KOORI MATERNITY SERVICES GUIDELINES

Delivering culturally responsive and high-quality care

VICTORIA State Government | Health and Human Services

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Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ and ‘Koori’ are retained when it is part of the title of a report, program or quotation.

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Artwork and illustrations designed by Shakara Montalto (Gunditjmara).

Cover: In the centre of the artwork is a Coolamon which is a curved wooden bowl. Traditionally, Aboriginal women used this as a carrying vessel when collecting different types of bush tuckers, such as fruit and nuts. It’s other main use was to cradle their boorai (baby). The gum leaves are a reference to the tree that would have been used to carve out the Coolamon.

CONTENTS

FOREWORD

Koori maternity services are uniquely Victorian and have provided flexible, inclusive and culturally safe maternity care to Aboriginal women, babies and families since 2000.

The *Koori maternity services guidelines* give voice to the wisdom and expertise of Victoria's Koori maternity service workforce; and reflect the partnership between the Victorian Aboriginal Community Controlled Health Organisation and the Department of Health and Human Services.

Koori maternity services are about delivering on the principles of care described in these guidelines. Together these principles will see women and their families receive holistic care, provided early and strengthened by Aboriginal culture and practice.

As services respond to growing demand and changing community needs, these guidelines will remain the cornerstone for the delivery of safe and high-quality care enriched by Aboriginal culture.

We encourage services to use them as they work with local communities and services to provide pregnancy, birthing and postnatal care that is culturally safe and tailored to the unique needs of each Aboriginal woman, baby and family.

A WORD ABOUT LANGUAGE…

In keeping with the National Aboriginal Community Controlled Health Organisation's convention, Aboriginal is inclusive of Aboriginal and Torres Strait Islander peoples.

Aboriginal family/families is used to describe the range of people involved in 'growing up' boorai, including the immediate family (mother, father, siblings, carers, step-parents, adoptive parents and partner) and extended family (grandparents, aunts, uncles, cousins and kin). Aboriginal families often encompass a complex familial structure identified by blood lines, kinship and connection to country. The roles and responsibilities of extended family members will differ in each family.[1]

Boorai is a traditional term used to describe an Aboriginal baby or child.[2]

Continuity of care is more than one-to-one care. It is 'the degree to which a series of discrete healthcare events is experienced as coherent and connected and consistent with the patient's medical needs and personal context'.[3]

Koori is a term used to describe an Aboriginal person from South Eastern Australia.[4]

Health literacy describes an individuals capacity to access, understand and use health information to make decisions and take action about their health and the broader factors that shape their health.[5] Health literacy is shaped by factors such as culture, language, education, employment, income and previous healthcare experiences.

Health service relates primarily to Victorian public hospitals.

Perinatal describes the period before, during and after birth – antenatal, intrapartum and postnatal periods.[6]

Perinatal death (mortality) refers to fetal deaths (stillbirths) and deaths of liveborn babies within the first 28 days after birth (neonatal deaths).[7]

Pre-term is used to describe babies born prior to 37 weeks' gestation.[8]

Scope of care provision is used to describe the roles and responsibilities Koori maternity services staff are skilled in, and authorised and competent to perform.

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1 Secretariat of National Aboriginal and Islander Child Care 2010, *Working and walking together: supporting family relationship services work with Aboriginal and Torres Strait Islander families and organisations,* SNAICC, North Fitzroy.

2 La Trobe University and Victorian Aboriginal Community Controlled Health Organisation 2014, *Koorified: Aboriginal communication and well-being,* VACCHO, Fitzroy.

3 Haggerty JL, et al. 2003, *'Continuity of care: a multidisciplinary review',* BMJ, vol. 327, pp. 1219–1221.

4 Haggerty JL, et al. 2003, *'Continuity of care: a multidisciplinary review',* BMJ, vol. 327, pp. 1219–1221.

5 Australian Commission on Safety and Quality in Health Care 2014, *Health literacy: Taking action to improve safety and quality,* ACSQHC, Sydney.

6 Department of Health and Human Services 2016, *Victorian perinatal service performance indicators 2014-15,* State Government of Victoria, Melbourne.

7 The Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2016, *2012 and 2013 Victoria's Mothers, Babies and Children,* Department of Health and Human Services, State of Victoria, Melbourne.

8 Department of Health and Human Services 2016, *Victorian perinatal service performance indicators 2014-15,* State Government of Victoria, Melbourne.

INTRODUCTION

Koori maternity services (KMS) provide flexible, holistic and culturally safe pregnancy and postnatal care for Aboriginal women, women having Aboriginal babies and their families.

KMS are provided by Aboriginal community-controlled organisations (ACCOs) and public health services. With 14 sites across Victoria, KMS are an integral component of Victoria's maternity service system.

Person, family and community centred care is central to delivering safe and high-quality services for Aboriginal people.

KMS work in partnership with women, families and the local community to ensure that service delivery is culturally safe, responsive and meets the unique needs of individuals and community.

The *Koori maternity services guidelines* (the guidelines) provide a shared foundation for KMS and establish the requirements for service delivery. They also provide ACCOs, health service management, and the KMS workforce, with information and practical advice regarding program requirements. The guidelines are informed by, and build on, the *National clinical practice guidelines for antenatal care – modules I and II.*[9]

The guidelines form the basis of annual local and statewide program review and monitoring. Regular review and monitoring of KMS will strengthen the quality and safety of care provided to women and families accessing services.

The guidelines have been developed in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and in consultation with the KMS workforce and representatives from metropolitan and regional ACCOs and public health services.

11
ACCOs deliver KMS

3
public health services deliver KMS

Note: While correct at the time of publication, KMS are required to regularly review and respond to changes in any relevant legislation or clinical guidelines.

[9] Australian Health Minister's Advisory Council 2014, *Clinical practice guidelines antenatal care – modules I and II,* Australian Government Department of Health, Canberra.

BACKGROUND AND CONTEXT

16 per cent

of the burden of disease for people up the age of 24 years is due to neonatal conditions (AIHW 2010)*

The number of Aboriginal babies born each year in Victoria is steadily growing. In 2015, 1,708 Aboriginal babies were born in Victoria compared with 932 in 2011.[10]

The 'gap' in health outcomes

While most Aboriginal women, babies and families do well, findings of the *Victoria's Mothers, Babies and Children 2014 and 2015*[11] report highlight the ongoing gap in outcomes for Aboriginal mothers and babies compared with their non-Aboriginal counterparts.

Perinatal death:

In 2013 to 2015, the perinatal mortality rate was 1.4 times higher for babies born to Aboriginal women.[12]

Pre-term and small babies:

Research shows that babies born early and of a low birthweight (< 2,500 grams) require more care at birth and often go on to experience poorer health in the longer term. In 2014 and 2015, Aboriginal babies were more than 1.6 times more likely to be born with a low birthweight and more than 1.4 times more likely to be born before 37 weeks gestation compared to non-Aboriginal babies.[13]

Being young:

In 2014 and 2015, 9.4 per cent of Aboriginal women giving birth in Victoria were younger than 20 years of age compared with 1.7 per cent of non-Aboriginal women.

Tobacco smoking during pregnancy:

In 2014 and 2015, 39.9 per cent of Aboriginal women smoked during pregnancy, including 30.1 per cent who continued to smoke in the second half of pregnancy (after 20 weeks gestation). This compares with 9.4 per cent of non-Aboriginal women smoking during pregnancy and 5.4 per cent who continued to smoke in the second half of their pregnancy.

* Australian Institute of Health and Welfare 2010. Australia's health 2010. Australia's health series no. 12. Cat. no. AUS 122. Canberra: AIHW.

[10] Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2014, *2010 and 2011 Victoria's Mothers and Babies, Victoria's Maternal, Perinatal, Child and Adolescent Mortality,* Department of Health and Human Services, State of Victoria, Melbourne.

