ACKNOWLEDGEMENTS

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All resources provided are the property of the organisations that produced them and Kristine Battye Consulting Pty Ltd (KBC) does not take any responsibility for their content.

Descriptive Analysis of New Directions Mothers and Babies Services Program Final Report

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<td>ACHS</td>
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<td>ACCHO</td>
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<td>ACT</td>
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<td>Aboriginal Family Birthing Program</td>
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<td>AGPAL</td>
<td>Australian General Practice Accreditation Limited</td>
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<td>Ballarat and District Aboriginal Co-operative</td>
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<tr>
<td>BMI</td>
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</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CFHN</td>
<td>Child and Family Health Nurse</td>
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<td>Community Health Information System</td>
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<td>Child Health Nurse</td>
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<td>Council of Australian Governments</td>
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<tr>
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<td>Division of General Practice</td>
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<td>DoHA</td>
<td>Department of Health and Ageing</td>
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<td>Digital Video Disc</td>
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<tr>
<td>EMR</td>
<td>Electronic Medical Record</td>
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<tr>
<td>ENT</td>
<td>Ear Nose Throat</td>
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<tr>
<td>EPDS</td>
<td>Edinburgh Postnatal Depression Scale</td>
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<tr>
<td>FACS</td>
<td>Department of Family and Community Services</td>
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<tr>
<td>FASD</td>
<td>Foetal Alcohol Spectrum Disorders</td>
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<td>FTE</td>
<td>Full-Time Equivalent</td>
</tr>
<tr>
<td>GAA</td>
<td>Growth Assessment and Action</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>ISLHD</td>
<td>Illawarra Shoalhaven Local Health District</td>
</tr>
<tr>
<td>IUH</td>
<td>Institute for Urban Indigenous Health</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>KBC</td>
<td>Kristine Battye Consulting Pty Ltd</td>
</tr>
</tbody>
</table>
VACCHO  Victorian Aboriginal Community Controlled Health Organisation Incorporated
VIC     Victoria
WA      Western Australia
WACHS  Western Australian Country Health Service
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EXECUTIVE SUMMARY

Background

The New Directions: Mothers and Babies Services (NDMBS or New Directions) program is a component of the New Directions: An Equal Start in Life for Indigenous Children strategy involving health, education and parenting support as part of the Commonwealth Government’s commitment to halving the gap in infant mortality rates between Indigenous and non-Indigenous Australian children.

In 2009 the Council of Australian Governments (COAG) signed the National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD) with the following objectives:

- Improving developmental outcomes for Indigenous children and achieving key targets as agreed by COAG
- Achieving sustained improvements in pregnancy and birth outcomes for Indigenous women and infants
- Improving Indigenous families’ use of the early childhood development services they need to optimise the development of their children
- Implementing this National Partnership in a way that also contributes to COAG’s social inclusion, early childhood development, education, health, housing, and safety agendas, by identifying reforms and models of service delivery that will improve outcomes for Indigenous children.

The NPA IECD provides $564 million over six years for activities focused on Indigenous early childhood development through three key components:

- Element One: Integration of early childhood services through Children and Family Centres;
- Element Two: Increased access to antenatal care, pre-pregnancy and teenage sexual and;
- Element Three: Increased access to and use of maternal and child health services by Indigenous families.

Funding for the New Directions program is the Commonwealth’s contribution to Element Three of the NPA IECD, which aims to increase access to and use of maternal and child health services by Indigenous families.

The Department of Health and Ageing (DoHA) engaged Kristine Battye Consulting (KBC) to undertake a descriptive analysis of services funded under the New Directions program in order to describe the services being provided and how these services meet the objectives of the program.

The Project was not an evaluation of the success or otherwise of the services but may inform the evaluation and future planning of the NPA IECD.

The Project aimed to provide feedback on several aspects of the Program:

- The range of service models being implemented by services;
- Identification of resources which have been developed using Program funds;
Current data collections being undertaken by the services;
Activities being undertaken by the services that focus on health behaviours such as smoking, alcohol and nutrition;
Key issues including barriers and enablers to implementation and identification of service gaps; and
Sector partnerships and the ways in which services are linking to other child and maternal health services.

The information collected has been analysed to provide information about the current state of the Program, but does not make assessments about the success or otherwise, either of individual services or the Program as a whole. It is anticipated that this analysis will inform future evaluation and planning.

It should be noted that this report reflects information collected during the project period.

Methodology

The Project was undertaken in five stages:

- **Project Establishment and Communication Strategy** – to establish the parameters of the Project and to develop a strategy for communicating with participating services and other relevant organisations
- **Document Analysis** – involving a review of Action Plans for most services, provided by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), in order to understand the range of service models and activities being undertaken by services
- **Survey Design and Implementation and Collation of Resources** - the document analysis was used to develop a survey for all New Directions services about their: service models; staffing; activities in relation to antenatal, postnatal and child health; data collection; partnerships and linkages; resources; and barriers/enablers to services implementation
- **In-depth Interviews and Site Visits** – 15 site visits were conducted to services funded under the Program. These visits provided an opportunity to develop a more in-depth understanding of the issues covered in the survey. Case studies of each of these visits are included as appendices to this Report
- **Information Synthesis and Development of Final Report** – a project team workshop was held to collate and analyse the information collected through the survey and site visits and to prepare this Report.

Key Survey Findings

A total of 54 surveys were completed, representing 55 sites with a response rate of 64%. The completion rate of the survey was 85%. The survey response was a representative sample by organisation type and State and Territory, with slightly more responses from WA and less from NT.

The survey demonstrated an increase in organisations that are delivering maternal and child health services directly as a result of the New Directions program, including antenatal consultations,
postnatal check-ups and child health and development checks. Many services are also delivering child and maternal health services under other funding sources.

New Directions services are delivered from both single sites (36.5%) and multiple sites (63.5%). Organisations that deliver New Directions services from multiple sites did so under the following types of models:

- Multiples sites and clinics (with and without home visiting)
- Outreach/visiting service only (with and without home visiting)
- Hub and spoke model (with and without home visiting)
- Predominantly a home visiting service
- One clinic and home visiting.

The most common positions employed under the program are Midwives, Child and Family Health Nurses and Aboriginal Health Workers. Midwives most commonly provide antenatal and postnatal care both in clinic and home settings. Child health clinics are provided mostly by Child and Family Health Nurses. Aboriginal Health Workers provide more care in the home than in clinic settings. A small proportion of organisations reported using New Directions funding to purchase visiting services such as paediatrics, speech pathology and physiotherapy.

The most common strategies implemented to encourage women to receive antenatal care, postnatal care and child health services include transport assistance and home visits (96%) followed by reminders and referrals to other services (90%) and health promotion/resource packs (88%).

New Directions services provided as part of antenatal care by more than 80% of organisations include: providing advice about healthy eating and physical activity; referrals to other health services; referrals to support services; referrals to specialists; parenting advice; social and emotional wellbeing; and antenatal consultations.

The most common New Directions postnatal services (i.e. birth to 6/8 weeks) provided by 80% or more organisations include breastfeeding support/information, parenting advice, nutrition/healthy eating support or education, and midwife consultations.

All respondents indicated providing parenting advice to mothers and babies and families when the child is 6/8 weeks to five years. The other most common child health services delivered as part of New Directions include child health and development checks, breastfeeding support and hearing screening. Seventy-seven per cent (77%) of organisations provided immunisations as part of the New Directions program.

The most common strategies for delivery of services are home visits, child health clinics, and women’s health clinics and mother’s groups.

Services were asked to describe barriers and challenges in the delivery of New Directions services. The most common barriers included recruitment and retention of qualified staff (experienced by almost half the respondents), lack of transport for clients, capacity issues, limited funding, difficulties associated with remote service delivery and difficulties engaging and maintaining contact with
clients. The most commonly cited issue raised about barriers and challenges in data collection was difficulties with IT and data collection systems which were experienced by 40% of organisations.

Over half the organisations reported some difficulty in meeting demand and an additional 7% are experiencing significant difficulty in meeting demand. One quarter of the organisations indicated that they had the capacity to meet current demand.

The most common agreement/partnership developed by New Directions sites has been with the Hospital, allied health providers and community health services.

The most common investment of New Directions funding was associated with recruitment and retention of staff. Seventy-six percent (76%) of organisations utilised the New Directions funding for resources and 67% and 44% invested their funding in vehicles and transport support, respectively.

Discussion

Service Models

The analysis shows that there are a wide variety of service models being implemented by New Directions services. There is significant variability in the environments in which services operate and in the specific needs of their target populations; and services have developed in different ways in order to meet the needs of their local communities. Service models also differ according to the type of organisation providing the services, their existing service delivery activities and the broader service environment in which they operate. The nature of services provided is also influenced by the needs of the target group, and in many cases these are complex and varied, including both health and social issues.

Home visiting is a key feature of the New Directions program, with many services utilising a significant proportion of their time and resources providing services in clients’ homes.

Activities focussed on health behaviours such as smoking, alcohol and nutrition

Services are providing a range of education and health promotion to their clients. Much of this is provided through one on one consultations as part of the standard antenatal and postnatal care as well as to families with young children as part of health checks and other consultations. Education and information covers a wide range of topics including alcohol, smoking and nutrition. Organisations are also providing antenatal groups, breastfeeding groups, playgroups and mothers/fathers groups.

Resources

A number of services have developed some specific resources, but most have also accessed numerous existing health promotion and educational material. Many organisations have made promotional materials about their services such as brochures and posters.
Data Collection

Data collection is an ongoing requirement both from a program perspective and for services as a monitoring and planning tool. The extent to which New Directions services are currently collecting accurate and common data is not clear, although most services indicated that they do collect items such as birth weight and gestation at first visit that may be relevant to monitoring the performance of the New Directions program at a national level. A number of barriers exist to accurate and comprehensive data collection including the current systems used by services, Information Technology (IT) access and the capacity and capability of staff.

Partnerships and Linkages

New Directions services report informal and formal relationships with a range of other organisations and services in their local areas. Links with local hospitals where birthing takes place are important for New Directions services in order to provide continuity of care. Most services reported strong partnerships with their hospitals but there are several where these relationships have been difficult to establish and maintain.

Implementation: Barriers and Enablers

The flexibility of the NDMBS program funding has allowed organisations to develop a wide range of service models and to adapt their activities to meet the needs of their local communities. Home visiting has been described by many services as a crucial element to their service model as it enables the provision of care to clients who would otherwise be unlikely to access clinic based services. The Program has allowed for the appointment of specialised midwives, child and maternal health nurses, and others to enhance and support the existing primary health care workforce.

A number of challenges and barriers were identified during the analysis. Foremost of these are the difficulties associated with the recruitment and retention of suitably qualified and skilled staff. Many services have faced periods of staff shortages due to these difficulties, restricting their service capacity. Transport is a problem for many services, with poor public transport options and limited capacity to provide individual transport for clients. Home visiting is one mechanism for addressing transport difficulties.

Many of the target group for the NDMBS program have high health needs, and face higher than normal risk of various conditions during pregnancy. In addition, they frequently have other complex social needs that affect their capacity to engage in ongoing antenatal and postnatal care. New Directions services are required to provide a broad range of support to address these needs and to support women to access appropriate care for themselves and their children.

Overall there appears to be significant enthusiasm for the potential of the NDMBS program to enhance the delivery of child and maternal health services. The survey data suggest that there has been increased activity in this area by services funded under the Program.

The following case study gives an overview of the service model for one of the New Directions services and some of the key issues they face in the delivery of services.
Our New Directions Service relies on established referral pathways to providers for specialised services. The quality of our service delivery is dependent on the availability and accessibility of service providers such as GPs, allied health specialists etc. Our service delivery consists largely of group work, home visits, case management/coordination, linking clients to services such as housing, welfare, health services etc. The New Directions service is integrated into an Aboriginal Health Team with an emphasis on improving access to primary health services and focus on holistic care and culturally appropriate services. The service engages local Aboriginal staff who are familiar with and accepted by the community and this builds trust and rapport with clients and children. Our Mothers’ group is regularly attended with an average of 12 mothers and 20 children attending every week. We combine an informal social function with delivering health promotion and practical parenting and health advice. Both a registered nurse and Midwife are available immediately if the Mothers seek assistance or further advice one on one. The New Directions Team have worked collaboratively with other agencies involved with service provision to Aboriginal Mothers and Babies to avoid duplication and ensure maximum exposure of the services to as much of the target group as possible.
1 INTRODUCTION

The New Directions program is a component of the New Directions: An Equal Start in Life for Indigenous Children strategy involving health, education and parenting support as part of the Commonwealth Government’s commitment to halving the gap in infant mortality rates between Indigenous and non-Indigenous Australian children.

1.1 NATIONAL PARTNERSHIP AGREEMENT ON INDIGENOUS AND EARLY CHILDHOOD DEVELOPMENT

As part of the Commonwealth’s 2007 election commitment, the Government implemented the New Directions: An Equal Start in Life for Indigenous Children strategy that focused on child and maternal health services, early development and parenting support, and literacy and numeracy in the early years.¹ The comprehensive mothers and babies services component of the strategy involved an investment of $92.2 million over four years for mothers, babies and children up to the age of eight years.² In July 2009, this strategy was subsumed into the COAG Closing the Gap: National Partnership Agreement on Indigenous Early Childhood Development (NPA IECD). The NPA IECD was developed as a result of the 2008 National Indigenous Reform Agreement that addresses Closing the Gap in Indigenous Disadvantage.³

Under the NPA IECD, the Commonwealth and state and territory governments have committed $564 million over six years for a range of Indigenous early childhood initiatives, made up of three elements:

Element One: Integration of early childhood services through the development of Children and Family Centres. This involves the provision of $292.62 million to states and territories over six years for the construction, refurbishment and service delivery of Child and Family Centres in 53 targeted communities.

Element Two: Increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health. This involves the provision of $107 million to states and territories to improve access to, and use of, sexual and reproductive health and antenatal care by young Indigenous people and mothers.

Element Three: Increased access to and use of maternal and child health services by Indigenous Australians. This involves funding the New Directions Mothers and Babies Services program, with the Commonwealth contributing $90.3 million, of which $86.1 million has been allocated to service providers, with the state and territory governments contributing an additional $75 million to other

---

² Ibid.
child and maternal services. In the 2011-12 Budget, an additional $133.8 million was allocated to the New Directions program over a four year period (2011-12 to 2014-15).

1.2 NEW DIRECTIONS MOTHERS AND BABIES SERVICES PROGRAM

The purpose of the New Directions: Mothers and Babies Services program is to increase access to, and use of, antenatal, postnatal and child and maternal health services for Indigenous families. The key objectives of the New Directions program are to deliver services in the following areas:

1. Antenatal and postnatal care;
2. Standard information about baby care;
3. Practical advice and assistance with breastfeeding, nutrition and parenting;
4. Monitoring of developmental milestones, immunisations status and infections; and
5. Health checks and referrals to treatment for Indigenous children before starting school.

Eighty five (85) services across remote, rural, regional and urban sites in Australia are funded to deliver the Program. Funded services include Aboriginal Community Controlled Health Services, State or Territory Government services and Medicare Locals/Divisions of General Practice.

The New Directions service sites were selected in annual funding rounds, from 2007-08 to 2011-12. With the exception of the first funding round, where five priority sites were identified through a select tender process, services were required to submit an application for New Directions funding which was then assessed by the Commonwealth against a set of criteria.

The Department of Health and Ageing directly funds the service. At the time of writing this report service providers are required to report to their respective state/territory OATSIH offices with biannual action plans and progress reports.

In 2012 the Australian National Audit Office (ANAO) undertook a review of the NDMB to examine the effectiveness of the Department of Health and Ageing’s administration of the New Directions program. According to the Australian National Audit Office (ANAO) report, “The (Commonwealth) Department (of Health and Ageing) would benefit from an improved ability to aggregate information at the national level about the delivery of the program in each state and territory”.

1.3 DESCRIPTIVE ANALYSIS OF THE NEW DIRECTIONS PROGRAM

In June 2012, the Australian Government Department of Health and Ageing contracted Kristine Battye Consulting Pty Ltd (KBC) to undertake a descriptive analysis of the NDMBS program. The purpose of this project was to describe the type and scope of services delivered under New Directions program funding across Australia to inform future planning. The descriptive analysis did not seek to make assessments about the success or otherwise of individual services or the Program as a whole.

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5 Ibid.
6 Ibid.
7 Ibid. pp. 20.
Specifically, the descriptive analysis sought to develop a national picture of:

- The range of service models being implemented by services, including how antenatal, postnatal and child health care is provided;
- Activities being undertaken that focus on health behaviours such as smoking, alcohol and nutrition;
- Resources which have been developed using New Directions program funds;
- Current data collections being undertaken by the services;
- Barriers and enablers to service delivery; and
- Partnerships and the ways in which services are linking to other child and maternal health services.

It should be noted that this report reflects information collected during the project period.

1.4 CONTEXT OF MATERNAL AND CHILD HEALTH SERVICES IN AUSTRALIA

The *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 – 2013* places emphasis on the Aboriginal Community Controlled Health Sector having the flexibility to deliver comprehensive primary health services to meet the needs of local communities. The Aboriginal Community Controlled Health Organisations (ACCHO) receive funding for primary health care services which includes funds for administration and management as well as some program/health specific funding.

Many of the ACCHOs consulted as part of the New Directions site visits reported that child and maternal health services prior to New Directions were mostly delivered as part of primary health care by general practitioners (GPs) and/or registered nurses (RNs), with a limited targeted approach or specialised workforce for maternal and child health care services.

**State and Territory Maternal and Child Health Programs:** In addition to the Aboriginal Child and Family Centres established across Australia under Element One of the Indigenous Early Childhood Development National Partnership (NPA IECD), there are a number of State and Territory maternity and child health programs operating across Australia, some of which are universal and others that are Aboriginal specific programs. A number of these have been listed in Table 1. This is not a comprehensive list of all programs operating in the States and Territories and has been included to provide some context to how New Directions services may be supported by and working with other programs and services.
<table>
<thead>
<tr>
<th>Program</th>
<th>Brief description</th>
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<tr>
<td><strong>New South Wales</strong></td>
<td></td>
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<tr>
<td>Aboriginal Maternal Infant Health Service (AMIHS)</td>
<td>A community based health service for Aboriginal women, provided by a midwife and an Aboriginal Health Worker (AHW)/Aboriginal Health Education Officer (AHEO) that seeks to improve the health of Aboriginal women during pregnancy and reduce mortality rates for Aboriginal babies.</td>
</tr>
<tr>
<td>Aboriginal Child Youth and Family Strategy</td>
<td>A prevention and early intervention strategy for Aboriginal families expecting a baby or with children up to the age of five, to provide Aboriginal children with the best start to life.</td>
</tr>
<tr>
<td>Building Strong Foundations for Aboriginal Children, Families and Communities</td>
<td>Aims to provide culturally specific early childhood health services to assist parents to provide a good start to life and to assist in children being socially, emotionally and physically prepared to engage in education and life.</td>
</tr>
<tr>
<td>Families NSW.</td>
<td>- Universal Health Home Visiting (home visit within two weeks of birth by a child and family health nurse)</td>
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<tr>
<td>NSW Government’s whole-of-government prevention and early intervention strategy for families expecting a baby or with children aged 0 to 8 years. Services implemented under this strategy include:</td>
<td>- Family Worker Services (support and assistance to parents in developing social networks, life and parenting skills)</td>
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<td>- Schools as Community Centres (e.g. supported playgroups, parenting skills courses, transition-to-school projects)</td>
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<td></td>
<td>- Supported Playgroups (informal way for parents to learn about child development and play)</td>
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<td></td>
<td>- Volunteer Home Visiting Services (volunteers visiting parents of newborn babies and toddlers in their home to provide practical advice and support)</td>
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<td></td>
<td>- Positive Parenting Program (assists families with children aged 3-8 years to access parenting information and support).</td>
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<td>Queensland</td>
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<tr>
<td>Universal Postnatal Contact Services</td>
<td>- Expanding home visiting and post-natal follow-up services to all women who give birth in public maternity facilities</td>
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<td>- Universal and routine screening for key risk factors</td>
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<tr>
<td></td>
<td>- Provide 24-hour free and confidential telephone advice for new parents</td>
</tr>
<tr>
<td></td>
<td>- Developing service networks and partnerships with community based health service provider/s including GPs, non-government and community organisations to enhance care pathways</td>
</tr>
<tr>
<td></td>
<td>- Providing a seamless transition of care between hospital and community settings, including through the establishment of Newborn and Family Drop-in Services.</td>
</tr>
<tr>
<td>Deadly Ears</td>
<td>Deadly Ears is Queensland Health’s State-wide Aboriginal and Torres Strait Islander Ear Health Program for children.</td>
</tr>
<tr>
<td><strong>South Australia</strong></td>
<td></td>
</tr>
<tr>
<td>The Metropolitan Aboriginal Family Birthing Program</td>
<td>The Metropolitan Aboriginal Family Birthing Program is a free service for Aboriginal women in metropolitan Adelaide who are pregnant. Women are cared for by a group of midwives and one Aboriginal and Maternal Infant Care (AMIC) worker throughout the pregnancy, labour, birth and after the baby is born.</td>
</tr>
</tbody>
</table>
**Program** | **Brief description**
--- | ---
**Children, Youth and Women’s Health Service** | **Universal Contact Visit:** Following the birth of a baby, SA families are offered a home visiting service undertaken by a Child and Family Health Nurse (CFHN).
- **Family Home Visiting:** Family Home Visiting aims to provide children with the best possible start in life and to assist families to provide the best possible support for their children. Eligible families include women who have given birth to Aboriginal children. The family may receive up to 34 home visits up to the child being two years old.
- **Aboriginal Cultural Consultants:** Seek to support Indigenous families in accessing child and family health services, such as home visiting services, health checks, hearing assessments, family and baby program.

**Victoria**

**Koori Maternity Services program** | The Koori Maternity Services (KMS) program, developed in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) provides culturally appropriate maternity care and support for Koori and Torres Strait Islander women at 11 VACCHO sites across Victoria. The program seeks to increase access to antenatal care, postnatal support and hospital liaison to improve the health and wellbeing outcomes for Koori and Torres Strait Islander women and babies.

**Western Australia**

**State wide Enhanced Aboriginal Child Health Schedule** | Comprehensive family and early parenting support and home visiting for Aboriginal mothers and family from pregnancy through to five years of age.

**Northern Territory**

**Maternal, Child and Youth Health** | Maternal, Child and Youth Health (MCYH) provides program support, training and practical assistance to remote area health centres and communities for core programs such as pregnancy care, Growth Assessment and Action (Health Under Five Kids), and Healthy School Aged Kids.

The aim of the Northern Territory Government’s Growth Assessment and Action (GAA) program is to improve the growth and nutritional status of children 0-5 years old living in remote communities.

**The Strong Women, Strong Babies Strong Culture Program** | The Strong Women, Strong Babies, Strong Culture Program aims to reduce infant mortality rates among Aboriginal people through the employment of local Senior Aboriginal women who advise and help young women prepare for pregnancy and address maternal risk factors for low birth weight, such as with nutrition, smoking, and health care.
2 METHODOLOGY

The Project was undertaken in five stages:

2.1 PROJECT ESTABLISHMENT AND COMMUNICATION STRATEGY

The initial stage of the project involved initial teleconferences with DoHA to agree on the scope and purpose of the project. The methodology was agreed and letters were drafted to inform both OATSIH State/Territory Offices and NDMB services about the project. A communication strategy was agreed upon (Appendix 5.1)

2.2 DOCUMENT ANALYSIS

A review and analysis of Action Plans was conducted from which relevant topics and issues were identified for inclusion in the survey and the site visits. Action Plans were requested through OATSIH State/Territory offices. A majority of plans were provided, however, plans were not received from all services. The document analysis resulted in a list of topics to be included in the survey, based on the proposed activities identified by the services.

2.3 SURVEY

The purpose of the survey was to develop a broad understanding of the types of services being provided under New Directions funding. As there are 85 services funded under New Directions, a survey was identified as the most practical and cost effective method of obtaining information.

Based on the information compiled in the document analysis, the majority of survey questions were closed, improving ease of responding with the intention of increasing the survey response rate and completion rate.

A number of draft surveys were developed and reviewed internally by four consultants as well as externally by the Department of Health and Ageing and two New Directions service providers, one being an Aboriginal Medical Service and the other a Medicare Local.

The key topic areas addressed in the survey included:

- Background information about the service;
- The New Directions service delivery model;
- Data collection;
- Demand and capacity;
- Partnerships and integration; and
- Management and resources.

Distribution of the survey

The DoHA State and Territory offices were initially informed by email of the project and survey at the beginning of the, and again prior to the distribution of the survey as a reminder. Emails were forwarded on to the funded services within each jurisdiction by State and Territory offices.
State and Territory OATSIH offices provided KBC with a list of services, and respective contact details, funded under the New Directions program. KBC emailed all services the survey with an information letter explaining the purpose of the project and survey, confidentiality issues and how to respond to the survey (see Appendix 5.2 for the information letter). KBC requested that all organisations complete the survey within a three week period. At the end of the second week, a generic reminder email was sent to all organisations providing them with a one week extension. At the beginning of the fourth week, all services that had not yet completed the survey were emailed another reminder. The survey was closed on Friday, 7 December 2012; however, KBC accepted two late responses.

**Analysis of the survey**

The survey was analysed on a question by question basis. Open ended questions were categorised into themes and “quantified” to provide the number of organisations who responded to a question against a specific theme.

### 2.4 SITE VISITS

Site visits were undertaken with 15 funded organisations to gather in-depth information about the range of service models, data collection, partnerships and linkages, and barriers and enablers to the delivery of the NDMBS program.

Twenty organisations were originally identified by the DoHA to be involved in the site visits. Some identified sites were not visited, the reasons being: KBC was informed by the State/Territory OATSIH office that the site was not in a position to be involved in the project; the site did not reply to emails or phone calls when attempting to organise the site visit; or the site visit was not logistically feasible for the site within the timeframe of the consultation period.

A member of the KBC team visited the identified sites and met with the Program Manager and/or staff employed under New Directions and/or other staff working with the New Directions program team. Site visits took from half to a full day, depending on the scope of the service.

All identified sites were emailed an information letter (see Appendix 5.2) which was followed up by a telephone call and/or email to organise a suitable date and time for a meeting.

Key issues discussed at the site visit included:

- Maternal and child health services provided prior to the New Directions program;
- Target population;
- Service delivery model:
  - Staffing;
  - Scope of antenatal, postnatal and child health services;
  - Activities and programs with a specific focus on health behaviours;
  - How New Directions is integrated with existing services;
  - Support services provided;
- Partnerships and linkages;
- Data collection;
- Resources developed under New Directions program funding; and
- Barriers and key achievements.

Findings from the site visits were documented individually under key headings, with some variation to suit the context of the service.

2.5 INFORMATION SYNTHESIS

The survey results and the report of each site visit were reviewed by the KBC team. An information synthesis workshop was held where key themes were extracted from the site visit reports and survey.

2.6 FINAL REPORT

The final report has been developed identifying the findings of the Project in relation to the models of service delivery, resources developed, current data collection processes, activities in relation to health behaviours and key issues for services including barriers and enablers to service implementation, partnerships established to support implementation, and gaps in service implementation.
3 SURVEY RESULTS

3.1 RESPONSE RATE

A total of 54 surveys were completed, representing 55 sites with a response rate of 64%. The completion rate of the survey was 85%. The survey response was a representative sample by organisation type and State and Territory, with slightly more responses from WA and less from NT, illustrated below.

<table>
<thead>
<tr>
<th>Type of organisation</th>
<th>Funded sites</th>
<th>Sites completed survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>ACCHO</td>
<td>64</td>
<td>75.3%</td>
</tr>
<tr>
<td>State/Territory Government</td>
<td>16</td>
<td>18.8%</td>
</tr>
<tr>
<td>Medicare Local Organisations</td>
<td>5</td>
<td>5.9%</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Number of organisations funded</th>
<th>Number of organisations completed survey</th>
<th>% of organisations funded</th>
<th>% of organisations completed survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>1</td>
<td>1</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>NSW</td>
<td>24</td>
<td>15</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>NT</td>
<td>14</td>
<td>5</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>QLD</td>
<td>17</td>
<td>12</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>TAS</td>
<td>6</td>
<td>3</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>VIC</td>
<td>6</td>
<td>2</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>WA</td>
<td>13</td>
<td>12</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>SA</td>
<td>4</td>
<td>4</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>54</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

3.2 PREVIOUS AND CURRENT CHILD AND MATERNAL HEALTH SERVICES

Question 3: Please indicate the types of child and maternal health services your organisation:

- Provided prior to New Directions funding
- Currently provides, using New Directions funding
- Currently provides, using funds from a different source (i.e. NOT New Directions).

Figure 1 demonstrates an increase in organisations that are delivering maternal and child health services directly as a result of the New Directions program. Prior to New Directions funding, 58% of respondents (30 organisations) provided antenatal consultations and postnatal checkups. This increased to 73% and 85% of organisations delivering antenatal and postnatal care respectively, directly as a result of the New Directions program. The number of organisations providing child health and development checks increased from 58% to 83%.
Figure 1: Increase in organisations that are delivering maternal and child health services directly as a result of the New Directions program

The following two quotes explain how New Directions has enhanced maternal and child health service delivery:

“Services provided prior to New Directions funding were provided by clinic doctors and practice nurses without specialised knowledge and skills in those areas”

New Directions is an “extension of our service to outlying areas”

Figure 1 also demonstrates that in addition to New Directions funding, organisations are delivering maternal and child health services under other funding sources, particularly for mental health/social emotional wellbeing services (56% of organisations), child health and development checks (44% of organisations) and education and/or health promotion activities (38% of organisations).
3.3 NEW DIRECTIONS SERVICE DELIVERY MODEL

**Question 4:** Is your New Directions service delivered from:
- One site
- Multiple sites. If multiple sites, please describe the service delivery model.

