



# RIO TINTO CHILD HEALTH PARTNERSHIP

*Delivering improvements in  
Aboriginal and Torres Strait Islander  
Child and Maternal Health*



**RIO  
TINTO**



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Telethon Institute for Child Health Research

Final Report, March 2008

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# Foreword



When we first set out to form a partnership to tackle some of the fundamental issues affecting Indigenous child health, we all knew it wouldn't be easy. Experience shows there are no simple solutions to such complex problems.

But our intent was to explore a new way of working to see research translated into evidence-based interventions that would make a measurable difference to Aboriginal children and their families. With the strong backing of Rio Tinto, we were able to put a radical concept on the table: let's see what can be achieved by working together with a national health foundation, the Alcohol Education and Rehabilitation Foundation, and the Western Australian, Queensland and

Northern Territory governments, in collaboration with Aboriginal communities, to trial new interventions underpinned by the Institute's research.

I believe that the two most important features of the Partnership were its commitment to sustainability and capacity building – principles that should be applied to all future programs.

The findings from the WA Aboriginal Child Health Survey show very clearly that significant improvements in child health outcomes rely on long-term, sustained programs. Therefore it is critical that we don't just "intervene" but partner with Aboriginal communities to assist them to prioritise their needs, access the appropriate resources and then build their own capacity to address those issues. This Partnership supported trial sites that have done exactly that and will continue to have an impact beyond the formal conclusion of the Partnership.

It's common sense to share information about what works across jurisdictions. It's just as essential that research doesn't sit on a shelf, but actively informs policy and programs. It's vital that companies like Rio Tinto find effective ways to support and enhance the communities in which they operate. I'm hopeful that this new way of working and the relationships established in this Partnership can endure into the future in a united effort that will improve outcomes for Aboriginal children across Australia.

A handwritten signature in black ink, appearing to read 'Fiona Stanley', written in a cursive style.

**Professor Fiona Stanley**  
**Chair, National Advisory Committee**  
**Rio Tinto Child Health Partnership**

**March 2008**

# Acknowledgments

The Telethon Institute for Child Health Research would like to acknowledge the support and contributions of each of the partners in the Rio Tinto Child Health Partnership including:

- Rio Tinto Ltd (Rio Tinto WA Future Fund, Rio Tinto Aboriginal Foundation, Argyle Diamonds, Comalco, Energy Resources of Australia and Rio Tinto Iron Ore);
- The Alcohol Education and Rehabilitation Foundation;
- The Western Australian Government (Department of the Premier and Cabinet);
- The Queensland Government (Queensland Health);
- The Northern Territory Government (Department of Health and Community Services).

The combined wisdom of staff from each of these partners, and the lessons learned from each other, significantly contributed to the success of the Partnership.

The Institute would also like to thank the Office of Aboriginal and Torres Strait Islander Health for its contributions throughout the Partnership, particularly its support of both national symposiums.

Many people have contributed to the work of Partnership throughout its course and the Institute would like to acknowledge the contributions of staff, past and present.

The Institute would also like to acknowledge the work of staff on the ground at each of the Rio Tinto Child Health Partnership trial sites. Without the dedicated effort they undertake on a daily basis, none of the work of the Partnership would have been possible.

Finally, the Institute would like to thank the Aboriginal community for allowing us to work together with them towards a healthier future for their children.

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# *From the Manager*



The Rio Tinto Child Health Partnership (the Partnership) has been an innovative and collaborative mechanism designed to fast-track improvements in the health and wellbeing of Aboriginal and Torres Strait Islander children and families.

As an undertaking between the Telethon Institute for Child Health Research, Rio Tinto Services Ltd (and its consortium of contributors), the Alcohol Education and Rehabilitation Foundation, the federal government and the governments of Western Australia, Queensland and the Northern Territory, it has been a unique example of the considerable business value and benefit for foundations and sponsors pursuing a strategic approach to cross-sector partnerships as opposed to

a simple sponsorship model. While the opportunities this collaboration brings are recognised by all the partners involved, ultimately it is the potential sustainable benefits the work of the Partnership can bring to Indigenous communities that is of most note and what has driven all those involved.

The Partnership has not been without its growing pains. As a cross-sector partnership involving the different organisational cultures of business, government and a non-government research institution, and spanning three jurisdictions it has been understandably complex and at times relationships have been strained. A range of issues emerged during the life of the Partnership which are summarised later in this report.

However, it was these very challenges, and the manner in which they were overcome, which have provided the partners with the most learning. At the final meeting of the National Advisory Committee the partners reflected on some of the lessons they have learned through being part of the Partnership and all agreed that it had been an enriching experience. The Partnership has allowed each of the partners to gain a better understanding of the expectations and organisational cultures within which each partner operates.

Despite the difficulties, as found in the review of the Partnership, the Partnership “has been a successful initiative that has served to highlight significant Indigenous health issues and facilitate on-the-ground outcomes, create reputational gains for partners and encouraged different sectors to work together towards shared goals.”

Some of the key achievements of the Partnership have been the establishment of positive relationships with all partners and the success of the three projects.

Project 1, which aimed to translate the findings of the Western Australian Aboriginal Child Health Survey to Queensland and the Northern Territory, has highlighted some of the obstacles that need to be overcome to allow nationally-consistent indicators of Indigenous health to be developed. This research will be vital for informing government of the work which needs to be done in this area.

Project 2, which aimed to promote healthy pregnancies and looked at ways to prevent tobacco and alcohol consumption during pregnancy, has also been successful in raising awareness of Fetal Alcohol Spectrum Disorder and getting it firmly on the national agenda.

In Project 3, the Partnership sought a comprehensive systematic response to target individual, organisational and structural factors that optimise Indigenous workforce effectiveness. A national symposium was held in relation to this project and the outcome of this was a communiqué which identified a range of issues which inhibit Aboriginal health professionals participating more fully in the provision of services to their communities together with strategies to overcome these issues. This communiqué now underpins all work undertaken by Kulunga and the Institute in Aboriginal health.

Although the Partnership has now come to a close, the relationships established and the positive outcomes achieved will continue to reverberate into the future. The manner in which obstacles in the Partnership itself were overcome and the benefits gained from pooling the combined wisdom of organisations and agencies from different sectors, gives me much hope for the future and I look forward to working again in a cross-sector partnership of this nature.

A handwritten signature in black ink, appearing to read 'Hayward', written in a cursive style.

**Associate Professor Colleen Hayward**  
**Manager**  
**Rio Tinto Child Health Partnership**

**March 2008**

# The Partnership History

In 2002, the Director of the Telethon Institute for Child Health Research, Professor Fiona Stanley, approached Rio Tinto Ltd about the possibility of supporting Aboriginal child health in Australia. Rio Tinto accepted this proposal and committed \$2.5 million to the project over a period of five years. This included \$1.5 million from the Rio Tinto WA Future Fund with the remaining funds coming from its consortium of contributors, the Rio Tinto Aboriginal Foundation, Argyle Diamonds, Comalco, Energy Resources of Australia and Rio Tinto Iron Ore.

In December of that year, the initiative was tabled at a meeting of the Council of Australian Governments (COAG) where in principle support for the concept was obtained from the Commonwealth, Queensland, Western Australian and the Northern Territory governments. Each State and Territory government committed \$405,000 over three years.

The Commonwealth Government approached the Alcohol Education and Rehabilitation Foundation (AERF), an independent foundation which supports early intervention projects relating to alcohol and substance misuse, to contribute to the proposal and AERF agreed to commit \$1.35 million over three years.

On 13 August 2003, the Rio Tinto Child Health Partnership (the Partnership) was formally launched by the then Prime Minister, the Hon. John Howard. Subsequent media launches of the Partnership were held in each of the respective jurisdictions over the course of 2003.

In total, the Partnership represented funding in excess of \$5 million over five years (2003-2007). Invaluable in-kind support was also a key feature of the Partnership.

Partner	Funds
Rio Tinto	2,500,000
Alcohol Education and Rehabilitation Fund	1,350,000
Queensland Government	405,000
Western Australian Government	405,000
Northern Territory Government	405,000



Address by the Prime Minister at the Canberra Launch



Professor Fiona Stanley and the Hon. John Howard at the Canberra Launch

The Partnership aimed to provide a unique and significant evidence base to guide the implementation of strategies and policies aimed at improving the health and well being of Aboriginal and Torres Strait Islander children. It also sought to support existing programs to lead to sustained positive outcomes for Aboriginal and Torres Strait Islander children and families.

The Partnership represented a unique collaboration with the stakeholders collectively bringing to the Partnership:

- Key expertise in maternal and child health data for Aboriginal and Torres Strait Islander populations;
- Expertise in translating research into effective strategies and policies aimed at improving the health and well being of children;
- Strong communication and consultation expertise in partnering with Aboriginal and Torres Strait Islander communities; and
- Project management skills in coordinating large-scale projects.