[11] Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2017, *Victoria's mothers, babies and children 2014-2015,* Department of Health and Human Services, State of Victoria, Melbourne. (Note: yet to be published).

[12] Consultative Council on Obstetric and Paediatric Mortality and Morbidity 2017, *Victoria's mothers, babies and children 2014-2015,* Department of Health and Human Services, State of Victoria, Melbourne. (Note: yet to be published).

[13] Victorian Admitted Episode Dataset, for further information refer to <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vaed>

STRATEGIC DIRECTION AND POLICY CONTEXT

Koolin Balit: The Victorian Government strategic directions for Aboriginal health 2012–2022[14] has led the Department of Health and Human Services and Victorian Aboriginal communities' commitment to improve Aboriginal health.

A healthy start to life is a priority for *Koolin Balit,* with the following goals established as part of this strategy:

- reduce the rate of Aboriginal perinatal mortality
- decrease the percentage of Aboriginal babies with a low birthweight
- reduce smoking in pregnancy by mothers of Aboriginal babies
- increase breastfeeding rates for mothers of Aboriginal babies.

In 2017, the Department of Health and Human Services will launch a new ten year *Aboriginal Health, Wellbeing and Safety strategic plan 2017-2027.* The plan will recognise and build on the success of programs and initiatives including those implemented under *Koolin Balit.* The plan will provide an integrated, single policy approach to Aboriginal health, wellbeing and safety.

The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*[15] will continue to guide policy and programs to improve Aboriginal health across Australia over the next decade. A priority action area for the national plan is to ensure Aboriginal women and babies get the best possible care and support for a good start to life.

[14] Department of Health 2012, *Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022,* State of Victoria, Melbourne.

[15] Australian Department of Health and Ageing 2013, *National Aboriginal and Torres Strait Islander Health Plan 2013-2023,* Commonwealth of Australia.

ABOUT KOORI MATERNITY SERVICES

Around 60 per cent

of Aboriginal women who gave birth in Victoria's public hospitals received antenatal care from a KMS*

KMS provide Aboriginal women, babies and families with flexible, holistic and culturally safe care and support during pregnancy, labour and birth, and in the postnatal period (Figure 1).

Delivered by midwives, Aboriginal health workers and Aboriginal hospital liaison officers, KMS are designed for Aboriginal women and families and women having Aboriginal babies. KMS embrace an Aboriginal understanding of health that extends beyond physical wellbeing to include the social, emotional, spiritual and cultural wellbeing of an individual and community.[16]

KMS have the following goal and key outcomes for service delivery:

GOAL

Aboriginal women and families receive culturally safe and high-quality pregnancy care

OUTCOMES

- More Aboriginal women access antenatal care earlier in their pregnancy
- Fewer Aboriginal women smoke during pregnancy
- Fewer Aboriginal babies are born early
- Fewer Aboriginal babies die during pregnancy or soon after birth

* Based on antenatal care data collected by KMS and the number of Aboriginal women who gave birth in 2015 as reported in the Victorian Perinatal Data Collection.

[16] National Aboriginal Community Controlled Health Organisation, 2016. For further information refer to <http://www.naccho.org.au/about/aboriginal-health/definitions/>

Figure 1:
KMS scope of care provision[17]

Koori Maternity Services scope of care provision*

Pre-conception care including support and advice for pregnancy planning and choices, referrals and grief counselling.

Evidence based and best practice antenatal care with strong foundations in Aboriginal knowledge of holistic health.

Antenatal care may include: screening checks, examinations, health promotion and education, assistance with social problems, counselling, support when visiting the birthing hospital, and provision of information about and linkages to community services.

A partnership between each Koori Maternity Service and local birthing hospital/s that supports care coordination.

Outreach options are available, allowing the Koori Maternity Service team to undertake home visits and support access to services.

When the Aboriginal woman and family requests it the Koori Maternity Service team may provide support in hospital throughout the labour and birth.

The Koori Maternity Service team may provide the postnatal home visit, offer breastfeeding advice, support care of the newborn, share strategies to promote and maintain maternal health and wellbeing and support transition to Maternal and Child Health services.

*This diagram reflects key elements originally described within the KMS Clinical Linkage Advocacy Health Promotion Advocacy Model (*From Her to Maternity, 2000*).

The shift to define this as 'scope of care provision' reflects its practical application, providing a broad overview of the program structure with the capacity for local model adaption based on community priorities, broader organisational capacity and linkages.

VACCHO

[17] Victorian Aboriginal Community Controlled Health Organisation (VACCHO) 2016. (Printed with the approval of VACCHO).

PRINCIPLES OF SERVICE DELIVERY

KMS are established on the following four key principles of service delivery.

Aboriginal women, babies and families are at the **centre of care**

- Strong and trusting relationships built on mutual respect are central to providing culturally safe and responsive care.
- Time is taken to build trust with Aboriginal women and families to ensure that care provided reflects Aboriginal cultural values and connection to kin, community and country.
- Care and support provided reflects the holistic health and wellbeing needs and expectations of each woman and her family.

Aboriginal **cultural and evidence-based practice** underpins our work

- Cultural competence is an essential component of clinical competence and underpins effective communication and cultural safety.[18]
- Aboriginal culture is central to the delivery of KMS. The KMS workforce has the expertise, knowledge and experience to tailor care to the needs of local Aboriginal women, babies and families.
- KMS are evidence-based and reflect best practice standards.

Early support and access to care improves outcomes

- Timely access to services and support early in pregnancy can improve health and wellbeing outcomes for Aboriginal women and babies.
- Flexible, inclusive and opportunistic maternity and newborn care builds service equity and improves outcomes.

KMS teams **work collaboratively** to improve outcomes

- KMS work in partnership with women, families and other service providers.
- KMS ensure that Aboriginal women, babies and families with complex care needs are appropriately referred to specialist services provided by hospitals and other community-based services while remaining an integral part of the care team.

[18] Australian Health Minister's Advisory Council 2014, *Clinical practice guidelines antenatal care – module I,* Australian Government Department of Health, Canberra.

OBJECTIVES FOR SERVICE DELIVERY

The following eight objectives provide the foundation for service delivery by KMS teams:

1. Providing care that is **culturally safe and responsive**
2. Working flexibly to improve **equity of access**
3. Ensuring clear and accountable **clinical governance**
4. Working together for a **specialised and highly skilled workforce**
5. Delivering **health promotion** as a core component of care
6. Delivering **tailored and intensive** support for women and families experiencing vulnerability
7. Collaborating with service providers for **continuity of care**
8. Monitoring service delivery and **measuring outcomes**

1. PROVIDING CARE THAT IS CULTURALLY SAFE AND RESPONSIVE

Overview

A deep connection to country and culture, family, spirituality and ancestry provides a source of resilience and wellbeing for many Aboriginal people and communities. Culturally safe care meaningfully acknowledges this connection by embedding practice that recognises, respects and nurtures the unique cultural identity of individuals to safely meet their needs, expectations and rights.[19]

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ACCOs across Victoria are connected to unique and diverse local culture, knowledge and history

Cultural safety calls for genuine partnership between a woman, her family and community, and the professionals providing care to ensure that her views, beliefs and values are sought, understood and respected at all times.[20]

Culturally safe and responsive care also relies on the consistent and early identification of Aboriginal women, families and babies. As such, ACCOs and health services play a critical role in ensuring that all women and families accessing services are routinely asked whether they are Aboriginal and/or whether their baby will be Aboriginal. With consent, it is important this information is shared with all members of the care team.

The Aboriginal Newborn Identification Project makes resources available to maternity services to help improve identification of Aboriginal and Torres Strait Islander babies. Online project resources are available for download from The Royal Women's Hospital website at <www.thewomens.org.au>. While specifically designed for health services, the resources also support coordination and referral between KMS, health services and other services involved in providing care.