New Directions services are delivered from both single sites (36.5%) and multiple sites (63.5%). Organisations that deliver New Directions services from multiple sites did so under the following types of models:

<table>
<thead>
<tr>
<th>Model type (multiple sites)</th>
<th>Number of organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple sites and clinics (with and without home visiting)</td>
<td>15</td>
</tr>
<tr>
<td>Outreach/visiting service only (with and without home visiting)</td>
<td>7</td>
</tr>
<tr>
<td>Hub and spoke model (with and without home visiting)</td>
<td>6</td>
</tr>
<tr>
<td>Predominantly a home visiting service</td>
<td>3</td>
</tr>
<tr>
<td>One clinic and home visiting</td>
<td>2</td>
</tr>
</tbody>
</table>

**Question 5:** Please indicate the option(s) that are relevant to your New Directions service:
- A stand-alone program
- Integrated into Primary Health Care services, provided INTERNALLY (i.e. by your organisation)
- Integrated into Primary Health Care services, provided by an EXTERNAL ORGANISATION
- Integrated into Other Services, provided INTERNALLY (i.e. by your organisation)
- Integrated into Other Services, provided by an EXTERNAL ORGANISATION.

The majority (86.5%) of New Directions programs are integrated into their internal primary health care services and almost a third are integrated into other internal services. Nine (9) New Directions programs were identified as a stand-alone program; however, five of these organisations also indicated that the program was integrated into primary health care and/or other services.

<table>
<thead>
<tr>
<th>Level of integration</th>
<th>% of organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>A stand-alone program</td>
<td>17.3%</td>
</tr>
<tr>
<td>Integrated into Primary Health Care services, provided INTERNALLY (i.e. by your organisation)</td>
<td>86.5%</td>
</tr>
<tr>
<td>Integrated into Primary Health Care services, provided by an EXTERNAL ORGANISATION</td>
<td>13.5%</td>
</tr>
<tr>
<td>Integrated into Other Services, provided INTERNALLY (i.e. by your organisation)</td>
<td>30.8%</td>
</tr>
<tr>
<td>Integrated into Other Services, provided by an EXTERNAL ORGANISATION</td>
<td>21.2%</td>
</tr>
</tbody>
</table>
3.3.1 New Directions Workforce

**Question 6:** Please indicate the staff employed UNDER NEW DIRECTIONS FUNDING on a full-time equivalent (FTE) basis.

The following table lists the types of positions employed under New Directions funding against:
- The number of organisations that have employed the position
- An approximate figure of the total FTE across all New Directions organisations, based on minimum FTE values.

The most common positions employed are a Midwife (30 organisations, 48 FTE), a Child and Family Health Nurse (22 organisations, 33 FTE) and an Aboriginal Health Worker (21 organisations, 39.5 FTE).

<table>
<thead>
<tr>
<th>Family</th>
<th>Number of organisations</th>
<th>Total FTE (Minimum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse - Midwife</td>
<td>30</td>
<td>48</td>
</tr>
<tr>
<td>Nurse - Child and Family Health Nurse</td>
<td>22</td>
<td>33</td>
</tr>
<tr>
<td>Aboriginal Health Worker</td>
<td>21</td>
<td>39.5</td>
</tr>
<tr>
<td>Aboriginal Maternal and Infant Health Worker</td>
<td>12</td>
<td>27</td>
</tr>
<tr>
<td>Administrative Staff</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Program Manager</td>
<td>9</td>
<td>9.5</td>
</tr>
<tr>
<td>General Practitioner (GP)</td>
<td>8</td>
<td>3.5</td>
</tr>
<tr>
<td>Nurse - Other</td>
<td>7</td>
<td>7.5</td>
</tr>
<tr>
<td>Community Support Worker</td>
<td>7</td>
<td>5.5</td>
</tr>
<tr>
<td>Aboriginal Health Education Officer</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Transport Officer</td>
<td>5</td>
<td>3.5</td>
</tr>
<tr>
<td>Social Worker</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Family Support Worker/Case Manager</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Health Promotion Officer/Educator</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Speech Pathologist/Therapist</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Project Officer</td>
<td>2</td>
<td>0.5</td>
</tr>
<tr>
<td>Student Midwife</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Translator/Interpreter</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Workforce Coordinator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lactation Consultant</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Aboriginal Liaison Grandmother</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Community Paediatrician</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>Drug and Alcohol Worker</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurse - Nurse Practitioner</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>156</strong></td>
<td><strong>212</strong></td>
</tr>
</tbody>
</table>

**Question 7:** Please indicate whether New Directions funding has been used to provide services by the following (specialists/allied health professionals).
Nine organisations indicated using New Directions funding to purchase visiting services. A Paediatrician and Speech Pathologist were the most commonly purchased services (6 organisations), followed by a Physiotherapist (5 organisations) and an Audiologist, Dietitian/Nutritionist, Occupational Therapist, and Social Worker (4 organisations).

<table>
<thead>
<tr>
<th></th>
<th>Total organisations</th>
<th>Weekly visit</th>
<th>Fortnightly visit</th>
<th>Monthly visit</th>
<th>Less than monthly visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiologist</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsellor</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietician/Nutritionist</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol Worker</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Gynaecologist</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Obstetrician</td>
<td>2</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>6</td>
<td>4</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td>4</td>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Speech Pathologist</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Question 8**: Under New Directions funding, please indicate:
- Who provides antenatal, postnatal and/or child health consultations for your services
- Whether they are provided in a clinic and/or home setting.

Within the New Directions program, a Midwife is the most commonly employed health professional that delivers both antenatal and postnatal care in the clinic and in the home. Child health clinics are most commonly delivered by a CFHN while child health home visits are most commonly delivered by an AHW.

There are more AHWs and AHEOs delivering antenatal, postnatal and child health care in the home than in the clinic. CFHNS more commonly deliver antenatal and postnatal services in the home, as does an Aboriginal Maternal Infant Health Worker (AMIHW) for postnatal and child health services. Midwives and GPs are more likely to deliver services in the clinic.
3.3.2 Engagement Strategies

**Question 9**: Please indicate the strategies that your New Directions service employs to encourage women to receive antenatal care, postnatal care and child health services.

The most common strategies implemented to encourage women to receive antenatal care, postnatal care and child health services include transport assistance and home visits (96%) followed by reminders and referrals to other services (90%) and health promotion/resource packs (88%).
There is little variation in the strategies used for encouraging antenatal, postnatal and child health care, with slightly more organisations implementing strategies for child health care engagement.

Other strategies included:

“Education during playgroup sessions and immunisation clinics”

“Relationship developed between Antenatal/Maternal and Child Health Nurse and the client is the main link to encourage women to access care and information”

**Question 10**: Under New Directions funding, does your service provide antenatal, postnatal or child health clinics where women and babies have access to multiple health providers at the same visit?

Over three-quarters of New Directions services provide antenatal, postnatal and/or child health clinics where women and babies have access to multiple health providers at the same visit, illustrated below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal</td>
<td>76%</td>
</tr>
<tr>
<td>Postnatal (0 to 6/8 weeks)</td>
<td>82%</td>
</tr>
<tr>
<td>Child health (6/8 weeks to 5 years)</td>
<td>78%</td>
</tr>
</tbody>
</table>

### 3.3.3 Antenatal Care

**Question 11**: Please indicate other New Directions services your organisation provides as part of antenatal care.

New Directions services provided as part of antenatal care by more than 80% of organisations include: providing advice about healthy eating and physical activity, referrals to other health service, referrals to support services, referrals to specialists, parenting advice, social and emotional wellbeing, and antenatal consultations.
“Other” antenatal care services and comments include:
- Referral to a translator and trauma counselling
- Domestic violence screening is undertaken at the Hospital on booking-in
- Before school screening
- Housing support
- All antenatal mothers receive a dressing robe, toiletries and baby family book
- All services are provided as part of the tertiary maternity service.

### 3.3.4 Postnatal Care

**Question 12**: Please indicate the New Directions services your organisation offers to mothers and babies and their family in the postnatal period from birth to 6/8 weeks of age.

The most common New Directions postnatal services (i.e. birth to 6/8 weeks) provided by 80% or more organisations include breastfeeding support/information, parenting advice, nutrition/healthy eating support or education, and midwife consultations.
“Other” postnatal care services and comments include:

- Services provided by allied health care specialists
- On call service and clinical support in labour by midwives
- All services are part of the tertiary maternity service available to all women, not just ND, and are funded via State Hospital funding.

### 3.3.5 Child Health

**Question 13:** Please indicate the New Directions services your organisation offers to mothers and babies and their family from the child being 6/8 weeks to 5 years of age.

All respondents indicated providing parenting advice to mothers and babies and families when the child is 6/8 weeks to five years. The other most common child health services delivered as part of New Directions include child health and development checks, breastfeeding support and hearing screening. Seventy-seven per cent (77%) of organisations provided immunisations as part of the New Directions program. In addition, clinicians reported undertaking opportunistic adult health checks with carers present at child consultations.
"Other" child health services delivered under New Directions include:

- Playgroup
- Cultural support
- Referrals to Speech Pathology
- Where services are not available by the organisation, they will provide transport and coordination for the client to access this service elsewhere
- Promotion of other existing services that are not funded under New Directions.

One program reported that it ceases working with the family when the baby is 8 weeks unless urgent services are required to support mother and baby.

### 3.3.6 Mode of Service Delivery

**Question 14**: Please indicate how your New Directions program delivers antenatal services, postnatal services (0 to 6/8 weeks) and services to mothers and children (6/8 weeks to 5 years).

In response to how the organisation delivers the New Directions program, the most common strategies include:

- Home visits, which are slightly more common in the postnatal period
- Child health clinics, which are more common in the child health and postnatal period
- Women’s health clinics and mother’s groups, which are relatively even across antenatal, postnatal and child health services.
“Other” ways in which organisations deliver services include:
- Education sessions, i.e. baby’s first feed, baby bath demos
- Pre-conception checks
- These services are provided as part of current Hospital programs.

### 3.3.7 Health Promotion and Education

Antenatal health promotion and education for pregnant women is in most cases provided within group sessions and consultations, with slightly fewer organisations providing health promotion and education via written information.

Health promotion and education for mothers and children up to the age of five is most commonly provided within consultations, with 51% or fewer organisations providing education within group sessions or via written material.
Question 15: Please indicate if and how your New Directions service provides antenatal health promotion and/or education on the following topics.

Figure 8: Health promotion and/or education provided as part of antenatal care

“Other” health promotion and/or education provided as part of antenatal care includes:

- Financial support/Centrelink/cultural support
- Community Health and MBH
- These services are part of normal hospital services available to all women with specialised clinics for Aboriginal women should they wish to participate.
Question 16: Please indicate if and how your New Directions service provides health promotion and/or education on the following topics for mothers and children up to the age of 5 years, and their family.

Figure 9: Health promotion and/or education provided for mothers and children up to the age of five years, and their family
“Other” comments in regards to education provided for mothers and children up to the age of five include:

- Referred onto child health nurse once above 6-8 weeks
- We have a health promotion team not funded under New Directions that we can refer to, however the new Child and Maternal Health Nurse (CMHN) has a lot of resources for health promotion for one on one discussion and has expressed wanting to commence yarning groups
- Financial education, grandparents’ support, cultural support
- Immunisation
- Targeting information for families’ specific needs
- Informal education and health promotion at weekly playgroup and through outreach services in the home
- Unfortunately there is no Indigenous specific flyers on these topics they are all non-Indigenous pamphlets
- Within our Sunrise Health region there are other support services such as Families as First Teachers which is based at Ngukurr community, The LiTTle Program which is a Sunrise Health Initiative that teaches parents/carers about teaching their children to Learn to Talk; Talk to Learn and this could be either through using Traditional language and or English (Abecedarian) which is the approach that we are using. We also encourage anyone and everyone whether it is the grandparents or fathers to play an active role in the Program. The Program is active in 3 of our communities and they are Wugulaar, Barunga and Bulman. Katherine Isolated Children Service (KICS) come out and conduct activities within our communities and is more so like a visiting Playgroup. All of these services rely on the parent and carers being active and present during the course of the Program.

3.3.8 Barriers and Challenges to Service Delivery

**Question 17:** Please describe barriers and challenges your organisation has encountered in the delivery of the New Directions service.

The most common barriers described by NDMBS organisations included recruitment and retention of qualified staff (experienced by almost half the respondents), lack of transport for clients, capacity issues, limited funding, difficulties associated with remote service delivery, and difficulties engaging and maintaining contact with clients.
Other barriers and challenges experienced by organisations include:

“Antenatal women having to leave their home and family for extended periods to birth in a safe hospital environment a great distance away. May not have a safe option of where to leave other children for approximately 1 month - which leads to women taking risks and not departing the Community at the recommended time.”

“One of the other challenges is maintaining supplies such as providing goods for both Mother and Babies (Gift packages for Hospital visit) as the expenditure for Health awareness Program is limited when you take under consideration...72 Births from the period of October 2011 to September 2012. A cost of a Nursery Bag is approximately $45.00... The reasoning (that we supply Nursery Bags) is that...New Mothers are given the Maternity payment but when they present to the Hospital they really do not have the means to buy baby goods. The gift pack supplies all the essentials such as Breast pads, Heavy (underwear) Pads, Hygiene pack (shampoo/conditioner/toothbrush/paste etc) for mum and then there is Johnson and Johnson goods, baby blankets, singlets, socks etc... These are Women of low socioeconomics
and for us to expect them to bring everything that we would normal take to hospital is a big request. So we have simplified it and made it easier.”

It was also reported that “ensuring that there is a good relationship between our New Direction Service and the local hospital Koori Midwife has been essential to the success of this program.”

### 3.4 DATA COLLECTION

**Question 18:** Please indicate in which of the following areas your New Directions service currently collects data.

<table>
<thead>
<tr>
<th>Area</th>
<th>% of organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clients</td>
<td>100%</td>
</tr>
<tr>
<td>Child health/development checks</td>
<td>98%</td>
</tr>
<tr>
<td>Occasions of service</td>
<td>96%</td>
</tr>
<tr>
<td>Date of first health service visit when pregnant</td>
<td>92%</td>
</tr>
<tr>
<td>Birth weight</td>
<td>90%</td>
</tr>
<tr>
<td>Post-natal follow up</td>
<td>85%</td>
</tr>
<tr>
<td>Immunisations</td>
<td>80%</td>
</tr>
<tr>
<td>Women receiving antenatal care</td>
<td>78%</td>
</tr>
<tr>
<td>Smoking during pregnancy</td>
<td>75%</td>
</tr>
<tr>
<td>Referrals (into and from the service)</td>
<td>70%</td>
</tr>
<tr>
<td>Number of antenatal visits</td>
<td>65%</td>
</tr>
<tr>
<td>Gestation at delivery</td>
<td>60%</td>
</tr>
<tr>
<td>Gestation at first visit</td>
<td>55%</td>
</tr>
<tr>
<td>Education/health promotion provided</td>
<td>50%</td>
</tr>
<tr>
<td>Maternal health checks</td>
<td>45%</td>
</tr>
<tr>
<td>Risk factors in pregnant women</td>
<td>40%</td>
</tr>
<tr>
<td>Antenatal care plans</td>
<td>35%</td>
</tr>
<tr>
<td>Outreach services</td>
<td>30%</td>
</tr>
<tr>
<td>Location and attendance at group sessions</td>
<td>25%</td>
</tr>
<tr>
<td>Immunisations done by the Royal Flying Doctor Service (RFDS)</td>
<td>20%</td>
</tr>
<tr>
<td>Other data collection items and/or comments included:</td>
<td></td>
</tr>
<tr>
<td>Not all data listed above can be consistently collected with all patients;</td>
<td></td>
</tr>
<tr>
<td>Data is gathered for the above information. Other areas are generally recorded in a medical record;</td>
<td></td>
</tr>
<tr>
<td>Data is not tabled in any particular format but can be accessed from client records where all contacts are noted, care given and referrals documented;</td>
<td></td>
</tr>
<tr>
<td>Immunisation done by the Royal Flying Doctor Service (RFDS);</td>
<td></td>
</tr>
<tr>
<td>All this information is collected as part of routine maternity care, however, much of it is currently documented in the medical record and not easily able to be collated for service reporting requirements; and</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 11:** Data items collected within New Directions program
We have a new IT system that will allow us to collect this data. Changed over to this system called MMEX 4 months ago.

**Question 19:** Please describe barriers and challenges your organisation has faced in the collection and monitoring of data for the New Directions service.

The most common barrier or challenge that organisations had faced in the collection and monitoring of data for the New Directions service was difficulties with IT and data collection systems, experienced by 40% of organisations.

![Bar Graph](image-url)

**Figure 12:** Barriers and challenges experienced in the collection and monitoring of data

**Question 20:** Please list any additional data items that, in an ideal situation, you would collect and monitor. For each data item please describe (a) why you would like to collect this data, and (b) the barriers and challenges to being able to collect and monitor the data item.

Additional data items identified in the survey and any relevant challenges are listed below.

<table>
<thead>
<tr>
<th>Data collection item</th>
<th>Challenge to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal high risk pregnancies</td>
<td></td>
</tr>
<tr>
<td>Anaemia in pregnancy</td>
<td>not in MD Template</td>
</tr>
<tr>
<td>Ear health data</td>
<td></td>
</tr>
<tr>
<td>Foetal movement</td>
<td>not in MD Template</td>
</tr>
<tr>
<td>Prevalence of mixed feeding (breast feeding and formula)</td>
<td></td>
</tr>
<tr>
<td>Prop feeding numbers</td>
<td></td>
</tr>
<tr>
<td>School health screening data</td>
<td></td>
</tr>
<tr>
<td>Immunisation data</td>
<td></td>
</tr>
<tr>
<td>Outcomes- Anaemia &amp; Body Mass Index (BMI)</td>
<td>It is difficult to get a count of BMI percentiles as it is on the percentile chart not based on the figure</td>
</tr>
<tr>
<td>Postnatal depression score</td>
<td></td>
</tr>
<tr>
<td>Social and emotional wellbeing data</td>
<td></td>
</tr>
<tr>
<td>Family history data from traditional mothers</td>
<td>This is usually difficult to collect as some women will find it conflicts with their cultural traditions in referring to relatives for have died</td>
</tr>
<tr>
<td>Data collection item</td>
<td>Challenge to data collection</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Percentage of consults or sessions with an interpreter or language aid               | “Collecting actual time spent supporting clients can be very time consuming when there is so much work and client support to do”  
  “Sometime families do not wish to give us information in fear of Child Protection” |
| Social issues: e.g. Housing, employment, education level, income level, domestic violence and difficulties in the home, as these have a huge impact on our clients |                                                                                             |
| Alcohol and drug use - To see if via providing support and education we are having an impact on the women’s drug and alcohol intake. |                                                                                             |
| Sexually transmitted diseases (STD)s - For stats and to identify any particular STDs circulating around the community to highlight the importance of education and testing |                                                                                             |
| Contraception - Provide stats on whether our education provided on contraception is effective |                                                                                             |
| Edinburgh Postnatal Depression Scale (EPDS) - To identify areas we need to either provide more support or look into ways in which we can improve the service |                                                                                             |
| Descriptive snapshot each year to reflect the work that the organisations undertake instead of numbers |                                                                                             |
| Community information sessions to better scope the community engagement and buy in by community of the New Directions (ND) program | No component/category in MMex (health e-platform) for education sessions/classes.          |
| Satisfaction with outreach services                                                 | Limited workforce capacity to invest the time needed                                         |
| Women’s birth stories                                                               |                                                                                             |
| Some longitudinal information and outcomes for children who were born through the program. What their health status is as they develop as opposed to children who were not born within the program | The challenge with this is that the program currently ceases at 8 weeks and the progression beyond this point is not followed |

Four organisations expressed that they did not require the collection of additional data items, demonstrated by the following quotes:

“I think that we are collecting all the data that is important to the program at this moment”

“No we provide data for all mandatory maternal reporting”
It was also reported that:

“It is important that the funding bodies know what we do and the time we spend with reminder calls transport etc that are additional to the routine clinical load in other maternal and infant health services. Time is a major constraint in collecting data and cumbersome data tools such as Community Health Information System (CHIME) which does not articulate with the NSW Health Obstetrix Data”.

“Key Performance Indicators (KPIs) are shaping services and it would be great if the services were being shaped to provide cultural and language sensitive services.”

Some barriers to data collection were also identified:

- Systems not compatible to extract data
- Ongoing IT issues impact on data collection and analysis
- Old data base incapable of adding additional data
- IT connectivity is a concern; therefore funding to improve it would be greatly appreciated.

Our Remote Communicare system operates through the use of Satellite system on individual sites located at each Community Health Centre. So for example if it is a cloudy day we are unable to access information remotely from the main Sunrise Health Service building and it can be quite difficult due to the fact that the Data Integrity Officer pulls all the data out of Communicare remotely.

### 3.5 DEMAND AND CAPACITY

**Question 21:** Please indicate the number of New Directions clients from July 2011 to June 2012 (i.e. 12 month period).

This question is to be read with caution as the number of clients may relate to, for example, the number of families, the number of mothers and babies/children, the number of children, the number of births. In the case that organisations reported a number only (i.e. no words or descriptive text to explain the number), over a 12 month period:

- Three organisations reported less than 50 clients
- Eight organisations reported 50-99 clients
- Five organisations reported 100-199 clients
- Two organisations reported 200-300 clients
- Four organisations reported more than 1,000 clients.

In total around 6,550 clients accessed services over the 12 month period (this could include several visits by a single client)

Other responses included:

- 32 adult clients
- 64 clients (January 2012 to July 2012)
- 7 clients did not meet the criteria of the program
- 26 babies have been born
13 antenatal clients waiting to deliver
67 children aged between 0-4yrs old recorded at least one episode
7 births recorded
80 families
84 pregnant women with an Aboriginal or Torres Strait Islander baby

These data include our whole midwifery program which is only partially funded by New Directions:
99 pregnancies were registered in the period
53 births to women who had received antenatal care at Winnunga

54 families received on-going postnatal care including home visits
2349 occasions of service by the midwifery team
101 individual clients
103 individual clients for Normanton. Do not have numbers for RFDS for Doomadgee and Mornington Island

Approximately 120 clients (including children)
Approximately 150-200 through community outings and in service contacts

154 births through the Country Health South Australia Local Health Network (SALHN) Aboriginal Family Birthing Program
169 Antenatal attended at least once
3146 Antenatal Consultation and other supportive service
72 Outcomes - Baby delivery (live)
12 Outcomes - non live birth outcomes

170 children 0-5yrs
30 mothers birthed
Data is from the mouth of mothers, difficult to get this report

344 Adult Clients
558 Child Clients
These are just the clients attending the playgroups on Mondays and Thursdays during this period

379 individual patients accessed New Directions

2,108 - total Aboriginal Occasions of Service (OOS) for Midwest Murchison Gascoyne Geraldton

Antenatal 96
Postnatal 78
18 transferred to other areas for delivery
Cannot provide you with this data. We had a Child and Maternal Health Nurse consultant (CMHNC) commence in early 2012 and she resigned in June 2012. Spent a lot of time setting up the program, obtaining resources, creating relationships with the Community Members. She did a couple of clinics.

Client loads are across the primary health care (PHC) service funding allocations not specific to NDMBS or Making Tracks.

Integrated services are provided and this information is difficult to separate.

**Question 22:** In your New Directions service catchment area, what is the average number of births of Aboriginal children per year?

![Figure 13: Average number of births of Aboriginal children per year within the New Directions catchment area](image)

**Question 23:** Please indicate the below option(s) that describe your organisations current capacity to meet demand.

Over half the organisations are experiencing some difficulty to meet demand and an additional 7% are experiencing a significant amount of difficulty to meet demand. One quarter of organisations had the capacity to meet demand.
Comments regarding capacity to meet demand include:

- We are currently meeting demand as it is an integrated service with other funding bodies
- (We) have a new CMHNC come on board who is very experienced in Aboriginal Child & Maternal Health
- Staff shortages make it hard at times but we do manage to meet the demand
- We need a Maternal and Child Health (MCH) nurse for the age group >6 weeks
- There is a need to recruit another midwife for the program
- Staff are stretched across the service area
- If all position were filled and new positions were created the demand could be met
- Could increase capacity with more staff
- Recruitment and retention issues with qualified staff
- We are running at over capacity - this service is under resourced
- The ND service currently has no staff however we anticipate recruitment will shortly commence. Patients are continuing to be seen by existing hospital services for Aboriginal and Torres Strait Islander clients (not ND funded)
- Maternal & Child Health nurse is struggling to meet the daily demand of client group between consultations, phone contacts and outreach visits in addition to participating in internal case meetings and child protection meetings etc.

3.6 PARTNERSHIPS, REFERRALS AND LINKAGES

Question 24: Please indicate whether your New Directions service has any formal or informal agreements in place with any of the following:

The most common agreement/partnership developed across New Directions sites has been with the Hospital, allied health providers and community health services.

Approximately 40% of organisations have developed formal agreements with an ACCHO/Aboriginal Medical Service (AMS). As almost two-thirds of respondents to this question were ACCHO/AMSSs, it is assumed that ACCHOs/AMSs have developed partnerships with other surrounding ACCHOs/AMSs.
Figure 15: Formal and informal partnerships

Five organisations responded “other”, with comments including:
- Partnerships are in process form with allied Health Services;
- Is part of AMS;
- Mercy Hospital for Women has agreements in place which include and cover the NDMBS program. A number of draft formal agreements are under development with Community Aboriginal services;
- RFDS;
- Community Based Not for Profit.

Question 25 (44 respondents): Does your New Directions service make referrals to the following:

A large proportion of New Directions organisations make referrals to a range of organisations. Over 80% of organisations make referrals to Paediatrics, counselling, drug and alcohol services, family support services, and Audiology.
“Other” referrals are made to:

- Good Beginnings and Targeted Family Support Services
- Local Early Intervention Service
- Internal and external referrals
- Other Government Services
- All services, e.g. Centrelink, Benevolent Society, Housing
- Massage Therapist, Exercise Physiologist, Dietitian
- Aboriginal Family Worker Support.

**Question 26**: Does your New Directions service have any mechanisms in place for ensuring appropriate referrals and follow-up of clients (e.g. referral criteria, referral pathways, shared care plans)?

Almost all organisations (93.5%) indicated that they had mechanisms in place for ensuring appropriate referrals and follow up of clients. Mechanisms and the number of organisations that implement the mechanism are as follows:
<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Number of organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recalls, reminders and follow up systems</td>
<td>13</td>
</tr>
<tr>
<td>Referral pathways (internal and/or external)</td>
<td>10</td>
</tr>
<tr>
<td>Referral criteria/ formal referral forms</td>
<td>9</td>
</tr>
<tr>
<td>Shared care plans</td>
<td>7</td>
</tr>
<tr>
<td>Work in collaboration with internal and/or external health professionals,</td>
<td>5</td>
</tr>
<tr>
<td>e.g. regular email and telephone communication, weekly team meetings</td>
<td></td>
</tr>
<tr>
<td>Case review/case conferencing</td>
<td>4</td>
</tr>
<tr>
<td>Patient record system</td>
<td>2</td>
</tr>
<tr>
<td>Shared IT system</td>
<td>2</td>
</tr>
<tr>
<td>CARPA</td>
<td>2</td>
</tr>
<tr>
<td>Intake meetings</td>
<td>2</td>
</tr>
<tr>
<td>Individual care plans</td>
<td>1</td>
</tr>
<tr>
<td>Follow up tasks list</td>
<td>1</td>
</tr>
<tr>
<td>Memorandum of Understanding (MoU) with State Health and Non Government</td>
<td>1</td>
</tr>
<tr>
<td>Organisation (NGO)</td>
<td></td>
</tr>
<tr>
<td>Hand held Pregnancy Record</td>
<td>1</td>
</tr>
<tr>
<td>Referral and appointment tracking system</td>
<td>1</td>
</tr>
<tr>
<td>Continuity of care with staff allocated to work in the one area</td>
<td>1</td>
</tr>
</tbody>
</table>

It was also noted that “the hospital email the discharge summary occasionally after mum has given birth. This should be made compulsory for all Hospitals to do this”.

### 3.7 PROMOTION OF NEW DIRECTIONS AND COMMUNITY INPUT

**Question 27:** How does your organisation promote and raise awareness about the New Directions service?

In response to how organisations raise awareness about the New Directions service, the most common responses included attending presentations/talks/meetings, community consultation activities, brochures, and posters.

![Figure 17: Mechanisms for raising awareness about the New Directions service](chart.png)
Other mechanisms for engagement include word of mouth amongst the community and waiting room Digital Video Discs (DVDs).

Two organisations also indicated that New Directions promoted as part of the organisations overall promotion of the services.

Three organisations did not undertake any promotional activities to raise awareness about the New Directions service, with comments including:

- Have not done any promotion that I know of other than have previously run a few clinics at two of our remote clinics
- Clients referred from within the organisation
- Promotional resources with Aboriginal focus would help.

**Question 28**: Does your New Directions service have any systems in place for community input and/or community feedback?

![Figure 18: Systems and mechanisms for community input](image)

“Other” systems and mechanisms in place for community input include:

- Board of Directors (three organisations)
- “We are an Aboriginal Community Controlled Health Service”
- Complaints Policy & Procedure in Place
- Client surveys at group activities
- Advisory Committee
- Informal feedback through staff, meetings and general conversation in the community
- Surveys for the Australian General Practice Accreditation Limited (AGPAL) Accreditation.

