfactory progress or satisfactory achievement against Milestones	\$300,000
Jan –June 2011	 (a) and (b) Development/identification of specific targets for outward years (a) Sexual health education and health promotion strategies 100 young people attending 6 sessions (a) Sexual health and relationships training 2 training programs delivered (b) Community based pregnancy support and hospital antenatal services Numbers of young people accessing support (to be determined based on previous year's data) (b) Brief intervention training 10% increase in referrals brief interventions conducted in 75% of all antenatal intakes (b) Develop collaborative practice Shared care protocols developed. 	Receipt of updated Workplan Receipt of Annual Report 31 August 2011 describing satisfactory achievement against Milestones	\$300,000

July – Dec 2011 Note: Targets to be established for July 2011 to June 2014	 (a) Sexual health education and health promotion strategies IO0 young people attending 6 of sessions held. (a) Sexual health and relationships training delivered (a) Distribution of resources for young people - round 3 (b) Community based pregnancy support and hospital antenatal services X referrals (b) Brief intervention X referrals X brief interventions conducted 	Receipt of Progress Report 31 January 2012 describing satisfactory progress or satisfactory achievement against Milestones	\$345,000
Jan –June 2012	 (a) Sexual health education and health promotion strategies X young people attending X of sessions held (a) Sexual health and relationships training X training programs delivered (b) Community based pregnancy support and hospital antenatal services X referrals (b) Brief interventions X referrals X brief interventions conducted X training sessions. 	Receipt of Annual Report 31 August 2012 describing satisfactory achievement against Milestones	\$345,000
July – Dec 2012	 (a) Sexual health education and health promotion strategies X young people attending X of sessions held (a) Sexual health and relationships training X training programs delivered (a) Distribution of resources for young people - round 4 (b) Community based pregnancy support and hospital antenatal services X referrals (b) Brief interventions 	Receipt of Progress Report 31 January 2013 describing satisfactory progress or satisfactory achievement against Milestones	\$360,000

	 X referrals X brief interventions conducted X training sessions. 		
Jan –June 2013	 (a) Sexual health education and health promotion strategies X young people attending (as above) X of sessions held (as above) (a) Sexual health and relationships training X training programs delivered (as above) (b) Community based pregnancy support and hospital antenatal services X referrals (b) Brief interventions X referrals (as above) X brief interventions conducted X training sessions. 	Receipt of Annual Report 31 August 2013 describing satisfactory achievement against Milestones	\$360,000
July – Dec 2013	 (a) Sexual health education and health promotion strategies X young people attending X of sessions held (a) Sexual health and relationships training X training programs delivered (a) Distribution of resources for young people - round 5 (b) Community based pregnancy support and hospital antenatal services 	Receipt of Progress Report 31 January 2014 describing satisfactory progress or satisfactory achievement against Milestones	\$375,000
Jan – July 2014	 (a) Sexual health education and health promotion strategies X young people attending X of sessions held (a) Sexual health and relationships training X training programs delivered (b) Community based pregnancy support and hospital 	Receipt of Annual Report 31 August 2014 describing satisfactory achievement against Milestones	\$375,000

	 antenatal services X referrals (or increase in services as a raw number of percentage) (b) Brief intervention training and X referrals X brief interventions conducted X training sessions. 		
Total Australian Government Payment			• \$3.21m

• 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