'Respecting people's choices is really important. Some people are more cultural than others, and this needs to be taken into consideration when working with each individual.'
– KMS team, Gunditjmara Aboriginal Co-operative Ltd

Fostering culturally safe services

Cultural competence is demonstrated to support improved healthcare outcomes. ACCO and public health service boards and management have a critical role in building and maintaining the cultural competency and safety of services. Evidence tells us that multi-component policies and programs across all levels of an organisation are most likely to be effective.[21] Regular cultural safety training (including refresher training) and support to embed learning to practice is critical for all KMS staff.

Cultural safety begins at the front door. Displaying Aboriginal and Torres Strait Islander flags, local art and posters in reception areas, waiting and treatment rooms can all support improved engagement of Aboriginal people with a health service. Services should also ensure that information regarding self-identification of Aboriginal and Torres Strait Islander status is easily visible. [22]

VACCHO delivers tailored cultural safety training across Victoria

[19] Phiri J, Dietsch E 2010, *'Cultural safety and its importance in Australian midwifery practice',* The Australian Journal of Nursing Practice, Scholarship & Research, vol. 17, no. 3, pp. 105–111.

[20] Bin-Sallik M 2003, *'Cultural safety: let's name it!', The Australian Journal of Indigenous Education,* vol. 32, pp. 21–28.

[21] Bainbridge R, McCalamn J, Clifford A, Tsey K 2015, *Cultural competency in the delivery of health services for Indigenous people,* Closing the gap clearinghouse, Australian Institute of Health and Welfare, Australian Government, Canberra.

[22] Australian Government 2016, *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report,* Canberra, viewed 18 November 2016 <www.dpmc.gov.au/>

Program requirements

Providing care that is **culturally safe and responsive**	
1.1	KMS are sensitive and responsive to local Aboriginal culture and the unique cultural needs of Aboriginal women and families.
1.2	Aboriginal women and non-Aboriginal women having an Aboriginal baby are routinely identified and offered referrals to appropriate services and support.
1.3	Client reception, waiting and treatment spaces are welcoming and accessible for local Aboriginal people.

Stories of practice

GUNDITJMARA ABORIGINAL CO-OPERATIVE

Since 26 January 2011, culture, birth, family and survival are annually celebrated through a Naming Day ceremony. Naming Day is strongly linked with the community's Possum Skin Cloak project which began in 2010 and is led by artist Yaraan Bundle.

Naming Day provides an opportunity for Aboriginal families to introduce their babies and children to community. Ochre and ash is used on the children's faces and feet to ground them in country. The Possum Skin Cloak, patterned with local community designs, is central to the ceremony – each family sits on the cloak prior to presentation of their Naming Day certificate, which is signed by a member of the KMS team and an Elder.

The Possum Skin Cloak and Naming Day project was a finalist in the 2nd Annual Excellence in Indigenous Health Awards in 2011.

MUNGABAREENA ABORIGINAL CO-OPERATIVE

'We use artwork, flags and posters to provide a cultural space which is safe, welcoming and relaxing for women and their families. We also make sure that Aboriginal people are employed throughout the organisation as well as up front and centre at reception.'

NORTHERN HEALTH

'We encourage dads, partners and support people to come along to appointments as one strategy to create a welcoming environment for Aboriginal women and families. To do this, we let women know that family is welcome at each appointment, and we make sure there is enough space for everyone to feel comfortable.'

2. WORKING FLEXIBLY TO IMPROVE EQUITY OF ACCESS

Overview

Flexible, sensitive and responsive care provide the foundation for KMS to engage with Aboriginal women and families early in a pregnancy and encourage ongoing participation in the program. Increasing early access to care means that KMS teams focus on:

Strengthening local partnership and service networks

- Promoting KMS through community events, engaging local leaders and Elders, sharing updates and publishing good news stories can increase community awareness and engagement in the program.
- Building and maintaining strong partnerships and links with a range of hospital and community-based services ensures that women and families are provided with integrated and seamless care that meets individual needs and circumstances.

Continuity of care

- Allocating a primary carer or regular group of carers can help women and their families to feel more confident to ask questions, disclose important information, and be actively involved in decision making regarding their care and the care of their baby.[23]
- Ongoing assessment, regular review and case conferences with all members of the care team promotes timely and seamless transition of care between services.
- Sometimes it will be necessary for women to access specialised maternity care. Careful explanation, ongoing support and participation by KMS teams can improve continuity of care and outcomes for women with more complex needs.

'You cannot underestimate the importance of relationship, relationships come first.' – KMS Aboriginal health worker, Dandenong and District Aboriginal Cooperative Ltd

Tailoring services to meet the individual needs of women and families

- Offering flexible options for accessing care and support such as outreach appointments (visiting a woman at home or other preferred setting), drop-in appointments and longer appointment times can contribute to a safe and welcoming environment, and facilitate improved and ongoing access to care and support.
- Providing transport support for women and families that need help to attend appointments. The Victorian Patient Transport Assistance Scheme (VPTAS) is available to women living in rural and regional Victoria. VPTAS subsidies the travel and accommodation costs incurred by women who are required to travel long distances in order to access specialist services.

'Transport support and outreach enable us to identify family needs based on the home environment and help us to engage with other members of the family, especially children.' – KMS Midwife, Gippsland and East Gippsland Aboriginal Co-operative

[23] Australian Health Minister's Advisory Council 2014, *Clinical practice guidelines antenatal care – module I*, Australian Government Department of Health, Canberra.

Program requirements

Working flexibly to improve **equity of access**	
2.1	KMS are provided flexibly to meet the individual needs of women and families.
2.2	KMS promote early service engagement, with antenatal care commencing within the first 12 weeks.

Stories of practice

VICTORIAN ABORIGINAL HEALTH SERVICE

Culturally sensitive and appropriate well women's health checks including Pap smear tests are available through the KMS program as well as from on-site general practitioners and nurses. The well women's health checks provide opportunities for conversation and for practitioners to take a comprehensive medical/health history including information about a women's gynaecological and obstetric issues, breast care, and general health and lifestyle.

The well women's health checks are provided in a culturally safe environment, and are sensitively undertaken by health professionals with the understanding that some women may have fears about certain procedures given their previous experiences. This fosters professional relationships between health professionals and women, and helps to build rapport within and across the community. Positive experiences of the well women's health checks, spread by word of mouth, play a role in raising community awareness about the KMS program as well as confidence in the service.

GIPPSLAND AND EAST GIPPSLAND ABORIGINAL CO-OPERATIVE

By drawing on local knowledge and connection to community, a range of methods have been successfully used to engage women early in pregnancy care including telephone calls, home visiting and transport support services. The KMS team can be contacted after hours and will accompany women and families to appointments as needed. Providing this wraparound support, regular follow-up and ensuring that women and families remain informed are central to continued engagement in KMS and other services.

Many young couples access KMS, and the team has the pleasure of seeing them grow in confidence together as they become parents. As women and families get to know the range of services and supports available to them during their pregnancy and for the future, the KMS team can see a positive change in their attitudes towards caring for themselves and their baby. The KMS team is now seeing second- and third-time mothers accessing the KMS for support before falling pregnant and engaging with antenatal care early in pregnancy.