### 3.8 FUNDING AND RESOURCES

**Question 29**: Please indicate where your New Directions funding has been invested.

The most common investment of New Directions funding was associated with recruitment and retention of staff, with:

- 96% of organisations investing in staff employment
- 80% investing in staff training
• 64% investing in the recruitment of staff
• 62% investing in Program Management.

Seventy-six percent (76%) of organisations utilised the New Directions funding for resources and 67% and 44% invested their funding in vehicles and transport support, respectively.

Figure 19: Investment of New Directions funding

New Directions funding has also been invested in:
• Playground equipment;
• Program costs such as Mothers’ Groups;
• Capital Works; and
• Accommodation costs.

Question 30: Please list and briefly describe any resources you have developed under New Directions funding.

The types of resources developed and the number of organisations that developed the resources is presented below. The level of detail used to describe the resource varied between responses.
<table>
<thead>
<tr>
<th>Purpose of resource</th>
<th>Resource</th>
<th>Number of organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources advertising New Directions</td>
<td>Brochures</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Program Logo</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Program Booklet</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Program Banner</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Flyers on baby groups, toddler groups and parent groups</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Regular articles in the community newsletter</td>
<td>1</td>
</tr>
<tr>
<td>Educational resources for clients</td>
<td>Posters</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>General promotion or educational material</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Educational books/manuals</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Brochures</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>DVDs</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Welcome folders with pregnancy and early childhood information</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Developmental dolls for antenatal care</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Immunisation television (TV) advertisement</td>
<td>1</td>
</tr>
<tr>
<td>Resources for staff</td>
<td>Clinical support materials and resources</td>
<td>5</td>
</tr>
<tr>
<td>Unknown purpose</td>
<td>Posters (no description)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Brochures (no description)</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Flyers, booklets, information pamphlets, books, clinical hand outs (no description)</td>
<td>5</td>
</tr>
<tr>
<td>Promotional incentives</td>
<td>Baby bags/antenatal packs</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Antenatal and postnatal lucky door prize promotion program</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Lunch boxes for all pre-prep children</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>Hats with logos on it and caps for adults</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>T-shirts for playgroup</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Service calendar</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Home visiting calling card</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pregnancy diary for Aboriginal women, developed in partnership with AMIHS</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>ACHP Health Kit</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Playing cards for women</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Model of care advertising materials</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Playgroup - healthy food/healthy play program</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Labels to attach to yellow antenatal card, hospital notes and blue books to identify the service</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>We have run a play and learn program with lots of small information sharing aides such as books and drawings etc.</td>
<td>1</td>
</tr>
</tbody>
</table>
One organisation commented that “most of our brochures and resources have been developed by other agencies and we circulate the information”, while another stated that “if there was funding specific for this we would be able to create local posters and DVDs”

**Question 31**: Has your organisation used resources for child and maternal health that have been developed by other New Directions services?

13 organisations (29.5%) had used resources for child and maternal health that had been developed by other New Directions services.

**Question 32**: Please describe any other New Directions services and/or issues that have not been captured in this survey.

Other services and/or issues not captured in the survey included:

- A literacy program undertaken in partnership with local libraries for children 0 to 4 years
- Sexual and Reproductive Health Education developed and delivered in local schools as part of the Health and Physical Education curriculum
- Nutrition and Hygiene education/promotion sessions delivered in a number of primary schools for children 5 to 12 years
- Unique culturally appropriate home visiting model
- Holistic care model for Aboriginal women
- Service is run in a women’s ACCHO
- Having another Child and Family Health Nurse and sharing the age group of kids
- Social Worker to deal with the Social and Emotional aspects and Case Management of Client, i.e. Housing, Centrelink, Financial counselling
- A better understanding of my employment and how it is funded
- Social issues such as housing and assistance of well-being officers
- Sexual health of antenatal, postnatal clients and their partners
- Partnerships with Housing and Community Services, ADHC and local schools
- We are working closely with the Building Strong Foundations team in caring for families from the antenatal period through to when the children reach school entry. The service needs are complex and the team requires a manager to be present on a full time basis – this is currently funded by the Building Strong Foundations for 0.5 FTE
- New Directions funding is used to fund a supported Bachelor of Midwifery and a separate position in the pre-existing Health Kids Clinic
- Supporting two-way cultural exchange
- Advocacy for women and their families, referrals to culturally appropriate care
- Training and Development for AMIC and Midwives
- Our New Directions Service relies on established referral pathways to providers for specialised services. The quality of our service delivery is dependent on the availability and accessibility of service providers such as GPs, allied health specialists etc. Our service delivery consists largely of group work, home visits, case management/coordination, linking clients to services such as housing, welfare, health services etc. The New Directions service is integrated into an Aboriginal Health Team with an emphasis on improving access to primary health services and focus on holistic care and culturally appropriate services. The
service engages local Aboriginal staff who are familiar with and accepted by the community and this builds trust and rapport with clients and children. Our Mothers’ group is regularly attended with an average of 12 mothers and 20 children attending every week. We combine an informal social function with delivering health promotion and practical parenting and health advice. Both a registered nurse and Midwife are available immediately if the Mothers seek assistance or further advice one on one. The New Directions Team have worked collaboratively with other agencies involved with service provision to Aboriginal Mothers and Babies to avoid duplication and ensure maximum exposure of the services to as much of the target group as possible.

4 DISCUSSION

This section presents an analysis of the information collected through both the survey and the site visits, highlighting key issues in relation to the following aspects of the NDMBS program as set out in the Project Proposal:

- The range of service models being implemented by services
- Identification of resources which have been developed using NDMBS program funds
- Current data collections being undertaken by the services
- Activities being undertaken by the services that focus on health behaviours such as smoking, alcohol and nutrition
- Key issues including barriers to implementation and identification of service gaps
- Enablers to the establishment and implementation of the program
- Partnerships and the ways in which services are linking to other child and maternal health services.

4.1 CONTEXT

Environment

The NDMB services operate in a wide variety of locations and environments across Australia. Local variation occurs in:

- Size of the community
- Geography and remoteness
- Existing service networks
- Number of births per year (ranging from less than 10 to over 250).

These factors contribute to how the services have been established, the range of services provided and the challenges and barriers faced. It is beyond the scope of this analysis to make direct comparisons between services and to evaluate the extent to which services are meeting the requirements of their funding agreements. However it is clear that due to the variation in approach and activities being undertaken, it is difficult to make generalisations across the program. The discussion below will highlight a range of issues that have been identified, both in terms of innovation and success stories, as well as challenges and barriers being encountered by funded services. However, none of the issues apply across the board to all services. Where appropriate, examples have been drawn from the site visits to illustrate different aspects of the program.
Target Group characteristics

In addition to the environmental context, services identified a number of factors about the target population for NDMB that have an impact on the effectiveness of the service delivery models. Acknowledging the diversity of Aboriginal and Torres Strait Islander women accessing NDMB services, it is evident that in some communities and for some women, high levels of disadvantage and disengagement have a significant impact on the capacity of services to meet their needs at the same time as providing a high quality antenatal and postnatal care service.

Issues that were highlighted particularly during site visits that are common amongst the target group include:

- High levels of unemployment
- Lack of financial security
- Low levels of literacy and numeracy
- Low levels of social and emotional well being
- Poor quality housing and/or lack of housing security
- Multiple births to women in relatively short periods of time.

In addition to social disadvantage, services reported a high proportion of clients who have existing health issues prior to their pregnancies such as diabetes, high blood pressure and cardiovascular disease. These health issues often lead to complications and high risk pregnancies that require additional support and care. Other issues identified include mental health, alcohol and other drug use and smoking.

Often the women and families targeted by the program are dealing with multiple and complex social issues. NDMB services are therefore frequently asked or expected to assist with much broader health and social issues in addition to antenatal care, postnatal care and child health services. In many instances the needs of clients for broader support is more immediate than the health needs in relation to their pregnancy. Significant time and staff resources can be spent on working with women to address these complex needs.

4.2 SERVICE MODELS

As described above there is great variability in how the NDMB program has been implemented. Thus is it not possible to describe every service model in operation. This section will highlight how different services are providing various components of the Program. The site visit summaries in Appendix 5 provide more detailed descriptions of the service models in each of the 15 sites visited as part of this project.

Organisations funded under the program fall into one of three types:

- ACCHO
- Medicare Local
- State/Territory health agency

In addition to differences in environment described previously there is also variability in service models reflecting a variety of factors including:
- Existing service delivery models in the funded organisations
- Service and staffing capacity
- Local context, including population, geography and other available services
- Funding level
- Community need
- Organisation type (i.e. ACCHO, State health agency or Medicare Local)

NDMB services fall broadly into one of four categories in relation to their structure:

1. Services that are integrated into an existing primary health care service
2. Services that build upon existing primary health care services
3. Stand-alone child and maternal health services
4. Services provided as part of other programs, NOT primary health care services.

Services are delivered from clinics and in homes using a variety of models:

- Single clinic (and home visiting)
- Multiple sites and clinics (with or without home visiting)
- Outreach/visiting service (with and without home visiting)
- Hub and spoke model (with or without home visiting)
- Predominantly home visiting.

The majority of organisations indicated that the NDMBS program is integrated with existing primary health care services and/or other services provided by those organisations. For many services the program has enabled them to expand antenatal and postnatal services and to employ staff with specific and relevant skills to complement the broader primary health care program.

At the Aboriginal and Torres Strait Islander Health Service Mackay, the NDMBS program has grown from an existing women's health clinic provided as part of the primary health care service. The clinic operates two days per week and is run by a female Aboriginal doctor, supported by a nurse and AHWs. Pregnant women are referred to the NDMBS team for further follow-up and support while the clinical component of their antenatal care continues to be provided through the clinic.

Services that build upon existing primary health care services include those in remote areas where clinic staff are trained and supported to expand their role in the provision of antenatal, postnatal and child health services. In some cases centrally located staff provide a “specialist” support and visiting service to remote clinic staff in these areas.

In the remote area of the Katherine West Health Board, Northern Territory, primary health clinics are staffed by nurses and AHWs, with regular access to visiting general practitioners. In these communities nurses provide both general primary health care as well as antenatal and postnatal services to women and their babies, with the support of centrally located (i.e. Katherine-based) specialist midwives and early childhood nurses. The NDMBS program provides the existing primary health care service with additional capacity and expertise in antenatal and postnatal care as well as providing hands on support to women when they come to Katherine to give birth.
A few services identify as stand-alone services. These are services that do not provide primary health care but may use NDMBS funds to expand child and maternal health services.

**The Ngunytju Tjitji Pirni service based in Kalgoorlie is a stand-alone Aboriginal Maternal and Infant Health service. The NDMB component of the service funds two FTE AHWs to provide services to women from the Lands [sic: refers to Anangu Pitjantjatjara Yankunytjatjara (APY) Lands], Tjuntjuntjara and Coonana who have come to Kalgoorlie for maternal and birthing services.**

A number of services are funded to enhance existing child and maternal health services that are part of a larger non-primary health care service. These are typically state government services that are part of a community health or other health service program.

**The service in the Shoalhaven is integrated into an existing Aboriginal Maternal Infant Child Health (AMICH) service that provides antenatal and post natal health services. The service is part of the Community Health Service of the local health district. AMICH staff funded by other programs are largely responsible for the provision of the antenatal services, with referrals to the NDMB social worker as required. The NDMBS staff are predominantly responsible for the provision of postnatal care.**

A number of benefits of integrating NDMB services with other primary health care services were identified:

- Women and their families have ongoing health needs that are not necessarily related to pregnancy and the postnatal period and these can be met as part of an integrated service model
- Increasing the capacity of organisations to provide holistic care across the lifespan
- Reducing the need for referral of clients and for women to have to access multiple service providers
- Reducing administrative costs and program overheads, by using existing systems and processes
- Primary health care services have the potential to be able to identify women earlier in their pregnancy if they are regular clients.

**Antenatal and Postnatal Services**

The survey data indicate that funding for NDMBS has resulted in an increase in antenatal, postnatal and child health services for Aboriginal and Torres Strait Islander women and their families by funded services.

The majority of organisations are providing both antenatal and postnatal services. However, some organisations do not provide these services and have chosen to focus their activity on child health services. A minority do not provide antenatal care. Organisations focussing activity in one area only are generally doing so due to one or more key factors. Firstly, in some cases, funding constraints do not allow for the employment of appropriately skilled and qualified staff for both antenatal and child health services. Other services have chosen to focus their activity in one area due to the existence of other programs providing other related services. For example, in NSW the state funded Aboriginal Maternal and Infant Health Service (AMIHS) provides antenatal and postnatal services up
to the age of 6 weeks. In at least one case the New Directions funded service has chosen, at this stage, to focus on working with clients once the AMIHS program ceases for women at 6 weeks post birth.

Some services indicated that their activity in the antenatal period has increased and improved but that there has not been the same level of improvement in the provision of postnatal services. Engaging women in the initial period post birth when they are getting used to caring for their newborn can be very challenging and logistically difficult. Some services indicated that their initial focus has been to improve antenatal care and recognise the need to increase their consistency in delivering appropriate postnatal care.

The survey data show the range of both clinical and non-clinical antenatal services provided under the Program. Over 60% of survey respondents indicated that they undertake Medicare adult health checks as part of their antenatal program. These health checks are an important mechanism for identifying additional health needs of pregnant women and potentially lead to more timely and comprehensive care. Perinatal depression screening is undertaken by over 70% of organisations (Figures 4 and 5). It is unclear, however, whether women attending services that do not undertake this, have access to such screening through other services.

Approximately half the services undertake hospital familiarisation visits with their clients. A number also attend births, at the request of the client. The survey indicates this could be about 40% of services (Figure 4).

A number of services offer group antenatal/birthing classes, however in many areas the numbers of pregnant women do not currently make this a viable option.

The majority of services provide both clinical and non-clinical postnatal services including:

- Information and support for breast feeding
- Parenting advice
- Education about nutrition/ healthy eating
- Perinatal depression screening
- Neonatal checks
- GP consultations
- Counselling
- Adult health checks.

Many services have protocols and policies in place for the frequency of postnatal follow-up. For example a number undertake weekly home visits for the first month or six weeks post birth, with visits decreasing in frequency after that.

It should be noted that while many organisations make a wide range of services available to their clients, any individual client is unlikely to receive the full suite of services. Services are targeted to meet the needs of individual clients, but it is not possible from the survey data to quantify the mix of services received by individual clients. For example, the extent and complexity of a pregnant woman’s social needs, such as unemployment, lack of housing and high domestic violence risk, may
be considered of greater urgency and importance to address than referring her to a smoking cessation program on a given day or clinic visit.

**Home Visits**

The survey data shows that a significant proportion of both antenatal and postnatal services are being delivered in the home, rather than in clinic settings. Home visiting is often a necessary component of providing care to women and their children due to a range of complex factors that prevent women from attending clinic based appointments including:

- Lack of and/or cost of transport
- Disengagement with health services
- Complex and overwhelming social issues including alcohol/drug use, unemployment
- Financial issues
- Multiple young children, making transport difficult
- Lack of understanding about and experience of good antenatal and postnatal care.

The feedback gathered in the site visits suggests that the home visiting component for many services is crucial to engaging women and ensuring that they are able to receive appropriate care. Home visits are also an important mechanism for follow-up and encouraging women to receive care throughout their pregnancy.

Home visiting is more expensive and resource-intensive than providing services in clinic settings. However, the flexibility of the program to be able to respond to the needs of clients and to provide these services appears to be crucial in engaging women. Home visits provide an opportunity for staff to assess living conditions and provide targeted advice and assistance about such issues as hygiene, nutrition and healthy eating.

Some services indicated that home visits have assisted in increasing clinic presentations as women feel comfortable and more confident about the service.

**Child Health Services**

Overall, the survey data indicates that the program has been successful in increasing the amount of child health services being provided by funded organisations.

The following are services being provided to women and children aged 8 weeks to five years of age by over 50% of the respondents to the survey:

- Parenting advice
- Child health and development checks
- Breastfeeding support
- Hearing screening
- Immunisations
- GP consultations
- Access to dietitian and/or nutrition advice
- Counselling
- Adult health checks
• School readiness screening/testing
• Promotional material – to advise women of appropriate care and how to access services
• Case management and care plans – these assist in ensuring that the health and social needs of women are met, particularly where they are referred to multiple services and health care providers.

Based on the data collected, it appears that the majority of services are providing child health and developmental checks. Nearly 80% provide GP consultations (Figure 6) as part of this program and the same number report conducting immunisations. The provision of child health services is also reflected in the number of child and family health nurses employed under the program. Site visits show that these nurses are providing a range of services to young families and that there is a considerable focus across the program on ensuring that young children receive appropriate immunisation and developmental checks.

Many services are also providing access to a range of allied health providers including speech pathologists, social workers, psychologists and occupational therapists.

Encouraging Ongoing Care

One of the challenges for all services is ensuring women and their families receive ongoing care through the antenatal period and into early childhood. Services employ a range of strategies to encourage women to receive appropriate and ongoing care including:

• Home visits – as described above, this is a crucial element of the service models being employed by many services
• Transport assistance – this may involve picking clients up and bringing them to appointments or providing taxi vouchers
• Provision of health promotion/resource packs – containing health information to assist women to understand the importance of ongoing health care as well as information about specific complications and/or health issues
• Reminders
• Referral to other services.

Referrals

Referral networks are an important component of providing child and maternal health services. Often women and their children require specialist or other services such as allied health or social support. The survey data shows that referrals are made to a wide variety of other services. The high numbers of services referring to counselling, family support and drug and alcohol services reflects the complex needs of the client group as described above.

4.2.1 Staffing

Staffing and staff training are the major items of expenditure. The survey data shows the breadth of professions that have been employed under the NDMBS program. While the data is incomplete, it is likely that over 50 FTE midwives, 35 FTE Child and Family Health nurses, over 40 AHWs and over 27 AMIHWs have been employed across all services under the program, to provide additional child and maternal health services. Some services have also used funding to purchase visiting services from
allied health and other health professionals such as paediatricians, speech pathologists, audiologists and physiotherapists.

Reflecting the different service models being implemented, staff are employed in a range of roles. Midwives are being employed to provide antenatal and postnatal clinical care as well as providing leadership and support to other staff. As might be expected, child and family health nurses, along with AHWs, are providing the majority of the child health services in the both clinic and home settings. AMIHWs are providing a range of child and maternal health services, also in the clinic and home settings.

Only nine survey respondents reported employing a NDMBS Program Manager and only twelve reported expenditure on administrative staff. These data suggests that services are using existing systems and resources to manage and support the NDMBS program.

During the site visits a number of issues were highlighted in relation to the capacity of organisations to recruit and retain suitably qualified and skilled staff. These are explored further in Section 4.7.

4.3 ACTIVITIES FOCUSSED ON HEALTH BEHAVIOURS

The survey data, supported by evidence from site visits, suggests that health promotion and/or health education is provided by most services across a range of topics including those focussed on smoking, alcohol and nutrition.

Individual consultations are an important mechanism for providing health education and promotion, particularly for smaller and more remote services, where group sessions are not viable or easy to arrange. Home visits are also used by most services as an opportunity to provide women and their families with relevant information and education.

Delivery of health promotion and/or education through group sessions is much more common during the antenatal and postnatal periods. Education and health promotion for children and families up to the age of five is provided considerably more often as part of one on one consultations.

A number of strategies are being used by services to undertake education and health promotion. In some cases these activities are not solely funded or provided by NDMB staff, however, NDMB clients have access to them. These include:

- Incidental education - many services have posters, brochures and DVDs containing health messages playing and available in their waiting rooms
- A number of services offer smoking cessation programs and others are able to refer clients to other smoking cessation programs in their local area. GPs and nurses are reported to undertake brief interventions with clients during consultations
- “Core of Life”, a hands-on parenting program aimed at teenagers, has been run by some services and others have indicated an interest in using it. The program has been developed by midwives in Victoria in response to a perceived lack of appropriate education for...
teenagers. More recently, the Program has been specifically adapted for Aboriginal and Torres Strait Islander communities.

- Some services run playgroups as part of wider service delivery. NDMBS clients are referred to playgroups which provide social interaction as well as opportunities for education and health promotion.
- Breastfeeding groups – for example: one service runs four per year, at which staff provide education and support for breastfeeding combined with a craft session. Community elders are part of the program and run the craft sessions.
- Nutrition programs – cooking programs have been organised by some services to give women appropriate skills to put into practice the advice and education they receive. In some cases, advice and assistance are also provided as part of home visits by AHWs and/or nurses.
- Participation in expos or health days – a number of services participate in these activities as a way of providing information about the services available as well as health promotion material.

**Future Service Development**

During the site visits, organisations were asked about future plans for developing their services. Many indicated that they would like to offer more group sessions around a range of topics. In addition to the one on one approach, groups offer the chance for women and their families to interact with each other and to learn in a different environment. Some services are only now developing the capacity to run these groups.

A small proportion of services indicated in the survey that they run men’s or fathers’ groups. Many services indicated that they have difficulty in engaging fathers due to cultural barriers. Many services would like to involve men more in their programs, to support women and to enhance the opportunities for health promotion and education.

### 4.4 DATA

Services currently use a variety of data and patient information management systems and most services use these systems to extract data to report on the NDMBS program. As examples, Communicare and Medical Director are commonly used by ACCHOs and private medical practices, as well as systems used by State/Territory Health services such as CHIME. The extent to which services are able to extract relevant data varies between systems and organisations. Data collection and reporting is more challenging for some organisations than others depending on a number of factors including:

- Existing data collection mechanisms
- IT infrastructure and capacity
- Capacity and skill levels of staff required to enter and extract data
- Consistency of data collection
- Access to data from referring organisations, e.g. hospital data on birth weight.

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The majority of services are currently collecting data relevant to the performance and reporting requirements for the NPA IECD:

- Increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year
- 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 aged 0-4 years.

Commonly collected data items that have the capacity to contribute to the national performance assessment include:

- Numbers of child health/development checks
- Birth weight
- Immunisations
- Smoking during pregnancy
- Gestation at first antenatal visit
- Gestation at delivery.

The survey data indicates that each of these items is currently collected by over 60% of services.

It is important to distinguish between data that has relevance at a national level and data that has value for services in their own planning and monitoring. Aggregated data of birth weight and gestation at delivery is meaningful in assessing the impact of the program at a jurisdictional or national level, but is less relevant at an individual service level.

There are a number of issues to consider if the intention is to develop a national data collection for the Program. There is considerable variability in the models being implemented by different organisations and not all are providing services across the spectrum from pregnancy to early childhood. Therefore, not all services will be in a position to collect the same data. There is also potential for service delivery to be driven by ensuring that services can report against the data requirements rather than addressing the needs of the women and children in their communities.

In order to appropriately interpret data about the program at a national level, it is important to be confident that all services are recording and reporting data consistently. A robust system requires a common data dictionary to ensure a consistent application of the system.

Services generally receive funding from multiple services and most, if not all New Directions services would fall into this category. Data collection and reporting can be time consuming and potentially draws staff away from direct service delivery. Therefore tailoring data collection to enable services to use existing systems and, as far as possible, routine data collections will enhance compliance, minimise administrative burden, and minimise impact on service provision capacity.

Services raised several issues about data and reporting requirements:
• Quantitative data collections do not capture the nature of the work being undertaken by services, particularly the activity undertaken during home visits
• Difficulties of accurately recording and reporting data at home visits where information has to be recorded by hand and then entered into IT systems at a later date
• Qualitative data is of greater value in understanding how the Program is being implemented. For example, recording the attendance for checkups by a pregnant woman does not capture the effort that may be required to ensure this occurs – this might include multiple phone calls, home visits, transporting the client to the service and ensuring her other children can be cared for.

In summary, data collection is an important component of measuring the performance of the program as a whole. However, this needs to be balanced with the capacity and needs of services to collect and provide relevant and meaningful data. Data collection is likely to be more reliable and successful where there is alignment of program and organisational need for data collection and monitoring.

4.5 PARTNERSHIPS AND LINKAGES

Partnerships and linkages are important for New Directions services to ensure their clients have access to appropriate care beyond what can be provided by the program. One of the key links for all services is with the local hospitals where clients give birth. Almost all the services responding to the survey indicated they have either a formal or informal agreement with the relevant hospital. Evidence from the site visits suggests that links between the New Directions services and hospitals can range from very positive, where there are strong links and protocols in place for shared care and referrals, to more strained relationships where the New Directions services report difficulty in accessing hospital services on behalf of their clients.

The hospital experience for women giving birth can be daunting and difficult and this can be magnified where there is not an environment that promotes cultural safety for Aboriginal and Torres Strait Islander women. Providing continuity of care for women before and after the birthing process requires New Directions services to have access to good referral protocols into and out of the hospital system. While many services have strong relationships with their local hospitals, almost 10% of survey respondents reported their relationship with the hospital to be a barrier for the Program.

\textbf{The midwives at Bega Garnbiringu Health Service have previously and/or currently also work at Kalgoorlie hospital which assists in promoting strong relationships between the NDMBS program and the hospital.}

\textbf{A midwife employed by the Tasmanian Department of Health and Human Services works one day per fortnight with the Tasmania Medicare Local providing antenatal consultations and postnatal check-ups, either in the clinic or at the client’s home.}

Other partnerships reported by services include those with allied health providers, community health services, and ACCHO. The majority of partnerships with all but hospitals and ACCHOs are reported to be informal.
The site visits identified a number of factors that contribute to strong partnerships and working relationships:

- Understanding of the different roles and how they fit and complement each other
- Written protocols and referral documentation
- Cultural respect and understanding
- Midwives (or other workers) working across settings, e.g. hospital and ACCHO.

### 4.6 RESOURCES

The majority of organisations indicated that they have developed resources to advertise or promote their NDMBS program and services. Fewer have developed resources about specific health issues. Many services have done extensive research to seek out existing resources such as brochures and posters that are applicable to their client group. A lot of this research has been duplicated across services as there is no central point for the collation and distribution of resources.

A number of services have or are in the process of putting together “baby bags” (described as various things) for clients. These are used as both educational tools and incentives for women to receive the appropriate and ongoing care for themselves during pregnancy and for their child after birth. Examples of items included in these bags are:

- Brochures about health issues such as smoking, nutrition and alcohol
- Breast pads and information about breastfeeding
- Pads and nappies
- Bottles or sipper cups for young children
- Toothbrushes and information about dental hygiene.

Services providing these types of bags report that women are often very grateful for them and that they appear to be a factor in being able to engage women in ongoing care. At least one service indicated that the items in the bags had been donated.

A number of services have developed promotional material about their services such as flyers or brochures to inform women of available services. The resources provided by the organisations, as requested as part of the survey, were provided to OATSIH, DoHA.

A list of resources collected through this project is at Appendix 5.5. The list is likely to be incomplete as not all services sent in resources and no resources were received from organisations that did not complete the survey.

### 4.7 BARRIERS AND ENABLERS

#### 4.7.1 Enablers

Although it is not possible to quantify accurately from this analysis, the survey data suggests that there has been an increase in antenatal, postnatal and early childhood health service delivery due to the NDMBS program.
The site visits demonstrated the variety of service delivery models and the strength of the program in allowing for such variability in order to meet the needs of particular communities and local environments.

Analysis of the information from site visits and the survey data indicate there are several factors that enhance the capacity of funded organisations to provide New Directions services. These include:

- The flexibility within the NDMBS program has enabled organisations to implement a wide variety of service delivery models to reflect local needs and different service environments.
- Integrating NDMBS programs into broader services has enhanced access to other services and referral pathways as well as minimising the need to establish new administrative and management systems.
- Access to GP services: GPs provide an important component of clinical care and monitoring of pregnant women and their children. Where GP services are readily available there is a better chance for early diagnosis of problems and monitoring of other health issues.
- Capacity to provide home visiting: Home visiting has been demonstrated to be a crucial factor for many services in being able to engage women and encourage them to receive ongoing and appropriate care. While it is more resource-intensive than providing clinic-based services, it is a vital component of the NDMBS program for many services.
- Development of good relationships with hospitals is a key factor in being able to provide continuity of care.
- The Program has enabled many services to expand and enhance their child and maternal health services through the employment of qualified and experienced staff, in particular midwives and child and family health nurses.
- The employment of staff with strong interpersonal and negotiation skills is a key enabler for services to develop positive relationships both with clients and with other relevant organisations such as hospitals and other health services.

4.7.2 Barriers

A number of issues and barriers were identified both through the survey and the site visits.

Program Funding

The level of funding provided to each service varies considerably. Currently over 50% of the services responding to the survey indicated that they are having difficulty in meeting demand, while 25% said they were able to meet demand, and a further 25% indicated they had some additional capacity within the service.

A number of services indicated that there was insufficient funding to cover administration and transport costs. The provision of transport, either for clients to come to clinic based services or for staff to undertake home visits, is a fundamental factor in the success or otherwise of the NDDB program. A considerable number of services highlighted program funding as an issue in relation to the provision of adequate transport to be able to undertake their core business.

A number of services indicated their overall level of funding was insufficient for them to make significant impact in their communities. They felt that with only one or two staff members and the
difficulties in recruitment and retention their programs were not achieving enough in relation to the needs of their clients. For other services the level of funding has meant they are only able to focus on one aspect of child and maternal health, for example those not providing any antenatal or postnatal care.

**Staffing**

The most challenging issue for services is the recruitment and retention of qualified staff. One of the most valuable aspects of the NDMBS program is providing organisations with the capacity to employ staff with skills and expertise in child and maternal health. Yet many services have faced significant challenges in being able to recruit to the available positions. In other services there has been significant staff turnover that results in lack of continuity of care for clients. Shortages of child and maternal health nurses and midwives are having a considerable effect on the Program as a whole. Organisations are competing for a limited pool of appropriately qualified staff both with other NDMB services and with other child and maternal health services. Staff recruitment and retention issues are often amplified in rural and remote areas.