National management and leadership of the Partnership was provided through the Telethon Institute for Child Health Research (the Institute) with the Indigenous arm of the Institute, the Kulunga Research Network (Kulunga) providing key advice, leadership and project management support from half-way through the life of the Partnership. A National Advisory Committee (NAC), chaired by Professor Stanley and with representation from all of the partners, was established to provide overall governance to the collaboration of work within the Partnership.

## *Objectives*

The Partnership aimed to deliver improvements in Aboriginal and Torres Strait Islander maternal and child health across Western Australia, the Northern Territory and Queensland. It sought to achieve its aims through the following core objectives:

- Providing an evidence base for future policy and decision-making, as well as service provision;
- Focusing on prevention and effective intervention and the development of tangible outcomes;
- Informing policy development on issues pertaining to maternal and child health; community welfare and development;
- Advocating for collaborative political and community action and social change by gathering and making available key data to decision-makers;
- Translating research into policy and practice in Aboriginal and Torres Strait Islander communities; and
- Providing opportunities to use data as a catalyst for change in communities.

# The Projects

The work of the Partnership across the three jurisdictions was focused on three projects:

- **Project 1: National Policy and Planning Information for Indigenous Child Health, Education and Wellbeing - National Modelling of the Western Australian Aboriginal Child Health Survey;**
- **Project 2: National Fetal Alcohol Spectrum Disorder Prevention Strategy - Reducing Alcohol and Tobacco Consumption in Pregnancy; and**
- **Project 3: National Indigenous Community Health Workforce Development Strategy.**

## PROJECT 1

### *Aim*

The Partnership recognised that the strengths and reliability of the Western Australian Aboriginal Child Health Survey (WAACHS) offered potential benefits for other states and territories with high proportions of Aboriginal and Torres Strait Islander populations, notably Queensland and the Northern Territory.

The WAACHS, the most comprehensive survey of its kind in Australia, was a large-scale investigation into the health, wellbeing and development of Western Australian Aboriginal and Torres Strait Islander children. The survey was designed to build the knowledge to develop preventative strategies that promote and maintain the healthy development, and the social, emotional, academic and vocational wellbeing, of Aboriginal and Torres Strait Islander children and young people. The WAACHS successfully produced a comprehensive set of indicators of Indigenous child health.

Financial resource and time constraints meant that it was not feasible to re-produce and conduct such a large-scale study in Queensland and the Northern Territory. Therefore, the aim of Project One was to assess the feasibility of deriving estimates of Indigenous child health for these two jurisdictions using data from the WAACHS and other national datasets. The Institute agreed to test whether the model could be applied to produce similarly reliable indicators in estimate form for Queensland and the Northern Territory. The possibility of translating the WAACHS data also meant reducing the burden on Aboriginal communities regarding the collection of such extensive data and the potential to support the development of an early development or human development index which allows global comparisons.

It was intended that this project would be undertaken in two phases:

- **Phase One - Formulation of Synthetic Estimates for using data from the WA Aboriginal Child Health Survey - involved assessing the practical feasibility of developing innovative statistical modelling methodologies for deriving population prevalence estimates (i.e. at the State/Territory and Indigenous Coordination Centre region levels) for Queensland and the Northern Territory on selected Aboriginal child health and wellbeing outcomes.**

- Phase Two - Implementation of the resulting model in Queensland and the Northern Territory.

## *Outcomes*

The outcomes included using some of the Productivity Commission's Indicator Framework for assessing progress in overcoming Indigenous disadvantage. The major objective of the project was to provide a means of documenting the distribution of the burden of child health problems to enable more strategic and responsive allocation of resources, and better estimations of expected outcomes if the associated risk and protective factors of key health issues were addressed. This phase of the project work was carried out by the WA Aboriginal Child Health Survey analysis team in conjunction with the Analytical Services Branch of the Australian Bureau of Statistics (ABS) in Canberra.

While the initial results were promising with the ABS modelling showing that the population of Indigenous children in all three jurisdictions are similar enough to enable translation of data, the ABS expressed concerns about the ability to create robust and reliable estimates. The ABS concluded that "given the current national datasets and variables available it is not feasible to derive synthetic estimates for Queensland and the Northern Territory based on the WAACHS."

The Partnership's NAC agreed that while the modelling techniques were still worth pursuing, the amount of additional development work required was beyond the scope of the Partnership. Therefore, phase two of the project was not implemented as planned. Nevertheless, the NAC agreed that the project was a significant achievement of the Partnership as it assisted governments to understand the obstacles which prohibit the reliable translation of data across jurisdictions.

The ABS released two research papers based on the findings of Project One:

- Synthesising Estimates of Indigenous Child Health Based on the W.A. Aboriginal Child Health Survey (Rawnsley, T., Dexter, S. and Palin, K. 2006); and
- Methodology for Synthesising Estimates of Indigenous Child Health (jointly authored by the ABS - K. Palin, and D. Elazar, and the Telethon Institute – S. Silburn, and J. de Maio 2007).

Despite the estimation proving unfeasible, this research has served as an important case study into extrapolation using synthetic estimation techniques and the methodology developed will be useful for researchers undertaking similar work in the future.

Furthermore, the outcomes of this project are an important and significant first step to achieving nationally consistent indicators of Indigenous health and will be vital for informing governments of future work in this area.

### *Aim*

The Partnership recognised that while there is an increasing body of knowledge about the incidence and impact of the use of alcohol and tobacco during pregnancy, there is a real need to develop community capacity in relation to the promotion, prevention and early intervention strategies to reduce exposure to smoking and alcohol in the period between conception and birth.

The Partnership focused on enhancing the sharing of knowledge about the incidence and impact of the use of alcohol and tobacco during pregnancy across and within communities. It sought to support communities to develop the capacity of local people to produce their own culturally appropriate activities and messages to address alcohol use and smoking during pregnancy and promote healthy pregnancies.

### *Outcomes*

At the Institute a comprehensive literature review on maternal substance use was undertaken to identify significant gaps in research and intervention, particularly for Aboriginal and Torres Strait Islander people. The literature review contributed to the growing research base while also challenging current national alcohol consumption guidelines that were less than clear on levels of alcohol use during pregnancy.

Across the three jurisdictions, the Partnership supported a range of activities that developed the capacity of local people to produce their own culturally appropriate activities and messages to address alcohol use and smoking during pregnancy and promote healthy pregnancies. Examples of community based activities supported by the Partnership included:

- The production of an annual calendar promoting messages around the prevention of alcohol use and smoking during pregnancy. The calendar features Aboriginal women and their babies, as well as health information about healthy versus substance use-affected babies. The calendars were widely distributed throughout Australia.
- Design and production of a series of information pamphlets were developed for women attending the clinic. The pamphlets address smoking, alcohol and other drug use during pregnancy, and come in varying layouts and culturally appropriate designs.

In addition, in May 2006 the Partnership hosted a national symposium on promoting healthy pregnancies.

#### **START OUT STRONG: A Healthy Beginning in Life, National Symposium on Promoting Healthy Pregnancies in Indigenous Communities Perth, 9-10 May 2006**

The symposium had two core aims. Firstly, to provide a forum where programs could showcase their experiences, lessons learned and success stories in promoting healthy pregnancies

in Indigenous communities to a range of stakeholders and other Indigenous communities. Secondly, to formulate clear messages and policy directions about Indigenous maternal and child health and address alcohol and substance use during pregnancy to advocate change.

Additional funding for the symposium was provided by the AERF and the Commonwealth Office of Aboriginal and Torres Strait Islander Health.

Over 170 delegates attended representing a wide range of agencies, organisations and communities. These included community based health care organisations and clinics, Indigenous communities, hospitals, health boards, State and Australian government agencies and taskforces as well as leading national and international research institutes and universities.

For those working in the field, the symposium was a rare and exciting opportunity to come together and share their success stories, expertise, research and resources. The outcomes and future directions that arose from the workshops were especially important. Together these established a clear message about how best to promote healthy pregnancies in Indigenous communities that will be invaluable in informing a range of stakeholders and advocating for program and policy change.

The main issues raised by each of the presentations in the plenary and concurrent sessions, the key findings and ideas of each of the break-out groups, and the final outcomes as outlined by Professor Stanley, were captured in the symposium's Final Report. The report highlighted the successful approaches in Indigenous maternal and child health promotion programs and has been used to advocate for change across the government and non-government sectors at all levels.

Positive feedback was received from many delegates at the symposium.

“...[an] excellent source of information from presenters, networking with other agencies and seeing what works.”

Delegate who attended the 2006 symposium



International Keynote Speaker  
Dr Caroline Tait



Partnership Manager Colleen Hayward and  
Professor Fiona Stanley at the symposium

### *Aim*

The aim of this project was to identify ways of effectively building on the existing capacity within communities to enhance Indigenous workforce development. The Partnership sought to do this by supporting existing or emerging services and programs within communities that were aligned with its goals. It also advocated to inform government agencies and other organisations about the effectiveness of supporting the capacity of the Indigenous workforce and utilising community people in delivering programs and services.