3. ENSURING CLEAR AND ACCOUNTABLE CLINICAL GOVERNANCE

Overview

Strong clinical governance ensures a systematic approach to maintaining and improving the quality and safety of care. Currently being reviewed and updated by Safer Care Victoria, the *Governance for safe, quality healthcare: Victorian clinical governance framework* comprises the following five domains of quality and safety (Figure 2):

- leadership and culture – visible, accountable leadership at all levels of the organisation to cultivate an inclusive and just culture. A strong organisational culture is required to support leaders and staff to create and maintain high-quality care.
- consumer partnerships – increasing awareness and understanding of the consumer's perspective and enhancing their participation to improve healthcare outcomes and driving continuous improvement.
- workforce – systems are required to support and protect a skilled, competent and proactive workforce.
- risk management – minimising and safeguarding against clinical risk requires an approach to safety that is both proactive and reactive. Consistently safe practice is built on staff awareness and knowledge, and supported by robust systems that prioritise safety.
- clinical practice – effective clinical practice requires systems that support clinicians to provide safe and appropriate care for each consumer with the best possible outcome, working within the clinical scope of the organisation.

Figure 2:
Clinical governance domains

The framework also outlines the roles and responsibilities for clinical governance within a health service (Figure 3) and emphasises the critical importance of regular review of clinical governance structures and evaluate their capacity to guide high quality care and improved patient outcomes.

Occupational health and safety

The *Occupational Health and Safety Act 2004* and the *Occupational Health and Safety Regulations 2007* outline key legislative and administrative measures and provide a foundation for guiding policy and procedures. More information about the roles and responsibilities for ACCOs and health services in maintaining a safe and healthy workplace can be found at the WorkSafe Victoria webpage at <www.worksafe.vic.gov.au>.

Figure 3: The roles and responsibilities for clinical governance

Program requirements

Ensuring clear and accountable **clinical governance**	
3.1	Clinical governance policy and guidelines are established and regularly reviewed to ensure the safety and quality of KMS.
3.2	KMS teams access regular clinical supervision, professional development and training.

Stories of practice

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION (VACCHO)

VACCHO governance training for ACCO boards addresses risk management frameworks, compliance registers, human resources and occupational health and safety reporting mechanisms. By providing Boards with the appropriate knowledge and tools, services can demonstrate service delivery policies and procedures are consistent with regulatory requirements and support a range of accreditation standards.

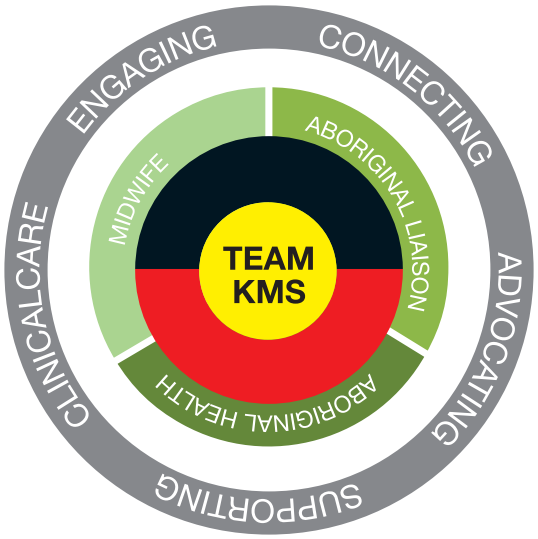
VACCHO have also developed a short self-assessment tool, *Vital Signs – Clinical Governance,* to assist member services identify gaps in their clinical governance processes and to develop action plans to ensure that effective clinical governance is practiced within the organisation.

4. WORKING TOGETHER FOR A SPECIALISED AND HIGHLY SKILLED WORKFORCE

Overview

Effective team work is at the centre of safe and high-quality KMS (Figure 4). ACCO and public health service boards and management therefore have a crucial role in developing and maintaining a culture that encourages teamwork and the open exchange of ideas and shared problem solving.[24]

Figure 4:
Integrated team



KMS team members deliver care and support within their registered scope of practice and in line with national guidelines for evidence-based care. ACCO and health service boards and management are required to ensure that the roles and responsibilities of each KMS team member is consistent with their scope and authorisation of practice. Orientation to a service and their role is also a critical part of induction for all new KMS staff.

Midwives

KMS midwives must be registered with the Nursing and Midwifery Board of Australia and are required to meet the *National competency standards for the midwife (2006)*.[25] These standards outline the core competencies by which performance is assessed to obtain and retain registration as a midwife in Australia.

Registered KMS midwives with additional qualifications may meet other standards set by the Nursing and Midwifery Board of Australia. This may enable them to take on additional tasks in their KMS role, provided this aligns with the roles and responsibilities determined by an ACCO or health service management and when professional indemnity insurance arrangements are fulfilled. Accordingly KMS midwives are only permitted to act in a professional capacity to provide maternity care to women during labour and birth when the KMS midwife is:

- employed by the birthing service, and/or;
- an 'eligible midwife' providing private care in a collaborative arrangement with an obstetrician or GP obstetrician and is credentialled to practice in the birthing service.

Otherwise, the KMS midwife is able to visit women at the birthing service and offer support only to women and families during labour and birth.

Aboriginal health practitioners

The Certificate IV in Aboriginal and or Torres Strait Islander Primary Health Care (Practice) is required to register as an Aboriginal and Torres Strait Islander health practitioner. VACCHO is a registered training organisation and offers this nationally recognised qualification.

To be professionally registered and to use the protected titles of 'Aboriginal and Torres Strait Islander health practitioner', 'Aboriginal health practitioner' or 'Torres Strait Islander health practitioner', a number of standards set by the Aboriginal and Torres Strait Islander Health Practice Board must be met.

[24] Hackman J 2002, *Leading teams: setting the stage for great performances,* Harvard Business Review Press, Harvard.

[25] Nursing and Midwifery Board of Australia 2016, *National competency standards for the midwife,* viewed 18 November 2016 http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx

There are no formal qualification or credentialling requirements for Aboriginal health workers and Aboriginal hospital liaison officers. ACCO and health service boards and management are encouraged to support interested KMS Aboriginal health workers and Aboriginal hospital liaison officers to pursue professional registration as 'practitioners'.

Professional development

Continuing professional development (CPD) ensures clinicians maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. ACCO and public health service boards and management have a key role in supporting and maintaining the professional development of KMS teams.

VACCHO

The VACCHO Koori Maternity and Early Years team coordinates peer networking and learning opportunities for the KMS workforce including the annual Women's Business Forum and quarterly steering committee meetings. External education and training opportunities also coordinated and promoted by the Koori Maternity and Early Years team include specialised training in sexual health, smoking (tobacco) cessation, drugs and alcohol, family violence, oral health, breastfeeding and diabetes management.

The Royal Women's Hospital's Maternity Services Education Program (MSEP) provides on-site workshops for maternity service providers across Victoria. MSEP works in partnership with VACCHO to provide pregnancy care education for the KMS workforce in line with current evidence and best practice.

Clinical and cultural supervision

ACCO and health service boards and management have an essential role in creating regular opportunities for KMS teams to reflect on their practice. While clinical and cultural supervision can be tailored to meet the needs of individuals, teams and supervisors, it should involve an interpersonal exchange that includes:

- oversight at point of care (both direct and indirect)
- facilitated professional development
- reflective professional supervision
- training and education
- administrative support required for instigating, developing and monitoring supervision (Figure 5).[26]

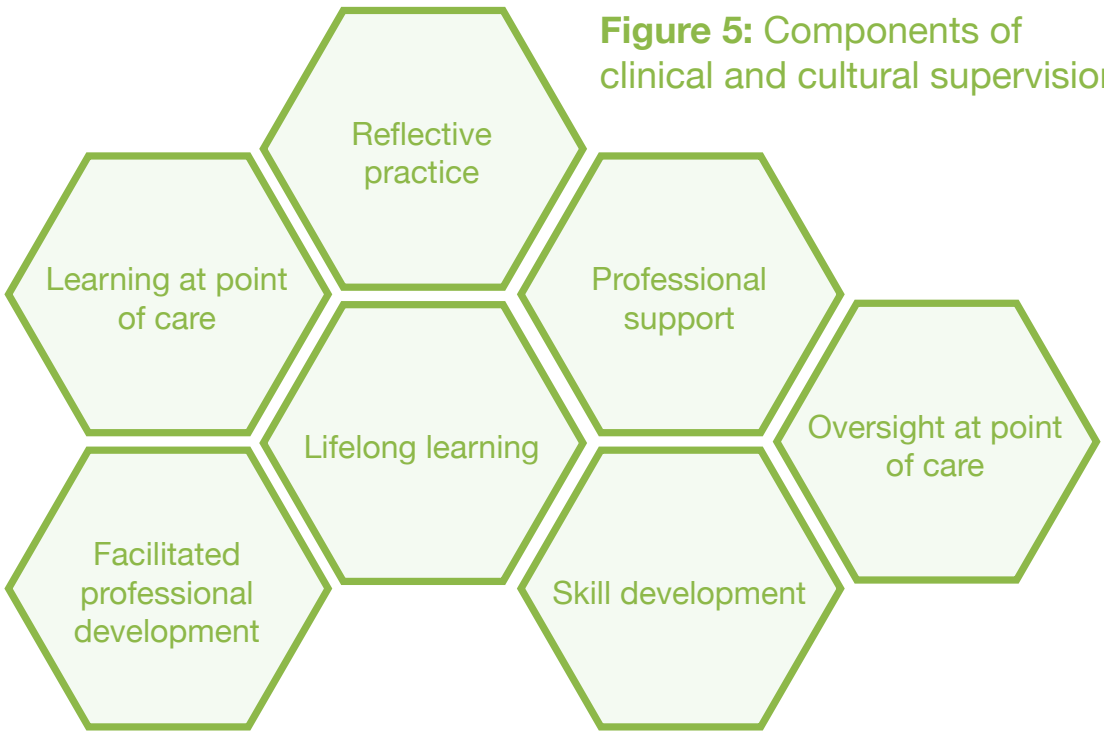


Figure 5: Components of clinical and cultural supervision

[26] NSW Health 2015, *NSW Health clinical supervision framework,* NSW Government, Sydney.

Program requirements

Working together for a **specialised and highly skilled workforce**	
4.1	All KMS staff are appropriately qualified and registered.
4.2	All staff have clearly defined and formally documented roles and responsibilities that align with their scope of practice, qualifications and skills and are regularly reviewed.
4.3	All KMS staff participate in professional development and are supported by the board and management to maintain their minimum CPD requirements for registration.

Stories of practice

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION (VACCHO)

Tailoring professional development and education opportunities for the KMS workforce in collaboration with internal and external partners is the core business of VACCHO's Koori Maternity and Early Years program.

This dedicated team works with clinical educators to support the delivery of pregnancy care education directly to the KMS workforce in line with current evidence and best practice. Since 2011, VACCHO has partnered with MSEP to provide interactive, on-site workshops and simulation activities to maternity services across the state to support CPD.

MALLEE DISTRICT ABORIGINAL SERVICES – MILDURA AND SWAN HILL

'Mallee District Aboriginal Services (MDAS) is a part of the Mildura and Swan Hill Early Years Program, together with maternal and child health nurses and early years case workers. Regular clinical supervision is a key component of our focus on quality and safety, and to support practice we have established a "clinical lead" practitioner. This position ensures that fortnightly clinical supervision is provided to all staff.

Monthly reflective practice sessions are held for the KMS group with the MDAS lead practitioner. These sessions allow for both self and peer reflection. KMS staff are also encouraged to keep a reflective practice journal of both positive and negative outcomes for pregnant women in their care.'

5. DELIVERING HEALTH PROMOTION AS A CORE COMPONENT OF CARE

Overview

Embedded as part of routine care, health promotion supports women and families to make informed and healthy decisions through their pregnancy as well as to plan for childbirth and parenthood. KMS teams deliver one-to-one health education to women and families throughout pregnancy and support them to understand the information and advice they receive. A focus on regularly 'checking in' with women about their understanding can help build confidence, manage expectations and choices and reduce uncertainty.

KMS teams play an important role in building healthy communities and participate in local health promotion events including cultural and sporting events. Being in community is an important way for KMS teams to promote key health information messages and help women and families link with KMS and other services.

Health literacy

While Aboriginal people are at higher risk of low health literacy,[27] clear and succinct health information that builds on local Aboriginal culture including language will ensure that women and families can access and use the information and advice they need for a healthy pregnancy.

Aboriginal health workers and Aboriginal hospital liaison officers have a critical role in health education and promotion for Aboriginal people. They have expert skills in translating health information and working closely with local communities to ensure their voice is reflected in health promotion strategies, community activities and resources.

More children under 5 in Victoria need to be fully immunised to reach 95 per cent 'herd immunity' to halt the spread of dangerous diseases such as measles.

[27] Australian Commission on Safety and Quality in *Health Care 2014, Health literacy: Taking action to improve safety and quality,* ACSQHC, Sydney.

Program requirements

Delivering **health promotion** as a core component of care	
5.1	Health promotion information and advice is tailored to meet the individual needs of women and their families and, where possible, reflects local language and cultural preferences.

Stories of practice

CENTRAL GIPPSLAND ABORIGINAL HEALTH SERVICES (ALSO KNOWN AS RAMAHYUCK)

‘At Ramahyuck, our breastfeeding group for pregnant women and new mums has been a great way to yarn about promoting a health pregnancy and caring for a newborn. We use the Boorai Bundle and the Tucker Talk Tip Sheets to yarn about health and wellbeing with women and families. They provide easy to access health information messages and are a great resource for women and families at home.

A lactation consultant also attends each group and is able to provide on-the-spot advice and support about breastfeeding with great results as more and more mums are breastfeeding for longer.’

NORTHERN HEALTH (THE NORTHERN HOSPITAL)

‘We have paired the Boorai Bundle resources with a water bottle and together they provide a great practical “take home” resource during pregnancy. Our KMS teams use the Boori Bundle books during each appointment to talk about the key stages of pregnancy and how to stay healthy.

A master copy used by the midwife with lots of notes for quick reference during a consultation has been a great way to make sure nothing is missed. The drink bottles are utilised as a practical and visual aide to demonstrate how much water women should aim to drink each day.

Using the Boorai Bundle as part of each antenatal visit has been a great way to build women’s familiarity and confidence in using these really practical resources developed especially for Aboriginal women and families.’

6. DELIVERING TAILORED AND INTENSIVE SUPPORT FOR WOMEN AND FAMILIES EXPERIENCING VULNERABILITY

Overview

Pregnancy and preparing for parenthood can be a period when the impacts of disadvantage and vulnerability are experienced more acutely. Complex, interconnected and sometimes deeply entrenched social determinants influence the health and wellbeing of many Aboriginal people including:

- inter-generational trauma, loss, racism and social exclusion
- insecure housing, homelessness and overcrowding
- low levels of education
- financial insecurity and poverty
- limited access to services
- isolation and breakdown in connection to family and community
- low levels of food security and poor nutrition
- lifestyle-related issues (such as obesity, smoking and alcohol and drug use).[28]

One-third of Aboriginal women have experienced physical violence from a partner; twice the level recorded amongst non-Aboriginal women.

Source: Commonwealth of Australia, Department of the Prime Minister and Cabinet, *Closing the Gap Prime Minister's Report 2017*

Family violence

Pregnancy (particularly unplanned or unwanted pregnancy) and the early postnatal period are times of adjustment and change, and is a period of increased risk of family violence. Higher rates of family violence are experienced by Aboriginal women and families;[29] however, many are apprehensive about seeking assistance and support.[30]

Mental health

Approximately one in 10 women experience depression during pregnancy, while around one in seven women experience postnatal depression.[31] Sensitive enquiry and an awareness of factors that place women at greater risk of mental health problems are essential skills for all members of a KMS team, with risk factors including:

- personal or family history of mental health problems or current mental health problems
- current alcohol or drug misuse
- lack of available support (for example, practical or emotional support)
- current or past history of abuse (physical, psychological, sexual)
- negative or stressful life events (for example, previous miscarriage or stillbirth, loss of job or moving house).

'We take a proactive role in supporting women and families experiencing family violence by scheduling regular joint meetings with the family and local child protection services. This enables the woman and family to be kept informed and part of the solution, improves sharing of information, and supports the resolution of cases.' – KMS team, Mallee District Aboriginal Services – Swan Hill

Reducing the impact of vulnerability

Efforts to improve health outcomes for vulnerable and at-risk women, babies and families must address the social determinants of health including those that do not directly relate to the healthcare system. Achieving this requires KMS to work with early childhood family support services and the community in order to respond to the individual needs and circumstances of each woman and her family.

[28] Australian Health Minister's Advisory Council 2014, *Clinical practice guidelines antenatal care – module I*, Australian Government Department of Health, Canberra.
[29] State of Victoria, *Royal Commission into Family Violence: Summary and recommendations,* Parl Paper No 132 (2014–16).
[30] State of Victoria, *Royal Commission into Family Violence: Summary and recommendations,* Parl Paper No 132 (2014–16).
[31] Beyondblue 2016, viewed 18 November 2016,<www.beyondblue.org.au>

The KMS team, like other antenatal care providers, often plays a central role in identifying and providing the 'first response' for women and families experiencing increased vulnerability or risk. Robust care planning based on sensitive enquiry early in pregnancy, continuity of care and the establishment of trusting relationships help identify and respond to vulnerability.[32]

Responding where children are at risk

The *Children, Youth and Families Act 2005* requires that some professionals including teachers, doctors, nurses and police report suspected child abuse.[33] The *Children Youth and Families Act 2005* also provides that a report may be made about concerns for the wellbeing of an unborn child.

Child Protection provides child-centred, family-focused services to protect children and young people from significant harm caused by abuse or neglect within the family. More information about reporting suspected child abuse or neglect and the role of child protection can be found at http://www.dhs.vic.gov.au.

[32] Australian Health Minister's Advisory Council 2014, *Clinical practice guidelines antenatal care – module I,* Australian Government Department of Health, Canberra.

[33] Department of Health and Human Services <http://www.dhs.vic.gov.au>

Program requirements

Delivering **tailored and intensive** support for women and families experiencing vulnerability	
6.1	KMS teams actively support women and families experiencing vulnerability to access specialised services and support.
6.2	KMS teams meet legislative reporting obligations including child protection reporting.

Stories of practice

RUMBALARA ABORIGINAL COOPERATIVE

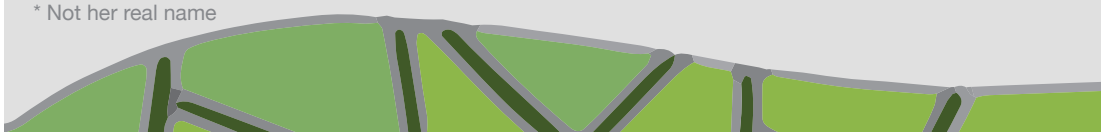
The KMS team, with the support of other community services, has developed an activity-based workshop to engage young women and build their knowledge and skills around developing healthy and supportive relationships. The workshops provide a space for discussion about family violence and the many different forms it can present as well as opportunities for referral to specialist programs.

DANDENONG AND DISTRICT ABORIGINAL COOPERATIVE

Grace* was referred to the KMS program at 20 weeks' gestation; however, due to her complex medical and social history including a current twin pregnancy, a comprehensive model of care was put in place supported by a range of services provided by Monash Health, Monash Community Health, child protection services, housing services and the Victorian Aboriginal Child Care Agency (VACCA).

Regular communication between all service providers as well as flexible and outreach appointments for Grace were important to ensure ongoing access to antenatal care. Strong, supportive and ongoing care in the postnatal period including a tailored parenting program at the Queen Elizabeth Centre enabled Grace to be discharged with her twins and eldest child to her newly renovated home. A reunification plan was also put in place for Grace's other children.

* Not her real name

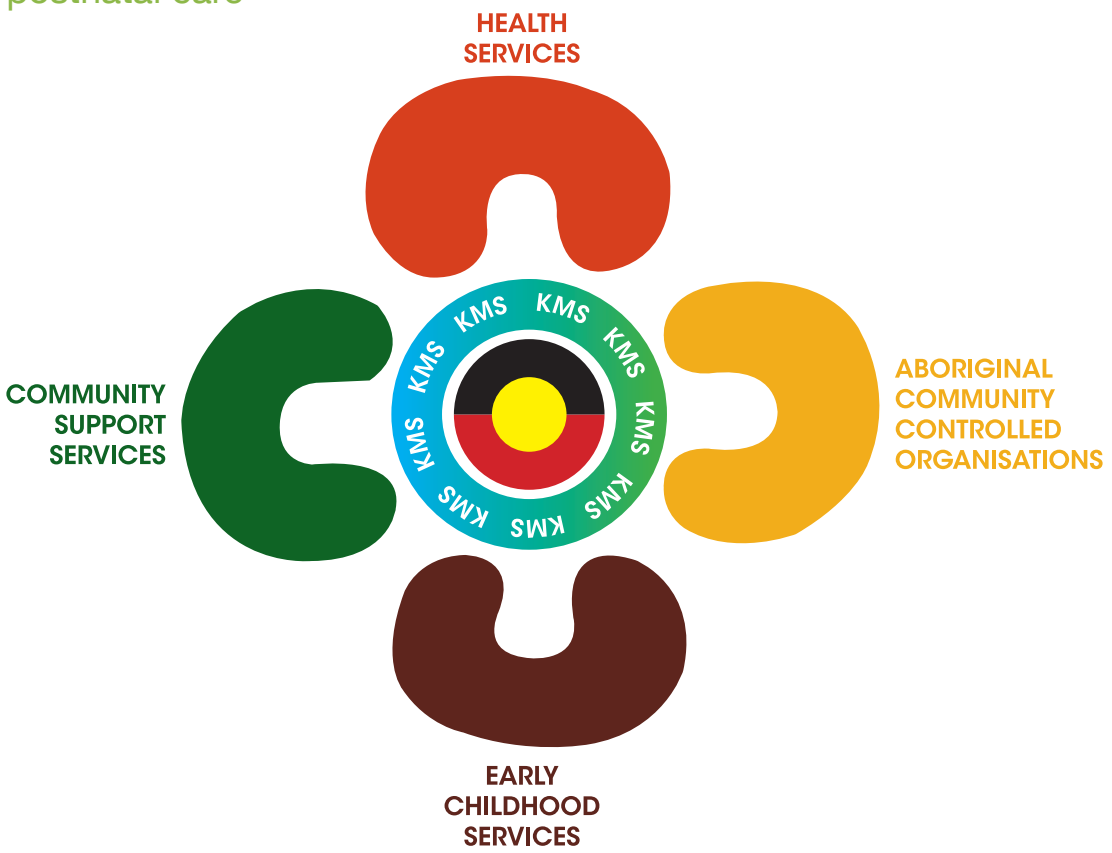


7. COLLABORATING WITH SERVICE PROVIDERS FOR CONTINUITY OF CARE

Overview

KMS are an integral component of Victoria's maternity service system. KMS teams work with a range of hospital and community-based services to ensure that care provided to women, babies and families is holistic and responds to each person's unique health, psychosocial and cultural needs (Figure 6). The capacity of KMS teams to include women, families and the community in local design and planning means that services are more responsive to local need and cultural context.

Figure 6: Providing integrated and holistic pregnancy and postnatal care



The *Capability framework for Victorian maternity and newborn services* (2010)[34] describes the six levels of maternity care provided in Victoria. Like other level 1 maternity services, KMS teams work in partnership with general practitioners and hospitals to provide safe, coordinated and culturally safe care to women and families during pregnancy, childbirth and in the postnatal period.

Where possible, women will be able to access maternity care close to home. However, effective referral and networking arrangements must also be in place to ensure that women and babies receive the right care and in the most appropriate setting to meet their care needs and circumstances.

Continuity of care requires collaboration, a common understanding and shared responsibility by all practitioners to improve the health and wellbeing outcomes of a woman and her family. Continuity of a primary carer or group of carers can help women and families to feel more confident to ask questions, disclose sensitive but important information about their health and social circumstances, and to be actively involved in decision making about their care.[35,36]

Key elements of well-coordinated care include:

- robust care planning
- collaborative case conferences
- effective management of women with complex care needs
- strong linkages and good working relationships between services and professionals.

Supporting choice with complex cases and high-risk pregnancies

A woman's ability to choose her maternity care may be limited by her health or the health of her baby. Women experiencing complications and complex care needs[37] may be referred to a public health service or other specialist services[38] with the capability to manage her care needs or the care needs of her baby. Women and families should be informed of the reasons for referral and well supported to easily transition through the continuum of maternity care.

Public health services and specialist services have a role in maintaining a link with a woman's KMS team. With the woman's consent, specialist services should involve KMS staff in care planning and share relevant information to ensure women and families receive holistic and person-centred care. This approach will also support women, babies and families when they transition back to KMS or other services.

ACCO's and public health services are required to respect women's privacy and operate within the parameters of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001* regarding the management, release and sharing of a person's health information between service providers. Private and health information should only be shared with the person's consent, or in very limited circumstances, without consent in accordance with legislation.

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[34] Department of Health 2010, *Capability framework for Victorian maternity and newborn services,* State Government of Victoria, Melbourne.

[35] Hatem M, Devane D, Soltani H, Gates S 2008, *'Midwife-led versus other models of care for childbearing women',* Cochrane Database System Review, 4: Art. No.: CD004667. DOI: 10.1002/14651858.CD004667

[36] Biro M, Waldenstrom U, Brwon S, Pannifex J 2003, *'Satisfaction with team midwifery care for low and high-risk women: a randomised controlled trial',* Birth, no. 30, pp. 1–10. doi:10.1046/j.1523-536X.2003.00211.

[37] Some risk factors for complications of pregnancy experienced in some Aboriginal communities include high levels of life stressors, limited access to affordable nutritious food, high prevalence of chronic illness, high prevalence of smoking. For further information, refer to National antenatal care guidelines <www.health.gov.au/antenatal>

[38] Specialist services include specialist care for medical conditions (for example, cardiovascular disease, obesity, congenital anomalies, mental health) and/or social circumstances (for example, family violence, homelessness) that have the potential to put women and babies at significant risk of poor outcomes.

Continuity of care

Achieving continuity of care requires collaboration and establishing linkages between service providers and professionals. This may be achieved through formal memorandums of understanding and partnership agreements, and facilitated by regular and joint meetings.

'Building bridges in partnership is a joint responsibility. Positive partnerships between services will improve transition between services and eliminate service system, referral and communication barriers.' – KMS workforce

With a focus on continuity of care, KMS teams work in respectful partnership with women and families to build trusting relationships that promote access to hospital and community-based services including other services provided by ACCOs. These services include:

Aboriginal community-controlled organisations

ACCOs provide a broad range of health and community services including family services, family violence support, drug and alcohol counselling, smoking cessation and chronic disease management. ACCOs are key partners in delivering culturally safe care for Aboriginal women and families, with services tailored to meet the unique needs of each community.

Local health services

Strong and effective working partnerships between KMS teams, ACCOs and local health services provide the foundation for delivering seamless and responsive care that carefully attends to the cultural needs of women and families.

Maternal child health services

Maternal and Child Health (MCH) services are provided in all local councils and offer ongoing support, information and advice regarding parenting and child health and development to families with children up to six years of age. MCH services are an important service partner for KMS teams and can offer enhanced and more intensive service for vulnerable families requiring more support.

'We have a formal agreement with Goulburn Valley Health for the provision of maternity services. We both actively focus on the establishment and maintenance of linkages between our organisations and other organisations to ensure a seamless journey for women and families.' – KMS team, Rumbalara Aboriginal Cooperative

Program requirements

Collaborating with service providers for **continuity of care**	
7.1	Formal partnerships and referral pathways between KMS, birthing hospitals, early childhood services and other relevant community-based services are established and maintained.
7.2	KMS maintain a central role in the care of women with complex needs.

Stories of practice

MALLEE DISTRICT ABORIGINAL SERVICE – SWAN HILL

'Our KMS team schedule regular joint meetings with local child protection services and the families involved to work through cases and share information. Held at the local Aboriginal Health Service, these meetings provide a safe space to talk through the issues and work together to ensure women and families are provided the information and support they need to keep their children safe. With a focus on solutions, this approach has seen a number of families stay together with the ongoing support and services they need to keep their children safe.'

NJERNDA ABORIGINAL COOPERATIVE

KMS midwives, together with the outreach maternal and child health nurse, provide joint care and support through pregnancy and the early years. By building trusting relationships with women and families, continuity of care has supported ongoing access to services including high rates of immunisation, more regular pap tests and effective contraception.

WATHAURONG ABORIGINAL CO-OPERATIVE

The formation of strong working relationships with obstetricians at Barwon Health has led to the establishment of the monthly outreach obstetric clinic, joint care planning and improved sharing of information between the KMS and health service. Remote access to Barwon Health's birthing outcome system (BOS) has allowed timely documentation of information in the client's record and access to test results.

8. MONITORING SERVICE DELIVERY AND MEASURING OUTCOMES

Overview

Complete, consistent and accurate KMS data informs service development and ongoing program investment. The following key performance indicators are designed to measure the impact of KMS on the outcomes for Aboriginal women and babies.

Key performance indicators

A. Outcomes

1. Proportion of newborns born at gestational age > 37 weeks
2. Proportion of newborns with birthweight greater than 2,500 g (newborns ≥ 37 weeks only)
3. Proportion of newborns referred to a special care nursery or neonatal intensive care unit
4. Proportion of women smoking during third trimester of pregnancy
5. Proportion of women who have ceased or reduced smoking by the third trimester of pregnancy
6. Proportion of women exclusively breastfeeding on discharge from hospital

B. Process

7. Number of women who gave birth and received KMS
8. Proportion of women who begin accessing KMS at less than 13 weeks' gestation

Identification of Aboriginal and Torres Strait Islander people

Under-identification of Aboriginal patients continues to challenge the development of robust healthcare policy and services that are based on a complete picture of health needs and service use. More effort is required by all service providers to improve the capture and reporting of Aboriginal status, which is essential for accurate program reporting and ensuring that Aboriginal people are able to access culturally safe services and timely support. This includes the KMS program.

Improving clinical data systems forms one component of this effort. At the same time, there is a need to improve the cultural competence of health service staff to support Aboriginal people to feel safe to identify. For helpful information and resources to support identification of Aboriginal and Torres Strait Islander people see section '1. Providing care that is culturally safe and responsive'.

KMS program requirements and outcomes

ACCOs and health services are able to flexibly respond to local priorities, with changes to the service mix managed locally and negotiated within the region. ACCOs and health services are accountable for the KMS program requirements outlined in these guidelines.

Program requirements

Monitoring service delivery and **measuring outcomes**	
8.1	Accurate KMS minimum dataset information is submitted every six months to the Department of Health and Human Services.
8.2	KMS program reports are submitted annually to the Department of Health and Human Services.