Several services raised concerns about the lack of suitably qualified Aboriginal and Torres Strait Islander staff. While some services have been able to recruit AHWs and other Aboriginal and Torres Strait Islander staff, for many this remains a challenge. Several services indicated that they would like to employ local staff but are unable to find people with the appropriate level of skill and experience. Working with women and families who are socially disadvantaged and face considerable and often complex health issues can be challenging and some services reported that this contributes to staff turnover and their difficulties in recruitment and retention.

Comments from the survey and site visits suggest that at least some of the burden of unmet demand is due to staffing issues. Many services have unfilled positions and this places increased burden on the staff that are in place. Some services that have indicated they are unable to meet demand also report staff shortages.

**Transport**

Transport was cited in the survey as the second most common barrier to service delivery. The issue of transport is not unique to the NDMBS program. Public transport services are often infrequent or non-existent to where services are located. Many clients do not have access to private transport and are often caring for more than one child, exacerbating the difficulty of travelling to receive care. Transport problems are reflected in the high rate of home visiting being conducted under the Program.

Even where services may offer transport for clients to bring them into the service, transporting women with babies who often also have other young children is difficult and time consuming due to the need for appropriate child restraints.

**Hospital Birthing Services**

While a majority of services indicated that they have either a formal or informal agreement with their local hospital, several services raised access to and relationships with hospitals as a barrier. In some cases New Directions services report hostility from hospital staff towards them and their
clients. A number of services raised the issue of lack of cultural awareness and safety in the hospital environment. For many women these environments are intimidating and uninviting which contributes to poor attendance for appointments and check-ups. It should be noted that by way of contrast many other services have developed strong partnerships with their local hospitals and have achieved improvements in the provision of culturally appropriate care through this collaboration.

**Complex Needs**

One of the consistent issues from site visits was the challenges faced by services in dealing with the complex needs of their client group. As described above, services are often faced with providing services to women and their families who face multiple difficulties, both in terms of the health and more general social wellbeing. In these situations, NDMB staff need skills and expertise to be able to assess broader health needs than those associated with pregnancy and child health and to be able to refer appropriately to additional services. In many areas, however, culturally appropriate support services are limited and NDMB staff find themselves needing to provide hands-on assistance with issues such as housing, financial management and dealing with government agencies such as Centrelink.

The impact of health education and promotional activities tends to be limited where clients have such complex needs.

**Access to Other Services**

Some NDMB services face considerable difficulties in accessing allied health and other support services. In some areas, particularly in more remote locations, these services are either, non-existent, infrequent or difficult to access due to over demand.

**4.8 CONCLUSION**

It is beyond the scope of this Project to evaluate the success or otherwise of either individual services or the Program as a whole. Rather, it provides a snapshot of the NDMBS program as it was being implemented in 2012.

The analysis demonstrates that the flexibility in the Program has allowed for a wide variety of service models to be funded, reflecting the different needs and environments of local communities and existing service systems. NDMB services are often working with clients who have complex health and social needs, and flexibility is an important factor to be able to meet these needs and to engage women and their families in ongoing care.

A range of activities are being undertaken that focus on health behaviour. Much of this education takes place as part of antenatal and postnatal consultations, using this setting as an opportunity to provide information targeted at the needs of individual clients. Some services also provide various group activities, including antenatal groups and playgroups, depending on numbers and availability of facilities and transport.

The extent and accuracy of data collection varies across organisations, depending on IT and workforce capacity as well as the type of services provided. A number of data items that could contribute to measuring performance against the requirements of the NPA IECD are currently
collected by most services; however, the accuracy of this data is uncertain. Reporting requirements for the Program need to balance national requirements with the needs and priorities of local services. Prescriptive reporting requirements may result in services being driven by these requirements rather than by the needs of the client population.

Key relationships for New Directions services are with local hospitals and other health and community support services. Where strong relationships exist, clients have access through NDMBS to a wide range of support and additional services. All services report formal and/or informal partnerships with other organisations in their local areas.

Several features have been identified that support the implementation of NDMBS programs in local communities, in addition to the flexibility highlighted above. The capacity to provide home visiting is a crucial factor for many services in engaging and maintaining service delivery to clients. Access to GPs and other health and community support services assists in dealing with the complex needs of the client group. The employment of appropriately skilled and qualified staff underpins the delivery of all services.

New Directions services face a number of challenges and barriers. A critical issue for most services are the difficulties associated with recruiting and retaining appropriate staff. Workforce shortages are acute in some areas which severely limit the capacity of services. Transport is another key issue that restricts access to services for many clients. This is not unique to NDMBS programs but is a challenge faced by organisations across a range of health services. Many of the clients of New Directions services have complex health and social needs. Many face additional risks in pregnancy, and services need to have the capacity to provide a wide range of support to women and their families beyond the standard clinical care and health promotion activities.

While no comparative data is available, the survey data suggests that the Program has resulted in an increase of appropriately qualified and experienced staff and that more antenatal, postnatal and child health services are being provided than prior to the commencement of NDMBS program.
## 5 APPENDICES

### 5.1 COMMUNICATION STRATEGY

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Who</th>
<th>Sent to</th>
<th>Project Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Notification of Project</td>
<td>Send a letter informing services of the Project and introducing the Consulting team. Notify State/Territory Offices of services receiving site visit.</td>
<td>DoHA</td>
<td>All services STOs</td>
</tr>
<tr>
<td>2. Background Briefing</td>
<td>Prepare and send a briefing document outlining • aims • methodology • role/expectations of services • contact details</td>
<td>KBC</td>
<td>All services</td>
</tr>
<tr>
<td>3. Survey</td>
<td>Contact all services once survey is developed to explain how to access and complete the survey and to request copies of resources</td>
<td>KBC</td>
<td>All services</td>
</tr>
<tr>
<td>4. In-depth Interviews</td>
<td>Contact services to brief them about the process for in-depth interviews and requesting contact details for appropriate participants</td>
<td>KBC</td>
<td>Services selected for site visits</td>
</tr>
</tbody>
</table>

Services will be provided with contact details for the Consultants and invited to contact us with any questions or concerns.
5.2 INFORMATION LETTER

Thursday, 26th July 2012

Dear xxx

RE: DESCRIPTIVE ANALYSIS OF NEW DIRECTIONS MOTHERS AND BABIES SERVICES PROGRAM

The New Directions Mothers and Babies Services Program is a commitment of $90.3 million over five years (2007-08 to 2011-12) by the Australian Government to increase access to, and use of, maternal and child health services by Indigenous families. The initiative forms a part of the Indigenous Early Childhood Development National Partnership.

The Australian Government Department of Health and Ageing has contracted Kristine Battye Consulting Pty Ltd (KBC) to undertake a descriptive analysis of the New Directions Mothers and Babies Services Program. The purpose of this project is to describe the type and scope of services delivered under New Directions funding. The descriptive analysis will be carried out via a survey and site visits:

1. A survey will be distributed to all services funded under the New Directions initiative. The survey will seek to gather information about the type and extent of services being provided under the New Directions Program.

2. KBC will be undertaking a number of site visits to gather qualitative information about the service model, data collection, partnerships and linkages, and barriers and enablers to the implementation and delivery of the New Directions Mothers and Babies Services Program.

As you may be aware, your service has been selected to take part in a site visit for this project.

Site visits will involve a member of the KBC team visiting each service to meet with the Program Manager and relevant staff, including staff directly involved in the delivery of service. We anticipate that the visit will take approximately half to a full day, depending on the scope of the service.

As you will have previously been informed by the Department of Health and Ageing, this Project is not an evaluation of the success or otherwise of the services, but may inform the evaluation and future planning of the National Partnership Agreement for Indigenous Early Childhood Development currently being undertaken by Urbis.
The consultant who will be visiting your service is **. To facilitate the visit could you please provide us with the contact details of the staff in your organisation who will be participating in the site visit (email: monika.rickli@kbconsult.com.au or phone: 02 6361 4000). ** will then contact the relevant staff to organise a suitable date and time for meeting.

In the meantime, if you have any questions or concerns, please contact Dr Cath Sefton on **

Yours sincerely,

Kristine Battye

Director
5.3 SURVEY INFORMATION LETTER

12 November 2012

DESCRIPTIVE ANALYSIS OF NEW DIRECTIONS MOTHERS AND BABIES SERVICES PROGRAM

The New Directions Mothers and Babies Services Program is a commitment of $90.3 million over five years (2007-08 to 2011-12) by the Australian Government to increase access to, and use of, maternal and child health services by Indigenous families. The initiative forms a part of the Indigenous Early Childhood Development National Partnership.

The Australian Government Department of Health and Ageing has contracted Kristine Battye Consulting Pty Ltd (KBC) to undertake a descriptive analysis of the New Directions Mothers and Babies Services Program. The purpose of this project is to describe the type and scope of services delivered under New Directions funding as a whole and contribute to Program development. This Project is not an evaluation of the success or otherwise of the services.

The descriptive analysis will be carried out via a survey and site visits:

3. A survey will be distributed to all services funded under the New Directions initiative. The survey will seek to gather information about the type and extent of services being provided under the New Directions Program.

4. KBC will be undertaking a number of site visits to gather qualitative information about the service model, data collection, partnerships and linkages, and barriers and enablers to the implementation and delivery of the New Directions Mothers and Babies Services Program.

SURVEY

The Department of Health and Ageing and KBC is seeking your participation in the survey. The survey seeks to understand:

- Background information about your service
- The New Directions service delivery model
- Data collection
- Demand and capacity
- Partnerships and integration
- Management and resources.
All responses will be de-identified and held in confidence by Kristine Battye Consulting. The analysis will be undertaken by Kristine Battye Consulting and responses will be reported on an aggregated basis. All raw data from the survey will be provided to the Department of Health and Ageing at the end of the project.

The survey takes approximately 20 minutes to complete and your participation is greatly appreciated.

Please follow the link to start the survey: Survey link

Please note that Survey Monkey does not enable you to save your response and return to complete it at another time.

Also, the survey requests data on the following items, that you may need to access prior to commencing the survey:

- The number of New Directions clients from July 2011 to June 2012
- The average number of births of Aboriginal children per year.

If you have any questions or concerns, please contact Dr Catherine Sefton on ** or csefton@kbconsult.com.au

We would appreciate it if you could please complete the survey by Friday 30th November 2012.

Thank you for your time and effort

Yours sincerely,

(signed Dr Kristine Battye)

Kristine Battye
Director
### 5.4 COMPLETED SITE VISITS

Table 20: Completed site visits with funded organisations

<table>
<thead>
<tr>
<th>Organisation Name</th>
<th>Org Type</th>
<th>State or Territory</th>
<th>Project Locality or Region</th>
<th>Urban Regional, Remote</th>
<th>Letter re site visit</th>
<th>letter emailed to Chief Executive Officers (CEOs)</th>
<th>Consult ant</th>
<th>Date of site visit (2012)</th>
<th>Key stakeholders consulted with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illawarra Shoalhaven Local Health District - South Hospitals Network</td>
<td>S/T GOV³</td>
<td>NSW</td>
<td>Illawarra Shoalhaven</td>
<td>REG</td>
<td>9.08.12</td>
<td>Ms Sue Browbank</td>
<td>TE</td>
<td>11th Sept</td>
<td>Management, New Directions staff, other maternal and child health staff</td>
</tr>
<tr>
<td>Orange Aboriginal Health Service</td>
<td>ACCHO</td>
<td>NSW</td>
<td>Western NSW, Orange</td>
<td>REG</td>
<td>9.08.12</td>
<td>Mr Jamie Newman</td>
<td>CS/TE</td>
<td>19th Jul &amp; 13th Dec</td>
<td>Management</td>
</tr>
<tr>
<td>Northern Rivers General Practice Network (NSW) Limited</td>
<td>Div GP¹⁰</td>
<td>NSW</td>
<td>Northern NSW, Lismore</td>
<td>REG</td>
<td>9.08.12</td>
<td>Mr Chris Clark</td>
<td>CS</td>
<td>25th Oct</td>
<td>Management</td>
</tr>
<tr>
<td>Werin Medical Clinic</td>
<td>ACCHO</td>
<td>NSW</td>
<td>Port Macquarie, Forster &amp; Taree</td>
<td>REG</td>
<td>9.08.12</td>
<td>Ms Fay Adamson</td>
<td>CS</td>
<td>7th Sept</td>
<td>Management &amp; ND staff</td>
</tr>
<tr>
<td>Katherine West Health Board Aboriginal Corporation</td>
<td>ACCHO</td>
<td>NT</td>
<td>Katherine West</td>
<td>REM</td>
<td>16.08.12</td>
<td>Mr Sean Heffernan, CEO</td>
<td>CS</td>
<td>8th Oct</td>
<td>Management</td>
</tr>
<tr>
<td>Sunrise Health Service Aboriginal Corporation</td>
<td>ACCHO</td>
<td>NT</td>
<td>Katherine East</td>
<td>REM</td>
<td>16.08.12</td>
<td>Mr Graham Castine, CEO</td>
<td>CS</td>
<td>9th Oct</td>
<td>Management</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander Community Health Service Brisbane Ltd</td>
<td>ACCHO</td>
<td>Qld</td>
<td>South East Brisbane, Woolloongabba</td>
<td>URB</td>
<td>9.08.12</td>
<td>Mr Wayne Ah Boo</td>
<td>CS</td>
<td>11th Sept</td>
<td>Management</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd</td>
<td>ACCHO</td>
<td>Qld</td>
<td>Central Qld, Mackay</td>
<td>REG</td>
<td>9.08.12</td>
<td>Ms Valerie Pilcher</td>
<td>CS</td>
<td>19th Sept</td>
<td>Management</td>
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</tbody>
</table>

³ State/Territory Government  
¹⁰ Division of General Practice
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<thead>
<tr>
<th>Organisation Name</th>
<th>Org Type</th>
<th>State or Territory</th>
<th>Project Locality or Region</th>
<th>Urban Regional, Remote</th>
<th>Letter re site visit</th>
<th>letter emailed to Chief Executive Officers (CEOs)</th>
<th>Consult ant</th>
<th>Date of site visit (2012)</th>
<th>Key stakeholders consulted with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country Health SA Local Health Network (Port Augusta)</td>
<td>S/T GOV</td>
<td>SA</td>
<td>Port Augusta</td>
<td>REM</td>
<td>16.08.12</td>
<td>Ms Belinda Moyes, CEO</td>
<td>JR</td>
<td>18th Sept</td>
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<tr>
<td>Port Lincoln Aboriginal Health Service</td>
<td>ACCHO</td>
<td>SA</td>
<td>Port Lincoln</td>
<td>REG</td>
<td>16.08.12</td>
<td>Mr Harry Miller, CEO</td>
<td>JR</td>
<td>27th Sept</td>
<td>Management, New Directions staff, other maternal and child health staff</td>
</tr>
<tr>
<td>Tasmania Medicare Local North West</td>
<td>Div GP/AMS</td>
<td>TAS</td>
<td>North West TAS, Ulverstone</td>
<td>REG</td>
<td>9.08.12</td>
<td>Ms Elvie Hales</td>
<td>TE</td>
<td>20th Nov</td>
<td>Management and support staff</td>
</tr>
<tr>
<td>Tasmania Aboriginal Centre (North West Region)</td>
<td>ACCHO</td>
<td>TAS</td>
<td>North West TAS, Burnie</td>
<td>REG</td>
<td>9.08.12</td>
<td>Ms Heather Sculthorpe</td>
<td>TE</td>
<td>21st Nov</td>
<td>Management and New Directions staff</td>
</tr>
<tr>
<td>Ballarat and District Aboriginal Co-op</td>
<td>ACCHO</td>
<td>VIC</td>
<td>Ballarat</td>
<td>REG</td>
<td>9.08.12</td>
<td>Ms Karen Heap</td>
<td>TE</td>
<td>19th Nov</td>
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<tr>
<td>Bega Garnbirringu Health Service</td>
<td>ACCHO</td>
<td>WA</td>
<td>Goldfields-Kalgoorlie/Boulder</td>
<td>REM</td>
<td>9.08.12</td>
<td>Mr Wayne Johnson</td>
<td>TE</td>
<td>25th Oct</td>
<td>Management, New Directions staff, other maternal and child health staff</td>
</tr>
<tr>
<td>Ngunytiju Tji Pirni Aboriginal Corporation</td>
<td>ACCHO</td>
<td>WA</td>
<td>Goldfields-Kalgoorlie/Boulder</td>
<td>REM</td>
<td>9.08.12</td>
<td>Ms Leslie-Ann Conway</td>
<td>TE</td>
<td>26th Oct</td>
<td>Management and New Directions staff</td>
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</table>
### 5.5 CATALOGUE OF RESOURCES COLLECTED

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<thead>
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<th>Organisation</th>
<th>Location</th>
<th>State</th>
<th>Title of Resource</th>
<th>Format of Resource</th>
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<tbody>
<tr>
<td>NSW Government, Illawarra Shoalhaven Local Health District</td>
<td>Shoalhaven</td>
<td>NSW</td>
<td>New Directions. Aboriginal Maternal and Infant Health Service 2012 Diary</td>
<td>Booklet A6</td>
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<td>NSW Government, Illawarra Shoalhaven Local Health District</td>
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<td>NSW</td>
<td>New Directions. Aboriginal Maternal and Infant Health Service Calendar 2012</td>
<td>Calendar A4</td>
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<tr>
<td>Wurli-Wurlinjang Health Service</td>
<td>Katherine</td>
<td>NT</td>
<td>Wurliwurlinjang Child Health Program Manual, updated August 2012</td>
<td>40 pages, A4</td>
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<tr>
<td>Wurli-Wurlinjang Health Service</td>
<td>Katherine</td>
<td>NT</td>
<td>Wurli Anaemia Video</td>
<td>Video</td>
</tr>
<tr>
<td>Tasmania Medicare Local, No. 34 Aboriginal Health Service</td>
<td>Ulverstone</td>
<td>TAS</td>
<td>Mum’s and Bub’s Program (0-8) 10th December 2012: Financial Counselling</td>
<td>Pamphlet (A4)</td>
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<tr>
<td>Tasmania Medicare Local, No. 34 Aboriginal Health Service</td>
<td>Ulverstone</td>
<td>TAS</td>
<td>Mum’s and Bub’s Program (0-8) 22nd November 2012: Tasmanian Dreaming Stories</td>
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<td>TAS</td>
<td>Mum’s and Bub’s Program, Thursday 25th October 2012: Everybody loves... Babies DVD</td>
<td>Pamphlet (A4)</td>
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<td>TAS</td>
<td>Thursday, 20th September 2012: Aunty Jera’s Women’s Wellbeing Group at 26 Gilbert Street Latrobe for an Art Therapy and information session</td>
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<td>Format of Resource</td>
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<td>Tasmania Medicare Local, No. 34 Aboriginal Health Service</td>
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<td>TAS</td>
<td>Newsletter Issue No. 123, November 2012</td>
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<td>TAS</td>
<td>Medicare Local Tasmania, No. 34 Aboriginal Health Service: New Directions Mothers and Babies Services Program</td>
<td>Pamphlet (DL size)</td>
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<tr>
<td>Tasmanian Aboriginal Centre Inc, North West</td>
<td>Burnie</td>
<td>TAS</td>
<td>Breastfeeding poster: A Guide to Good Attachment</td>
<td>Poster (A2)</td>
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<td>Tasmanian Aboriginal Centre Inc, North West</td>
<td>Burnie</td>
<td>TAS</td>
<td>Breastfeeding poster: Mother's milk: helping me grow strong</td>
<td>Poster (A2)</td>
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<tr>
<td>Tasmanian Aboriginal Centre Inc, North West</td>
<td>Burnie</td>
<td>TAS</td>
<td>Breastfeeding poster: Family &amp; Community No. 1 Supporters of breastfeeding</td>
<td>Poster (A2)</td>
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<tr>
<td>Tasmanian Aboriginal Centre Inc, North West</td>
<td>Burnie</td>
<td>TAS</td>
<td>Breastfeeding poster: Breastfeeding Happening since time began</td>
<td>Poster (A2)</td>
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<tr>
<td>Tasmanian Aboriginal Centre Inc, North West</td>
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<td>TAS</td>
<td>Breastfeeding poster: No Fuss, No Mess. Straight from the breast to me</td>
<td>Poster (A2)</td>
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<tr>
<td>Tasmanian Aboriginal Centre Inc, North West</td>
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<td>TAS</td>
<td>Breastfeeding poster: Breastfeeding - Our past, our present, our future</td>
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<td>Tasmanian Aboriginal Centre Inc, North West</td>
<td>Burnie</td>
<td>TAS</td>
<td>pulingina pakata Welcome Baby booklet</td>
<td>Booklet (A5)</td>
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<td>Ballarat and District Aboriginal Co-operative Ltd</td>
<td>Ballarat</td>
<td>VIC</td>
<td>Baarlinjan Medical Clinic</td>
<td>A4 Pamphlet folded to DL size</td>
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<td>Ballarat and District Aboriginal Co-operative Ltd</td>
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<td>VIC</td>
<td>Koori Family Services</td>
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<td>State</td>
<td>Title of Resource</td>
<td>Format of Resource</td>
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<tr>
<td>Ballarat and District Aboriginal Co-operative Ltd</td>
<td>Ballarat</td>
<td>VIC</td>
<td>Antenatal Midwife &amp; Maternal Child Health Nurse; Baarlinjan Medical Clinic</td>
<td>A4 Pamphlet folded to DL size</td>
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<tr>
<td>Ballarat and District Aboriginal Co-operative Ltd</td>
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<td>VIC</td>
<td>Baarlinjan Medical Clinic: Aboriginal and Torres Strait Islander Health Check for Children 8 Weeks of Age, Medicare Item Number 715</td>
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<td>VIC</td>
<td>Immunisation Journey</td>
<td>A3 Poster</td>
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<tr>
<td>Medicare Local Grampians + Ballarat and District Aboriginal Co-operative Ltd</td>
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<td>VIC</td>
<td>Immunisation Journey</td>
<td>A3 Poster</td>
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<td>Kalgoorlie</td>
<td>WA</td>
<td>New Directions coloured pamphlet and booklet currently being developed</td>
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<td>Kalgoorlie</td>
<td>WA</td>
<td>New Directions pamphlet (black and white)</td>
<td>A4 Pamphlet folded to DL size</td>
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<tr>
<td>Bega Garnbirringu Health Service</td>
<td>Kalgoorlie</td>
<td>WA</td>
<td>New Directions t-shirts for staff</td>
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<td>Bega Garnbirringu Health Service</td>
<td>Kalgoorlie</td>
<td>WA</td>
<td>Antenatal Record</td>
<td>A3 paper folded to A4 (total 4 pages)</td>
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<td>WA</td>
<td>Vitamin for Mums</td>
<td>Pamphlet DL size</td>
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<td>WA</td>
<td>EDS Marking Guide</td>
<td>A4 (1 page)</td>
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<td>Bega Garnbirringu Health Service</td>
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<td>WA</td>
<td>Think about the past 7 days, not just how you feel today.</td>
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<td>Incentives for Child Health Check (4 year old check)</td>
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<td>Bega Garnbirringu Health Service</td>
<td>Kalgoorlie</td>
<td>WA</td>
<td>Invasive Pneumococcal Disease (Pneumonia and Meningitis) Meningococcal C</td>
<td>Poster (A2)</td>
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<td>Government of WA Drug and Alcohol Office; Quitline Aboriginal Liaison Team</td>
<td>WA</td>
<td></td>
<td>Strong Spirit Strong Mind; Aboriginal Ways of Reducing Harm From Alcohol and Other Drugs; What our people need to know about smoking tobacco</td>
<td>Pamphlet (DL size)</td>
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<td>Government of WA Drug and Alcohol Office; Quitline Aboriginal Liaison Team</td>
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<td></td>
<td>Information you should know about the No Smoking Policy</td>
<td>Pamphlet (DL size)</td>
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<td>Government of WA Drug and Alcohol Office; Quitline Aboriginal Liaison Team</td>
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### 5.6 ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

**Context**

**Birthing:**
- Birthing in the Wollongong/Shellharbour region mostly takes place at the Wollongong Hospital.

Maternal and child health services in Shellharbour and Illawarra include:
- Wollongong Hospital Maternity Ward
- Illawarra Aboriginal Medical Service, based in Wollongong and Dapto
- Illawarra Shoalhaven Local Health District (ISLHD)
- Private providers.

**ISLHD Aboriginal Maternal Infant Child Health (AMICH) service:** The AMICH service is based in the old maternity ward in the Shellharbour hospital and delivers services across the Shellharbour and Wollongong Local Government Areas (LGAs). The AMICH team is made up of three programs:
- NSW Health funded Child & Family Nurse position (approx. 15 years) 1 FTE
- Aboriginal Maternal Infant Health Strategy (AMIHS) (NSW Health program)
- New Directions: Mothers and Babies Services (Commonwealth program).11

Also forming a part of the AMICH service is the recently implemented NSW Health Mental Health Drug and Alcohol Service (MHDAS) which aims to improve access to early intervention mental health and drug and alcohol services for Aboriginal pregnant women and their families, across the entire ISLHD.

**Maternal and child health services prior to New Directions:** Prior to New Directions funding, the AMICH service was made up of 1.4 FTE Midwife, 1 FTE CFHN and 1 FTE AHEO, funded under Families NSW and AMIHS (NSW Health programs). The service provided antenatal care and limited postnatal care.

**New Directions Service Delivery Model**

**Target population and clients:** The target population is Aboriginal women in the Illawarra and Shellharbour region. Over 2011/2012, there were 202 births of Aboriginal children at the Wollongong Hospital, and ISLHD AMICH service saw 123 clients (61%).

**Service model:** In 2009, the AMICH service received New Directions funding ($450,000 recurrent) to support its existing maternal and child health services. New Directions has been embedded into the existing maternal and child health services and forms a part of an integrated service delivery model.

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11 The ISLHD is made up of three LGAs: Wollongong, Shellharbour and Shoalhaven. The Wollongong/Shellharbour AMICH service has been supported by New Directions funding while the Shoalhaven service has been supported by funding from the NSW Health Building Stronger Foundations program.
The New Directions staff complements the previous services by providing additional support to deliver postnatal care and social work support for pregnant women, mothers and babies.

The New Directions team consists of:
- 1 FTE Social Worker (shared position). This is a flexible role, providing antenatal and postnatal therapeutic and/or intervention services
- 1 FTE Aboriginal Health Education Officer (AHEO). This position was vacant for some time, however was recruited to in mid September 2012
- 1 FTE Child and Family Health Nurse (CFHN) (shared position). The CFHN is predominantly involved in postnatal care, undertaking a home visit within the first 2 weeks of birth and follow up care as necessary, as well as child health checks
- 0.8 FTE Administration. This position undertakes general administration duties, including client registration and managing client “walk-ins”.

The New Directions staff members are supported by:
- 1.4 FTE Midwife (AMIHS and NSW Health 0.4 FTE funding - out of Wollongong Hospital maternity staff establishment)
- 1 FTE AHEO (AMIHS funding)
- 1 FTE CFHN (NSW Health funding)
- ISLHD Directors, Managers and Nurse Unit Managers (NUMs)

AMICH is a Primary Health Care Service, delivering services under the Families NSW Model of Care. All AMICH services can be delivered in a clinic setting across the Wollongong/Shellharbour region (there are several Child and Family Health clinics located across the ISLHD) or in the client’s home (according to ISLHD policy, home visits can be undertaken by one staff member).

**Antenatal care:** Antenatal care is predominantly provided by the AMIHS Midwife and AMIHS AHEO. AMIHS staff makes referrals to the New Directions Social Worker as required. The Social Worker also attends the monthly Wollongong Hospital Intake meetings with the AMIHS Midwife.

Education on smoking is integrated into antenatal consultations. The Midwives and AHEOs have completed smoking cessation courses.

**Birthing:** Birthing takes place at the Wollongong Hospital.

**Postnatal care:** Postnatal care is predominantly provided by the New Directions team. The New Directions CFHN and the Families NSW CFHN receive the obstetrics discharge summary and seek to undertake home visits within two weeks of the birth. If necessary, the AMIHS staff can attend these home visits to support client referrals. The CFHNS make referrals and provide follow up appointments in the home or at the clinic as required.

The CFHNs also complete child health checks/screenings for children aged 0 to 5 years.

Hearing screening is undertaken in preschools by the New Directions AHEO and CFHN.

**Support and “wrap around” services:** The New Directions Social Worker works with both antenatal and postnatal clients, providing therapeutic and/or intervention services as required. The Social Worker takes on a case management/coordination role, working frequently with the Department of Housing and the Department of Family and Community Services (FACS). Recruitment of a Social
Work position to the AMICH team was reported to be very effective, providing a “soft entry point” to engage with families.

At the time of the site visit/consultation, the New Directions AHEO position had been vacant for some time, thus it is difficult to determine what their role would be in the AMICH team. The position may have the capacity to support the CFHN and Social Worker with clinical services as well as wrap around services, such as community engagement, organising activities and providing transport.

**Breastfeeding group:** This initiative commenced in 2010/11. Four breastfeeding group programs are delivered each year in conjunction with school terms. The program runs for six to seven weeks and provide education and support for breastfeeding, combined with a craft session (for example, some pregnant women have made belly castings). The program attracts 6-10 mothers each term.

At the conclusion of each term a graduation for the mothers is held and Elders are invited from the local community, with an average six to nine Elders attending each graduation.

The group session is delivered by the New Directions CFHN, AMIHS Midwife, and AHW from Barnardos, and an Elder from the community who runs the craft sessions.

**Walk and yarn group:** The walk and yarn group program for pregnant women and mothers and children was previously run by the New Directions AHEO in collaboration with Barnardos. However, as the AHEO position has been vacant for some time, Barnardos is currently running this group until New Directions has the capacity to support it.