The Partnership aimed to:

- Understand the key indicators and characteristics of capacity building and workforce sustainability from the perspective of the community;
- Enhance the training and professional development of Indigenous maternal and child health professionals; and
- Support efforts to increase the Indigenous maternal and child health workforce.

### *Outcomes*

In each of the jurisdictions, programs and services were identified and strategic alliances established: in Western Australia through the Strong Women, Strong Babies, Strong Culture Program in Roebourne and the East Kimberley; in Queensland through the Mums and Babies program at the Townsville Aboriginal and Islander Health Service, the Indigenous Health Service at the Inala Community Health Centre, and the Woorabinda Health Service, Woorabinda; in the Northern Territory through the Ngiuu Community, Bathurst Island.

In addition, in May 2007, the Partnership hosted a second national symposium specifically related to this topic.

#### **ENHANCING INDIGENOUS CAPACITY: Building a Sustainable Future National Symposium on Workforce Development in Indigenous Maternal and Child Health, Perth, 8-9 May 2007**

The aim of this symposium was to identify clear directions and strategies at both a practical and policy level for enhancing the skills of the Aboriginal health workforce, increasing the number of health workers in Indigenous communities and improving the coordination and delivery of primary health care services to Aboriginal people. It also sought to provide health workers with resources to assist them to address maternal alcohol and tobacco use in Indigenous communities.

Over two days, 160 delegates attended representing a range of sectors including community-based health care organisations and clinics, Indigenous communities, State and Australian government agencies and leading national and international research institutes. The Partnership was able to sponsor the attendance of ten delegates from its sites. Additional

sponsorship for the symposium was received from the Office of Aboriginal and Torres Strait Islander Health through its Healthy for Life program.

The symposium examined many of the issues central to the development of the maternal and child health workforce in Indigenous communities. A significant outcome of the symposium was the development of a communiqué, which encapsulated many of the issues arising from the presentations and workshops over the two days and many of the changes delegates suggested need to occur with regard to workforce development in Indigenous maternal and child health. The communiqué can be used to inform people of the outcomes of the symposium and to advocate for change.

A final report, including the communiqué, and a DVD were prepared which show the highlights and outcomes of the symposium.

“ This symposium provided an outstanding opportunity to establish and reinforce networks between the different sites and to also provide direction to government on how best to achieve partnerships and hopefully effect real change. ”

Melvina, delegate who attended the 2007 symposium



# *The Jurisdictions*

## QUEENSLAND

### *Background*

On 10 December 2003, the Hon. Peter Beattie, the then Premier of Queensland, officially launched the Rio Tinto Child Health Partnership in Brisbane. The Partnership was initially situated within the Premier's Department with Queensland Health assuming responsibility in January 2004, where it was managed under the Child Health and Youth Health Unit.

In 2007, the responsibility for the Partnership shifted again to the newly created Maternity, Child Health and Safety Branch (which included the Child Health and Youth Health Unit) within Queensland Health.

Over the life of the Partnership, there have been three Project Officers appointed. The relative stability in the Project Officer position and maintenance of consistent project personnel enabled the relationship between Queensland Health and each of the three Queensland Rio Tinto Child Health Partnership sites to develop. This included the establishment of regular meetings and teleconferences between Queensland Health personnel and each of the three Partnership sites, which facilitated positive development, reducing the potential for personnel in each of the sites to become isolated.

An additional Project Officer position was created in 2006 for nine months to develop the Healthy Pregnancy Healthy Baby Resource Kit, which was an educational resource designed to increase the knowledge and skill of Indigenous Maternal and Child Health Workers. This resource was evaluated by the three trial sites and the Queensland Health Rural Health Training Units and is currently being revised and prepared for reprinting.

In addition, the Bunjulbai Antenatal Care Book for Aboriginal and Torres Strait Islander women and their families was developed with funding from the Rio Tinto Child Health Partnership Initiative.

### *Sites*

#### **1. Townsville**

At the Townsville Aboriginal and Islanders Health Service (TAIHS), the Partnership supported the implementation of the 'Tilly's Tracks' project - developed and delivered within the TAIHS Mums and Babies centre. TAIHS is a Community Controlled Health Service which services the Townsville Indigenous community.

The Mums and Babies centre delivers a collaborative model of comprehensive primary health care for young Indigenous women and their families, incorporating antenatal care, breast feeding support, immunisation, and nutrition programs.

The aim of the Tilly's Track project was to develop culturally appropriate resources to educate parents about maternal and child health to reduce the harmful effects of alcohol and smoking. This project also assessed the effectiveness of culturally tailored intensive interventions for smoking cessation and alcohol use in pregnancy.

Activities undertaken during the Partnership include:

- Design and production of information pamphlets provided to women attending the Mums & Babies centre. The pamphlets address smoking, alcohol and other drug use during pregnancy, and come in varying layouts and culturally appropriate designs;
- Presentation of monthly displays with a health theme;
- Distribution of a monthly Mums and Babies newsletter;
- Weekly morning tea health topic information sessions for pregnant women;
- Establishment of a teenage pregnancy support group;
- Screening all pregnant women attending the clinic for nutritional status, smoking and alcohol use;
- Preparation of a paper summarising the smoking profile of pregnant women attending the Maternal and Child Health service;
- Staff training in screening and brief intervention for smoking; and
- Implementation of a smoking cessation program for pregnant women in Partnership with the University of Newcastle.

## **2. Inala, Brisbane**

The Inala Community Health Centre services a large population of Aboriginal and Torres Strait Islander people who reside in the community. This service has been highly successful in engaging Indigenous people to utilise health services.

The Partnership supported the appointment of a dedicated project officer to undertake a range of activities designed to reduce smoking and alcohol use rates among pregnant women in the Indigenous community. Activities included:

- Developing a resource kit (including flip charts about alcohol consumption) for doctors, nurses and health professionals to be used in the clinical setting for the purposes of promoting a better understanding of fetal alcohol syndrome;
- Working with medical, nursing and health workers to:
  - Integrate screening and brief interventions for smoking and alcohol use into their day to day clinical practice,
  - Use the flip charts to promote a better understanding about fetal alcohol syndrome;

- Production of an annual calendar as a health promotion tool to promote understanding of the dangers of prenatal alcohol and tobacco exposure, utilising local people as a major feature of the calendar to help promote awareness to the community by the community; and
- Conducting workshops involving local elders, community members and staff from health and community services to inform about the dangers of fetal alcohol syndrome.

### 3. Woorabinda

The Woorabinda Health Service currently provides a high standard of clinic based antenatal care to the Woorabinda community. Attendance is high with over 80% of women receiving more than eight visits during pregnancy. The number of babies born to mothers living in Woorabinda is between 40-50 per year. The care is led by experienced health workers with good access to obstetric and general practitioner care.

The Partnership supported the implementation of the Wooricare project (Woorabinda Indigenous Community and Resource Education). This project is aimed at improving the long term physical, social and emotional wellbeing of children and families in the community of Woorabinda by assisting Aboriginal Health Workers, community and family members to provide improved care and support to parents and children in the first three years of the child's life. Attention has especially focused on new and young families. The project forms part of a broader community strategy being developed around demand reduction for alcohol and other drugs; improved access to sport, cultural and recreational activities for the young and older persons of Woorabinda, and improved educational and employment opportunities.

Wooricare aims to improve the health of mothers, fathers and babies living in Woorabinda community by:

- Developing standard risk assessment protocols and tools in antenatal care and birthing settings, including assessment of mental health and socio environment risk and protective factors, the early identification of first time mothers and other expectant mothers, babies and families at higher risk for adverse physical and mental health outcomes e.g. young, unsupported women, women and men of educational or socio-economic disadvantage, and women experiencing violence and young men experiencing violence.
- Establishing access for all expectant mothers and parents to evidence based pregnancy information and care, which is culturally respectful, non-threatening, anticipatory and responsive, through integrated community programs to support healthy pregnancy, fetal development and infant care (including maternal nutrition, including adequate folate and iron intake) smoking/alcohol/substance abuse reduction or cessation, breastfeeding promotion and immunisation.
- Developing Aboriginal and Torres Strait Islander young parents through parenting programs to meet the special needs of adolescents and young parents during pregnancy, birth and early childhood;
- Providing home visiting programs to high risk, expectant and new mothers and parents;

- Providing timely and responsive information, counselling, smoking cessation programs, drug/alcohol/substance abuse rehabilitation and anger management services; and
- Increasing knowledge of the risk and protective factors for Sudden Infant Death Syndrome.

'Celebration Days' have also been held which enables the community to come together and celebrate the birth of new babies and welcome them into the Woorabinda community.

## *Evaluation of Queensland trial sites*

Queensland Health engaged Healthcare Planning and Evaluation Pty Ltd Consultants to undertake an evaluation of its three trial sites. The objectives for the evaluation were to:

- Support an action research approach;
- Determine the extent to which implementation of evidence-based strategies is on track, in line with endorsed and resourced plans;
- Identify factors involved in facilitating or inhibiting implementation; and
- Identify and communicate opportunities for improvement, including knowledge transfer to trial sites.

Based on the available data and consultations with stakeholders, it was concluded that the implementation of the Partnership in Queensland was appropriate in that it:

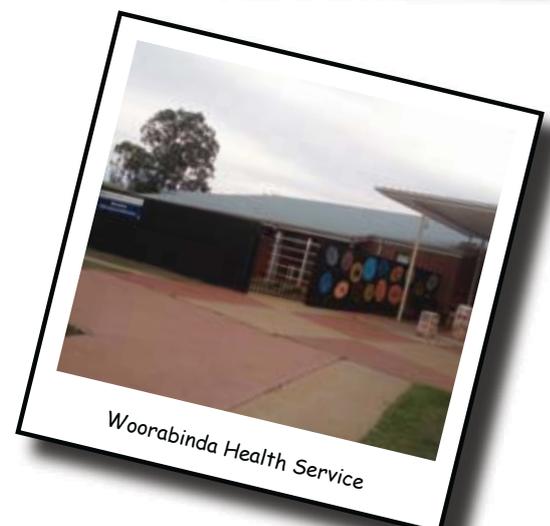
- Addressed an identified need highlighted by the poorer birth outcomes experienced by Aboriginal and Torres Strait Islander women in Queensland;
- It was consistent with, and to some extent advanced, national and Queensland policy frameworks related to Maternal and Child Health, Aboriginal Health and alcohol and other drugs;
- Did not duplicate existing strategies or programs at the outset;
- Was resourced realistically to pursue its stated objectives; and
- Drew on the available evidence regarding approaches known, or likely to be effective.



TAIHS Mums and Babies Centre



Inala Community Health Centre



Woorabinda Health Service

## Background

On October 9 2003, the then Northern Territory Chief Minister, the Hon. Clare Martin, officially launched the Rio Tinto Child Health Partnership in Darwin. The Partnership was initially situated within the Office of the Chief Minister; however responsibility for the Partnership was then shifted to the Office of Aboriginal Health, Family and Social Policy and finally to the Department of Health and Community Services.

The Northern Territory sought to utilise the research component of the Partnership to gain a better understanding of the strategies that are building resilience and reducing risk in Aboriginal communities.

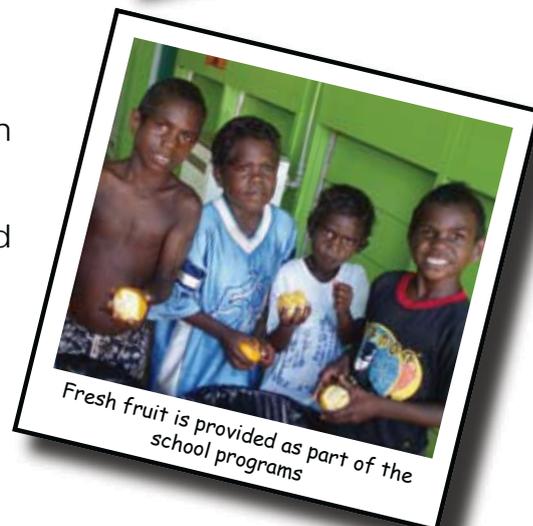
## Sites

### 1. "Skin Group" Project, Nguiu Community, Bathurst Island, Tiwi Islands.

In this community, the Partnership supported an early intervention project focusing on Aboriginal parenting and exploring the development of culturally appropriate and competent interventions for alleviating sources of early childhood risk. The project was a community driven process where community members identified the issues and needs within the community and the approach to addressing those so as to ensure they were appropriate to the circumstances of the community.

This project aims to build resilience and improve health and education outcomes through supporting community based groups and "skin group" processes for decision-making and addressing issues within the community. It specifically supports the Tiwi Islands Youth Diversion and Development Unit that utilises local people to deliver a range of services and activities for youth and families including:

- A Night Patrol service;
- Drug and alcohol awareness and suicide prevention strategies and counselling;
- Programs to encourage school attendance and good behaviour at school;
- Family conflict mediation services;
- Coordination of "skin group" meetings;
- After school care programs.



The investment in the community has been extremely beneficial with anecdotal evidence suggesting marked improvements in children's nutrition and rates of physical activity, as well as marked reductions in anti-social behaviour, family violence and suicide rates.

## *Other activities*

The Northern Territory successfully used Partnership funding to leverage further funding from a range of sources. A number of initiatives were developed or enhanced through this leverage.

### **Innovative Aboriginal Workforce Initiative**

Consistent with the aims of Project Three the Partnership sought to enhance and support Aboriginal Health Workers' roles and career development in the Northern Territory. The NT Government committed to a program of reform to increase Aboriginal representation in the health and community services workforce to 15% over three to five years. Funding from the Partnership was used to leverage funds from the Commonwealth and the Northern Territory Department of Health and Community Services to contribute to the reform of primary health/family care services, and to employ more Aboriginal people in both the health and community services workforce.

Funding from the Partnership was also used to restructure the training program for Aboriginal Health Workers to allow greater flexibility, including extending it to eighteen months to accommodate cultural leave. It is anticipated that this will allow a greater retention rate of trainees. In 2007, twenty-seven trainees undertook the program and will graduate in 2008 with more trainees commencing in 2008. Importantly, and as a first in Australia, these trans-disciplinary workers will be qualified as Aboriginal Health Workers in both the clinical and community care streams.

### **Brief Interventions in Smoking and Alcohol Consumption Amongst Pregnant Aboriginal Women**

Partnership funding has been used by the Department of Health and Community Services to engage a national, highly credentialed and experienced consultancy team to carry out research into smoking and alcohol consumption amongst pregnant women that will inform the development of evidence-based brief interventions.

The research will explore the factors influencing the smoking and drinking behaviour of Aboriginal and Torres Strait Islander women, including how they are influenced by their families, partners and medical staff, in order to identify areas for intervention. This will include identifying the barriers that prevent the delivery of smoking cessation and alcohol reduction advice by staff in Aboriginal and Torres Strait Islander Health Services. The researchers will explore the knowledge and attitudes of staff themselves, and assess what staff members perceive to be appropriate in terms of smoking cessation advice. The role of the health workers is acknowledged as crucial to the research process and to the processes of surveying, interviewing and facilitating the interventions. The efficacy of antenatal smoking and alcohol interventions could potentially be greatly improved by the use of perceived barriers uncovered in this study.

## Contribution to Maternity Services Reform

Partnership funding was also directed towards promoting alternative intervention pathways for managing non-complicated pregnancies. A formal process is currently underway, that, at one level, will advocate for greater acceptance of home births including the establishment of birthing suites in Aboriginal Community Controlled Health Services. Planning is also underway for the introduction of expanded midwifery capacity and Nurse Practitioner positions.

## School Readiness and Integrated Primary Health Care Service Model

Funding from the Partnership was used as leverage to gain Commonwealth funding for the School Readiness Program currently operational in the Palmerston Aboriginal Village and planned for introduction in other locations. Community people have been trained and skilled to take charge of the program and, as a result of the program, children's school attendance rates have increased dramatically.

Options for an integrated primary health care service (with the inclusion of Danila Dilba Aboriginal Health Service as a key contributor) that would provide all primary health and social care services to the entire population in Palmerston, have also been explored. This model has been significantly influenced by the lessons learned in key undertakings supported by use of Partnership funds.

## Core Services

The Department of Health and Community Services developed a five-year Framework for Action on Aboriginal Health and Families based on a life course approach to the planning and delivery of services to Aboriginal communities. The framework prioritised four key periods in life that impact on Aboriginal health and family wellbeing:

- Early Years;
- Adolescence and Transition from School;
- Family Years; and
- Granny Years.

This work involved the identification of the core health and family wellbeing services required for the distinct age cohorts across the life course. The framework is aimed at establishing an integrated, comprehensive primary health care system in the Northern Territory. To this extent the Department is supporting the implementation of innovative models of care through the Danila Dilba Aboriginal Health Service in Darwin. The emphasis of this program is on building the capacity and resources of the organisation and workforce to undertake effective and sustainable comprehensive primary health care services.

The success of this work has led to the Northern Territory being assigned lead jurisdiction responsibility by the Australian Health Ministers' Advisory Council for a national project in core services. The mapping work for this project was undertaken with the funding provided by the Partnership.

### *Background*

The Partnership was launched in Perth on 25 September 2003 by the then Western Australian Premier, the Hon. Geoff Gallop. The Western Australian Government supported the Rio Tinto Child Health Partnership as part of its own commitment to focus on early intervention and prevention strategies to work more effectively with Aboriginal communities and build capacity to ensure safe, healthy, happy and resilient children. The Government established a position in the Department of the Premier and Cabinet to manage its role in the Partnership with the expectation of coordination and interface across the human service sector and in particular, the Human Service Director's General Group.

The sites in Western Australia were selected on the basis of their involvement with significant non-government capacity building programs that were relevant to the goals of the Partnership. The focus of both Partnership sites in Western Australia was a collaboration with local people and organisations to ensure services and outcomes were supporting local people and meeting their needs.

The program developed in Western Australia allowed for an iterative process that enabled the individuals concerned with the projects to build their own confidence and capacity and to bring new approaches to working with Indigenous people. The success of both locations has been built around the fundamental premise that the best way to deliver services on the ground to Indigenous people is through Indigenous people.

The Partnership worked with the Strong Women, Strong Babies, Strong Culture (SWSBSC) Program in Roebourne and the East Kimberley. The program is managed by St John of God Health Care and works to provide culturally appropriate antenatal care and engagement of women at an early stage of their pregnancy. The aim of the SWSBSC program is to implement a bi-cultural, holistic health program to enhance the health of pregnant women, babies, young women and children. Local community-based Aboriginal Women (Strong Women Workers) work with pregnant Indigenous women in a program that emphasises both traditional practices and clinical practice.

### *Sites*

#### **1. Roebourne**

The SWSBSC program operates at the Mawarnkarra Aboriginal Health Service, in the town of Roebourne, and has good facilities including a crèche, a safe house and provides access to a range of allied health services including dental, optical and physiotherapy. The Partnership funded a midwife position, which is assisted by two senior Aboriginal women.

The emphasis of the program has been on younger mothers as this is the predominant demographic in Roebourne. There is also a focus on encouraging the participation of the partner/ father in the pregnancy, birthing process and their child's health.

The program has a strong emphasis on the use of bush medicine and the benefits of traditional bush tucker. The Strong Women Workers introduce the younger women to particular bush treatments for pregnancy related issues and children's ailments and teach them about bush foods to have or avoid whilst pregnant.

While the program operates at the clinic, the team also undertake home visits for women in Roebourne and at Wickham who are unable to make it to the clinic. The team also travel to surrounding communities including Mt. Welcome, 5 Mile community, Ngurawanna community and Cheeditha, where they host a nutrition based 'deadly tucker' cooking class each fortnight. Women are taught how to buy nutritious food and cater for large families on a budget.

The Program's outcomes include:

- 80% of Indigenous pregnant women in the communities linked to the program are having direct contact with the workers involved and access to good antenatal care in the first trimester;
- Increase in the number of Indigenous men actively engaged in the birthing process of their child;
- Increase in the uptake of pap smears by Indigenous women, especially among women who have never been checked;
- A Baby Festival promoting healthy family messages which was well-attended and praised by community members;
- Compiling a storybook designed to identify, and facilitate discussion on pregnant women's expectations concerning birth planning; and
- Regular participation of up to 30 women in healthy cooking classes offered within the program.



## 2. East Kimberley

In the East Kimberley, the Partnership identified the opportunity to leverage further partnerships with organisations operating within similar working objectives, the main one being the Yambaba partnership. This partnership would have enabled the Partnership to take on a local meaning in a local context.

This was a potential collaboration between government, non-government and business combining resources to develop one consolidated health, communities for children and early years project.

Following extensive negotiations, it became clear that the sharing of resources and the development of joint commitments would not be progressed, when key personnel moved to other jobs.

As a result, the Department of the Premier and Cabinet and St John of God Health Care undertook to progress aspects of the program in the hope of enjoining with other providers as the project work developed.

Activities linked to the Yambaba partnership were undertaken in the communities of Kununurra, Kalumbaru, and Wyndham and included:

- Regular visits to East Kimberley communities including home visits for antenatal and child health services, and visits to local schools to teach children about protective behavior, child health, family planning, nutrition;
- Provision of support services to young Indigenous parents to assist them with accessing training and education opportunities, work-readiness and job-placement programs and basic life skills;
- Supporting a community-based early childhood playgroup in Kalumbaru aimed at enhancing the early learning experience of Indigenous babies and their parents, including regular provision of child health services and information, provision of information sessions about Fetal Alcohol Syndrome, supporting young families within the community to utilise the program, capacity building of local women to enable them to coordinate the playgroup; and
- Working through the Mums and Bubs program aimed at improving ante and postnatal practices across the East Kimberley

To facilitate community ownership and build capacity, each of these sites established a health reference group. The health reference groups were established using existing mechanisms, were endorsed by their respective communities, established local plans and undertook training where appropriate.

Each site health reference group was also represented on an over-arching community consultative committee. This committee was chaired by an Indigenous leader and advised partners on actions and activities. Stakeholders, experts and partners were involved as non-voting members.

These partnering activities supported the Mootidj program that teaches protective behaviour, sexual health and self-esteem to young women; the Mums & Bubs program in Kununurra; a capacity building program assisting community women to run their own crèche service at Kalumbaru; and a Kids Festival promoting healthy family messages.

The overall aim was to improve Indigenous health and early years outcomes by combining the resources and skills of each of the stakeholders.

An Early Years Strategy was also developed that seeks to inform government policy and link government projects in these towns to community identified need. The Partnership supported local people to oversee the activities and programs linked to the Early Years Strategy.

### *Other activities*

In each site location in Western Australia, workforce development of local people was a focus with resources directed to supporting traineeships that led to Certificate II level qualifications for Aboriginal Health Workers.

Senior community workers were engaged through the local Community Development and Employment Program (CDEP), and spiritual and cultural education is provided by traditional owners. Twenty people (10 men and 10 women) were identified to participate in this project, the focus of which was predominantly health promotion.

A workforce strategy was also developed within the Department of the Premier and Cabinet, to inform State Government Agencies about the effectiveness of utilising community people in delivering programs and as an effective means of developing local capacity.

The results of the two project sites were used as an example of how local people can be used to successfully implement and maintain a vital program within an Indigenous community.

# *Travel Scholarships*

In 2007, four Partnership travel scholarships were provided to assist researchers and those working in Indigenous maternal and child health, the opportunity to travel, learn and translate their findings into practical outcomes. The aim of the Partnership scholarships was to increase knowledge and understanding of maternal alcohol and tobacco use and/or workforce development in maternal and child health.

The travel scholarships were open to all Australian Aboriginal and/or Torres Strait Islander people whose work in an Indigenous community or organisation and proposed activities advanced the priorities of the Partnership. Final selection of the successful candidates was very competitive due to the number of high quality applications received by the Partnership.

Recipients and their travel activities:

## *Ms Patricia Lawford*

Ms Lawford is an Aboriginal Health Worker at the Broome Regional Aboriginal Medical Service (BRAMS). Ms Lawford is employed in the Child Health Portfolio and is responsible for developing the Child Health Program at BRAMS. Ms Lawford attended the Rio Tinto Child Health Partnership National Symposium Enhancing Indigenous Capacity: Building a Sustainable Future in Perth on 8-9 May 2007.

### **Key Highlights**

Ms Lawford reported that she found the entire conference to be fascinating and interesting. She found the conference crucial in raising her awareness of resources and training available for Aboriginal Health Workers to assist develop their skills, knowledge and capacity to achieve positive outcomes for Aboriginal children and families.

### **Benefits to the recipient's research and/or work**

Ms Lawford's interest in attending the symposium stemmed from her role in developing a child health program at BRAMS which is aimed at providing early intervention strategies to improve Aboriginal child health in the Broome Aboriginal community. Ms Lawford found attending the symposium was extremely beneficial as it gave her the opportunity to hear how other Aboriginal Community Controlled Organisations had implemented similar programs, including the resources and workforce allocated to this area, and how these organisations interact with government health services. She was also interested to learn more about data collection and information exchange between services. Ms Lawford also found it useful to learn of the training and education opportunities for Aboriginal Health Workers who are engaged in child and maternal health.

Ms Lawford reported that she was able to collect specific information in the form of pamphlets from the symposium which have been extremely beneficial for her work.

## ***Mr Daniel McAullay***

Mr McAullay is a PhD candidate with the Australian Primary Health Care Research Institute at the Australian National University and now a Senior Research Officer at the Kulunga Research Network.

Mr McAullay attended the 20th Anniversary Summer European Educational Programme in Epidemiology in Florence, Italy. The programme ran for three weeks from 25 June to 13 July 2007. This programme is one of the leading epidemiological short courses in the world.

### **Key Highlights**

Mr McAullay reported that one of the key highlights for him was to be accepted into this world renowned course. It also gave him the opportunity to meet and establish invaluable networks with a range of international epidemiologists and multi disciplinary researchers and to be exposed to a number of research themes.

### **Benefits to the recipient's research and/or work**

The programme was directly linked to Mr McAullay's PhD, which is examining the contribution of primary health care services on the maternal and child health outcomes of selected communities in Western Australia. As part of his research Mr McAullay is examining the impact of smoking in pregnancy.

Mr McAullay reported that attendance at the programme has helped advance his understanding of epidemiological methods and the conduct of research. In particular, he has been able to utilise the skills he acquired at the programme, such as the advanced statistical skills in data analysis, in his doctoral studies.

On his return, Mr McAullay presented on the outcomes of his attendance at the programme to his colleagues at an Indigenous Capacity Building Grant workshop.

## ***Ms Grace Bond***

Ms Bond is the Coordinator of Murri Sisters which operates a refuge and advisory service for Indigenous women and families in Brisbane. Ms Bond attended the 3rd International Conference on Children exposed to Domestic Violence in Ontario, Canada and the pre-conference workshops. The conference was held between the 9-11 May 2007.

### **Key Highlights**

Ms Bond said that a key highlight from the conference was the opportunity to meet and hear from Cindy Blackstock, a First Nation woman from Canada who presented on structural violence and Indigenous children.

Ms Bond reported that "...it was a great privilege and honour to meet with her after her presentation as her presence was definitely the crowning moment of the conference". "... she was inspirational and just too deadly."

Being at the conference gave Ms Bond the opportunity to participate with other women from around the world who have developed progressive and effective methods of interventions.

Ms Bond said “We were able to swap yarns and ways of doing things and I got lots of new ideas we could apply at Murri Sisters that have the potential to improve the situation for our future generation.”

### **Benefits to the recipient’s research and/or work**

The conference was directly linked to Ms Bond’s work with Indigenous mothers and children and provided her with an opportunity to learn effective ways of addressing violence linked to alcohol and illicit drug use within Indigenous families.

A plenary address attended by Ms Bond gave her important information about behavioural and emotional problems and cognitive functioning, all of which are well documented impairments in children with Fetal Alcohol Spectrum Disorder.

Ms Bond reported that Cindy Blackstock’s presentation on how children are the invisible victims within the system, including her discussion on the effects of Fetal Alcohol Spectrum Disorder on children, had a significant impact on her. Ms Bond said “As a frontline worker it is imperative that we gain knowledge about such issues because alcohol use in pregnancy is having a profound impact on where we are now and what the future might hold if we do not act now”.

Ms Bond also commented that attendance at the Conference Symposia reminded her how important it was that for initiatives to be effective in enhancing community capacity, communities must be allowed to identify their own issues and then services work with them to find their own solutions.

On her return, Ms Bond gave feedback to the Yelangi Aboriginal and Islander Preschool and Murri Sisters’ Domestic Violence Awareness event in Brisbane and in June 2007, she presented at the 1st National Fetal Alcohol Conference in Hobart.

“ Your [the Partnership’s] generosity has given me additional knowledge and the fuel to re-energize and tackle the hard yards that always lie in front of us as Indigenous Australians. ”

Grace Bond, RTCHP Scholarship Recipient

## *Melvina Mitchell*

Ms Mitchell is a nurse and Coordinator of the Mums & Babies program at the Townsville Aboriginal and Islanders Health Service (TAIHS) in Queensland. The Partnership supported the implementation of the 'Tilly's Tracks' project at TAIHS, the aim of which is to develop culturally appropriate resources to educate patients about maternal and child health to reduce the harmful effects of alcohol and smoking.

Ms Mitchell attended the Rio Tinto Child Health Partnership National Symposium, ENHANCING INDIGENOUS CAPACITY: Building a Sustainable Future in Perth on 8-9 May 2007.

### **Key Highlights**

Ms Mitchell reported that she was particularly impressed with the session regarding the education tools for children about smoking and its impact on families which are utilised by the Kalgoorlie Medical Centre. She said: "The children seem to be talking to their parents, grandparents and extended families about the effects that smoking has on them whilst they are having drinking or smoking parties in the house and how they are feeling when this is happening."

Ms Mitchell also considered the symposium was an outstanding opportunity to establish and reinforce networks between different sites and provide direction to government on how best achieve partnerships and effect real change.

Ms Mitchell was also pleased with the positive feedback she and other staff from TAIHS had received from symposium delegates following the presentation on the Tilly's Tracks project. Many delegates were impressed with the results the project was getting and hoped to duplicate it in their services.

### **Benefits to the recipient's research and/or work**

Ms Mitchell reported that since attending the symposium, she is keen to initiate a smoking cessation program for all clients that attend the TAIHS. While evidence suggests that their Tilly's Track project has been successful in assisting women to stop smoking while pregnant, they often smoke again after delivery. She believes this is largely due to the cessation of support after the women have given birth.

Ms Mitchell reported that the symposium gave her the opportunity to hear of a smoking program in Western Australia that was targeted at families in the home and an antenatal program that involved female elders in the delivery of care that was having a positive effect on attendance numbers. She considered that both of these programs could work in her community, as the workforce infrastructure is already in place.

"After attending these two days we came away feeling well informed, invigorated and inspired by new ideas and resources that can now be incorporated into our work place and community".

# Communications

The Partnership recognised that the communication of its achievements enables it to better realise opportunities and celebrate its wins in order to gain leverage nationally, and link strategically with other stakeholders. Improved communication and coordination also allows for the ready translation of outcomes into policy and/or practice.

A communication strategy was developed to ensure effective reporting and communication with all partners and to enhance the Partnership's strategic engagement with its various stakeholders; maximise opportunities to highlight its successes and achievements; and to raise the profile of the Partnership.

The strategy was overseen by the Partnership's Communications Officer. Key outputs from the strategy included the publication of an electronic newsletter promoting the Partnership's achievements and progress, the identification of all stakeholders, and specific liaison activities targeting their needs, and targeted media linked to all activities of the Partnership including the national symposium.

*Websites, brochures, publications, DVDs and newsletters all worked well to highlight the work of the partnership. Independent Review 2008*

## Outputs

### Partnership Newsletter

The first newsletter of the Partnership called "Partnership News" was developed and released in December 2005.

In 2006, the NAC agreed that rather than simply be an internal publication for the partners and jurisdictions, the newsletter would be distributed electronically to all delegates attending the national symposium and other important contacts and relevant stakeholders as determined by the NAC. As a result, it was circulated to over 300 recipients by email. The newsletter was also made available on Kulunga's web site.

This provided the Partnership with a mechanism to communicate its work more broadly and publicly, including updates on each project and an overview of the national symposium to ensure the ongoing work of the Partnership was highlighted and promoted.



ABOVE: "Partnership News"

## Fact Sheet

The Partnership's Manager and Communications Officer produced a fact sheet on the Partnership. The intention of the fact sheet was to communicate the work of the Partnership by translating the research projects and findings in a concise and easily accessible format. The fact sheet was also available electronically on the Kulunga website.

## Promotional Brochure

A promotional brochure was produced, which showcased the achievements of the Partnership and highlighted two case studies from the trial sites.

## Symposia CD ROMs

At the close of both symposia, all delegates were provided with a CD Rom which contained copies of the power point slides from most of the presentations and workshops, as well as other resources provided by the speakers. This resource enabled delegates to access this information at a later date and provide it to colleagues, community groups and relevant stakeholders.

## Symposia Final Reports

Final reports from both symposia were produced, which captured the key outcomes, statements and recommendations for future directions that arose from the symposia. These reports were provided to a range of stakeholders to highlight the Partnership and electronic copies of the reports were also available on Kulunga's website.

## Symposium DVD

A DVD from the ENHANCING INDIGENOUS CAPACITY: Building a Sustainable Future, symposium has been produced. The DVD highlights key presentations and provides an overview of the two-day symposium. It will be made available to all delegates who attended this symposium.

## Symposia Promotional Materials

Various promotional materials such as posters and banners were produced to promote each symposium.

In 2007, additional materials were made available to symposium delegates as part of the registration, which included:

- T-shirt; (as pictured to the right)
- Satchel;
- Magnet;
- Key ring; and
- Lanyard.



ABOVE: 2007 Symposium T-Shirt

## **Final Partnership DVD**

A final DVD has been produced to showcase the work of the Partnership. The DVD shows footage from site visits undertaken by the Kulunga project team in 2007 to each of the Partnership's sites, as well as highlights of the 2007 symposium.

## **Stakeholder Liaison**

Kulunga developed an email database of over 300 contacts involving a wide range of stakeholders including state and Australian Government departments, Indigenous community organisations, corporations and members of the wider community.

This email distribution list was used extensively in highlighting the work of the Partnership, through newsletter distribution and promoting activities such as the Travel Scholarships.

## **2007 Symposium Communiqué**

The closing session of the 2007 symposium provided all delegates with an opportunity to consider and contribute to the development of a communiqué containing a series of messages and policy statements.

This communiqué was intended to form the official outcomes of the national symposium and encapsulated many of the issues arising from the presentations and workshops over the two days and many of the changes delegates suggested need to occur with regard to workforce development in Indigenous maternal and child health.

The communiqué was provided to relevant stakeholders across the corporate, government and non-government sectors, including Indigenous, medical and training organisations, to inform people of the outcomes of the symposium and to facilitate the sharing of best practices and advocate for change.

This document also facilitated a consistency in people's understanding and approach to building the capacity of the health workforce and coordinating the delivery of services within Indigenous communities. The communiqué was included in the final report of the symposium.

A copy of the communiqué can be found at Appendix 1.

# Media and Publicity

Following its launch by the then Prime Minister in August 2003, the Partnership generated extensive media coverage throughout its duration. Subsequent media launches were also held in Brisbane, Perth and Darwin.

“ This is a very powerful partnership – we have Aboriginal people, a major mining company, and Commonwealth, State and Territory governments all working together with a common goal. ”

Professor Fiona Stanley at Queensland media launch, 10 December 2003

The Partnership achieved wide coverage through a range of media outlets including national and local newspapers, ABC radio and news and organisational newsletters and annual reports. There was also media coverage of both symposiums on the ABC and in The Australian newspaper.

A key media highlight was the feature in Double Take in The Weekend Australian Magazine on 11-12 August 2007 where Professor Fiona Stanley and Rio Tinto Iron Ore chief executive Sam Walsh discussed the activities of the Partnership and the relationship of partners.

*“Her [Fiona Stanley’s] team has one job to do and we have another. It’s definitely a complementary partnership.”*

*“If Fiona and I sit down for a coffee in a couple of years, what will we have hoped to achieve? We’ll be looking for positive interventions. For us, it’s part of a package of improving Aboriginal wellbeing in the communities in which we work.”* Sam Walsh, Double Take, 11-12 August 2007



ABOVE: Double Take article

The table below lists the media and promotional opportunities of the Rio Tinto Child Health Partnership, through various publications and print media. The Partnership has also been highlighted in Annual Reports, the Rio Tinto Community Investment Calendar in 2007, various articles in "commUNITY" - the official newsletter of the Kulunga Research Network and through its own newsletter "Partnership News".

Title	Publication / Author	Type	Date
WA Aboriginal Child Health Partnership <sup>1</sup>	CBOonline	A	25/09/2003
Launch of the RTCHP at TICHR <sup>2</sup>	Hon. Dr Geoff Gallop MLA, Premier of Western Australia	S	25/09/2003
WA Aboriginal child health partnership launched	Australian Associated Press General News	A	25/09/2003
ERA pledges \$125, 000 for Rio Tinto Child Health Partnership <sup>3</sup>	Energy Resources of Australia Ltd	MR	09/10/2003
Miner backs health move	Adam Wylie, Centralian Advocate	A	14/10/2003
Rio Tinto Child Health Partnership <sup>4</sup>	The Chronicle, Volume 7, Issue 4	A	Nov/Dec 03
New National partnership for Aboriginal Child Health <sup>5</sup>	Rio Tinto Future Matters, Issue 5	A	Nov 03
Queensland lends it support to the Rio Tinto Child Health Partnership <sup>6</sup>	Rio Tinto Future Fund	MR	10/12/2003
New Strategies to improve Aboriginal Health <sup>7</sup>	Comalco	MR	10/12/2003
Child Health partnership gains momentum in WA <sup>8</sup>	Rio Tinto Future Matters, Issue 8	A	Dec 2003
Budget to strengthen families	Peninsula News, Tablelands Advertiser	A	29/06/2005
Rio Tinto partnering to improve child health <sup>9</sup>	Rio Tinto Future Fund	MR	01/12/2005
Rio Tinto partnering to improve indigenous child health	Minera, A magazine for the Rio Tinto Iron Ore Group, Issue No. 6	A	Dec 2005
Start out strong: a national symposium promoting healthy pregnancy in indigenous communities <sup>10</sup>	HealthInfoNet	A	2006
National Policy and Planning Information for Indigenous Child Health and Wellbeing <sup>11</sup>	The Social Agenda, Newsletter of the Social Policy Unit, Department of the Premier and Cabinet	A	Feb 2006
Start Out Strong Successful Symposium <sup>12</sup>	The Social Agenda, Newsletter of the Social Policy Unit, Department of the Premier and Cabinet	A	May 2006
Indigenous forum focuses on healthy pregnancies <sup>13</sup>	ABC News Online	A	09/05/06
'Start Out Strong' <sup>14</sup>	Under the Microscope, Newsletter of the Telethon Institute for Child Health Research, Issue 2	A	2006
RTCHP Travel Scholarships <sup>15</sup>	Birra News, A Newsletter for Indigenous Australian Students at the University of Queensland, Number 94	A	12/02/07
Synthesising Estimates of Indigenous Child Health <sup>16</sup>	Methodological News, Australian Bureau of Statistics	A	Mar 2007
Aboriginal knowledge needed to ease health problems: expert <sup>17</sup>	Message Stick, Aboriginal and Torres Strait Islander Online,	A	09/05/2007
Aborigines best at watching over indigenous health	Paige Taylor, The Australian	A	14/05/2007
Double Take: Fiona Stanley and Sam Walsh	Victoria Laurie, The Australian Magazine	A	11/08/2007
Targeting grog and smokes – The Rio Tinto Child Health Partnership <sup>18</sup>	Cooperative Research Centre for Aboriginal Health, Gwalwa-Gai, Issue 10	A	Oct 2007
Changing the Way We Drink	Newsletter of the Alcohol Education and Rehabilitation Foundation, Volume 2, Issue 1	A	2008

**Type Legend: A = Article      S = Speech      MR = Media Release**

*NOTE: Footnote details at Appendix 2*

# *Presentations and Advocacy*

The work of the Partnership was presented at a range of forums. In the early days of the Partnership, presentations were delivered at the Australian Rural Health Education Network, Indigenous Staff Network meeting in Adelaide on 31 August 2004 and at the Inter-governmental Committee on Drugs meeting in Perth on 13 September 2004.

On 19 September 2006, the Partnership's Manager, Associate Professor Colleen Hayward presented on the work of the Partnership at the AER Foundation's National Showcase. Over 300 delegates representing a range of organisations and stakeholders were in attendance at the showcase and good feedback was received about the Partnership and its activities.

*Everyone who was anyone seemed to know about the partnership.*  
Independent Review 2008

On 5 August 2007, Associate Professor Hayward had the opportunity to promote the work of the Partnership at the Garma Festival in the Northern Territory where she was invited to speak. The Garma Festival attracts over 400 people each year. The Key Forum Theme for 2007 was Indigenous Health: real solutions for a chronic problem.

Associate Professor Hayward highlighted the achievements and outcomes of the 2007 symposium in a workshop entitled "Building cultural security into healthy delivery services". Staff from the Institute wore the symposium T-shirts, which generated a lot of interest from other participants at the festival, value adding to the Partnership.



Advocacy for the Partnership was also provided by Ms Shelley Archer, the Upper House Member of the WA Parliament for the seat that includes the Kimberley region.

Following on from her attendance at the 2006 symposium Ms Archer made two Member's Statements in the Legislative Council of the Western Australian Parliament on 31 May 2006 and 20 June 2006. Both statements highlighted the symposium and the work of Project Two of the Partnership in relation to Fetal Alcohol Spectrum Disorder.

### **Department of Education, Science and Training**

On request, Kulunga provided multiple copies of the 2007 symposium report and CD Rom, and information about the Partnership, to the Department of Education, Science and Training (DEST). DEST provides secretariat support to the Prime Minister's Science, Engineering and Innovation Council.

### **Prime Minister's Awards for Excellence in Community Business Partnerships 2007: Contributions to Indigenous Communities Award**

The Telethon Institute nominated the Partnership for the Prime Minister's awards in 2007.

Notification of the winners was deferred due to the change in Government in November 2007. At the time of printing no further information about the status of these awards could be elicited.

*Having the Institute and Fiona Stanley involved made the project more prestigious, as did having Rio Tinto's name associated with it.*  
Independent Review 2008

# The Challenges

*“Partnership is a cross-sector collaboration in which organisations work together in a transparent, equitable and mutually beneficial way. The partners agree to commit resources, share the risks as well as the benefits to work together towards a sustainable goal”*

The Partnering Initiative, 2005

The Partnership heralded a significant move away from a simple sponsorship arrangement to a more complicated entity. Given its complexity, geographically spanning three jurisdictions across Australia, and the inclusion of a major corporate organisation, State and Territory governments, a not-for-profit research centre and a national health foundation, this was a unique partnership model and for this reason it was imperative that the Partnership was evaluated so that key lessons could be ascertained.

## *Independent Evaluation of the Partnership*

The Partnership was first reviewed in 2004 as part of a broader review of its partnerships for the Rio Tinto WA Future Fund. This initial review primarily focused on the relationship between Rio Tinto and the Institute and highlighted the early challenges inherent in establishing the Partnership.

In particular, the review noted how, with the extension of the Partnership to encompass two states and a territory, the partnership had extended well beyond the initial proposal of a non-interventionist sponsorship model to a more complex and sophisticated partnership. This led to a significant learning curve for the Institute, particularly in relation to Rio Tinto's approach to partnership models.

*“There is no doubt that partnerships of this nature can create a fear factor – fear of the unknown models, of strange cultures, and of failure – openness and close communication between the parties is crucial, particularly when the corporate partner puts onto the agenda the need for projects which could clearly be seen to make sense to its own core business, and which are strategically aligned to business value.”* Independent Review 2004

Despite the initial difficulties, the review found that everyone involved in the partnership recognised that the work was crucial and that a significant difference could be made to Indigenous health issues and this view overrode many of the difficulties in setting up the Partnership. The review concluded that the benefits of the Partnership over time would make it worth doing.

*Overall, this has been a difficult partnership to establish – not least because of its growing complexities, but the potential benefit to all partners, and most particularly the potential sustainable benefits to indigenous communities, are considerable.* Independent Review 2004

An independent review was commissioned in early 2008 at the conclusion of the Partnership, to evaluate the partnership model itself to determine the benefits delivered through the Partnership, reflect on its challenges and shortcomings, and document the lessons learned. In addition to quantitative research, interviews were conducted with representatives from each of the partners, including all of the business units under the Rio Tinto umbrella.

This review also found that the journey of the Partnership has not been without its challenges, but it was these challenges, and the manner in which they were overcome, which have provided an excellent learning curve for most partners.

*The Partnership was “the journey we had to have in order to learn what works and what doesn’t work when it comes to partnerships of this size and reach”* Independent Review 2008

A number of key themes emerged during this review including:

- Difficulties in establishing the partnership;
- Differing expectations of respective partners, particularly in the early days;
- Initial conflicting views over funding arrangements;
- Scope and ambition of the partnership (both in a negative sense and a positive sense);

*The RTCHP set itself big goals and achieved many of them. Many believe that only by having a large vision can you affect widespread change, and the RTCHP in effect “raised the bar” in terms of the possibilities to positively impact Indigenous communities and health research.* Independent Review 2008

#### **Establishing positive relationships;**

*Relationships with key stakeholders – most importantly the Indigenous communities – were generally greatly enhanced by the RTCHP, with many partners regarding the journey of the communities throughout the RTCHP as a core partnership benefit.*

Independent Review 2008

## Organisation cultural differences

*"Sometimes you could really see the huge differences in the cultures of government, corporate and not-for-profit...but that's what made it all so interesting."*

Independent Review 2008

*"We learned so much from each other, because we were all different, and that has been a real benefit of this partnership."* Independent Review 2008

- Enhancement of reputations for all partners;
- Clear project management and strong leadership;
- Ongoing monitoring and evaluation (both of projects and partnership model);
- Importance of having a clear communication strategy;
- Flexibility around projects and programs to cater for Aboriginal community needs; and
- Untapped potential of the Partnership, particularly in relation to information sharing across jurisdictions.

As a result of the lessons identified during this review, a number of recommendations were made for future cross-sector partnerships that include:

1. The importance of planning carefully and consulting widely before embarking on a partnership;
2. Establishing a clear framework at the beginning of the partnership;
3. Identifying partners' expectations early on;
4. Ensuring transparency of funding issues;
5. Establishing a committed project leader with adequate resources early on;
6. Regularly reviewing the partnership and programs (health checks);
7. Sharing knowledge between partners and relevant stakeholders; and
8. Ensuring the development of a clear exit strategy for the conclusion of the partnership to ensure the timely resolution of administrative issues and the sustainability of programs beyond the life of the partnership.

Despite many of the 'teething' problems with the Partnership, which are to be expected given the breadth of the Partnership and the uniqueness of the model, overall the review concluded that the Partnership has been a successful initiative that has served to highlight significant Indigenous health issues and facilitate practical outcomes, create reputational gains for partners and encourage different sectors to work together towards shared goals.

*"For all the agony and pain at the start, there were some great deliverables and really tangible gains that showed that the partnership had made a difference."*  
Independent Review 2008

# Conclusion

The Partnership represented research, corporate organisations and government working together to achieve shared goals. As such, it was a complex entity that, at times, proved especially challenging. Yet the Partnership model was also able to achieve a great deal.

Overall funding for Indigenous health in Australia is recognised as insufficient. Collaborations such as the Partnership enable a leverage of funding for programs from a range of stakeholders and allow for input from, and consultation with, local people and organisations to ensure services and outcomes are supporting those communities. The benefits delivered by the Partnership's activities and support are significant.

In summary, long term outcomes generated by the Partnership include:

- Collaboration with Aboriginal researchers, and the building of strong partnerships with Aboriginal communities and Aboriginal health services across three jurisdictions in Australia;
- Improved early childhood development and maternal child health outcomes;
- Increased skills of health and community workers in identifying and responding to risk factors during pregnancy;
- Increased understanding and awareness of healthy pregnancy and behaviours;
- Increased awareness of Fetal Alcohol Spectrum Disorder, particularly at a state/territory and national level;
- Increased understanding of the inconsistency of data collection methods across the states and territories which will provide an evidence base for identifying strategies to overcome this;
- Enhanced Indigenous employment and workforce development;
- Reduced alcohol and/or tobacco use by pregnant women;
- Support for culturally appropriate practices in primary health care and treatment services;
- Acknowledgement and respect for Indigenous people and their culture; and
- Greater understanding and experience of effective models of service delivery and workforce development that can be sustained and replicated.

The Rio Tinto Child Health Partnership can be seen as a great example of the considerable business value and benefit for foundations and sponsors pursuing a strategic approach to cross-sector partnerships as opposed to a simple sponsorship model.

The activities of the Partnership have helped communities build long-term capacity to tackle the important issues surrounding Indigenous maternal and child health.

While the opportunities the collaboration delivered to each of the partners was recognised, it was the potential to directly assist in the development of stronger, sustainable and healthy Indigenous communities that is, ultimately, of most note and what drove all those involved.

*“The Rio Tinto Child Health Partnership has been a far-reaching, continually evolving initiative that has assisted in bringing about enhanced well being in many Indigenous communities throughout Australia.*

*The partners involved have worked extremely hard to institute ground-breaking programs where they have been most needed. The journey has not been an easy one and it is fair to say that at times many partners questioned whether the effort was worth it. However, all are in agreement that the lessons learned and the relationships formed – as well as the outcomes achieved – have been beneficial to all concerned.” Independent Review 2008*

# The Future

The Partnership has now concluded, but the networks and relationships established between the partners will continue, allowing for ongoing exchange of information across jurisdictions and sectors. There are plans for a 'clearing house' to be established to allow the sharing of resources.

Each of the jurisdictions has indicated their commitment to support the ongoing activities and programs of the Partnership's sites. In Western Australia, there are discussions to establish a new partnership between the Institute, Kulunga and Rio Tinto which will build on the activities and achievements of the Partnership.

In particular, the Partnership has provided a cross-sector model for how corporate, government and non government organisations can work together to deliver vital health outcomes for Aboriginal people and has provided valuable lessons, not only for the partners involved, but other organisations entering into partnerships of this nature in the future.

*It is clear that the RTCHP has implemented many excellent programs and also served to kickstart others that will continue to make a difference in future years.*

*The journey of the partnership saw the take-up of opportunities to work in new and different ways with communities and agencies. The partnership enabled new relationships and new programs to be forged, some of which will continue to evolve long after the partnership formally concludes.*

Independent Review 2008

# *Stakeholders*

Stakeholders involved in the Rio Tinto Child Health Partnership are:

- Telethon Institute for Child Health Research and its Kulunga Research Network
- Alcohol Education and Rehabilitation Foundation
- Rio Tinto Ltd
- Office of Aboriginal and Torres Strait Islander Health
- Department of the Premier and Cabinet, Western Australia
- Queensland Health
- Department of Health and Community Services, Northern Territory

# Appendix 1

## ENHANCING INDIGENOUS CAPACITY: Building a Sustainable Future - Communiqué

1. That governments acknowledge the importance of culture, land, country and community to the success of any Indigenous health care program, service or policy.
2. That addressing the social, cultural and economic factors affecting Indigenous people's health be recognised as a key stepping stone towards Reconciliation.
3. That Aboriginal community controlled 'one stop shop' maternal and child health services and early childhood learning and development centres be established.
4. That adequate long term funding be committed to culturally appropriate, integrated, holistic maternal and child health programs to ensure their sustainability and enable time for results to take effect.
5. That it be recognised that a 'one size fits all' approach does not work in the design and delivery of Indigenous health care programs.
6. That there be increased funding for management and governance training in community controlled health care services.
7. That the unique qualities and skills Aboriginal Health Workers bring to health care services be recognised and properly utilised, especially by other Health Professionals.
8. That the cultural knowledge of Elders, traditional healing and birthing practices and practitioners be recognised and incorporated in Aboriginal health services.
9. That a national audit of the skill levels, employment levels and conditions of all Aboriginal health workers be undertaken in accordance with the AHW national competencies.
10. That Australian and State/Territory governments commit to funding intensive home visiting programs as a crucial intervention in Indigenous maternal and child health in rural, remote and urban areas.
11. That governments commit to a whole-of-government, coordinated approach to funding comprehensive primary health care services.
12. That reviews and evaluations take account of the 'human element' in the benefits delivered by Indigenous healthcare programs and services, including the recognition and valuing of Indigenous knowledge.
13. That governments at all levels commit to further developing the evidence base on Indigenous maternal and child health through research which adheres to the NHMRC guidelines and directly benefits Aboriginal people.
14. That funding to HealthInfoNet be increased to ensure it is better able to share information among health professionals, researchers and communities.
15. That media commit to positive stories about Indigenous people and highlighting the strengths within Aboriginal and Torres Strait Islander communities.

# Appendix 2

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