Stories of practice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Maternity and Newborn Program is actively working with other areas of the department to improve data quality, reporting and benchmarking of outcomes for all Victorian women and babies. This will enhance system capability and capacity to identify and prioritise vulnerable and at-risk women and babies, and to monitor and improve their health and wellbeing outcomes. Strengthening Victorian data and ensuring alignment with national datasets will also be important for future service system design and planning.

9. HELPFUL INFORMATION AND RESOURCES

Aboriginal and Torres Strait Islander Health Practice Board of Australia

www.atsihealthpracticeboard.gov.au

The Aboriginal and Torres Strait Islander Health Practice Board outlines the standards and policies that all registered Aboriginal and Torres Strait Islander health practitioners must meet.

Australian Commission on Safety and Quality in Health Care

www.safetyandquality.gov.au

The Australian Commission on Safety and Quality in Health Care supports health professionals to provide safe and high-quality care. Online information and resources include:

- National Safety and Quality Health Services (NSQHS) standards
- advice about who needs to implement the NSQHS standards and guidance to support implementation
- advice to board members in exercising their governance responsibilities and accountabilities in implementing the NSQHS standards
- information about health literacy.

Australian Government Department of Health

www.health.gov.au

The Australian Government Department of Health provides national antenatal care guidelines:

- Module 1 covers care in the first trimester of pregnancy including chapters on 'Providing woman-centred care', 'Antenatal care for Aboriginal and Torres Strait Islander women' and 'Population groups with specific care needs' such as women in rural and remote areas. Clinical topics covered relate to antenatal visits, clinical assessments, screening of maternal and fetal health, and lifestyle considerations.
- Module 2 addresses care in the second and third trimesters of pregnancy and provides guidance on core practices, lifestyle considerations, clinical assessments, common conditions and maternal health tests for healthy pregnant women.

Australian Health Practitioner Regulation Agency (AHPRA)

www.ahpra.gov.au

AHPRA supports the 14 national boards that are responsible for regulating health professions including:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Nursing and Midwifery Board of Australia.

Online information and resources include:

- information on national registration and accreditation
- standards and policies that all registered health practitioners must meet.

Australian Institute of Health and Welfare

www.aihw.gov.au

The Australian Institute of Health and Welfare provides authoritative information and statistics to promote better health and wellbeing including:

- Issues paper no. 5 produced for the Closing the Gap Clearinghouse: *Engaging with Indigenous Australia – exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities.*

beyondblue

www.beyondblue.org.au

beyondblue is a key provider of social and emotional wellbeing resources featuring a specific section on baby blues (perinatal depression). beyondblue also offers Indigenous mental health first aid.

Dental Health Services Victoria

www.dhsv.org.au

Dental Health Services Victoria provides Aboriginal and/or Torres Strait Islander-specific oral health promotion and resources.

Department of Education and Training (Victoria)

www.education.vic.gov.au

The Victorian Department of Education and Training has published the *Victorian breastfeeding guidelines* (2014).

Department of Health and Human Services (Victoria)

www2.health.vic.gov.au

The Victorian Department of Health and Human Services is committed to achieving the best health and wellbeing for all Victorians. The department plays a critical role in the Victorian health system and is responsible for supporting service delivery today, and for shaping the health system to meet the health needs of Victorians for the future. Online information and resources include:

- *Victorian clinical governance policy framework*
- birth notification reporting requirements as set out in the Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) birth report for inclusion in the Victorian Perinatal Data Collection (VPDC)
- identifying Aboriginal and Torres Strait Islander people
- the Victorian Patient Transport Assistance Scheme (VPTAS) – this scheme subsidises the travel and accommodation costs incurred by rural Victorians and if appropriate, their escorts, who have no option but to travel a long distance to receive approved medical specialist services
- *Postnatal Care Program guidelines for Victorian health services* (2012)
- information about health literacy.

Department of Premier and Cabinet (Victoria)

www.dpc.vic.gov.au

The Victorian Department of Premier and Cabinet has published the *Victorian Government Aboriginal inclusion framework,* which outlines the government's objective to provide all Victorian Government policymakers, program managers and service providers with a structure for reviewing their practice and reforming the way they engage with and address the needs of Aboriginal people in Victoria. This is fundamental to supporting the government's work to deliver better outcomes for Aboriginal Victorians.

Diabetes Australia

www.diabetesaustralia.com.au

Diabetes Australia provides diabetes information, health promotion and education for the community as well as professional development and health promotion resources for health professionals.

Family Planning Victoria

www.fpv.org.au

Family Planning Victoria is a key provider of resources related to sexual and reproductive health.

Nursing and Midwifery Board of Australia

www.nursingmidwiferyboard.gov.au

The Nursing and Midwifery Board of Australia outlines the standards and policies that all registered nurses and midwives must meet, including a requirement for midwives to demonstrate a commitment to cultural safety within all aspects of practice.

PANDA

www.panda.org.au

Perinatal Anxiety and Depression Australia (PANDA) are experts in perinatal anxiety and depression. PANDA supports a positive transition into parenthood.

QUIT Victoria

www.quit.org.au

QUIT Victoria is a key provider of resources related to the impacts of smoking, including Quitline (13 QUIT or 13 7851).

Raising Children Network

www.raisingchildren.net.au

This Australian parenting website provides evidence-based parenting resources and information.

Rednose (previously 'SIDS and Kids')

www.rednose.com.au

Rednose undertakes research, advocacy and education relating to safe infant sleeping information and practices.

Secretariat of National Aboriginal and Islander Child Care

www.snaicc.org.au

SNAICC provides a range of training opportunities including tailored short courses in trauma and healing.

The Royal Women's Hospital

www.thewomens.org.au

The Royal Women's Hospital provides a range of information including:

- the Aboriginal Newborn Identification Project
- health promotion information relating to pregnancy and parenthood.

VicHealth

www.vichealth.vic.gov.au

VicHealth provides health promotion information including the *Victorian Aboriginal evidence-based health promotion resource* (2011). This resource describes best-practice principles and health promotion actions to improve the health of Aboriginal Victorians and is specifically designed for those working in the community, women's health services and ACCOs. It can be used as a checklist for ACCOs and health services to review their health promotion plans, assess their priorities and guide practice, advocacy or partnerships.

Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

http://VACCHO.org.au or (03) 9411 9411

VACCHO is the leading advocate for the health of Aboriginal people in Victoria and a peak organisation to its membership. VACCHO information and resources include:

- VACCHO-accredited training and short courses. VACCHO is a registered training organisation and delivers both accredited training and short courses through its Education and Training Unit. VACCHO's training programs address the required skills and knowledge demanded by industry. In addition to the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice), which is required to register as an Aboriginal and Torres Strait Islander Health Practitioner, VACCHO offers qualifications and short courses in specialised areas such as cultural safety, population health, alcohol and other drugs, mental health, counselling and supervision.
- VACCHO health promotion:
    - Aboriginal-specific culturally tailored resources and information
    - Koori maternity and early years resources.
- Map of Aboriginal community-controlled organisations (ACCOs)
- *Clinical governance: a guide for boards in ACCOs* – this document has informed content within this guideline and is available on request from VACCHO.
- *Vital Signs – Clinical Governance* (a self-assessment tool for organisations). Available on request.
- VACCHO has developed resources to support organisations to establish formal memorandums of understanding (MOUs).

Victorian Alcohol and Drug Association

www.vaada.org.au

The Victorian Alcohol and Drug Association is the peak body for alcohol and other drug services in Victoria.

WorkSafe Victoria

www.worksafe.vic.gov.au

WorkSafe Victoria provides information relating to Victoria's occupational health and safety laws including occupational health and safety policies and guidelines.