**Transport:** Under New Directions funding, an eight seat van with child restraints has been purchased to transport clients to and from services and appointments and undertake home visits. It was reported that the van is used frequently, especially on group days.

**Identified health issues:**
- Child protection issues
- Mild to moderate mental health issues
- Smoking during pregnancy.

**New Directions Data Collection**

**Currently collected data items:** The New Directions team currently collects data on a range of items, such as:
- Psycho-social assessments
- Breastfeeding
- Smoking during pregnancy
- Sudden Infant Death Syndrome (SIDS)
- Parents evaluation of developmental status (PEDS)
- Developmental checks
- BMI.

**Data collection barriers:**
- There is currently no standard data collection in NSW Ministry of Health. The AMICH service and New Directions use CHIME. However, the Midwife uses Obstetrics, Electronic Medical Record (EMR) and CHIME, and the new MHDAS Team will use SCHITMOAT
Data is often not accurate, with errors occurring at the data entry stage, and the AMICH team does not have the capacity to clean the data

- Staff are not always aware of the type of data they can record
- CHIME is limited for Social Workers. For example, there are no options for drug and alcohol and sexual assault issues
- It takes time to incorporate new data items into CHIME
- Some clinical notes are manual and others are electronic
- ISLHD AMICH requires training support to learn how to use CHIME effectively and efficiently. This support is provided by the ISLHD Child & Family Information Officer (CFIO).
- The CFIO audits the data items in CHIME and identifies when errors have occurred. This has increased the data quality and reliability.

Data collection opportunities:
- Measure the number of women who re-engage with the service
- Measure health promotion activities
- Measure Elders’ participation
- ISLHD has employed a Data Manager to hopefully help with data extraction and data integrity.

Integration, Partnerships and Linkages

Partnerships: The AMICH team have developed partnerships with the following:

- Wollongong Hospital. Some of the AMICH staff had previously worked at the Hospital, increasing the relationship and trust between the two services. The AMICH Midwife and Social Worker attend weekly Intake Meetings at the Hospital
- Illawarra AMS. AMICH runs an antenatal clinic at the Dapto AMS when clients identify that they would prefer to attend the antenatal clinic at Dapto AMS rather than receive a home visit. The AMS and AMICH make various referrals to one another
- Noogaleek pre-school and Cooinda playgroup (2 Aboriginal pre-schools). The New Directions team works into the pre-schools to screen children for hearing
- Barnardos. AMICH works with Barnardos on a regular basis, running the WIDA breastfeeding group and walk and yarn group. Barnardos often assist AMICH with transport support when required, and Barnardos and New Directions make referrals to one another.

AMICH also has a relationship with:

- Shellharbour Hospital
- Child and Family Community speech pathologist (SP), Audiologist, occupational therapy (OT) and Physiotherapist
- Brighter Futures (care south)
- FACS
- Waminda New Directions, promoting each other’s service and making referrals where necessary.

Referrals come from:

- Self-referrals/word of mouth
- Illawarra AMS, from the GPs and CFHN
• Wollongong Hospital antenatal clinic
• Wollongong Hospital obstetrics database
• Barnardos
• Brighter Futures (Care South)
• Pre-schools.

Achievements, Barriers and Future Plans

Key achievements or outputs:
• Multidisciplinary nature of services provided to the families, i.e. Social Worker, AHEO and CFHN
• Increased capacity and clinical support and the capacity to follow up with clients
• Development of partnerships with other services, particularly by the Social Worker
• Relationships with other agencies (formal and informal)
• Link between the Midwife and CFHN
• Clients can readily access staff via mobile text messages
• The Social Worker can be easily introduced to clients by the Midwife and CFHN.

Barriers to service delivery:
• The roles, responsibilities and capabilities of an AHEO need to be understood by all staff, however in some cases this has been difficult
• Access to external clinical supervision by a Senior AHW for the AHEO is difficult to locate
• Staff recruitment and retention has been difficult with high staff turnover
• A Hospital setting for the AMICH service is not ideal. The service would rather be based in the community
• Multiple funding sources make it difficult to integrate service delivery
• Multiple funding sources make reporting difficult.

Future plans for the service:
• One of the CFHN is accredited with audiometry training. New Directions will seek to undertake ear health checks for their clients
• AMICH would like additional funding to run community development programs, therapeutic groups, play time, and brokerage for childcare.

Resources

ISLHD New Directions has developed the following resources:
• New Directions Calendar and Diary
• A New Directions poster, developed in partnership with Waminda New Directions

New Directions has also funded hearing equipment, including tympanometer, otoscope, 2x audiometers (1 paediatric audiometer).
5.7 NORTHERN RIVERS GENERAL PRACTICE NETWORK

North Coast Medicare Local

Context

The North Coast Medicare Local (NCML) uses its NDMB funding across two services. Half the funding is sub contracted to Casino Aboriginal Medical Service and the other half is managed directly by NRML. Unfortunately at the time of the site visit the staff from the Casino AMS were not available and thus we have limited information about that part of the service delivery model.

NCML runs from Port Macquarie in the south to the Queensland border in the north and extends west to the Great Dividing Range. The NDMB project is focussed on the Lismore and Casino areas.

NCML currently auspices Gurgun in Lismore. This service will be handed over to community control at some stage in the future. It also runs the Northern Rivers Family Care Centre which provides similar services to Tresilian.

Birthing services are available at Casino and Lismore Base hospitals. According to the 2011 Census\(^\text{12}\) there were 96 Indigenous children aged 0 in the region.

New Directions Service Delivery Model

To date the NCML has had considerable difficulty in establishing the service. The organisation is relatively new, having amalgamated several divisions of General Practice and staff have been occupied with the considerable disruption and adjustment to new roles that these changes have required.

The focus of the Lismore service is to establish a partnership arrangement with local Aboriginal-identified health services. The Program will family health nurses to provide support for Aboriginal families accessing Gurgun and the Family Care Centre.

New Directions Data Collection

Currently Collected Data Items and Their Use

The service is not currently collecting data as it is not operational.

Data collection barriers:

- Data systems do not match up

Integration, Partnerships and Linkages

Partnerships

NCML has strong partnerships across the sector. Key partnerships are in place with the Northern NSW Health District, Casino AMS, the Family Care Centre, Southern Cross University and the University Centre for Rural Health.

There are good Aboriginal specific services available in Lismore and the NCML will have the opportunity to work with and refer to these services including justice, housing and legal aid services.

The NCML is well placed to establish a service with strong links across the community.

### Achievements, Barriers and Future Plans

#### Key Achievements or Outputs

- Through Gurgan there has been an increase in the number of health assessments
- There has been an increase in services for families accessing the Family Care Centre
- Outreach services through Casino AMS have increased

#### Barriers to Service Delivery

- Difficulties in recruiting and retaining staff
- Infrastructure – lack of available space and facilities has delayed the commencement of the program in Lismore

#### Future Plans for the Service

- Continue to establish the service and strengthen partnerships with service providers in the region
5.8 ORANGE ABORIGINAL MEDICAL SERVICE

Orange Aboriginal Medical Service (OAMS): The Orange Aboriginal Medical Service delivers primary health care and some specialist services to the Orange and surrounding Aboriginal community. Key services delivered at OAMS include:

- Primary Health Care, including Adult and Child Health Checks
- Dental
- Drug, alcohol and mental health
- Chronic care
- Antenatal and postnatal care
- Child and Family Health
- Visiting psychology and psychiatry
- Colposcopy
- Hearing clinics

The OAMS moved into a new building in February 2011, and subsequently received funding close to $4 million for infrastructure to expand its services.13

Historical Context

Birthing

- Orange Base Hospital

The Murundhu Dharraa Birthing Centre at the Orange AMS was funded under New Directions; however, the Birthing component of the Centre recently ceased due to limited staffing capacity.

Maternal and child health services prior to New Directions: Prior to New Directions, women accessed “informal” antenatal care at OAMS as part of primary health care. There was not a specific maternal and child health program/service.

Women could only access the antenatal program at the Orange Base Hospital after 20 weeks and received minimal postnatal care.

New Directions Service Delivery Model

Target population and clients: The target population is Aboriginal women residing in Orange and surroundings.

Service delivery: The OAMS has altered its New Directions service delivery model as a result of issues with the birthing component of the original service model. Explained below are both the initial and current service delivery models.

Original service delivery model with the birthing component: In 2007, prior to New Directions, there were five unassisted home births in the central west of NSW as the Aboriginal women did not want to access the Hospital. Thus, when New Directions funding became available and the criteria to the application was “innovation”, OAMS proposed and received funding for a program for antenatal,
birthing and post-natal services. The birthing component was separate to the Orange Base Hospital and run by Midwives. The birthing and maternal child health facility, *Murundhu Dharaa*, is currently based at a different site to the main OAMS clinic and has several rooms, including two large birthing suites with water baths.

Within the original birthing model, staff employed under New Directions funding included:
- 2 FTE Midwives
- 1 FTE Aboriginal maternal and infant health worker (AMIHW)
- Part-time GP.

A risk assessment of the birthing centre, completed by NSW Maternal and Infant Health Service, identified that four FTE Midwives were required for the centre to operate. Thus, the additional two Midwife positions were funded by OAMS. Recruitment and retention of the four Midwife positions was difficult, with often only three positions filled.

With three FTE Midwives employed, the birthing facility had the capacity to have approximately 70 births per year. With an additional Midwife and Child and Family Health Nurse there was the potential to increase this to 120 births per year.

Challenges the OAMS came across with the birthing centre included:
- Time and costs for the establishment of the birthing centre:
  - Two risk assessments for the birthing facility were required
  - In 2010/2011, the birthing centre had to meet Private Health Facility Licence requirements
  - The centre had commenced operation with several births taking place, when new legislation came in and OAMS was required to put the birthing services on hold while requirements were met
  - Insurance to cover birthing is approximately $50,000 and accreditation is $20,000
  - OAMS could not obtain any further funding under the New Directions program to support their service. However, at end of 2011/12 financial year the Office for Aboriginal and Torres Strait Islander Health (OATSIH) funded OAMS with an additional $47,000 recurrent.
- Funding for staff. Additional midwife positions were required if birthing centre was to operate, thus funding was sourced from OAMS Medicare revenue ($240,000)
- OAMS experienced difficulty in meeting demand. In some cases, Aboriginal clients that were booked into the *Murundhu Dharaa* birthing clinic were referred to the Orange Base Hospital once they were in labour as the OAMS Midwives had worked overtime, and were not legally allowed to provide care.

Although these challenges did result in the *Murundhu Dharaa* birthing clinic being closed, one of the biggest achievements for the OAMS was the model developed for midwife led birthing has been taken up at other services.

**Current service delivery model:** The current service delivery model is similar to the original but without the birthing component. The New Directions program seeks to provide antenatal and postnatal care, birthing support, and child and women’s health care. Current positions funded under New Directions include:
- Midwife 1 FTE
- Child and Family Health Nurse (CFHN)
- Aboriginal Maternal Infant Health Worker 1 FTE
- Administrative staff 1 FTE
- General Practitioner part-time 2 days per week.

These positions currently work out of the *Murundhu Dharaa* clinic.

The Midwife provides antenatal care and postnatal care and education programs for clients.

The CFHN picks up children in the postnatal period, immunises and performs age appropriate child health checks.

The AMIHW predominantly provides support to clients in the ante or post natal period, can perform basic antenatal assessment, adult and child health checks. They provide support to the Midwife, CFHN and GP facilitating access to the community and follow up on clients.

Services are delivered through women’s and child health clinics and via home visits. Clients are placed on a recall system with care and home visits provided as necessary.

The program operates under the following model:
- All pregnant women are assessed and either referred to the Hospital High Risk Clinic for care or remain with OAMS until 20 weeks
- Well women are referred to the Hospitals Group Practice from 20 weeks.
- All people presenting at the service must have a health check and ante-natal care plans.

The New Directions service is also integrated into OAMS primary health care and other programs, including the dental service and drug, alcohol and mental health service.

**New Directions Data Collection**

**Currently collected data items:**
- Antenatal care plans
- Birth weight
- Child health/development checks
- Date of first visit to the health service when pregnant
- Education/health promotion provided
- Gestation at delivery
- Gestation at first visit
- Immunisations
- Number of antenatal visits
- Number of clients
- Occasions of service
- Post-natal follow up
- Referrals
- Smoking during pregnancy
- Women receiving antenatal care.
Data collection barriers:
- Correct entry of data by staff
- Lack of IT training
- Communicare does not have the capacity to extract data for the number of clients who were pregnant over a 12 month period. The IT system extracts out current clients.

Integration, Partnerships and Linkages

Partnerships: OAMS works closely with the Orange Base Hospital to support Aboriginal clients before, during and after birth.

Community engagement and health promotion: Health promotion is generally provided within consultations both verbally and via written information such as pamphlets.

Achievements, Barriers and Future Plans

Key achievements or outputs:
- The birthing model was a unique service and supported over 200 clients in the Murundhu Dharaa birthing model.

Barriers to service delivery:
- Recruitment and retention of staff
- In the initial stages of the New Directions program, OAMS sought to develop a partnership with AMIHS, to develop a “pool of midwives” and also enable AMIHS to develop a relationship with clients prior to the mother giving birth (i.e. AMIHS target group is 0-8 weeks). However, this partnership was not developed.

Future plans for the service: With OAMS's new funding for infrastructure the New Directions team will be relocated onto the main site into a specific section for expanded services. The Well Women’s Clinic is currently run from Gateway and will be relocated to Murundhu Dharaa, antenatal classes will be re-established and partnerships with other maternal health providers will be forged. Also within the new facility will be expanded capacity for the Child and Family services and will see the development of early childhood support program and additional funding sourced for a second CFHN.

Resources
- Antenatal educational package.
5.9  WERIN ABORIGINAL HEALTH SERVICE

Context

**Birthing:** Women give birth at the Port Macquarie Hospital.

**Werin Aboriginal Health Service:** Werin is a small community controlled health service. It is auspiced by Birripi at Taree but has its own board and operates relatively autonomously. The service is working towards becoming independent but is not rushing the process to ensure that the board and staff have the capability to operate appropriately and fulfil their roles and responsibilities in managing a separate organisation.

The staff identified that the Aboriginal population of Port Macquarie is likely to be underestimated. There is a high transient population moving between the large Aboriginal communities around Taree and Kempsey that lie to the south and north of Port Macquarie.

The core service employs 1 full time GP, and 1 part time GP registrar. This will increase to 2 next year. They also employ a practice nurse and several Aboriginal Health Workers (AHWs). Other programs include Indigenous outreach, chronic care brokerage, Home and Community Care elder support, diabetes education. The service will soon be commencing visits from a lactation team including a psychologist, social worker and lactation consultant. This will be funded through Medical Specialist Outreach Program (MSOAP). A social worker visits one day per week from the Local Health District.

New Directions Service Delivery Model

**Target population and clients:** The target population is Aboriginal women and children in Port Macquarie. The majority of clients are aged under 25 and all are under 30. Many of the clients have had multiple babies in a short period. The women often have complex problems including unemployment, financial issues and housing problems. The majority of clients (80-85%) would be existing clients of Werin. Pregnant women are referred to Aboriginal Maternal and Infant Health Service (AMIHS). The AMIHS provides antenatal and postnatal care up to six weeks post birth.

**Service Delivery:** The Child and Maternal Health Program employs one Child and Maternal health nurse and an Aboriginal Health Worker. At the time of the visit the AHW position was vacant. The nurse currently in the position is a trained midwife who previously worked at the Port Macquarie hospital. Antenatal care is provided by the LHD through AMIHS.

The service commences at six weeks post birth once women have been discharged from the NSW AMIHS. Once clients are referred back from AMIHS, staff visits the women in their home. These visits are conducted weekly for up to four weeks and then less frequently depending on the needs of the client. Home visits are used to get to know the client and their families as well as to assess and monitor their living conditions. Visits are at least half an hour and often longer.

**Postnatal care:** is provided by the New Directions team. At each visit the nurse weighs and measures the baby and provides any other required health advice and assistance. Appointments are made at the clinic for women to visit for screening and health checks as appropriate. The NDMB team work closely with other staff at Werin and refer as appropriate to the doctor and clinic nurse.
Much of the time of the home visits is consumed with providing assistance with a broad range of non-health matters, particularly around social and emotional wellbeing and financial support.

**Groups:** The Child and Maternal health team do not currently have the resources to run groups for women and their children, although they would like to do so in the future. Two Aboriginal children’s days have been held by Werin that were well attended by both Aboriginal families and local health services.

**Support:** Much of the support provided to women and their children is for complex issues beyond their ante- and postnatal health needs. Referrals are made to a wide variety of services including domestic violence, financial support, housing, numeracy and literacy and social and emotional wellbeing services.

**New Directions Data Collection**

**Currently collected data items:** The New Directions team currently collects a large amount of data. Werin undertakes a data cleansing process twice per year.

**Data collection barriers:**
- There is a high administrative burden of data collection on small services.
- Information about the complex issues that families face is difficult to capture but this would give a better picture of the real issues.

**Integration, Partnerships and Linkages**

**Partnerships:** Werin has an agreement with AMIHS that should make referrals to the service easy and should include the first home visit being a joint one to hand clients from one service to the other. This has been difficult to put into practice.

The NDMB team has good links and referral pathways to a range of services in the community including many support services and government agencies such as Housing, Department of Community Services, domestic violence services, Child and Family services and charities such as the Salvation Army. The NDMB staff attends interagency meetings at various times.

However, it has been difficult to develop more formal partnerships.

**Community Engagement and health promotion:** Currently the service is short staffed and focussing on delivering one-on-one services to women through the home visits and clinic.

**Achievements, Barriers and Future Plans**

**Key achievements or outputs:**
- Establishing the service, in particular the extent to which the non-Aboriginal nurse has been able to engage with clients
- 98% immunisation rate
- strong home visiting program
- women are starting to be more confident to come in to use the health service and will ring the nurse for advice
- increasing self-referrals through word of mouth.
Barriers to service delivery:

- There is a lack of Aboriginal-specific and culturally appropriate services in Port Macquarie. This may reflect the lack of recognition of the Aboriginal population in the area due to its transient nature.
- The high cost of living in Port Macquarie results in a lot of working poor and high rates of housing and financial stress. Clients of the service are frequently suffering financial hardship.
- Clinical support and supervision for the nurse has been difficult to obtain.
- It is difficult to attract and retain suitably qualified staff. The service has not been able to recruit a female AHW, which has placed a greater burden on the nurse to support women across the range of their needs rather than being able to focus more on health needs of the women and babies.
- The stressful issues faced by women mean the job is also stressful and there is a high need for additional support staff to avoid burn out.
- The agreement with AMIHS has not been working effectively. Referrals are patchy and information about clients is poor.
- The staff at Werin reports an underlying culture of racism in the health service. They feel they are treated poorly at the maternity unit at the hospital and that their clients are uncomfortable using health services. This has the flow on effect of clients being unwilling to be referred to appropriate community health services later.
- Funding is not sufficient to be able to attract qualified staff, particularly once administration and vehicle costs are taken into consideration.

Future plans for the service:

- A key priority at the time of the visit was to recruit to the AHW position. This would allow the nurse to focus on health assessments, immunisations, education, breast feeding support etc. and the AHW to provide more social and emotional support and provide referrals to other services, advocacy and assist with appointments.

The service is currently developing baby bags to be given at the time of 12-month and four-year immunisations. The bags will contain various practical items such as toothbrushes, cups and sunscreen as well as a range of health promotion material.

Resources

No resources have been developed using New Directions funding. Resources have been sourced from a wide variety of places.
5.10 KATHERINE WEST HEALTH BOARD ABORIGINAL CORPORATION

Katherine West Health Board

Context

Birthing:

- Women give birth at the Katherine Hospital

Katherine West Health Board (KWHB) service:

Katherine West Health Board is a community controlled health service providing services to four main communities and satellite communities. The total population in the area is approximately 3500. Open community meetings are held in each community every year and the board is comprised of representatives of each community and is elected every 3 years.

KWHB employs approximately 75 staff. The service administration is based in Katherine but no services are delivered in Katherine itself. There are four positions for doctors. At the time of the site visit these positions were all filled by locums.

In addition to general primary health care services, the following programs are provided:

- Women’s and maternal health
- Child health
- Oral health
- Chronic diseases
- Environmental health and hygiene
- Food supply and nutrition
- Healthy skin and eyes
- Sexual health
- Tobacco, alcohol and other drugs

New Directions Service Delivery Model

Target population and clients

The target population for the Program are women and children in each of the KWHB communities. There are approximately 900 children aged under 15 in these communities and about 40 babies are born each year.

Service Delivery:

The Child and Maternal Health Program employs:

- 1 Child health coordinator
- 1 maternal and women’s health coordinator
Both these positions are based in Katherine but visit each of the communities on a regular basis. The role of these positions is to design and develop systems to support the nursing staff who are based in communities to provide antenatal and child health care. They visit communities regularly and provide support and advice as well as hands on care as required. The roles are evolving to provide more hands-on care as the policies and procedures have evolved. The systems they have developed are designed to give the nursing staff based in communities tools and skills to deliver appropriate care, with the capacity to refer to the specialist positions as required.

**Antenatal care**: is provided by nurses based in remote community clinics. Once a woman has been identified as pregnant, this is entered into Communicare which alerts any health provider at subsequent visits to the pregnancy. Recall and reminder systems are in place to get women to come for regular check-ups. Generally, clinic staff need to pick people up and bring them to the clinic for appointments. The first and subsequent visits include clinical assessment and risk identification including, but not limited to smoking, diabetes, and alcohol consumption.

Brief interventions are conducted as appropriate to encourage positive health behaviours.

Women at high risk of complications are sent to Darwin for at least one antenatal check-up and more if required. This is supported through the NT Patient Assisted Travel Scheme (PATS).

**Birthing**: Most women deliver at Katherine hospital that has about 360 births per year in total. Women who are considered high risk travel to Darwin. An obstetrician is now visiting Katherine on a regular basis which may mean some at-risk women can be managed in Katherine without the need to be sent to Darwin.

Women are brought to Katherine, usually at 38 weeks but earlier if clinically indicated. There is an antenatal hostel at the hospital where they have regular check-ups prior to giving birth. The hostel is funded through PATS.

**Postnatal care**: is provided in the community by clinic staff using the same system as for antenatal recall and reminders.

**Child Health**: KWHB has a child health program which monitors the growth and development of children under 5. This includes health promotion around nutrition, parenting advice, early intervention where issues are identified as well as immunisations and screening.

Annual screenings are undertaken for school aged children focussing on eye, ear and skin health. The service also aims to conduct an annual health check for all children under 15 years.

**Groups**: The Program does not tend to run many groups or health promotion activities but has a greater emphasis on brief interventions.

**Transport**: All of KWHB’s clients live in remote communities. Transport and travel can be an issue, particularly during the wet season where roads and airstrips can be unusable. Sometimes this means women will be required to travel to Katherine earlier than 38 weeks.
New Directions Data Collection

Currently collected data items: The New Directions team currently collects data through the Communicare system. Most requested data can be relatively easily reported. Useful data items reported to be:

- Gestation at 1st presentation to antenatal care
- Low/high birth weight
- Anaemia

Data collection barriers:

- OSR/nKPIs are less useful because they are service wide reporting which may not provide useful information about individual communities.
- It is challenging to have information entered correctly on the system, particularly with a dispersed workforce.

Integration, Partnerships and Linkages

Partnerships

KWHB has a strong relationship with Katherine Hospital. Good referral and discharge information is provided. This is less so with Darwin hospital where client discharge summaries are often not received until some weeks after discharge.

There is a lack of services within the community and thus few partnerships with other health providers.

Achievements, Barriers and Future Plans

Key achievements or outputs:

- Establishing the service and development of systems and protocols
- Limited number of low and high birth weight babies

Barriers to service delivery:

- It is difficult to recruit staff with midwifery skills to communities as they need to have generalist nursing skills as well
- Difficult to engage men in antenatal and postnatal care and there are issues around the appropriateness of male involvement in some issues
- It is resource-intensive to get women to come for recall appointments

Future plans for the service

- Need to address how to get women to present earlier in their pregnancies and promote antenatal care
- Moving the service to a more specialist model where the coordinators are providing more hands on care by travelling to the communities
- Overall the service is looking to better integrate clinical and population health approaches
Resources

Several internal resources have been developed for remote clinic staff to assist in delivering antenatal and child health services.
5.11 SUNRISE ABORIGINAL HEALTH SERVICE

Context

Birthing: Women give birth at the Katherine Hospital or Royal Darwin Hospital.

Sunrise Health Service: Sunrise Health Service is a community-controlled organisation based in Katherine, NT. The board is comprised of representatives from each of the nine communities serviced by the health service. These communities lie to the east of Katherine. Sunrise does not provide services in Katherine itself.

Services are provided through health clinics in eight communities by nurses, Aboriginal Health Workers and other health providers. Doctors provide regular visiting services to the communities.

In addition to general primary health care services the following programs are provided:

- Women’s health
- Men’s health
- Aural health
- Early learning project
- Physical activity
- Nutrition
- Youth preventative
- Social and Emotional Well Being services
- Environmental health
- Chronic diseases management.

New Directions Service Delivery Model

Target population and clients: The Program is targeted at women and children in the Sunrise communities. The majority of pregnant women are estimated to be aged between 18 and 20, although younger girls also often get pregnant.

Issues affecting the delivery of services include petrol sniffing, high prevalence of smoking, poor nutrition and isolation.

Service Delivery: The Child and Maternal Health Program employs a nurse/midwife in each of the communities. These positions are part funded by the NDMBS program. The Program has been coordinated by a position based in Katherine; however, this position was vacant at the time of the visit and the role was being filled by the Child Health Program coordinator in addition to her other roles. Services provided are integrated with the clinic services in each of the remote communities.

The role of the co-ordinator is to provide support to the nurse/midwives in each of the communities and to support women when they are in Katherine for birthing. Previously, she visited the communities regularly and provided support both to the clinic staff and to individual women.

Antenatal care: is provided by the nurse/midwives in each of the communities. Support is also provided to women when they come to town to give birth.
Women at high risk of complication are sent to Darwin for at least one antenatal visit. Transport is provided through the NT Patient Assisted Travel Scheme (PATS).

Health promotion and information is provided to women by the nurse/midwives during routine antenatal visits.

**Birth ing:** For low risk pregnancies, women are transferred to Katherine at 38 weeks or earlier if clinically indicated. Accommodation is available for these women at the hostel attached to the hospital.

Women at high risk of complication are transported to Darwin for birthing, often well before their due date. Hostel accommodation is provided in Darwin for these women.

Occasionally, women give birth in their communities and health centre staff provides assistance as required and available at the time.

**Post natal care:** is provided by the health clinics. The co-ordinator previously visited women in hospital prior to and post birth to provide additional support. At the time of the site visit, this was not occurring. Through Communicare the service has a recall and reminder system to pick up babies for screening and health checks. Anecdotal evidence suggests many are not being picked up until the 8-week check.

**Groups:** Sunrise has run “Core of Life” program in schools – a hands on parenting and pregnancy program aimed at teenagers. There are some issues with the Program as parts of it are considered inappropriate for men.

**Support:** Much of the support provided to women and their children is for complex issues beyond their ante- and postnatal health needs. Issues women face include housing stress, overcrowding, lack of income, inability to access and pay for nutritious food and domestic violence. Issues tend to vary between communities. For example, alcohol abuse is more of an issue in some communities than others.

**Transport:** Most services are provided in remote clinic settings. Women and their children have limited access to a range of services that may be available in larger centres. Some communities become inaccessible in wet weather.

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**New Directions Data Collection**

**Currently collected data items:** Data is currently collected using Communicare.

**Data collection barriers:** Complicated reporting processes within the organisation because nurse/midwives do not report to the NDMB co-ordinator.

**Integration, Partnerships and Linkages**

**Partnerships:** The service has strong links and shared care arrangements in place with Katherine Hospital. Monthly meetings are held between the ACCHOs, NT Health and the hospital to discuss issues and resolve problems. Midwives from Katherine hospital provide back up for Sunrise when midwives are not available in the community.
Various clinics have good relationships with the schools and are able to undertake health education and promotion programs. Other links include the Government Business Managers and allied health providers through NT Health.

**Achievements, Barriers and Future Plans**

**Key achievements or outputs:**
- Across the Sunrise catchment there is a high proportion of women attending their first antenatal appointment before 14 weeks
- Immunisation rates are close to 100%.

**Barriers to service delivery:**
- Capacity to recruit and retain qualified staff. This is a major issue facing the remote health clinics and is not unique to NDMB. It is not viable to employ midwives in the communities, as they need to be RNs as well who can provide acute and chronic care nursing services
- High rates of smoking. Anecdotal evidence suggests some women are smoking because it stops them from feeling hungry due to poor access to healthy food
- Lack of resources to provide adequate service to the remote communities
- Housing and overcrowding are fundamental issues affecting the capacity of women to provide healthy and safe environments for their children
- Poor nutrition and the lack of access to basic cooking equipment as well as lack of knowledge about appropriate nutrition
- Lack of time for staff in communities to undertake health promotion and education. The majority of their time is spent on dealing with acute problems rather than prevention
- The AHW workforce is depleting. While the service would like to train and employ local people, few people are finishing high school and gaining sufficient skills in literacy and numeracy to be able to undertake training
- While recall systems exist and are used, staff in clinics have limited capacity to follow people up and provide transport to the clinics. The extent to which this happens can be very dependent on the enthusiasm and interest of key staff in particular the nurses/midwives
- The strength of the Program is influenced strongly by the personalities of the staff at the time. Poor relationships with the nurse/midwife in a community may result in women not coming to the clinic for regular and appropriate ante natal care.

