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# ACRONYMS

<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACCHS</td>
<td>Aboriginal Community Controlled Health Services</td>
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<tr>
<td>AHCWA</td>
<td>Aboriginal Health Council of Western Australia</td>
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<tr>
<td>AMSSU</td>
<td>Aboriginal Maternity Services Support Unit</td>
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<tr>
<td>WNHS</td>
<td>Women and Newborn Health Service</td>
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Introduction

- The Strategic Plan is supported by an implementation plan. This will detail how we are going to achieve the key strategies identified in the Strategic Plan.
- The Implementation plan will have specific actions for each strategy, together with identified responsibilities, time frames and performance indicators.
- This implementation plan will be the AMSSU live working tool. The plan will be reviewed in line with external reporting requirements and adapted in line with consumer and stakeholder feedback.

Strategic Plan 2010-2014 Background Report

This document has been informed by the Aboriginal Health Council of Western Australia Strengths and Needs Analysis and the MCH Model of Care together with the listed frameworks.

- North Metro Aboriginal Reconciliation and Integration Strategy June 2009
Background

Closing the Gap is a commitment by all Australian governments to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children.

A national integrated closing the Gap strategy has been agreed through the Council of Australian Governments (COAG), the peak intergovernmental forum in Australia. COAG brings together the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association.

Closing the Gap is linked to a wider reform of Commonwealth-State financial relations. COAG’s national agreements and partnerships, in areas such as education, housing and health have a clear focus on overcoming Indigenous disadvantage.

COAG has agreed to specific timeframes for achieving six closing the Gap targets, relating to Indigenous life expectancy, infant mortality, early childhood development, education and employment.

Underpinning Closing the Gap is a new way of working across government and of engaging with Indigenous communities. Governments are cooperating to better coordinate their services and funding. Clear responsibilities, specific targets and rigorous reporting will help to keep governments on track.

Engagement and partnership with Indigenous people and communities, building on their ideas, strengths and leadership, will help to find sustainable solutions to long-standing problems.

Closing the Gap is a cross-community effort. The corporate, NGO and philanthropic sectors are also important in assisting Indigenous people and communities and contributing to Closing the Gap.
Indigenous Early Childhood

Closing the Gap is a commitment by all Australian governments to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children.

In 2008 the Council of Australian Governments set specific and ambitious targets for closing the Gap:

- To close the life-expectancy gap within a generation
- To halve the gap in mortality rates for Indigenous children under five within a decade
- To ensure access to early childhood education for all Indigenous four year olds in remote communities within five years
- To halve the gap in reading, writing and numeracy achievements for children within a decade
- To halve the gap for Indigenous students in Year 12 (or equivalent) attainment rates by 2020 (amended to 2015 in April 2009)
- To halve the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade

COAG recognises that overcoming Indigenous disadvantage will require a sustained commitment from all levels of government to work together and with Indigenous people, with major effort directed to seven action areas or ‘building blocks’.

The building blocks endorsed by COAG are:

- Early Childhood
- Schooling
- Health
- Economic Participation
- Healthy Homes
- Safe Communities
- Governance and Leadership.

The building blocks are linked – achieving the Closing the Gap targets requires progress in each of these areas. Strategies aimed at achieving improvements in any one area will not work in isolation.

Indigenous Early Childhood - The Three Elements of the National Partnership

All governments recognise that a shared commitment to improvements in Indigenous child mortality requires better access to antenatal care, teenage reproductive and sexual health services, child and maternal health services and integrated child and family services which focus on quality early learning, child care and parent and family support.
The Aboriginal Maternity Services Support Unit (AMSSU) has been funded under element two of the national partnership agreement. The AMSSU is a support unit that will provide evidence-based clinical advice, research, resources, information, linkage, and professional development across all regions in Western Australia. The AMSSU is underpinned by a collaborative relationship with the Aboriginal Health Council of Western Australia with the shared vision of both organisations to improve the health and wellbeing of Aboriginal people and this includes the provision of excellence and leadership in health care for women and babies in Western Australia.

The AMSSU is committed to ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
The National Partnership Agreement is split into three distinct elements:

<table>
<thead>
<tr>
<th>Element One: Integration of Early childhood services through the development of Children and Family Centres</th>
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<tr>
<td><strong>Managed by</strong></td>
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<tr>
<td><strong>Details</strong></td>
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<table>
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<tr>
<th>Element Two: Increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health</th>
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<td><strong>Managed by</strong></td>
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<tr>
<th>Element Three: Increased access to and use of maternal and child health services by Indigenous families</th>
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<td><strong>Managed by</strong></td>
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<td><strong>Details</strong></td>
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Strategic Purpose
- To build capacity and sustainability within services providing care to Aboriginal women and their newborns and to improve the cultural security of WNHS.

Our Mission
- Improving the health and wellbeing of Aboriginal and Torres Strait Islander women and children in Western Australia

Our Vision
- Working together to Close the Gap

Our Values
- **Collaboration** – Working together with a sense of collective purpose
- **Cultural Respect** – Respecting and incorporating the views, beliefs, rights, and customs of Aboriginal and Torres Strait Islander people
- **Equity** – Reducing inequalities in health, maximizing opportunities for health improvement.
- **Engagement** – Recognition of the importance of consumer engagement and community participation as integral to the planning, implementation and evaluation of the AMSSU. Working with stakeholders to ensure solutions to local issues
- **Excellence** – Committed to supporting access to high quality evidenced based care
- **Integrity** – Doing what we say we will do

Our operating environment
- Provision of information, resources and systems support to public, private and NGO maternity services statewide
- Professional Development programs
- Support to implement culturally appropriate evidence based social models of care appropriate to local needs and wishes
- Collaboration and Engagement - engaging stakeholders and communities to define Aboriginal health needs and priorities and to
support strategies which incorporate service users voice into all care planning

- Operate under primary health principles

**Our Stakeholders**

- Aboriginal Families
- AHCWA, ACCHS and WA Health Sites
- Health Networks, OATSIH, DOHA, GP Divisions,
- Clinicians
- Child and Community Adolescent Health Service, Population Health Services, Public Health Units, DCP, Sexual Health services.
- Environmental Health, Drug and Alcohol agencies,
- NGOS- Asthma Foundation, SIDS and Kids, Ngala
- Office of the Chief Nurse and Midwife
- Universities and Registered Training Organisations.
PROCESS FOR DEVELOPING STRATEGIC DIRECTION

- Evaluate Current Performance
- Industry Analysis
  - Structure Evolution
  - Competition
- SWOT Analysis
- Strategy Options
- Evaluation
  - Resource Requirements
  - Risk/Return

Environmental Analysis
- Economical
- Socio-cultural
- Technological
- Political

Company Analysis
- Structure
- Resources
- Processes
- Staffing
- Culture

Where are we now?

Where should we go?

How do we get there?
Our Strategic Priorities

- To support local health priorities and target actions to areas of highest need in a manner that does not conflict or compromise cultural respect or efforts directed at self determination.

- To build capacity and sustainability within services providing maternal and newborn care to Aboriginal families

- To improve the cultural security of WNHS

- To progress the recommendations of the AHCWA Strengths and Needs Analysis which relate to our area of influence

- Develop a long term comprehensive plan of action that is targeted to need, evidence based and capable of addressing inequities in health services in order to achieve equality of health status

- Build our relationships internally and externally

- Work together to demonstrate the value we add at all times

- Create a positive and supportive team culture.

- Encourage and support excellence in the provision of care to Aboriginal women, babies and their families

Strategic Themes

- Collaboration and Partnership

- Integrity and Excellence

- Value and Functionality

- Equity and Engagement

Our Service Outcomes

- A significant contribution to the overall effort to Closing the Gap for Aboriginal families

- Demonstrate the ability to influence and improve existing service delivery and therefore improve outcomes for women, families and community
Our Team
- Develop a workforce that is culturally aware and sensitive to Aboriginal and Torres Strait Islander peoples values, beliefs and customs
- Support Aboriginal Staff and Torres Strait Islander staff with leadership, mentoring and peer support networks
- Engaged people performing at their best
- A cohesive team working together with purpose

Our Work
Over the 2010 - 2011 strategic periods the AMSSU expects to:
- Finalise the MOU with the AHCWA
- Recruit the full team and finalise an agreed strategic framework
- Develop a comprehensive budgeted action plan inclusive of relevant S and N analysis recommendations
- Develop an in depth evaluation process which will continually influence the work of the AMSSU
- Facilitate and engage in community forums related to maternal and child health.
- Utilise a strategic approach to engage with all stakeholders
- Engage stakeholders in development of resources relevant to local needs.
- Engage and support stakeholders to implement evidence based locally appropriate models of care which support the needs of Aboriginal women and their families.
Key Goals

- Strengthening Partnerships – through a focus on communication and collaboration the AMSSU will have the capacity to address community health and wellbeing priorities relevant to IECD priorities

- Improve the cultural safety of Women and Newborn Health Service by recruitment of the AMSSU full team. To ensure retention and support of existing indigenous staff.

- Develop the AMSSU functional model

- Facilitate Integrated Planning – The AMSSU will have a coordinated approach to addressing the needs of women and babies as a result of integrated planning

- Build Health Service and Community Capacity – The AMSSU will increase capacity for a sustainable collaborative approach to addressing the needs of Aboriginal women, children and families

- Improve Systems and Processes to provide better access to safe and continuous services

Measurements of Success

- Well engaged community reference group

- All Stakeholders are aware of AMSSU core business

- Well targeted, good quality service delivery reach and support.

- Implementation Strategies meet agreed time frames and within budget

Evaluation – How effective is the AMSSU for Aboriginal Community?

The AMSSU will work with the Telethon Institute for Child Health to evaluate:

- Partnership and Linkages

- Multi agency working

- Type of support services delivered – responsive, appropriate, accessible, localised, quality

- Staff mix, turnover and engagement

- Ability to improve local outcomes as not direct service provider i.e. reach
The AMSSU Leadership pledge
We will ensure we behave in accordance with the enduring capabilities of leadership, namely:

- Actively support Indigenous led decision making in all aspects of program support and service delivery
- Providing vision and meaningful direction
- Operating consistently within our values
- Communicating constantly and with meaning
- Creating an environment for success
- Working together as team players
- Persist on task to achieve good outcomes
| **1 GOAL: Strengthening Partnerships – through a focus on communication and collaboration the AMSSU will have the capacity to address community health and wellbeing priorities relevant to IECD priorities** |
| **STRATEGIES** |
| **1.1** | Using a collaborative approach the AMSSU team will have the right partnership at the right time and for the right reason |
| **1.2** | The AMSSU will provide a supportive environment for partnership by expanding and strengthening our relationships with key stakeholders, organisations and networks |
| **1.3** | The AMSSU will develop a communication strategy inclusive of the governance and processes of partnership, cognisant of the need for timely effective communication and with knowledge of local conditions. |
| **1.4** | Plan travel to regional planning forums to highlight role of AMSSU and engage stakeholders |
| **1.5** | The AMSSU will engage and facilitate local community forums to guide and support local Maternal and Newborn issues |
| **1.6** | The AMSSU will keep abreast of changes to primary secondary and tertiary health care state and national reform and proactively review our strategies to ensure the best transition for Aboriginal women and newborns |
| **1.7** | Develop and implement governance processes for the AMSSU to ensure effective communication and knowledge sharing processes |
| **1.8** | The AMSSU will respond to emerging local needs and opportunities particularly in the areas of capacity building and sustainable solutions |
## 2 GOAL: Improve the cultural safety of Women’s and Newborns Health Service by recruitment of the AMSSU full team. To ensure retention and support of existing indigenous staff.

**STRATEGIES**

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<tr>
<td>2.1</td>
<td>Support existing and new staff by providing peer support and leadership for managers and employees</td>
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<td>2.2</td>
<td>In conjunction with North Metro and South PHU ensure awareness of COAG strategies and Close the Gap in IECD</td>
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<tr>
<td>2.3</td>
<td>Ensure the views of community stakeholders informs care by engaging with customer service unit and reconciliation committee at KEMH</td>
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<td>2.4</td>
<td>Develop and introduce strategies that recognise the dislocation of birthing women from country and support women who need to relocate to birth.</td>
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<tr>
<td>2.5</td>
<td>Develop and support social models of care which integrate with women attending KEMH for care</td>
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## 3 GOAL: Develop the AMSSU functional model

**STRATEGIES**

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<tr>
<td>3.1</td>
<td>Using governance processes develop systems and processes which will underpin the work of the AMSSU</td>
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## 4 GOAL: Facilitate Integrated Planning –The AMSSU will have a coordinated approach to addressing the needs of women and newborns as a result of integrated planning

**STRATEGIES**

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<tr>
<td>4.1</td>
<td>The AMSSU will advocate and support multiagency integrated service delivery which will be most effective when supported by over-arching state-wide agreement, underpinned by state-wide guidelines for MCH that address all personal, social and economic factors affecting health and access to health care.</td>
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<tr>
<td>4.2</td>
<td>The AMSSU will gather local priority data, research findings and policies to assist stakeholders in planning and making decisions</td>
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<td>4.3</td>
<td>The AMSSU will develop a health promotion IECD strategy based on mapping and gapping existing resources</td>
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<tr>
<td>4.4</td>
<td>Develop a database of community profiles, resources and referral pathways.</td>
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<tr>
<td>4.5</td>
<td>Develop resources pertinent to local needs and wishes eg my health in my hands and growing a strong baby</td>
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<tr>
<td>4.6</td>
<td>Develop and influence Strategies which support a joined up patient journey for women and families including local maternal and child health networks, discharge planning and integrated referral pathways.</td>
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5 GOAL: Build Health Service and Community Capacity – The AMSSU will increase capacity for a sustainable collaborative approach to addressing the needs of Aboriginal women, children and families

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<tr>
<th>STRATEGIES</th>
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<tr>
<td>5.1  Development of an evaluation and research framework to support the AMSSU and external stakeholders in conjunction with TICHR</td>
</tr>
<tr>
<td>5.2  The AMSSU will use a strengths based approach to understand local training and development needs</td>
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<td>5.3  The AMSSU will develop a learning package to support the Aboriginal Group practice. The program will utilise a clinical governance and legislative framework.</td>
</tr>
<tr>
<td>5.4  The AMSSU will increase our stakeholders ability to provide best practice clinical care and support in the areas of teenage and reproductive health, alcohol and substance use in pregnancy, tobacco use, domestic violence, breast feeding, sudden infant death and early and sustained access to antenatal care.</td>
</tr>
<tr>
<td>5.5  The AMSSU will seek and support others in obtaining and sharing information for collaborative initiatives that address IECD priorities.</td>
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<tr>
<td>5.6  The AMSSU will scope the development of the AMIC program in WA in consultation with its stakeholders.</td>
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<tr>
<td>5.7  The AMSSU will seek and support others in obtaining or sharing resources for community capacity building programs that target IECD priorities.</td>
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6. GOAL: Improve Systems and Processes to provide better access to safe and continuous services

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<tr>
<th>STRATEGIES</th>
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<tr>
<td>6.1 Develop a comprehensive implementation plan for S and N recommendations</td>
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<td>6.2 The AMSSU will support and inform the collection of maternal and newborn health indicators which are scientifically robust i.e. a valid specific, sensitive, and a reliable reflection of that which they purport to measure</td>
</tr>
<tr>
<td>6.3 The AMSSU will gather share and inform priority data and research findings and policies to support local decision making and program evaluation.</td>
</tr>
<tr>
<td>6.4 The AMSSU will provide access to priority data, evidence and information for all stakeholders.</td>
</tr>
<tr>
<td>6.5 The AMSSU will increase our stakeholders ability to provide culturally appropriate high quality clinical care via knowledge exchange, maternal and child health networks and signposting training opportunities.</td>
</tr>
<tr>
<td>6.6 Develop and influence Strategies which support a joined up patient journey for women and families</td>
</tr>
<tr>
<td>6.7 The AMSSU will assist in improving the accessibility of health services for Aboriginal women and newborns.</td>
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<tr>
<td>6.8 The AMSSU will improve the coordination and consistency of maternal and newborn services offered by encouraging the use of evidenced based policies, guidelines, referral tools.</td>
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<tr>
<td>6.9 The AMSSU will encourage and advocate towards shared care planning via local agreements and networks that support the needs of vulnerable families from preconception through early childhood.</td>
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<tr>
<td>6.10 The AMSSU will support stakeholders to continuously improve their service coordination and maternal and newborn management practices by encouraging the use of a maternal and child health clinical governance framework</td>
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