**Future plans for the service:**
- Looking to develop baby bags and provide more health promotion
- Health promotion around nutrition including practical advice about cooking and healthy food intake.

**Resources**

No resources were identified as having been developed using New Directions funding.
5.12 ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE BRISBANE

Context

**Birthing:** Women give birth at hospitals across Brisbane.

**ATSICHS Brisbane service:** ATSICHS Brisbane was established in 1973. It is the oldest ACCHO in Queensland. It is a large service with approximately 200 staff across a range of programs and services. It has a large catchment area which covers the greater Brisbane metropolitan area.

Core funding is used to deliver primary health care services from four clinics at:
- Woolloongabba
- Northgate
- Logan
- Acacia Ridge.

ATSICHS Brisbane is one of four members of the Institute for Urban Indigenous Health (IUIH) in South East Queensland. The IUIH represents, assists and coordinates activity across these member services. Funding is provided through IUIH for the delivery of primary health care services at Logan. ATSICHS Brisbane is also subcontracted by IUIH to provide NDMB services at Logan.

In addition to general primary health care services the following programs are provided:
- Eye clinic
- Dental clinics
- Healing centre – mental health, stolen generation counselling
- Indigenous Youth Service (largely funded through State Government)
- A 55 bed aged care facility
- Child safety programs.

**Maternal and child health services prior to New Directions:** Prior to New Directions, child and maternal health services were delivered as part of the primary health care services.

**New Directions Service Delivery Model**

**Target population and clients:** The target population for the service is the Aboriginal women and children in the greater Brisbane area.

**Service Delivery:** The Child, Family and Maternal Health Team employs:
- Midwives
- Child health nurses
- Aboriginal Health Workers

A full-time clinic operates at Woolloongabba. A doctor is present for two days per week as part of this clinic. The majority of clients of the service would be existing ATSICHS Brisbane clients.

**Antenatal care:** is provided through the clinic. Formal shared care arrangements are in place with the Mater Hospital, located next door to the Woolloongabba clinic. One-on-one sessions are provided for clients with the midwives, child health nurses and AHWs. The doctor provides health
assessments, education and follow up of treatment and vaccinations. Hospital familiarisation visits are organised as required.

Clinics are also provided one day per week at Northgate by the NDMBS team.

**Birthing**: takes place at the hospitals across Brisbane. The closest hospital is the Mater, however and many clients choose to deliver their babies there because of the strong links between the services.

**Postnatal care**: is provided by the Child, Family and Maternal health team. The team visits clients in hospital as required.

The clinic provides holistic care for families from the post natal period onwards. This includes well baby checks including audiology and speech checks as well as screening services.

Services are brokered in for both antenatal and postnatal support as required including diabetes support and gynaecology services.

**Groups**: The team run groups for women, both antenatal and post natal. These groups cover a range of parenting issues and are aimed at giving women skills and providing socialisation opportunities. Health promotion topics are also covered including smoking, nutrition and drugs and alcohol.

**Support**: Support is provided to families across a range of issues including social and emotional wellbeing. The service aims to provide holistic health services and to provide a safe and inviting environment for women and their children within the clinic.

**Transport**: Transport is a major issue due to the size of the catchment area. Limited transport is provided to assist women to access the service.

**New Directions Data Collection**

**Currently collected data items**: The New Directions team currently collects data through the clinic patient management systems.

**Data collection barriers**:
- Data requests are not always aligned to the existing data collections.
- Reliable data requires staff to enter information consistently and accurately and this does not always occur.
- Reporting can be difficult because while client details are recorded the system is not always set up to extract relevant data easily.

**Integration, Partnerships and Linkages**

**Partnerships**: The team has strong links with the Mater Hospital maternity services. A workshop was held recently aiming to develop a model of care between services to avoid duplication and ensure better coordination. Formal agreements are in place with the Mater for the provision of some specialist services.

**Community Engagement and service promotion**: The service is currently not actively promoted due to a focus for the organisation having been on improving the delivery of primary health care
services. The organisation undertakes periodic surveys of clients and has suggestion boxes at each clinic.

Achievements, Barriers and Future Plans

Key achievements or outputs:
- Establishing the service
- Establishing the clinic at Logan with a doctor present 4 days per week in addition to other staff.

Barriers to service delivery:
- Poor transport and the large catchment area mean that it is difficult for some people to access the service. Even with transport drivers, picking up clients with children is more difficult and requires additional equipment (care seats) and time. The transport service is used by all the primary care services and is therefore limited in relation to the needs of the clients
- The service has experienced some difficulties in recent years so the focus has been on core business of delivering primary health care services
- The extent of funding limits the capacity of the service to undertake additional activities and to take on more clients
- Reporting is a burden and takes people away from service delivery.

Future plans for the service: The aim of the service is to develop a package of care for clients for the journey through pregnancy and following the birth of the child. The team have many ideas about additional group activities and education they would like to offer but this will depend on funding and the extent to which core services are being delivered.

Resources

No resources have been developed using New Directions funding.
5.13 ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH SERVICE MACKAY

**Context**

**Birthing:** Women give birth at the Mackay Base Hospital.

**ATSICHS Mackay service:** ATSICHS Mackay was established in 1978. It currently serves a population of approximately 7,000, with 3,400 active patient files. It provides services to both local and transient population of Aboriginal, Torres Strait Islander and South Sea Islander people.

The core service employs:
- 3 full time GPs, 1 full time GP registrar, 0.2 FTE GP and 0.4 FTE Women’s health GP
- 1 RN and 1 RN/Midwife
- 13 Aboriginal Health Workers, all with Cert IV

In addition to general primary health care services the following programs are provided:
- Women’s health
- Men’s health
- Youth health
- Chronic diseases unit including visiting specialists (podiatrist, dietitian, diabetes educator)
- Playgroup
- Social and Emotional Well Being services
- Home visits, including to aged care facilities.

At the time of this site visit ATSICHS Mackay reported that it was the only bulk-billing medical practice in Mackay.

**Maternal and child health services prior to New Directions:** Prior to New Directions, maternal and women’s health had been identified as a priority for the service and a women’s health clinic was established.

**New Directions Service Delivery Model**

**Target population and clients:** Aboriginal women in the Mackay region. The majority of clients are aged between 15 and 25. Many are first time mothers. There are very high rates of chronic disease and many women will either already have diabetes or will develop gestational diabetes during pregnancy. The women often have complex problems including unemployment, financial issues and housing problems.

Hearing tests conducted at schools have shown high levels of hearing issues amongst Aboriginal and Torres Strait Islander children.

**Service Delivery:** The Child and Maternal Health Program employs:
- 1 Child and Maternal health nurse
- 1 Aboriginal Health Worker
- 1 Assistant in Nursing.
The service is integrated with the primary health care services provided by ATSICHS Mackay. The women’s health clinic provides antenatal and postnatal care. Group and individual support is provided by the nurse, midwife and AHW.

**Antenatal care:** is provided through the women’s health clinic. In addition to appropriate health checks and monitoring, the service also links to the Mackay Base hospital and will take women on familiarisation visits to the hospital prior to the birth.

**Birthing:** takes place at the Mackay Base Hospital.

**Postnatal care:** is provided by the New Directions team. The team visit women in hospital once they have given birth. A home visit is conducted at 7 days post-birth to weigh and measure the baby and provide advice and support. Follow up home visits are conducted weekly for the first six weeks. Home visits allow the team to observe the women in their own environments and to identify issues and provide support, education and advice as appropriate.

Appointments at the clinic are made for immunisations and other health checks. After six weeks, the team will phone mothers weekly to check on progress, remind about appointments and provide additional support.

Child health checks/screenings for children aged 0 to 5 years are undertaken by the clinic.

**Groups:** The Child and Maternal health team run groups for women, both antenatal and postnatal. These groups cover a range of parenting issues and are aimed at giving women skills and providing socialisation opportunities. Health promotion topics are also covered including smoking, nutrition and drugs and alcohol.

ATSICHS Mackay runs a playgroup. The group is run by qualified workers. The NDMBS program refers young mothers to the playgroup which provides social interaction as well as the opportunity to provide health information and education.

**Support:** Much of the support provided to women and their children is for complex issues beyond their ante and postnatal health needs. Referrals are made to a wide variety of services including domestic violence, financial support, housing, numeracy and literacy and social and emotional wellbeing services.

**Transport:** Taxi vouchers are provided to health care card holders to access the service. ATSICHS Mackay does not employ transport workers.

### New Directions Data Collection

**Currently collected data items:** The New Directions team currently collects data through the clinic patient management systems.

**Data collection barriers:**
- Data requests are often not relevant to important issues for the service
- Information about the complex issues that families face is difficult to capture but this would give a better picture of the real issues.
Integration, Partnerships and Linkages

Partnerships: The Child and Maternal Health service has strong links with Mackay Base Hospital. Referrals are received from the hospital if Aboriginal and Torres Strait Islander women present there and are not clients of the service. Meetings are held regularly with the head midwife at the hospital.

ATSICHS has good links and referral pathways to a range of services in the community including the local Neighbourhood House which provides a range of support services including financial services and numeracy/literacy support.

Community Engagement and health promotion: Surveys of clients are conducted by ATSICHS Mackay as part of their accreditation process. Programs are also regularly evaluated internally by the organisation.

Achievements, Barriers and Future Plans

Key achievements or outputs:
- Establishing the service
- Strong links with the hospital are integral to the delivery of the service
- Educational groups.

Factors identified by the service as essential to delivering a high quality service include:
- Appropriately trained and culturally competent workers
- Indigenous organisations providing services to which women can be appropriately referred
- Use of AHWs to support the role of the midwife and child and maternal health nurses
- Having staff who are parents themselves and who have experienced some of the issues they are helping the women and their families with.

Barriers to service delivery:
- Very poor transport services make it difficult for people to access the service
- Co-morbidity issues – many of the clients of the service have other health issues including heart disease, diabetes etc. or develop additional health problems during pregnancy
- High rates of high blood pressure and heart disease
- Infrastructure – the service is running out of physical space to be able to run additional programs and services
- Aboriginal health does not seem to be a priority for the local health service which puts more pressure on the service to meet growing demand
- Unrealistic expectations on services to deliver with limited resources
- Difficult to find culturally appropriate resources and not sufficient funding to develop new ones
- Majority of clients are young (15-25) with high rates of unemployment. Due to high rents and long public housing waiting lists, these people are being forced to live further away from town which leads to social isolation and lack of transport means that they are unable to access services.

Future plans for the service: Mackay would like to increase the groups available including classes and workshops on:
• Cultural practices
• Financial planning
• Nutrition/cooking
• How to utilise services
• Self-esteem/self-confidence.

Resources

No resources have been developed using New Directions funding.
5.14 PORT AUGUSTA HEALTH SERVICE

Context

**Birthing:** Port Augusta Hospital and Regional Health Service.

**Port Augusta Health Service, Country Health SA:** In addition to an Aboriginal Health Unit and Maternity/Obstetrics services, the Port Augusta Hospital and Regional Health Services also delivers: accident and emergency; allied health services – rehabilitation; allied health services and community nursing, medical and surgical services; mental health services; patient assistance transport scheme; primary health care services and health promotion unit; and renal dialysis unit.

The Hospital employs an Aboriginal Health Manager to support service delivery for the local Aboriginal population of approximately 4,000 people.

**Maternal and child health services prior to New Directions:** The Port Augusta Aboriginal Family Birthing Program (ABFP) commenced in 2004. This was after many years of consultations with Aboriginal women in the local district regarding the comparatively high percentages of low birth weights, high number of caesarean sections and general poor health outcomes for Aboriginal mothers and babies.

The pilot Program, funded by the Commonwealth, was implemented from 2004 to 2006 within the acute care setting of the hospital in partnership with Pica Wiya, a local Aboriginal Health Service provider. The Program was allocated 20 births a year due to capped funding, and focused on mothers who were regarded to be at “high risk” of poor health outcomes. The Program was, at that time, operating in combination with Whyalla as part of a wider regional approach.

Prior to 2004, it was reported that services for Aboriginal mothers were very disjointed with no comprehensive or dedicated programs for Aboriginal maternal and child health services. Consequently, many women presenting to the hospital obstetric unit had not had any prior antenatal care at all. This was a significant concern for the health service as Aboriginal women represented about one-third of all births at Port Augusta (approximately 300+ total births per annum).

The Port Augusta Aboriginal Family Birthing Program continued under NDMBS program funding. Since the end of the pilot program, the Aboriginal Family Birthing Program (AFBP) has flourished to provide a broad range of services specific to the local requirements of Aboriginal families.

**New Directions Service Delivery Model**

**Target population and clients:** The target population is Aboriginal women in the Port Augusta region. There are approximately 100 births of Aboriginal children per year.

**Service Delivery:** The Port Augusta service model is based on continuity of care with “Aboriginal women providing holistic maternal care to Aboriginal women”. The NDMBS program (AFBP) aims to work with women as early as possible in their pregnancy for antenatal, birth and postnatal services, up to the child being eight weeks old. The model is achieved through a partnership between the Aboriginal Maternal and Infant Care (AMIC) workers, midwives and local doctors. Case management
is undertaken to coordinate services for better outcomes, particularly for those families identified to be at risk.

Through this arrangement, the team plans antenatal, birth and postnatal care whilst considering any social needs. Throughout the site visit, it was repeatedly emphasised that the services provided are consistent with each woman’s cultural values, beliefs and clinical needs. This was viewed as being critical in building a level of trust and respect, facilitating early engagement of pregnant Aboriginal women.

The table below shows the staffing breakdown within the Port Augusta NDMB As at 10th September 2012:

<table>
<thead>
<tr>
<th>Staff</th>
<th>FTE</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Staff</td>
<td>2.84 FTE</td>
<td>4.0</td>
</tr>
<tr>
<td>Aboriginal Maternal Infant Care Staff</td>
<td>3.0 FTE</td>
<td>4.0</td>
</tr>
<tr>
<td>Pika Wiya Health Service AMIC</td>
<td>1.0 FTE</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6.84 FTE</strong></td>
<td><strong>9.0</strong></td>
</tr>
</tbody>
</table>

It was reported that the success of the Program was largely influenced by the AMIC workforce development, which has a clinical focus within the role’s scope of practice. To become an AMIC practitioner, staff was first required to attain the prerequisite Certificate III (Aboriginal Primary Health Care). On the job training was said to usually take two years to complete results in a Certificate IV/Practice in Aboriginal Primary Health Care with an additional skill set of 4 Diploma Units.

**New Directions Data Collection**

**Currently collected data items:** The Health Service was reported to maintain core data relating to NDMBS (AFBP) program activities. Data was most collected on:

- Early intervention (Gestation Weeks)
- The number of antenatal visits by individual
- The average antenatal visits across the Program
- Number of outreach clients and their age bracket
- Number of births through the Program and
- Average birth weights.

The above data set is used to monitor the general activities and effectiveness of the Program. It was again emphasised that there had been a spike in birth weights since the Program commenced and the uptake of antenatal at an early stage was said to be behind this improvement.

The Program also collected more specific individual information from antenatal through to birth and postnatal discharge.

**Integration, Partnerships and Linkages**

**Partnerships:** A key partnership identified was the relationship the NDMBS (AFBP) program has with the local Aboriginal women. The service was established with genuine involvement from the local...
Aboriginal women’s advisory group and continues to maintain a relationship in service provision with the community.

The partnership between the AMIC workers, the midwives and the local doctors has been critical in the ongoing success of the Port Augusta NDMBS program. This includes the community based Pika Wiya Health Service who has an AMIC worker located at their service. Importantly, this arrangement provides choice for Aboriginal women where they receive the antenatal and post natal services with their AMIC worker.

Training linkages were described as being predominantly with the Aboriginal Health Council of South Australia (AHCSA) and Country Health Local Health Network. These organisations were said to have a direct role in developing the workforce and influencing the pathway for AMIC worker qualifications and how they articulate with other tertiary options.

OATSIH was also identified as being a partner of the NDMBS (AFBP) program, making the local services possible. This included the development of the AMIC training resource which was coordinated by AHCSA who employed local Subject matter experts in Port Augusta who were part of the Anangu Bibi birthing program. This resource is now used for training AMIC workers in 10 sites around SA.

Achievements, Barriers and Future Plans

**Key achievements or outputs:** Data demonstrates the Program being successful in increasing the number of Aboriginal women engaged in antenatal visits, receiving education regarding nutrition and substance abuse behaviours, early intervention in the identification of risks during pregnancy and receiving medical treatment where necessary. This has ultimately resulted in prevention of some complications and overall better health outcomes for Aboriginal mothers and babies in the Port Augusta district. Staff reported that as a direct consequence of the NDMBS program (AFBP), amongst the Port Augusta Aboriginal women there had been:

- A significant improvement in birth weights
- An increase in breast feeding rates
- Some reductions in smoking
- Ample numbers of antenatal visits to the health centre per pregnancy, being above the state average
- A decline in hypertension and diabetes during pregnancy.

All of these indicators were said to have further promoted the Program amongst Aboriginal women and the reputation and trust of the hospital has improved tremendously. Aboriginal women were said to be empowered through engagement in making decisions concerning their own health. One respondent commented further that “pulling people through the system doesn’t work and each woman is different, necessitating engagement on an individual level”.

**Barriers to service delivery:** The Port Augusta district has approximately thirty Indigenous language groups with diverse cultural backgrounds. The local Aboriginal Women’s Advisory Group was reported to have been instrumental in the initial stages of the Program’s development.
**Quality Improvement:** All programs delivered through the Port Augusta Health Service are subject to the Australian Council of Healthcare Standards (ACHS). The ACHS provides accreditation services, standards development, clinical indicators and reporting services.

The Evaluation and Quality Improvement Program is the core accreditation program for Port Augusta Health Service and is a four year cycle of Self-Assessment, Organisation-Wide Survey and Periodic review to meet ACHS standards. The NDMBS program falls within the ACHS accreditation standards.

Additionally, Port Augusta Health Service was reported to conduct planning and review days for the Program throughout the year and Country Health South Australia holds an annual forum for AMIC workers across the State.

There was also said to be various reporting channels, data and statistics that create a view of what and how services are provided and the impact they have on health outcomes for Aboriginal women and their babies that use the Program. These reporting mechanisms have been captured throughout this document.

**Future plans for the service:** Participants saw the improving health outcomes for Aboriginal women and their babies as being contingent upon the ongoing funding and indexation of the NDMBS program at Port Augusta. Without dedicated and quarantined funding participants were concerned about the future of the Program.

Recruitment and retention of AMIC workers was seen as being somewhat vulnerable on account of the relatively small numbers of people in this specialised field. It was thought that additional funding to support this workforce could allow specific human resource management strategies to be developed.

Dedicated referral processes with Metropolitan Hospitals were said to be desperately needed as many Aboriginal mothers and babies were “falling through the cracks”. These mothers were reported to be often those most at risk. It was suggested that dedicated liaison roles specifically for country women could work well.

Access to specialist dental services, social workers and mental health nurses were also said to be barriers to the NDMBS program. Again, participants thought that quarantining time from these services through the Program would deliver further health outcomes for Aboriginal mothers and babies.

It was further suggested that the NDMBS program would benefit from research in the form of a longitudinal study to measure the health outcomes for the babies that have been delivered through the Program into childhood.

**Resources**

There were two information booklets concerning the NDMB (AFBP) provided at the site visit.

One is structured as a brief pamphlet, in plain language and easy to follow with regard to what the service is, who it is for and what will be available before birth, at birth and after the baby is born. It also contains direct contact details for AMIC workers and midwives.
The second booklet is a more comprehensive and generic overview of the Aboriginal Family Birthing Program in the wider region by the Early Childhood Directorate Country Health, Local Health Network, South Australia. The booklet contains an acknowledgment of a grant from NDMB making the publication possible. Three of the site visit participants were individual contributors in developing the booklet. The booklet also contains information about the services, however, it provides more detail concerning the program and the respective roles of the AMIC workers and the relationship with hospital midwives. It is a very positive publication which promotes the NDMB (AFBP) program well and has an easy flow of information.

An additional booklet is in the process of being completed and is to be approved by the AFBP steering committee. It will be a guide to establishing and maintaining an Aboriginal Family Birthing program. This booklet will highlight the key principles of the partnership approach and will include guidelines for recruitment, training & development, good governance and a description of each of the roles within an AFBP team.
5.15 PORT LINCOLN ABORIGINAL HEALTH SERVICE

Context

**Birthing:** Port Lincoln Hospital and Health Service.

**Port Lincoln Aboriginal Health Service:** The Port Lincoln Aboriginal Health Service (PLAHS) is an Aboriginal Community Controlled Health Service that is governed by local Aboriginal people. PLAHS is a member of the National Aboriginal Community Controlled Health Organisation and an affiliate of the Aboriginal Health Council of South Australia.

PLAHS provides services primarily to Aboriginal people in the Port Lincoln district and in the twelve months’ period up to April 2012, had client contact on 1,531 occasions. PLAHS provides the following clinical services:

- Acute Care (GP services)
- Health Assessments
- Chronic Disease Management
- Child & Maternal Health Care
- Immunisations
- Antenatal Care
- Community Services
- Mental health SEWB.

PLAHS contracts a visiting GP and two Midwives also work into the organisation (not New Directions funded).

**Maternal and child health services prior to New Directions:** Prior to the NDMBS program, it was reported that the organisation provided regular immunisations, antenatal care and irregular postnatal visits that were described as being “occasional”. Prior to New Directions, there were no community midwifery services, little education, no combined antenatal classes, no parent group activities, no family counselling services, very little amount of Child Health Checks completed, minimal referrals and minimal follow up as it was not staffed.

**New Directions Service Delivery Model**

**Target population and clients:** The local Aboriginal community. There are approximately 30 births per annum through the NDMBS program and birth weights were reported to be very good and have been so for the last decade or so. In the last year reported, only two babies were reported to be less than 2.5 kg birth weight.

**Service delivery:** The PLAHS NDMBS program became operational in 2009. For the 2011-12 financial year, the funding received for New Directions was $426,984.00. This is broken up in the following:

The PLAHS NDMBS program was said to create a holistic service for the local Indigenous community that had the capacity to target specific needs of families and individuals. A “whole of family approach” was how the model was described.

**Staff directly funded through NDMD includes:**

- 2 AMIC workers
- 1 Child Health RN
- 1 Social Worker.

**Antenatal care:** The antenatal service functions under the shared care arrangement between visiting general practitioners and community midwives. Antenatal classes are held in group sessions along with structured parenting sessions.

Importantly, this structure includes the specific role of AMIC workers which were reported to be essential in the overall effectiveness of the Program. It was emphasised that the AMIC workers had a high level of expertise, community knowledge and clinical skills that were deemed essential in undertaking their roles. To become an AMIC practitioner, staff are first required to attain the prerequisite Certificate III (Aboriginal Primary Health Care), before commencing in the role. A Certificate IV/Practice in Aboriginal Primary Health Care with an additional skill set of 4 Diploma Units can be completed via on the job training and usually takes two years.

**Birthing:** Both the AMIC Worker and PLAHS midwives are available to be present with mothers during their birth at the Port Lincoln Health Service.

**Postnatal care:** The Child Health RN, funded through New Directions, has enabled PLAHS to develop child health as a target area under the Program, where previously there were not the allocated resources or expertise to allow this. Consequently, Child Health Check numbers have increased significantly and this activity was said to be a major achievement of the NDMB.

The role of the dedicated general practitioner in conducting the child health checks was viewed as making a substantial difference to health outcomes and allowed for improved coordination and follow up from the New Directions team. Additionally, the combination of registered nurses and midwives working with AMIC workers was seen as being an essential element of the Program’s success with the Indigenous community.

**Support services:** The AMIC Worker and midwife are available to provide a range of information and support regarding breast feeding, immunisation, contraception etc. PLAHS NDMB also supports new mothers on services such as child care, baby groups, playgroups and child and family health.

**New Directions Data Collection**

**Currently collected data items:** PLAHS was reported to maintain core data relating to NDMBS program activities and other related family and emotional and wellbeing services. Some of the data was audited annually using the 1 21 70 audit tool on child health, including social and emotional wellbeing, anaemia, skin checks, respiratory, ear health, follow up, referrals, basic height, weight, BMI, immunisation status and more.

PLAHS NDMB team collates data regularly for Continuous Quality Improvement regarding:

- Antenatal classes
- Number of births through the program
- Average birth weights
- Infant six week checks
- Parenting sessions
- Immunisation rates
Child health checks numbers and follow up
School health checks and follow up
Anaemia rates
Pregnancy and smoking
Referrals to specialist services
Attendance, follow up and recalls
Women’s Health.

Importantly, the above data set was reported to be used to identify trends and changes, which allowed the services to be redirected and changed where necessary. This data was also utilised for mandatory reporting to OATSIH and management/operational meetings for strategic planning and aligning the workforce and their skills accordingly.

There were also said to be various reporting channels (including OATSIH mandatory reporting), data and statistics that establish what and how services are being provided and the impact they have on health outcomes for the Indigenous community. Various reports, strategic plans, environmental scans and community consultations were all listed as adding value to the quality improvement cycle at PLAHS and the NDMBS program.

**Integration, Partnerships and Linkages**

**Partnerships:** Of particular significance is the relationship the New Directions program has with the local Aboriginal women and their families. Whilst there was no stand-alone community engagement mechanism for the NDMBS program, there was a Steering Group consisting of representatives from Country Health SA, the Aboriginal Family Birthing Program, the Port Lincoln Health Service and a PLAHS Board Member.

It was also reported that the New Directions service was established with participation from the local Aboriginal women and continues to maintain a relationship with the community.

Academic training linkages were largely described as resting with Country Health Local Health Network for the AMIC roles, with a good relationship between PLAHS and the Port Augusta teams. OATSIH was also identified as being a partner of the NDMBS program, essentially making the PLAHS services possible.

PLAHS New Directions team also has a range of linkages with State and local organisations such as the Department of Families and Community, Department of Education and Children’s Services, West Coast Youth Services, Port Lincoln Health Service, Child and Family Health Service and Adolescent Mental Health Services and the Port Lincoln Aboriginal Community Council.

**Achievements, Barriers and Future Plans**

**Key achievements or outputs:**
- Increase in Child Health Check numbers directly as a result of the NDMBS program.
- A notable decrease in the rates of anaemia amongst Aboriginal children.
- Increased engagement with families and the service resulting in improved service access, continuity of care and increased referrals to specialist services where required.
Barriers to service delivery:

- Limited access to dietitian services within the NDMBS programs. Chronic disease, obesity and gestational diabetes were all identified as growing concerns that would benefit considerably through better access to an integrated dietetics service within New Directions. It was suggested that a 0.4 FTE position would be required.
- The local Aboriginal community is experiencing chronic dental issues in school-aged children and increasing levels of obesity. Dental kits were being issued to children on an opportunistic basis when presenting to the service for other matters or during health checks; however, the team stated this was often too late. The introduction of a dedicated school dental Aboriginal Health Worker/Promotion Officer was thought to be warranted to stem this growing problem and needed the appropriate level of resourcing.
- PLAHS experience difficulties with the recruitment and retention of allied health, particularly as they are competing with State Award conditions. It was suggested that PLAHS purchase services from the Port Lincoln Health Service through the development of a service agreement.
- PLAHS identified a need to increase the GP interface with the NDMBS team and clients. Access to General Practitioners was identified as being absolutely essential in providing a coordinated primary health focus; and with increasing presentations through better access to services there is an increased need for GPs.
- Home visiting follow up is another targeted area that requires further resources to complete the PLAHS service framework of NDMBS programs. This was described as being difficult to maintain due to high numbers of “walk in” clients at the clinic.
- The NDMB team stated that whilst community engagement had improved significantly across the respective programs of NDMB, there remains scope for improvement in this area. Dedicated resources for community engagement were viewed as being necessary to achieve this.

Future plans: It was mentioned that an additional Registered Nurse and Aboriginal Health Worker had been identified in 2013 for the family home visiting program to specifically tackle key priority areas.

Resources

PLAHS has developed specific handouts and leaflets to promote the services available to Indigenous families in the Port Lincoln district. These resources include an AMIC brochure, antenatal classes, parenting group program, scabies leaflet, health education aimed at school aged children and baby bags for new mothers.

The New Directions team had recently purchased dental resources. The team make up dental kits for children as this has been identified by PLAHS as an area of significant concern amongst the Indigenous children in the district.
5.16 TASMANIAN ABORIGINAL CENTRE INC. NORTH WEST

**Context**

**Birthing:**
- Devonport Mersey Community Hospital, based in Latrobe
- Burnie Private Hospital, however, the Hospital is contracted by the State to provide Public Birthing Services.

**Tasmanian Aboriginal Centre Inc. North West:** The Tasmanian Aboriginal Centre (TAC) delivers services to the Aboriginal population across Tasmania. One of the TAC’s Aboriginal Health Services is based in Burnie and delivers services to the North West region of Tasmania. The Burnie Aboriginal Health Service is made up of the following staff:
  - Regional manager 1 FTE
  - GP 0.8 FTE
  - AHW 3 FTE
  - Counsellor 1 FTE
  - Pregnancy Support Worker 1 FTE (New Directions)
  - Child Health Promotion Worker 0.6 FTE (New Directions)
  - Early childhood and family support staff.

**Services and programs delivered from the Burnie site include:**
- Primary health care
- PaCE – Parental and Community Engagement program
  - 1/fortnight for the play group (excluding school holidays)
  - 1/fortnight for pre-kinder (excluding school holidays)
- Youth program
- Aged care program
- New Directions Mothers and Babies Services program
- “Healthy Start for School Program” where the Child Health Nurse (from Tasmania Department of Health and Human Services DHHS) undertakes hearing tests and makes referrals to the drop-in health clinic if required.

**Maternal and child health services prior to New Directions:** Prior to New Directions, the TAC Aboriginal Health Service employed a part-time Pregnancy Support Worker. This role primarily assisted people with attending appointments and provided limited education and wrap around support.

**New Directions Service Delivery Model**

**Target population and clients:** To be a client of TAC a person must be identified and accepted as Aboriginal in the community, i.e. community recognition, family tree and self-identified. In November 2012, the Pregnancy Support Workers clients included 13 pregnant mothers and 12 mothers who had recently given birth. The Child Health Promotion Worker takes on the Pregnancy Support Workers clients at 6-12 months until the child has reached eight years.
**Service delivery:** The NDMBS program at the TAC Aboriginal Health Service provides practical and day to day non-clinical support, education, advice and skills to pregnant women and mothers and babies up to the age of eight. The New Directions team provides services according to the individual’s needs. The team consists of:

- Pregnancy Support Worker (1 FTE, and provides after hours support)
- Child Health Promotion Worker (0.6 FTE).

The Program is also seeking to engage a Child Health Nurse on a sessional basis to provide home visiting immunisations and health checks.

The New Directions team can readily access the GP, AHWs, Counsellor and other support workers employed at the TAC Aboriginal Health Service for referrals and/or advice and assistance.

**Antenatal care:** The Pregnancy Support Worker receives referrals from the Doctor, Hospital or community when clients are pregnant. She undertakes informal home visits throughout the pregnancy to support the client. The DHHS Midwife often joins the Pregnancy Support Worker on the home visits to provide antenatal care, as people do not want to go to the Hospital for check-ups. During home visits, a range of support is provided depending on the client’s needs. The Pregnancy Support Worker has pulled together a folder of resources and DVDs that she can provide to mothers at various stages of the pregnancy. Examples of the support provided include:

- In the first trimester, book the client into the Hospital
- Education on smoking, alcohol, posture for delivery, diet, how to store food in the freezer for mothers and babies
- Social support, fun activities and discussion topics
- Attendance at Hospital visits with the client. The Support Worker often communicates to the Midwife and Doctors on behalf of the mothers
- Provide multi-vitamin tablets
- The Midwife organises an ultrasound for the client at the Hospital
- “Mums to Be” groups and camps, with a focus on pregnancy, pain relief and hospital visit, and also undertaking fun activities such as belly castings.

**Birthing:** On the client’s request, the Pregnancy Support Worker will be present at the birth for support purposes. This has taken place on several occasions.

**Postnatal care:** The Pregnancy Support worker undertakes a home visit within 24-48 hours of the birth. The Pregnancy Support Worker continues to provide support to mothers and babies until age 6-12 months, when she refers them on to the Child Health Promotion Worker.

Within the first 6-12 months, the Pregnancy Support Worker and Child Health Promotion Worker provide support and education to mothers and babies, covering a range of needs, including:

- Breastfeeding and when to introduce foods
  - How to breastfeed and other options and support for people who experience troubles with breastfeeding
  - Provide breast pumps
  - How to freeze and reheat breast milk, e.g. sterilising, boiled water, not reheating leftovers after two hours
Baby and child food stages, i.e. what the texture of food should be at 6 months plus, what and when to introduce foods, allergies, encouraging the child to eat what the family eats
Discouraging sugar drinks in bottles
When to use bottles and sipper cups.

- Visiting mothers and babies to observe and make sure they are coping post birth. If people are not coping well, the New Directions team can refer the clients to a casual support worker that will go into the home on a more regular basis and, for example, look after the child while the mother has a sleep, provide reassurance and confidence in the mother’s ability to parent the child
- Provide multi-vitamins as required
- Refer clients to the TAC counsellor for postnatal depression or other issues
- Contraception education, provided before and after birth.

**Child health:** The Child Health Promotion Worker supports families with children aged 6-12 months to 8 years.

**Immunisations and child health checks:** The Child Health Promotion Worker organises appointments and provides transport and information to the family about why immunisations and health checks are important, how many needles the child will receive and how immunisations can impact on Centrelink payments (Centrelink payments at 12 months, 2 years and 5 years - $730). Immunisation updates are provided to the Child Health Promotion Worker by the AHW and Child Health Nurse (CHN).

**Nutrition and physical activity:** The Child Health Promotion Worker runs a range of activities to teach mothers and babies how to cook healthy food in the home. Examples of these include:

- Cooking groups run at the Aboriginal Health Service for mothers (the building was recently renovated with a new kitchen)
- School Holiday Healthy Food and Physical Activity groups for 5-7 year olds
- Mobile Kitchen Program for mothers and children aged 18 months to 4 years. The Health Promotion Worker visits people’s homes to assist them with cooking a healthy meal. Photos are taken for every step, including preparing the meal, cooking, eating, and cleaning. The photos and recipe are to be provided to the mothers so they can make their own personalised cook book.

Swimming lessons are delivered to children aged 6 months to preschool. This is ad hoc and depends on the season and availability of the pool. The lessons are delivered once a week in six week sessions for children under 2 ½ years and children older than 2 ½ years. Every child must have a guardian with them in the pool. Lunch is provided.

**Other health promotion and education topics include:**

- Tooth brushing and trying to encourage the parents to role model this
- Effective behaviour management
- Sleeping techniques
- Toilet training, for example, educating parents on the money saved on nappies if the child is toilet trained. This is promoted in spring when underwear can easily dry on the line
• Introduction to early learning.

**Transport:** The Pregnancy support worker and Child Health Promotion Worker provide transport for clients to and from appointments.

**New Directions Data Collection**

**Currently collected data items:** The Pregnancy Support Worker has developed a template to document their work, which includes transport provided, antenatal and health visits, antenatal and child health visits, and group physical activity. Data is collected on immunisations via Communicare. The New Directions staff diaries are also often utilised for reporting purposes.

**Data collection barriers:** It is difficult to report against the range of activities and support provided.

**Integration, Partnerships and Linkages**

**Partnerships:** The Pregnancy Support Worker has a good relationship with the Midwife at the Hospital, which has also supported her relationship with all Hospital staff. She attends regular meetings at the Hospital.

All staff members at the TAC Aboriginal Health Service attend an internal family meeting once a fortnight to debrief on families and any issues the workers should be aware of.

State wide TAC pregnancy support meetings are held every 6 months to support best practice service delivery across the state.

**Community engagement and health promotion:** Informal feedback on what the community would like included in the Program is provided through existing groups and programs and via word. Flyers and pamphlets are distributed to the community.

**Achievements, Barriers and Future Plans**

**Key achievements or outputs:**

- New Directions provided the opportunity to expand the support provided to the mothers and babies, from pregnancy through to the child being 8 years of age
- Mothers are socialising, learning off each other, getting out of the home
- The model fits with a holistic approach to care
- During cooking lessons, the mothers are talking among themselves about cooking ideas and recipes.

**Barriers to service delivery:**

- TAC was seeking to fund several days for a DHHS CHN to provide home visits and carry out child health checks; however there has been difficulties in recruiting a CHN.

**Resources**

- Breastfeeding posters. These posters have photographs of local women breastfeeding, “role modelling girls (breastfeeding) in the community”. These have been framed and placed
around the clinic, and also placed in various services in the community, e.g. Hospital in Burnie and Devonport, Community Health Centre, Housing TAS, Dr Surgery, Child Protection

• “Pulingina Pakata, Welcome Baby” booklet is distributed to all pregnant women and mothers across Tasmania. This is a statewide resource that was developed in Hobart.

Under New Directions funding, TAC has funded car seats, boosters and high pods.
5.17 TASMANIA MEDICARE LOCAL NORTH WEST

Context

Birthing:
- Devonport Mersey Community Hospital, based in Latrobe
- Burnie Private Hospital, however the Hospital is contracted by the State to provide Public Birthing Services.

Tasmania Medicare Local North West: Tasmania Medicare Local (TML) has a contract with OATISH to auspice health services on behalf of the Six Rivers Aboriginal Corporation. Under this arrangement, TML runs the No. 34 Aboriginal Health Service which was established at the beginning of 2011. The service provides a range of programs and services including:
- Youth support and programs
- Alcohol and other drugs counselling
- Family support
- Aged community programs
- Support and programs for Mothers and Babies
- Assistance with Chronic Disease Management
- Promotion and awareness of Closing the Gap health initiatives
- Health and Wellbeing Programs
- Women’s Health.

The Six Rivers Aboriginal Corporation Reference Group provides input into health service delivery. The Corporation is based in Latrobe and some of the Mums and Bubs programs and other program activities are delivered from their building.

Maternal and child health services prior to New Directions: There were nil maternal and child health services delivered by TML prior to New Directions. The other key provider in the North West region is the Tasmania Aboriginal Corporation.

New Directions Service Delivery Model

Target population and clients: The target population of New Directions is anyone from the Mersey-Leven region that self-identifies as Aboriginal.

Service delivery: The NDMBS program commenced in October 2011. Under New Directions, funding has been provided for a part-time/full-time Mums and Bubs Womens and Children’s Support Worker position and for some clinical buy-in services, e.g. child health nurse.

The New Directions program is supported by all staff working at No. 34 Aboriginal Health Service, including:
- Manager Aboriginal Health
- Coordinator Aboriginal Health Programs
- Aboriginal Family Support Worker
- Aboriginal Aged Care/Community Worker
- Health and Wellbeing Support Worker
Social Worker
Staff working across the other programs.

The DHHS Aboriginal Outreach Midwife works with TML one day a fortnight providing antenatal consultations and postnatal check-ups. These are delivered at the East Devonport Child and Family Centre or in the client’s home.

A Mums and Bubs Womens and Childrens Support Worker was engaged from the beginning of the project, however has been on maternity leave for five months, which has impacted on the level of services that can be delivered, particularly as this is the only funded position under the Program.

The key role of the Mums and Bubs Womens and Childrens Support Worker includes:
- Working with mothers and children under 8 years
- Providing practical advice and assistance to mothers in breastfeeding, nutrition and parenting skills
- Supporting the client to access specialist antenatal and postnatal care services. This may include organising and attending appointments with the client and providing transport.

One of the other roles of the NDMBS program is to engage, coordinate and educate existing services operating on the ground. There are many small communities and towns spread along the coast of North West Tasmania. Thus, rather than trying to transport clients to Ulverstone for services, TML is seeking to improve the accessibility of local services to enable Aboriginal families to access health and social services close to their home. As a result, the New Directions program seeks to support and educate local services on how they can deliver more culturally appropriate services to pregnant women and mothers who self-identify as being Aboriginal.

The NDMBS program has organised and run a number of health and group education activities. TML seeks to work with the Aboriginal community to identify topics and issues for activities. On some occasions, TML has contracted health professionals to deliver clinical services. TML directly provides a range of health related program activities, examples of the activities that have been delivered include:
- Fire safety at home
- First aid at home
- Healthy eating, nutrition and cooking
- Immunisation clinics
- Smoking cessation
- Core of Life/Sexual Health
- Parenting skills education
- Provision of resources including topics such as
  - Sudden Infant Death Syndrome
  - Foetal Alcohol Spectrum Disorder
- Layhooner’s Learning (Children Learning)
- Mental Health first aid
- Alcohol and other drug counselling
- Women’s Wellbeing Group
- Tasmanian Dreaming Stories.
Close the Gap Expos were held in 2011 and 2012 in collaboration with Six Rivers Aboriginal Corporation, with regional health and social service providers setting up information stands and giveaways.

An immunisation clinic was held during the Health Expo day, with 65 immunisations provided to mothers and adults. Approximately 200 people attended the Expo.

The New Directions program has access to a range of services internally, including Mental Health, Chronic Disease Management, Diabetes, Social Work and Aged Care.

Transport: TML provide transport for some clients dependant on need and where appropriate.

<table>
<thead>
<tr>
<th>New Directions Data Collection</th>
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<tbody>
<tr>
<td><strong>Currently collected data items:</strong></td>
</tr>
<tr>
<td>• Group activities</td>
</tr>
<tr>
<td>• Health promotion and education provided and number of attendances</td>
</tr>
<tr>
<td>• Occasions of service</td>
</tr>
<tr>
<td>• Number of clients</td>
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<tr>
<td>• Immunisations.</td>
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Data collection barriers:

• Advocacy, partnerships and engagement is difficult to report. Work is underway to refine measurement of improved outcomes as a result of participation in the NDMBS program.

Integration, Partnerships and Linkages

Partnerships: TML has a formal partnership with Six Rivers Aboriginal Corporation, to deliver health services on behalf of the Aboriginal Corporation. TML, Six Rivers Aboriginal Corporation Board and a Reference Group attend joint meetings as required.

As TML has recently employed a new Coordinator Aboriginal Health Programs (this position was vacant for several months), the New Directions program is slowly rebuilding itself and is seeking to develop more partnerships so as not to duplicate services and to work with the broader health and wellbeing sector. Organisations that TML has developed positive and productive working relationships with include:

• Flinders Island Aboriginal Association – Healthy Lifestyle Program
• Centrelink – Aboriginal Support Officer
• Anglicare – Family Support Worker
• Salvation Army
• Devonport Council – Building Families
• Burnie Council – Inclusion Support Worker
• Centrecare
• Child Protection Agency
• Childcare Centres
• Midwife Clinic
• East Devonport Child and Family Centre
Community Houses
Play centre Devonport
Tasmania DHHS.

Community engagement and health promotion: The Program is seeking to undertake a number of community consultation activities to work with the Aboriginal community to determine how TML can help improve access to maternal and child health services. The Program also runs a number of health promotion activities, listed previously.

Achievements, Barriers and Future Plans

Key achievements or outputs:
- Transition across to the Medicare Local at a similar time that New Directions came on board was challenging, with the auspicing being a success in itself; and
- The TML Screening Event and Health Expo Day were both very successful events with good attendance rates.

Barriers to service delivery:
- The Program has scope, potential and flexibility, but there is only enough funding for one position and possible for purchasing some services
- Recruitment and retention issues, as it is difficult recruiting staff with skills and experience in providing services to, and working with Aboriginal communities
- Public transport is limited in North West Tasmania
- The legacy of the myth that Aboriginal people had been wiped out in Tasmania has impacted on Tasmanian culture and health system. As some communities are less visible, they are more difficult to engage with and provide appropriate services
- Most GPs have closed books and on most occasions do not bulk bill. If a person is on a health card, has complex issues or requests payment assistance, the GPs will generally bulk bill
- Some health professionals are not appropriately trained in cultural awareness, especially some from overseas who have not worked previously with Aboriginal clients
- Antenatal classes are run at the Hospital.

Resources
- New Directions Mothers and Babies pamphlet.
5.18 BALLARAT AND DISTRICT ABORIGINAL CO-OPERATIVE

Context

Birthing: Women give birth at the Ballarat Base Hospital.

Ballarat and District Aboriginal Co-operative: Ballarat and District Aboriginal Health Co-operative (BADAC) delivers primary health care services at the Baarlinjan Health Clinic as well as a range of family, children and cultural support services to the local Aboriginal population of approximately 1,500. The Baarlinjan Health Clinic provides a range of services and programs including:

- Doctor consultations and health assessments
- Chronic disease management
- Diabetes and asthma education
- Immunisation and wound care
- Pap Screens/sexual health/family planning
- Domestic violence support
- Practice Nurse and AHW support
- Emotional Wellbeing counselling
- Antenatal/maternal and child health nurse appointments and home visits (New Directions)
- Drug and alcohol counselling
- Smoking cessation program
- Healthy lifestyle program
- Dental referrals
- Visiting allied health services.

BADAC employs 2.3 FTE GPs (five GPs) and one of these GPs works at the antenatal clinic at the Ballarat Hospital.

Maternal and child health services prior to New Directions: Prior to New Directions, there was no targeted maternal and child health program at BADAC. Antenatal and postnatal consultations and child health checks were provided within primary health care by GPs and Practice Nurses.

A Koori Midwife was funded by the Hospital and spent a large proportion of her time at BADAC seeing clients. The City of Ballarat (local council) ran a Maternal and Child Health Program, whereby a Maternal and Child Health Nurse (MCHN) was employed to provide antenatal services, including one day of outreach for Indigenous women. This was funded under the Victorian State Department of Education and Early Childhood Development.

New Directions Service Delivery Model

Target population and clients: The target population is Aboriginal women and children in the Ballarat region. The number of births of Aboriginal children was reported to have almost doubled over the last couple of years, with the current approximate number of births being 50-99 per year.

On commencement of the New Directions program, the MCHN transitioned from the City of Ballarat to BADAC, bringing with her 45 Aboriginal families. The number of clients has grown and the MCHN
currently has 95-100 families on the books, with approximately 270 children less than 5 years and 120 children less than 1 year of age.

Service delivery: The NDMBS program is made up of two components:

- The maternal and child health program, which sits under the broader Health Program, i.e. Primary Health Care
- The Mums and Bubs group, which sits under the family services program.

Under ND funding, BADAC employs:

- 1 FTE Maternal and Child Health Nurse (sits within the Health Program)
- 1 FTE Practice Manager of Mums and Bubs group (sits within Family Services Program)
- 1 FTE Receptionist at Mums and Bubs group (sits within Family Services Program).

BADAC also has funding for a Maternal AHW position, however this position is yet to be recruited to.

The MCHN has undertaken training in “Cultural Awareness”, “Antenatal and Childbirth” and “Immunisation Emergency Management and Resuscitation”.

Antenatal care: Once the pregnancy is confirmed by the BADAC GP, the client is referred and introduced to the MCHN. Both the MCHN and BADAC GPs provide relevant health check-ups for pregnant women. The MCHN works with the Koori Midwife at the Ballarat Hospital who runs antenatal clinics. The Koori Midwife and New Directions MCHN talk weekly and meet monthly to provide client updates.

Birthing: Birthing takes place at the Ballarat Base Hospital. It was reported that the hospital has a good relationship with the Aboriginal community, supported by the Koori Midwife and Koori Liaison Officer (male).

Postnatal care: The Hospital undertakes a postnatal domiciliary home visit, and then refers clients to the New Directions MCHN or a different provider/service if requested. After the handover, the MCHN visits the family once a week for the initial month (an appointment is booked on a weekly basis), then fortnightly or once a month depending on need. It was reported that the MCHN has a very good relationship with the families and the families will inform the MCHN if they are unable to make the appointment.

Maternal and Child Health Program: The MCHN delivers a range of services for pregnant women and mothers and babies up to the age of five (this age range is flexible). The Nurse takes on a support and clinical role and adapts the care and support she offers and how she provides it (e.g. verbal, pamphlets, and demonstrations) to suit the needs of the client.

The majority of services are delivered into the client’s home, with the MCHN undertaking daily home visits from 10am to 3pm. It was reported that the community want the service and enjoy it being delivered in their home. Care is provided via:

- Home visits, one on one
- Home visits, informal group chats (e.g. families may visit a home while the MCHN is undertaking a home visit)
- At the Mums and Bubs group, one on one and informal group chats
- At the pre-school, one on one and informal group chats
At the BADAC clinic. The MCHN’s clinic room is located close to the waiting room, which enables clients to see when her door is open and thus when they can “drop in”.

The MCHN provides a range of education, support, “modelling” and practical demonstrations to pregnant women and mothers, depending on their need, for example:

- Antenatal education:
  - Smoking cessation
  - Diabetes education
  - Housing and social
  - Drug and alcohol
  - Mental Health.

- Education on looking after a baby and baby development:
  - Wrapping a baby
  - How to sleep safely with baby in the bed
  - Appropriate bedding
  - Preparing a bottle
  - Baby development, e.g. reflux, crying, sleeping,
  - Baby diet guidelines and when to introduce foods (the MCHN works with the formula campaign reps to receive free samples to provide to mothers)
  - Safety and first aid
  - Language development.

- Contraception

- Postnatal depression. The MCHN looks for signs of postnatal depression and if required checks in on mothers on an ongoing basis and makes the appropriate referrals

- Crisis situations. The MCHN will help guide the family to access appropriate support.

The MCHN and her clients can also access support services within BADAC, such as smoking cessation and emotional wellbeing counselling.

The MCHN provides immunisations in the home and clinic at 8 weeks, 4, 6 and 12 months and once a year.

The BADAC GPs and MCHN also work together to deliver a comprehensive health check for children once a year, which they are working towards completing on every child’s birthday. The health check is made up of:

- The Adult Health Check, i.e. physical health check that is completed by the GP
- Developmental Check and Immunisations, completed by the MCHN.

**Mums and Bubs Playgroup:** The Mums and Bubs playgroup is run twice a week, on Tuesday and Thursday from 11am to 1.30pm, for mothers and babies, grandparents and carers. The playgroup enables mothers, children and staff to meet together in an informal playgroup setting. No men are allowed at the playgroup. Lunch and a range of activities are provided for the children and mothers.

On average, 30-40 women attend the Mums and Bubs playgroup.

The MCHN attends the playgroups for informal catch-ups, immunisations, development assessments, and opportunistic learning experiences in a supportive peer group environment.
Transport:
- Three cars with one driver and support from reception (one of the three cars and petrol funded under New Directions).

**New Directions Data Collection**

*Currently collected data items:* The data included in the service activity reports for OATSIH is drawn from the MCHN diary and Client Medical Records and Billing System. The Client Audit Tool is a useful tool that can extract data from the Medical Records system.

**Data collection barriers:**
- Difficult to measure and capture the work undertaken. A lot of the work is better described qualitatively.
- The MCHN does not have a template or data tool that is easy to use.

**Integration, Partnerships and Linkages**

**Partnerships:** BADAC and MCHN have a good relationship with the Ballarat Hospital. The MCHN makes regular contact with the Koori Midwife and Koori Liaison Officer (male) and attends relevant case management meetings at the Hospital as required.

The Department of Human Services will contact BADAC if they have a report about a family and will work with the MCHN who has a good relationship with the client. BADAC will report to the Department of Human Services if they have a concern about a client.

**Community engagement and health promotion:** Community engagement is undertaken via brochures, attendance at meetings and presentations and community consultation activities.

**Achievements, Barriers and Future Plans**

**Key achievements or outputs**
- Increase in number of clients
- Respect and relationship between MCHN and clients.

**Barriers to service delivery**
- No Medicare is claimed under the MCHN position, thus the service relies on government funding and is not self-sufficient and has limited capacity to expand.
- The Program requires 1.3 FTE MCHN to meet need and for backfill.

**Resources**

The MCHN worked with the local Division of General Practice/Medicare Local to develop a culturally appropriate immunisation poster for use by the local Aboriginal community. The poster includes photos of local families across the key ages/stages in a child’s development.

A brochure has been developed promoting the New Directions service and playgroup sessions.
5.19 BEGA GARNBIRINNGU HEALTH SERVICE: KALGOORLIE AND THE GOLDFIELDS

Background information regarding the Kalgoorlie and Goldfields region

Geography and demographics: The Goldfields-Esperance region is made up of nine LGAs covering the south eastern corner of WA, almost a third of Western Australia (see Figure 21). In 2011, the region had a total population of 57,419, of which 9.3% (5,330) were Aboriginal. An additional 5,736 people in the 2011 census did not identify their Indigenous status. The Goldfields-Esperance also has a non-permanent population, made up of fly-in fly-out mine workers and a transient Aboriginal population. On the evening of the 2011 census, the region had a total visiting population of 8,344, of which 553 were Aboriginal.

Kalgoorlie-Boulder is the major regional service centre, located approximately 600 km from Perth on the Great Eastern Highway. The town of Kalgoorlie-Boulder has a total population of 30,841 and an Aboriginal population of 2,088 (6.8%). Kalgoorlie-Boulder LGA and Ngaanyatjarraku LGA have the largest Aboriginal populations in the region, with 2,144 and 1,212 Aboriginal residents, respectively.

Maternal and child health services in Kalgoorlie: There are several maternal and child health service providers in Kalgoorlie and the Goldfields region, supported by remote health clinics in rural and remote communities. Key service providers include:

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14 ABS (2011), *ibid*.
15 ABS (2011), *ibid*. 
Western Australian Country Health Service (WACHS) (Goldfields) Kalgoorlie Hospital. The Kalgoorlie Hospital has a 20 bed Maternity Ward. There are three birthing suites, as well as the Mother Earth Room, which is a birthing suite for low-risk families. The Hospital is Baby Friendly Health Initiative accredited. The Hospital employs an Obstetrician/Gynaecologist, General Practitioners and two Paediatricians.

WACHS (Goldfields), Kalgoorlie-Boulder Population Health Unit: Community Health Service and Public Health Unit. The Population Health Unit provides women’s health, child health, sexual health, and immunisations.

Ngunytju Tjitji Pirni (NTP). NTP provides health and family support home visiting services for Aboriginal women and children across the Goldfields; and under New Directions, supports pregnant women, mothers and children who come into Kalgoorlie from the Lands, Tjuntjuntjara or Coonana, to give birth and/or access antenatal and postnatal care.

Bega Garnbirringu Health Service (Bega). Bega is an Aboriginal Community Controlled Health Service, and under the New Directions program, provides maternal and child health services to the Aboriginal population across the Goldfields-Esperance region.

Ngaanyatjarra Health Service and Tjuntjuntjara Health Service. Ngaanyatjarra Health Service and Tjuntjuntjara Health Service are both based in remote centres and are funded under New Directions to deliver maternal and child health services in the Ngaanyatjarra Lands and in Tjuntjuntjara, respectively.

Private providers, such as GPs, specialists and allied health professionals.

Identified health needs within the Goldfields region: In December 2010, a regional Planning Workshop was held to identify key health priorities for Aboriginal people across the Goldfields. Child, maternal and family health was identified as one of the key health priorities. An outcome of this Planning Workshop was the development of the Child, Maternal and Family Working Group, which is currently led by one of the NTP New Directions AHW. The Group is made up of representatives from NTP and Bega (organisations based in Kalgoorlie) and the Lands, Tjuntjuntjara and Wiluna (remote communities).

A forum was held to identify priorities for child and maternal health. Priorities included:

- Co-ordination of services
- Supported maternal hostel care
- Supported early maternal care (particularly with young mothers)
- Shared communication
- Perinatal mental health.

The Group meets every three months and is currently trying to address these priorities.

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16 Bega Garnbirringu Health Service (no date), op. cit.
17 Bega Garnbirringu Health Service (no date), op. cit.
Context

**Birthing:** Although Kalgoorlie Hospital is the main birthing centre in the region, births to Aboriginal children may also take place in Esperance (southern Goldfields-Esperance), Alice Springs (east of the Ngaanyatjarraku Lands), Perth (west of Kalgoorlie), or at other sites.

**Bega Garnbirringu Health Service:** Bega Garnbirringu Health Service is an Aboriginal Community Controlled Health Service providing services to the Aboriginal population across the Goldfields-Esperance region. Bega runs a primary health care clinic, receives a number of visiting specialist services and provides a range of social and support services. Bega is a dispensing health service. Bega also has a creche which is available to clients, including New Directions clients, when they are attending appointments or classes.

**Maternal and child health prior to New Directions:** The Bega Garnbirringu Health Service previously delivered Women’s Health within the primary health care clinic, which incorporated some maternal and child health services. Prior to New Directions, there was an identified need for improved communication between Bega Garnbirringu Health Service and the Kalgoorlie Hospital, with the Hospital unaware of Bega clients being pregnant and/or their expected delivery date, until presenting at the Hospital to give birth.

To improve communication, a midwife from the hospital worked into Bega one day per week to facilitate communication and referral processes. Although employing the Midwife did improve some communication, there was still a lack of maternal and child health care services for Aboriginal women in Kalgoorlie and the Goldfields, with few women receiving antenatal or postnatal care.

**New Directions Service delivery Model**

**Target population and clients:** According to the 2011 census, there are 625 Aboriginal children aged 0 to 4 years residing across the Goldfields-Esperance region. This figure is consistent with Aboriginal birthing figures at Kalgoorlie Hospital, with 109 Aboriginal children born in the 12 month period from July 2011 to June 2012, and an average of 131 live births to Aboriginal children per year from 2004 to 2008.

As there are several maternal and child health providers in Kalgoorlie, it is difficult to determine whether pregnant women are falling through the gaps. NTP and Bega plan to work together to identify what clients are accessing both services and how many clients are not accessing any antenatal and/or postnatal services.

Bega has previously had up to 36 clients on their books; however, the number of clients has recently dropped off slightly. It was reported that this could be a result of a decrease in the number of pregnancies and/or clients attending other services.

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18 ABS (2011), op. cit.
The majority of clients who access the Bega New Directions program are from Kalgoorlie. The transient population and some people from the Lands also access maternal and child health services at Bega. Bega is seeking to improve their relationship with women coming in from the Lands and Tjuntjuntjara.

**Service delivery:** The Bega New Directions program commenced in February 2009. Services are delivered out of the Bega New Directions facility based in Kalgoorlie at the Bega health clinic, with some home visits undertaken.

In summary, the Bega New Directions program runs antenatal clinics, Women’s Business clinics, immunisation clinics, a weekly paediatrician clinic, and child health clinics. Incentives, such as baby seats or baby baskets, are provided for mothers who attend a certain number of antenatal clinics and for children who complete a four year old child health check. The team also provides support services, including transport and support during birth. Education on health behaviours, such as smoking, alcohol, nutrition, and breastfeeding, are undertaken within antenatal clinics as required.

Staff employed under New Directions funding, and their roles and responsibilities within the program, include:

- **1 FTE Coordinator:** Roles within this position include networking with other organisations and developing partnerships; coordinating, organising and attending events, functions and meetings; organising staff training; managing the budget; provided reports when required; identifying program gaps, and follow up with these
- **1 FTE Aboriginal Health Worker:** The AHW is generally the first point of contact for clients and provides support to the midwife (e.g. undertakes blood pressure, weight) and cultural support to clients and New Directions staff (e.g. attending home visits, attending the birth)
- **1 FTE Aboriginal Health Worker (trained EN):** The AHW commenced in April 2012 and undertakes immunisations (previously the Midwife did the immunisations) and assists with Adult Health Checks and Child Health Checks. She also provides support to the midwife (e.g. undertakes blood pressure, weight) and cultural support to clients and New Directions staff (e.g. attending home visits, attending the birth)
- **1 FTE Midwife (a shared position):** The Midwives focus on antenatal care and encourage mothers to attend regular antenatal clinics. Recalls involve SMS, phone calls and if necessary, home visits. They also provide hospital ward tours for new mothers. Postnatal care is provided, however this is ad hoc and follow up and home visits are generally only undertaken for high needs clients. The Midwives are also lactation consultants.

Additional staff that work in the New Directions program but are funded under other sources include:

- **0.8 FTE Maternal Health Support Worker (COAG maternal child health funding):** This position is a transport and support worker. Transport is provided for clients to access services at Bega and other child and maternal health services. The Support Worker also assists with organising promotion activities and events, and provides general support for New Directions staff. The Maternal Health Support Worker recently completed baby car transport training and thus will be able educate mothers on baby car seats and capsules
- **0.8 FTE Midwife (COAG maternal child health funding):** as above
• 1 FTE GP (female): This GP is based in the New Directions site and prioritises New Directions clients, however is also available to all Bega clients.

Training and professional development opportunities have included:
• A New Directions Midwife presented at a conference on the importance of Vitamin D in pregnant women
• Goldfields Aboriginal Child Health Policy Practice Update – Introducing the Enhanced Aboriginal Child Health (New Directions team)
• Public Speaking Made Easy (New Directions Coordinator)
• Aboriginal Maternal and Child Health Conference (Midwife, Coordinator, Maternal Health Support Worker, AHW).

Antenatal Care: Antenatal clinics are run by the Midwives, with support provided by the AHWs and Maternal Health Support Worker, Monday to Friday from 9am to 3pm. Clinics are “walk-in”, i.e. there are no appointments. However, in the case of an urgent appointment, the health professionals seek to ensure the client attends the clinic first thing in the morning.

Reminders/recalls are undertaken for antenatal clinics once a week. Every Monday, the Midwives obtain a list of clients from Communicare, including age, stage of pregnancy (weeks) and date of last health visit. Reminders are sent out via SMS or phone calls, and if the client cannot be contacted, a home visit will be undertaken. Following Bega policies, home visits must be undertaken with two staff members.

Bega New Directions has an ultrasound/scanner. One of the shared midwife positions (works one day per week) has been trained to provide dating, take a photo and take measurements of the child’s head. The Bega GPs and Midwives will all be undertaking training in the coming months (later half of 2012) to enable them to operate the ultrasound/scanner and interpret the information gathered from the scan. Providing pregnant women with a photo of their child was reported to be a key enabler for engaging mothers in their pregnancy and making the pregnancy “real”.

Incentives are provided for pregnant mothers who attend a minimum of five antenatal visits and receive a scan. The incentive is a choice of one of the following:
• Baby basket/starter kit, e.g. nappies, toiletries, clothing, wraps, blankets, wipes, food, bepapthen
• Porter (portable) cot
• Pram/stroller
• Car seat (convertible, birth to 18 months).

When clients are booked into the Hospital, they undertake the Edinburgh Perinatal Depression survey. However, it was reported that this survey is not culturally appropriate and only recently was a culturally appropriate version of the survey developed.

With Bega being a dispensing Health Service, Midwives are able to obtain iron, folate and vitamin D tablets for pregnant women if required, and dispense various forms of contraception through the clinic.
The midwife provides first time pregnant women with a tour of the hospital maternity ward at antenatal 24 weeks.

A midwife undertakes a round at the hospital several mornings per week to make contact with, and provide support for clients.

**Postnatal Care and Child Health:** Immunisation clinics are provided daily by the AHW who is trained as an EN. The AHW/RN also works with the GP to provide Child Health Checks, with a toy provided to the child at the four year old health check as an incentive. Bega also runs paediatric clinics and ear health clinics.

**Education:** The New Directions complex has a TV in the waiting room and in the midwife room, which run educational DVDs, e.g. baby brain development, smoking during pregnancy. It is difficult, however, to find resources that are culturally appropriate and few have been made in WA.

Bega New Directions runs cooking classes in collaboration with the Red Cross. This class is run every Tuesday at 10am and teaches pregnant women and mothers how to cook healthy food for mothers and babies. A cook book is provided to people who attend the class.

Education on health behaviours, such as smoking, alcohol, drugs, nutrition, sexual health, and breastfeeding are provided within antenatal clinics. The type of education will depend on client needs and priorities.

Pamphlets and resources are available in the New Directions waiting area, including smoking cessation, alcohol and other drugs, and FASD.

In Bega’s main reception area there are a large number of pamphlets on display, including:
- Gestational diabetes
- Safe sleeping
- Smoking and pregnancy
- Promotion of New Directions services
- Smoking during pregnancy
- Alcohol and other drug use during pregnancy
- Antenatal classes
- Cooking classes at Bega
- Ear disease in Aboriginal and Torres Strait Islander (ATSI) children.

**Primary Health Care:** Women’s Business clinics are available daily at Bega. Women who present to New Directions can access Women’s/Adult Health Checks, pap smears, and screenings for STIs, provided by the midwife, AHW/RN and/or GP. Meat/butcher vouchers are available on completion of the health check.

**Identified health issues:** Consultations with the New Directions team identified key health issues amongst the Aboriginal population in Kalgoorlie and across the Goldfields to be:
- Smoking
- Sexually transmitted infections
- Domestic violence
- Alcohol and other drugs
• Diabetes
• Homelessness
• Social and emotional wellbeing.

New Directions Data Collection

Currently collected items and their use: Bega currently reports bi-annually. Bega is seeking to commence meetings of reporting specific staff to enable the New Directions team to have the opportunity to review and discuss the action and progress reports.

Data items that are collected under the New Directions program include:

Antenatal clinics and birthing:
• Number of hours per week of antenatal clinics
• Number of antenatal classes and attendance
• Number of antenatal checks
• Number of antenatal clients
• Number of women who presented for their first antenatal visit by date: before 13 weeks, 13 to 19 weeks, 20 weeks +
• Number of women who have received dating scans by Bega
• Number of clients who gave birth
• Number of Baby Baskets and Mothers Baskets distributed.

Health behaviours and screening:
• Number of education sessions and number of clients, by type of activity, i.e. over January to June 2012 activities delivered included post-natal education, parenting skills, sexual/reproductive health, alcohol consumption, smoking cessation
• Breastfeeding:
  o Number of women provided breastfeeding education and practical assistance, and assistance for use of breast pumps
  o Number of ABA information sets distributed
  o Number of client babies breast fed, bottle/breast fed combination, bottle fed, unknown feeding method, at hospital discharge
• Women’s health and sexual health:
  o Number of Women’s Health Checks
  o Number of Pap Smears
  o Number of women screened for STIs, for: Chlamydia, gonorrhoea, HIV, Hep A, Hep B, Hep C, Hepatitis serology in pregnancy, syphilis
  o Number of contraception dispensed from Bega pharmacy, by type
  o Number of sexual/women’s health counselling and education sessions
  o Number of referrals to
• Alcohol, drugs and smoking Gynaecologist and Obstetrician:
  o Smoking and other substance abuse status at pregnancy: daily, weekly, irregular, ex-user (quit before pregnancy), ex-user (quit during pregnancy), non-smoker/non-illicit substance user
  o Alcohol use among antenatal women
• Nutrition:
  o Number of cooking classes
  o Number of referrals to dietitian.

**Other:**
• Number of referrals to support services (internal and external services), ENT, Paediatrician
• Number of children who accessed Bega Creche
• Number of immunisations, by age, against the number of Bega clients within the age group
• Number of child health checks
• Number of child check-ups by age: 2 weeks, 2 months, 4 months, 6 months, 8 months, 12 months, 18 months, 3 years, four year old “healthy kids check”, child health checks ups (0-14 yrs, item number 715)
• Number of ear health checks.

**Staff activity:**
• Number of program contacts by staff member, FTE and time of employment (if less than the reporting period)
• Total number of program contacts
• Number of hospital visits conducted by staff
• Approximate number of recall letters and SMS reminders across all New Directions services
• Approximate number of letters sent for referrals (internal and external agencies)
• Number of home visits
• Total number of kilometres travelled in New Directions vehicle
• A list and brief description of community events/promotional activities attended.

**Integration, Partnerships and Linkages**

**Partnerships:** The New Directions program has access to a range of programs and services delivered from the Bega Health Clinic. Of significance to maternal and child health care, specialists clinics run at Bega include:

• Dental clinic. A visiting dentist from the WA Dental Health Service at the Kalgoorlie-Boulder Health Clinic visits one day per week to provide oral health services to Aboriginal clients under five years of age or over 18 years. The dental clinic is based in the New Directions complex making it accessible for mothers and children
• Paediatrician clinic. The Paediatrician visits for half a day per week from the Maternity and Children’s Ward at the Kalgoorlie Hospital. The clinic is attached to the New Directions complex
• Ear Nose Throat (ENT) clinic. A visiting ENT specialist holds three clinics per year, which is supported by an Audiologist from Country Audiology. Surgery can then take place at the Kalgoorlie Hospital. When these clinics are undertaken, the New Directions AHWs undertake initial screenings to assist the ENT specialist
• Gestation diabetes clinic and diabetes educator
• A female Obstetrician Registrar is currently visiting Bega for 3 hours every week and working alongside the Midwife. This also provides a good link with the hospital.
Bega also provides a number of social and support programs which the New Directions team can refer to and work with, including:

- Tackling Smoking/Butt Out Team (3x tobacco action workers)
- Sexual support
- Social support section
- Alcohol and other drugs (AOD) counsellor
- Diabetes educator and gestation diabetes clinic
- Healthy Lifestyle workers.

The current midwives have previously worked and/or currently work at the Kalgoorlie Hospital and thus have assisted with the development and maintenance of a good relationship and ongoing communication with hospital staff. One midwife visits Bega once a week, works at the Kalgoorlie Hospital and visits Tjuntjuntjara on two occasions per year.

Bega has an ongoing relationship with NTP, who continue to work together to support women and children from Tjuntjuntjara and the Lands. They also undertake joint visits to the hospital and have planning meetings on an ongoing basis.

Bega New Directions also has relationships/partnerships with:

- Rural and remote health services in: Leonora, Tjuntjuntjara, the Lands
- WACHS Population Health Unit
- Goldfields-Midwest Medicare Local
- Red Cross
- Goldfields Women's Health Care Centre
- Women’s Refuge
- Department of Child Protection - Aboriginal Best Start Program
- Australian Breastfeeding Association
- Department of Human Services
- Department of Housing and Works
- Aboriginal Family Legal Service
- Tjuma Pulka Radio
- WA Cervical Cancer Prevention Program
- Trilby Cooper Hostel
- Goldfields Regional Aboriginal Health Planning Forum: Sub-committee Maternal and Child Health Working Group
- Ear Health Project – Telethon Institute on Otitis Media
- Leonora midwife – the midwife will inform Bega of any high needs clients that will be going to Kalgoorlie to give birth, and has made some referrals where necessary.

**Community engagement and health promotion:** The Bega New Directions team attend a range of activities and events in Kalgoorlie and across the Goldfields, including Health expos (in Kalgoorlie and Leonora), big health events, Foetal Alcohol Spectrum Disorder days (population health), SIDS Awareness Day, Pina Pulka Ear Launch, GUILDS – yearly healthy lifestyle event, World No Tobacco Day, NTP events (e.g. NTP healthy baby competition day), Family Law events, and other community promotion and awareness programs and events identified.
Achievements, barriers and future plans

Key achievements or outputs:
- An increase in antenatal clients and antenatal checks. In 2011/12, 105 antenatal clients accessed New Directions, with 269 antenatal checks performed.
- From January to June 2012, 16 baby baskets and 5 mothers’ bags were given away (out of 32 clients), i.e. 66% of Bega clients received a minimum of five antenatal checks.
- Building the local workforce.
- Clients being able to access all services at Bega, i.e. one stop shop.
- Partnership/relationship with NTP.
- Fathers are beginning to attend some antenatal clinics. This is more so in the younger generation.

Barriers to service delivery:
- Bega does not have a Child Health Nurse. Bega could increase their focus on postnatal care, as they often miss clients from birth to 2-4 months.
- Allied health is a big gap across the Goldfields, with recruitment and retention difficulties.
- Mental Health Services across the Goldfields are limited.
- Women from the Lands are now being directed by PATS to access maternal, birthing and child health services in Alice Springs, and that they are not being given a choice to access services in Kalgoorlie.
- There are multiple Aboriginal Maternal and Child Health Service Providers in Kalgoorlie, targeting the same population group. As a result, it is difficult to determine whether pregnant women are falling through the gaps. Electronic health with shared data may assist this process, to be able to see where there is duplication of client records and identify clients not accessing any services.

Future Plans for the Service: Bega New Directions aims to work in partnership with other New Directions programs that deliver services across the Goldfields region (i.e. Kalgoorlie, Tjuntjuntjara and the Lands). Bega and NTP will seek to undertake joint outreach visits to the Lands and Tjuntjuntjara.

Other plans for Bega New Directions include:
- Delivering sexual health education/the Core of Life program into High Schools, in collaboration with Bega’s male sexual health worker, as there are many young Aboriginal parents in Kalgoorlie.
- Running “Dads’ Classes”.
- Determining, in collaboration with NTP and WACHS Population Health, the number of clients who are accessing multiple services, one service or nil services for antenatal and/or postnatal care.

Resources

Resources developed and purchased under New Directions funding include:
- A New Directions pamphlet (black and white).
- A new coloured pamphlet and booklet are currently being developed.
• New Directions t-shirts for staff
• Incentives for antenatal visits
• Incentives for Child Health Check (4 year old check).

The team also uses a range of resources that have been developed by other agencies, such as:
• Culturally appropriate Quit smoking pamphlets and resources. Developed by the Government of Western Australia (Drug and Alcohol Office (2012), WA Country Health Service (2007), Tobacco Control Branch (2009)), KAMSC Population Health Unit – Tackling Smoking (2012)
• Culturally appropriate comic books, e.g. “Baby Baby” aims to encourage Aboriginal women to attend regular check-ups during their pregnancies, “Party Girl” aims to reduce the spread of Foetal Alcohol Spectrum Disorder among Indigenous children, Developed by Inception Strategies for the Commonwealth Department of Health and Ageing and WA Department of Health: Office of Aboriginal Health
• “All you need to know about Health Pregnancy for a Healthy Book: Your Personal Pregnancy Handbook”. Developed by NSW Department of Health Illawarra Health Service, Illawarra Aboriginal Medical Service, Waminda Women’s Health Service, The Nursing Mothers Association
• Better Beginnings library bags.

The New Directions bus, with 12 seats, is currently being upgraded and branded.
Background information to the Kalgoorlie and Goldfields region

Geography and demographics: The Goldfields is Western Australia’s largest and most sparsely populated Indigenous region spanning nearly one third of the state and sharing boundaries to the east with the Northern Territory and South Australia. It is divided into five ABS Indigenous areas; Wiluna, Laverton-Ngaanyatjarra, Leonora, Kalgoorlie-Dundas and Esperance-Raventhorpe. With the exceptions of Kalgoorlie and Esperance, the overwhelming majority of the Goldfields ids classified as economically disadvantaged and very remote\(^{20}\) (see Figure 22). The 2011 final estimated resident Indigenous Goldfields’ population was 7,180, representing 8% of the Western Australian Indigenous population and 12% of the total Goldfields population\(^{21}\). Most (80%) of the Goldfields population, including 70% of the non-Indigenous population, reside in Kalgoorlie-Boulder and Esperance. Over one third (36%) of the Goldfields’ Indigenous population and 6% of the region’s non-Indigenous population reside in the vast Leinster-Leonora Indigenous area. The remaining population reside in small remote centres and discrete Indigenous communities scattered unevenly across the vast region. The Goldfields Indigenous population is relatively mobile with movements based around cultural, lifecycle and seasonal events as well as fly-in-fly-out employment in remote mine sites.

Kalgoorlie-Boulder is the major regional service centre, located approximately 600 km from Perth on the Great Eastern Highway. The town of Kalgoorlie-Boulder has a total population of 30,841 and an Indigenous population of 2,088 (6.8%)\(^{22}\). Kalgoorlie-Boulder LGA and Ngaanyatjarra LGA have the largest Indigenous populations in the region with 2,144 and 1,212 Aboriginal residents, respectively.

\(^{20}\) Goldfields Regional Aboriginal Health Planning Forum
\(^{21}\) ABS (2011), *ibid.*
\(^{22}\) ABS (2011), *ibid*
Maternal and child health services in Kalgoorlie: There are several maternal and child health service providers in Kalgoorlie and the Goldfields region, supported by remote health clinics in rural and remote communities. Key service providers include:

**Western Australia Country Health Service (WACHS) (Goldfields) Kalgoorlie Hospital.** The Kalgoorlie Hospital has a 20 bed Maternity Ward. There are three birthing suites, as well as the Mother Earth Room which is a birthing suite for low-risk families. The Hospital is Baby Friendly Health Initiative accredited. The Hospital employs an Obstetrician/Gynaecologist, General Practitioners and two Paediatricians.

**WACHS (Goldfields), Kalgoorlie-Boulder Population Health Unit: Community Health Service and Public Health Unit.** The Population Health Unit provides women’s health, child health, sexual health, and immunisations.

**Ngunytju Tjitji Pirni (NTP).** NTP provides health and family support home visiting services for Aboriginal women and children living in Kalgoorlie-Boulder and nearby communities, and under New Directions, supports pregnant women, mothers and children who come into Kalgoorlie from the Ngaanyatjarra Lands, Tjuntjuntjara or Coonana, to give birth and/or access antenatal and postnatal care.
Bega Garnbirringu Health Service (Bega). Bega is an Aboriginal Community Controlled Health Service, and under the New Directions program, provides maternal and child health services to the Aboriginal population across the Goldfields-Esperance region.

Ngaanyatjarra Health Service and Spinifex Health Service. Ngaanyatjarra Health Service and Spinifex Health service are both based in remote centres and are funded under New Directions to deliver maternal and child health services in the Ngaanyatjarra Lands and in Tjuntjuntjara, respectively.

Private providers, such as GPs, specialists and allied health professionals.

Identified health needs within the Goldfields region: In December 2010, a regional Planning Workshop was held to identify key health priorities for Aboriginal people across the Goldfields. An outcome of this Planning Workshop was the development of the Child, Maternal and Family Working Group, which is currently led by one of the NTP New Directions AHW. The Group is made up of representatives from NTP and Bega (organisations based in Kalgoorlie) and the Lands, Tjuntjuntjara and Wiluna (remote communities).

A forum was held to identify priorities for child and maternal health. Priorities included:

- Co-ordination of services
- Supported maternal hostel care
- Supported early maternal care (particularly with young mothers)
- Shared communication
- Perinatal mental health.

The Group meets every three months and is currently trying to address these priorities.

Context

Birthing: Although Kalgoorlie Hospital is the region’s main birthing centre, Indigenous births also occur in hospitals located in Esperance (southern Goldfields), Alice Springs (Northern Territory, east of the Ngaanyatjarraku Lands), Perth (west of Kalgoorlie).

Ngunytju Tjitji Pirni (NTP) Aboriginal Corporation: NTP is an incorporated Aboriginal Maternal and Infant Health Service based in Kalgoorlie, providing home visiting services to Aboriginal women and children aged 0 to 5 years in and around the Kalgoorlie- Boulder area.

The overarching vision of NTP is: “healthy women, healthy children, healthy families”. The service operates under a “holistic model”, with three key interrelated activities:

- Support services
- Clinical services
- Cultural communication.

With the exception of some of the clinical care provided to children (e.g. child health checks and immunisations), NTP is not a primary health care service.

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Goldfields Regional Aboriginal Health Planning Forum
Goldfields Regional Aboriginal Health Planning Forum
NTP has been operating since the early 1990s, and is funded by Commonwealth and State Governments.

NTP is staffed by Aboriginal Health Workers, an RN and administration/management staff, providing a range of services to Aboriginal women and children including:

- Child Health Checks, undertaken by a visiting Child Health Nurse from WACHS Population Health Unit (Thursday 9am to 2.30pm in the clinic)
- Immunisations, undertaken by NTP RN (Thursday 9am to 2.30pm in the clinic)
- Ear Health Screening (Wednesday 9am to 2pm in the clinic)
- Maternal Health Checks, undertaken by a Midwife and/or Obstetrician at the Kalgoorlie Hospital
- Antenatal and postnatal home visiting, undertaken by AHWs
- Support and education on women’s health issues, provided by AHWs
- Referrals to other health and social service providers
- Transport for clients, to and from appointments
- Support for social, emotional and wellbeing, including counselling and referral
- Emergency relief.

Maternal and child health services prior to New Directions: As above, however, there was not a specific focus on Aboriginal women who travel into Kalgoorlie from remote Aboriginal communities to access pregnancy and birthing services (Women from out of Country).

New Directions Service Model

Target population and clients: NTP New Directions target population is Aboriginal pregnant women and mothers and babies from the Lands, Tjuntjuntjara and Coonana. Between January 2012 and June 2012, NTP New Directions had 27 clients, with a total of 53 contacts (it is unknown what community these clients came from).

Service model: NTP New Directions receives recurrent funding of $250,000 per year. The New Directions program seeks to support Aboriginal Women from out of Country, i.e. women from the Lands (12 communities), Tjuntjuntjara and Coonana, coming into Kalgoorlie for maternal and child health services and to give birth.

Under New Directions, NTP has employed two FTE AHWs who are currently providing home visiting services to Aboriginal women who have come into Kalgoorlie from out of Country. The AHWs are local Aboriginal women, with suitable language skills (i.e. can speak Western Desert language), connections to Country and knowledge on birthing, nutrition and general care for mothers and babies. The AHWs have attended a Child and Maternal Up skilling course run through Marr Mooditj25 and Nindila26, Enhanced Aboriginal Child Health training and Child Car Restraint training.

The types of services the AHWs provide to women when they visit Kalgoorlie include:

- Transport to and from health and social related appointments

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25 Aboriginal Community Controlled Registered Training Organisation (RTO) base in Perth, WA
26 Nindila College is the RTO section of Bega
Referrals to other health and/or social services, including the Midwife and Obstetrician at the Kalgoorlie Hospital

- “Home visits” for antenatal and postnatal check-ups and education
- Undertaking routine rounds at the Kalgoorlie Hospital every Monday, Wednesday and Friday to identify potential clients and provide support when required
- Providing language and cultural interpreting services for clients accessing the Hospital or other health services in Kalgoorlie
- If requested, be present at the birth to provide support
- Liaising with health service providers in remote communities and identifying potential high needs clients.

The New Directions AHWs are planning outreach visits per year to their client group, i.e. women and children from the Lands, Tjuntjuntjara and Coonana. The purpose of the outreach visits is to:

- Develop relationships with the women in the communities so that they are familiar with a face and service if they are to give birth in Kalgoorlie
- Develop relationships with the local health centres to improve referrals and service coordination
- Provide antenatal and postnatal checkups and education to pregnant women/mothers and babies
- Educate the local women on the range of services they can access when in Kalgoorlie.

NTP New Directions AHWs also have the flexibility to support the other NTP AHWs that are not funded under New Directions. For example, one of the New Directions AHWs has a good relationship with the Aboriginal population in Coolgardie, and thus has taken on a list of clients from this community.

Under the New Directions funding, NTP has purchased a 12-seat bus with a baby and child seat restraints, the NTP logo and acknowledgment of New Directions funding (see Resources). This bus is utilised for transporting clients to and from medical appointments, for New Directions staff to attend promotional activities and for New Directions staff to provide home visiting services within Kalgoorlie-Boulder.

Opportunities for engaging the target population include:

- Outreach visits to the Lands, Coonana and Tjuntjuntjara
- Clients may visit Kalgoorlie in their 2nd trimester for a GP appointment
- Clients may stay in Kalgoorlie 3 weeks prior to giving birth for “sit down time”
- Birthing. AHWs undertake rounds at the Kalgoorlie Hospital every Monday, Wednesday and Friday to identify potential clients and provide support where required
- NTP is provided with a list of birth notifications
- Referrals, mostly from remote health centres and Kalgoorlie Hospital. NTP New Directions has developed a referral form for staff to utilise when referring women to NTP. This form has been made available to remote health centres.

27 The site/location for home visits in Kalgoorlie, for women out of Country, varies depending on where the pregnant woman comes from. Possible sites include hostels, camps, relative homes, the Kalgoorlie Hospital, towns nearby Kalgoorlie.
When clients from remote regions across the Goldfields come into Kalgoorlie to give birth or access antenatal or postnatal services, options for accommodation include:

- The Trilby Cooper Hostel, managed by Australia Aboriginal Hostels Ltd (AHL). This hostel has single and family rooms
- The Desert Rest Hostel
- Ninga Mia is a community not far from Kalgoorlie, and women from the Lands often stay with relatives in this community
- People from the Spinifex region/Tjuntjuntjara mostly stay at a camp on the edge of Boulder with minimal facilities (i.e. several very small shed like complexes for accommodation, toilets and showers). New accommodation for this family group has been funded under Royalties for Regions and will be managed by the Red Cross.

When engaging with clients, the AHWs often use genograms, and if the pregnant woman is young, it is culturally appropriate to include the grandmother in the antenatal and birthing process. However, in the case that the client requests their pregnancy to be kept confidential, relatives are not notified of, or involved in, the pregnancy.

The New Directions team provide support packs for mothers coming into Kalgoorlie from remote communities. This can include a:

- Hospital Pack: pads, breast leakage pads, toiletries, and other supplies as deemed suitable

**Identified health issues:** During consultations, NTP New Directions staff identified the following as key health priorities for Aboriginal people across the Goldfields:

- Young mothers
- Sniffing glue
- Alcohol and other drugs
- Alcohol, drugs and sexual activity amongst the young/teenage population
- Social and emotional wellbeing
- Domestic violence.

**New Directions data collection**

**Currently collected data items:** NTP collects the following items using Communicare:

- Health screening
- Number of referrals
- Number of immunisations
- Counselling
- Number of advocacy and liaison events/activities
- Education
- Administration
- Transport
- Social assistance, emergency relief, etc.
- Examples of miscellaneous reporting: Consult SP; Ear Screening Treatment follow-up; Group activity, Core of Life; Physiotherapy; referral letter.

For recording antenatal home visiting clinical items, NTP has developed an option to identify whether an Aboriginal Health Worker completed the home visit.

**Data collection barriers:**
- Communicare does not enable staff to record:
  - Data on informal referrals
  - After hours work (especially with AHWs)
- Do not have data for stillbirths and miscarriages
- Births by postcode can be difficult to track, however this information is required to monitor service activity and identify regions that are not accessing antenatal and postnatal service
- With several maternal and child health service providers in Kalgoorlie and across the Goldfields, it is possible some clients are falling through the gaps and not accessing any services, however, it is also important to have a range of services available to cater for different cultural and family affiliations.

**Integration, Partnerships and Linkages**

**Partnerships:** The New Directions team is on the Child and Maternal Regional Working Party Sub-Group, which meets quarterly to discuss service coordination and integration. Representation on the group comes from NTP, Bega, Tjuntjuntjara, the Lands, Goldfields-Midwest Medicare Local, Kalgoorlie Hospital, and WACHS Population Health Unit.

NTP also has partnerships with an array of health and social service providers in Kalgoorlie and across the Goldfields.

**Community engagement and health promotion:** NTP New Directions attend a range of activities and events in Kalgoorlie such as Bowel Cancer Awareness Day, International Men’s Health Day, World Blood Donor Day, and Red Nose Day.

NTP employs an *Information and Events Officer* (not funded under ND) who organises and identifies activities and events for NTP, including New Directions staff, to attend.

NTP undertakes an annual baby competition day in Kalgoorlie, supported by the New Directions staff. This is an annual event that receives a lot of interest from local Aboriginal families. The event seeks to promote healthy children and provide health information to mothers and fathers.

The “Core of Life” program was recently delivered at the local high school.
NTP has a feedback form for “Comments, Compliments or Complaints”. A Special General Meeting is held annually, and community members can attend and voice their concerns for the future direction of NTP. NTP New Directions is currently developing an annual client survey.

Achievements, Barriers and Future Plans

Barriers to service delivery:
- NTP have experienced difficulties in the recruitment and retention of a Midwife and GP
- Accessing the Lands, Tjuntjuntjara and Coonana has been difficult to organise and coordinate, with transport being a major barrier
- In the Lands, there are reported issues of domestic violence and partners leaving pregnant women/mothers when they leave their community to give birth
- In the case that the Department for Child Protection removes a child from the parents after giving birth, NTP AHWs need to work with community to help them understand that children are removed for protection purposes
- Given there are multiple child and maternal health service providers in Kalgoorlie to cater for different cultural and family affiliations, the recently formed Child, Maternal and Family working group is key to ensuring a coordinated coverage by all these services. The governance of this diverse group will sometimes be difficult but it is important for all parties to persist.

Future plans for the service:
- An Obstetrician from Perth currently provides a visiting service into The Lands at Jamieson. The ND AHW is seeking to undertake outreach visits with the Obstetrician
- Commence outreach visits into The Lands, Tjuntjuntjara and Coonana
- Recruit a Midwife, GP or CFHN.

Resources:

The following resources have been developed and/or purchased under New Directions funding:
- NTP referral form
- Hospital pack
- Baby pack
- Mothers’ pack.

Resources utilised by the New Directions team that have been drawn from elsewhere include: