Women's, Child and Youth Health Plan 2021-2031

Summary Framework for Consultation

March 2021

Government of South Australia
SA Health

Message from the Chief Executive

I am pleased to release the Women's, Child and Youth Health Plan Summary Framework for consultation to support the development of the Women's, Child and Youth Health Plan 2021-2031.

The need for a Women's, Child and Youth Health Plan that can support us to meet the future needs of the population was identified in the South Australian Health and Wellbeing Strategy 2020-2025.

The plan will take a human rights-based approach by prioritising those strategies that can help to improve health equity for population groups who consistently experience poorer than average health outcomes.

Through this plan, SA Health will strengthen existing partnerships with other agencies to enable us to play a stronger part in the identification of and effective responses to women, children and families who are at risk of poor health and social outcomes.

This Women's, Child and Youth Health Plan Summary Framework for consultation outlines the approach taken for the development of the plan, presents a range of supporting evidence and identifies a set of 16 proposed strategies that will guide our actions as a system over the next 10 years to improve health and wellbeing outcomes for women, children and young people.

I strongly encourage you to read this information and provide your feedback so the things that matter to you as a member of our community, can be considered in the development of the final Women's, Child and Youth Health Plan 2021-2031.

Dr Chris McGowan

Chief Executive,
Department for Health and Wellbeing

Acknowledgments

The South Australian Women's, Child and Youth Health Plan 2021-2031 will be the result of contributions from a large number of agencies and individuals across the South Australian health system and the community. We would specially like to acknowledge those members of the community who shared their personal stories and experiences with us to help guide and shape to improve the health and wellbeing of women, children and young people in SA.

We would also like to thank the members of the Project Board, who provided guidance, content expertise and insight to identify gaps, allowing opportunities for us to improve the way the health system works.

Traditional Owners

We acknowledge Aboriginal people as the first Australians, traditional owners of South Australia, and we respect their ongoing living and spiritual relationship with the land and sea. We respect and celebrate the many Aboriginal peoples and lands across the state of South Australia.

A Note on Language

To support the reader to engage with this content the intended use of several terms is provided below:

Women's health: For the purposes of the plan, when we say women's health we are specifically referring to women's sexual and reproductive health over their whole lives. The plan does not aim to address general health issues for women that are addressed in other areas. This is in acknowledgement of the fundamental importance of women's sexual and reproductive health, wellbeing and safety to optimal conception, pregnancy, infancy and child development.

Young people: Refers to male, female and gender diverse people aged between 10 and 19 who may otherwise be referred to as adolescents.

Trauma informed care: The effects of trauma can manifest in many ways from headaches and fatigue to anxiety and depression. Other effects can include nightmares, sleeping and eating issues, and the misuse of alcohol or drugs. Trauma is often related to gender, in particular in the incidence of sexual assault and family violence, which are predominantly perpetrated by men against women. A trauma-informed approach is based on the recognition that many behaviours and responses once seen as 'symptoms' are in fact adaptive behaviours that can be positively integrated into people's care. Trauma-informed care systems usually follow a series of guiding principles that include[1]:

- the assumption that everyone accessing the service has potentially experienced trauma, and the need to adopt trauma-informed approaches in all aspects of the service's treatment and care
- careful consideration of the potential for re-traumatisation through inappropriate work practices and/or any continuing trauma in the person's personal life.

Family: In modern Australia, families are characterised by increasing diversity. The 'traditional' family unit, comprising of mother, father, and children is no longer the only way we think about and define our families. Rather, the concept of 'family' is dynamic and often involves the transition into different family forms over time for example one-parent, step and blended families, and a myriad of other cultural and/or social definitions of family. The 2016 Census found that about 43 per cent of children under the age of 13 years were living in non-traditional households, such as with a non-biological parent figure, a sibling, or a grandparent.[2]

Life course approach: The Australian Government Department of Health's *National Women's Health Strategy 2020-2030* and the World Health Organisation's *Global Strategy for Women's, Children's and Adolescent's Health 2016-2030* both take a 'life course approach' to health planning.

Rather than a static view of health and disease, the life course approach recognises the impact of different types of risk exposure at each stage of life, and the cumulative impact of these exposures as a person ages. In addition, there are recognised life course transitions that can increase vulnerability to poor health that offer key intervention points. With respect to women, children and young people these transition points include pregnancy, childbirth, school entry, puberty, school leaving, workforce entry, partnering, menopause, and widowhood.[3]

Introduction

The South Australian Women's, Child and Youth Health Plan 2021-2031 will identify the key health service directions and strategies that are needed to:

- efficiently and effectively align SA Health and Wellbeing services with the needs of the community over the next 10 years
- inform the development of integrated, contemporary, culturally safe and age appropriate clinical services that are available and accessible across the state.

Based on significant community engagement and consultation, the plan charts a path to kinder health services for all women, children and young people in South Australia, and emphasises that how we do what we do is as important as what we do.

Speaking to each and every individual, team and service that makes up our system, the plan will ask each to **'take every opportunity'**, no matter how small, to make a difference in the health journey of each woman, baby, child or young person.

The plan will commit to the importance of health promotion, prevention and early intervention actions across the life course while recognising the first 1,000 days of life as a key window of opportunity to improve lifetime health and wellbeing outcomes.

For the majority of people our system works well. However, there are groups of people who for a range of reasons consistently experience worse health outcomes and for whom we need to do better. The plan squarely focusses attention and effort on how we interact with and deliver care to those most at risk of poor outcomes.

The plan will take a human rights-based approach across the life course and recognises the importance of women's physical, mental and social wellbeing and safety to optimal conception, pregnancy, birth, neonatal and early childhood outcomes as well as to the health of our next generation of parents.

The important role that men play in the health and wellbeing of women and children as fathers, brothers, sons, uncles, grandfathers and friends is celebrated and acknowledged. However, the plan does not address men's health.

We have heard that as a health system we need to be a better team player in existing and proposed interagency efforts to identify, protect and support those most at risk and indeed that we may need to provide more leadership in this space where required. The plan will examine how we partner within and outside of our system to promote good health and prevent ill health for our most vulnerable and at risk women and children.

We have heard that we need to support and enable our workforce to connect with each other, understand each other's roles and create new opportunities to partner in and deliver care. This can free up the immense human potential in our system. Our small, geographically dispersed population challenges us to be creative about how the workforce is deployed and utilised. We recognise that there is a need to foster a culture of care that enables our workforce to work more effectively with healthcare system complexity.

Conversations with hundreds of people across our system including clinicians and healthcare consumers in both metropolitan and rural areas have provided us with a strong sense of what people are concerned about and how they feel when they interact with our health system. We have heard about what the health system does well, how it needs to improve, and what would make a truly transformative plan.

This summary framework for consultation provides an opportunity for feedback from a wide range of people and organisations. Input and feedback received as part of this engagement will be taken into consideration when drafting the Women's, Child and Youth Health Plan 2021-2031.

Approach to Development of the Women's, Child and Youth Health Plan 2021-2031

The plan will take a life course approach across reproductive, maternal, newborn, child and young people's health. Early review of the evidence has identified a range of protective factors and factors that increase vulnerability to poor health outcomes across the life course, these are illustrated in the figure below. The development of the plan will focus on identification of strategies that maximise protective factors and minimise factors that increase vulnerability.

FACTORS IMPACTING HEALTH AND WELLBEING OF WOMEN, CHILDREN AND YOUNG PEOPLE

PROTECTIVE FACTORS

Connection to culture; emotional attachment and social connectedness; loving and protective relationships; good nutrition, sleep, and physical activity; stable housing; education; immunisation; health literacy; prevention, early detection, healthcare accessibility and continuity of care; knowledge of and access to services; community supports

LIFE STAGES

REPRODUCTIVE HEALTH	PREGNANCY	NEWBORN	CHILDHOOD	ADOLESCENCE AND YOUTH
✓ Responsive and culturally sensitive care ✓ Access to tertiary services	✓ High quality women-centred care and support ✓ Shared care principles ✓ Access to tertiary services	✓ Paid maternity leave ✓ Secure attachment ✓ Breastfeeding ✓ Safe sleep environment ✓ Health checks and in-home care visits ✓ Early childhood development supports	✓ Safe learning environments ✓ Parity in education access ✓ Achieving in school ✓ Integrated and flexible, multidisciplinary therapy options	✓ Safe and non-judgemental service ✓ Shared decision-making ✓ Appropriate healthcare transition processes ✓ Access to sexual and reproductive healthcare ✓ ICT and data access

VULNERABILITY FACTORS

REPRODUCTIVE HEALTH	PREGNANCY	NEWBORN	CHILDHOOD	ADOLESCENCE AND YOUTH
• Lack of family planning • Lack of access to suitable contraception • Barriers to abortion services • Poor identification of fertility issues • Impact of gynaecological issues • Incontinence • Impact of menopause	• Lack of antenatal care • Gestational diabetes and other complications of pregnancy • Premature births • Birth injury / complications	• Low birthweight • Poor growth • Developmental delay • Congenital abnormalities • Insecure attachment • Birth trauma • Postnatal depression • Young mother / parents	• Behavioural issues • Chronic illness • Out of home care • Low health literacy • Developmental issues • Poor school attendance • Excessive screen exposure • Parental illness • Bullying	• Poor school attendance • Anxiety and mental illness • Peer pressure • Risk taking behaviours • Adolescent pregnancy • Youth Justice system involvement

Poverty, homelessness and poor nutrition; disability; poor parenting capacity and/or family relationships; having a child protection history; physical, sexual or psychological violence; abuse and neglect; trauma; drugs, alcohol or other toxins; having a chronic health condition; poor mental health or wellbeing; being Aboriginal and Torres Strait Islander; LGBTQIA+; cultural and linguistic diversity; living in rural or remote areas; being overweight or obese; lack of access to healthcare and other services; IT and data access disadvantage

The plan will be developed according to the **SA Health Planning Principles:**

- Our people and partners are actively engaged in improving the health and wellbeing of all South Australians.
- Consumers and communities are at the centre of our decisions and inform the design and provision of health and well-being services.
- Evidence and need informs clinical service design and delivery.
- Innovation, research and teaching is valued and supported.
- Diversity is recognised, planned for and catered to.
- Value considerations drive decisions and investment is sustainable.
- Outcomes are measured and responded to.
- Services are designed to deliver access and opportunity for all.
- Our current and future workforce is motivated and supported to provide excellent services to their community.

The **Australian Charter of Healthcare Rights** underpins the approach recognising that all people have a right to:

Access

- Healthcare services and treatment that meets my needs.

Safety

- Receive safe and high quality health care that meets national standards.
- Be cared for in an environment that makes me feel safe.

Respect

- Be treated as an individual, and with dignity and respect.
- Have my culture, identity, beliefs and choices recognised and respected.

Partnership

- Ask questions and be involved in open and honest communication.
- Make decisions with my healthcare provider, to the extent that I choose and am able to.
- Include the people that I want in planning and decision-making.

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent.
- Receive information about services, waiting times and costs.
- Be given assistance, when I need it, to help me to understand and use health information.
- Request access to my health information.
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe.

Privacy

- Have my personal privacy respected.
- Have information about me and my health kept secure and confidential.

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated.
- Have my concerns addressed in a transparent and timely way.
- Share my experience and participate to improve the quality of care and health services.

The plan will be informed by a range of evidence:

The development of the Women's, Child and Youth Health Plan 2021-2031 has drawn on a range of qualitative and quantitative evidence including:

- Data regarding our current and projected population health needs, demand for and supply of health services.
- A review of the evidence regarding current best practice approaches to delivering health services for women, children and young people across the life course; and
- Feedback from a range of engagement and consultation approaches that are summarised below.

Consultation processes to support the development of the Women's, Child and Youth Health Plan 2021-2031

Gynaecology Workshop 19/02/20
36 clinicians

Environmental Scan Mar-Aug 2020
Review of evidence based practice and approaches
Discussions with a wide range of partner agencies and organisations

Take Every Opportunity Workshop 24/09/20 (Statewide)
194 participants (76 virtual)
Consumers
Clinicians
Partners

Consumer Workshop 07/12/20 (Virtual)
14 participants
Consumers and consumer champions

Health Professionals Workshop 10/12/20 (Virtual)
64 participants
Consumers and consumer champions
Follow up survey

Country Workshops
Consumers
Clinicians
Partners

Port Augusta 12/02/21
34 participants

Mt Gamber 19/02/21
24 participants

Aboriginal Discussion 10/02/21
11 participants
Port Adelaide Grannies Group

YourSAy Consultation April-May 2021
Draft Summary Framework for Consultation
Consultation open to all South Australians
Targeted feedback sought from partner agencies and organisations and those that have been involved in the journey so far

Concluding Workshop June 2021 (State wide)
Consumers
Clinicians
Partners

Setting the Scene

Continuing to improve the health and wellbeing of women, children and young people will truly require all of us to work together, with strong partnerships between government agencies, non-government organisations, communities, primary care providers, private health sector, research sector, as well as engagement with and participation of women, children, young people, families, carers and clinicians.

Population

South Australia spans nearly 1 million square kilometres with a **population of 1.76 million people**.[4] Over half of the population are women,[5] and approximately 374,600 are children and young people under 18 years, including 18,000 Aboriginal children and young people.[6] Around **20,000 births** occur in SA each year, which includes around 900 births to Aboriginal women.[7] Over the next 10 years, the population of SA is **projected to increase to 1.92 million**, with the highest growth in the Northern Adelaide Local Health Network (NALHN) and Barossa Hills Fleurieu Local Health Network (BHFLHN) regions. The number of **women is predicted to increase by 73,000** at 0.8% per annum and **children by 13,000** at 0.3% per annum.[8]

Demographics

78.2% of the SA population speak English compared to 72.7% nationally, whilst 16% of SA residents don't speak English compared to 20.8% nationally.[8] **62.7% of SA adults are overweight or obese** in SA and the rate is increasing (nationally the rate is 62.8%), with women slightly below the state rate (59.1%). Rates of overweight and obesity are linked to socio-economic status (lowest SEIFA = 71%; highest SEIFA = 51%).[8] **26.9% of children are overweight or obese** in SA, which is also linked to socio-economic status (lowest SEIFA = 36.7%; highest SEIFA = 13.8%).[8] People in SA **self-assess** their **health as being good** at 83%, which was slightly lower for women at 82.5% and higher for children aged less than 17 years (94.6%).[8]

Individuals identifying **psychological distress** in SA is **11%** and increasing, with a higher rate for women (14.4%).[8] SA has immunisation rates above the national rate for one year olds.[9]

Pregnancy Outcomes

The average age of **childbirth occurs at 30.4 years**[10];however, **Aboriginal women who gave birth were generally younger than non-Aboriginal women**.[11] Low birthweight is a key indicator of a baby's immediate health and predictor of future health, and low birthweight is closely associated with pre-term birth. In SA, **preterm birth** occurred in **9.6% of all newborns** born in 2017, and the proportion of preterm births was much higher **(19.1%) for newborns of Aboriginal women**. The proportion of **low birthweight babies was 7%** of all SA births, compared to 6.5% nationally[8], with rates higher in the NALHN catchment (7.4%), and greater among **babies of Aboriginal women (15.7%)**. **Perinatal mortality** is lower in SA **(6.5 deaths per 1,000 births)** compared to nationally (7.9 deaths per 1,00 births)[8]; however, the perinatal mortality rate of babies was **higher in Aboriginal women** (22.7 per 1,000 births) in 2017.[12] The **maternal mortality** ratio for the five year period 2013-2017 was **6.1 deaths per 100,000 women** who gave birth, which was lower than in the preceding five-year period where there were 8.1 deaths per 100,000 women.[13]

Morbidity and Mortality for Children and Young People

Infants and young children aged under 5, experienced total burden of disease mainly from a range of **infant and congenital conditions**, including pre-term and low birthweight complications, birth trauma and asphyxia, cardiovascular defects and sudden infant death syndrome (SIDS). Other high-burden diseases for this group were asthma, lower respiratory infections and dermatitis and eczema.

Asthma was the leading cause of morbidity in all **children aged 5–14** and contributed to 14% and 12% of total morbidity in boys and girls, respectively.

Children aged 5-14 experienced substantial burden of disease from a range of **mental and substance use disorders** including anxiety, depressive disorders, conduct disorder, autism (boys), attention deficit hyperactivity disorder (boys) and eating disorders (girls). Other leading causes of morbidity for children were dental caries, back pain and problems, epilepsy and acne.[14]

Among **adolescents, suicide** caused the greatest burden in males while **anxiety disorders** were the leading cause of morbidity in females. Asthma still contributed substantial burden of disease for this group but was ranked much lower than in children[14]

In 2019, the number of deaths of children and young people was the lowest recorded for 15 years. In 2019, the rate of death for **non-Aboriginal children and young people** who were usually resident in South Australia, was **21 deaths per 100,000**; however, the death rate was higher in **Aboriginal children and young people (46 deaths per 100,000)**.[15]

Family Violence

In Australia, **one in six women** have experienced **physical or sexual violence** by a current or previous partner since the age of 15, and **1 in 4 women** have experienced emotional abuse.[16] Experiencing violence can cause long term social, health, psychological, financial, and economic damage, and It is estimated that the **total cost of violence against women and their children** in South Australia was $1.64 billion in 2015-16.[17]

Risk Factors

The Better Start Child Health and Development Research group at the University of Adelaide has identified multiple different risk factors that may lead to an infant or child experiencing adversity and vulnerability. These can include socioeconomic factors (maternal education, living in disadvantaged area, accessing Housing SA); trauma factors (child protection investigation, domestic and family violence, history of abuse); psychosocial factors (psychological distress, mental illness, lack of social support); and health factors (preterm birth, low birth weight, smoking during pregnancy, insufficient antenatal care).

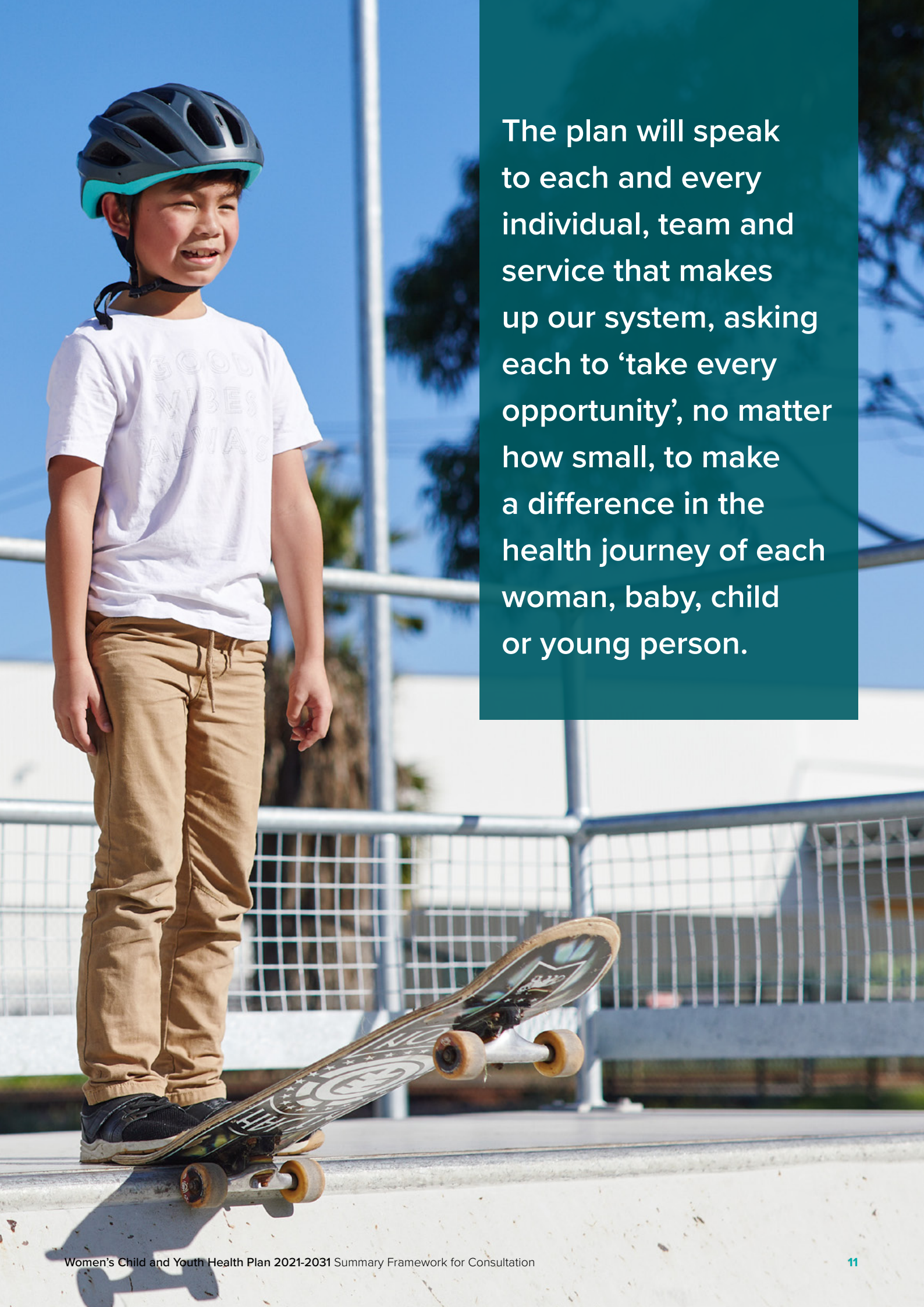
It is estimated that **30% of infants and children** born in South Australia each year **have two or more risk factors** with 3% having 6 or more risk factors leading to higher levels of adversity and vulnerability. Aboriginal and Torres Strait Islander infants and children experience more adversity and vulnerability, with **74% of Aboriginal and Torres Strait Islander** births having **two or more risk factors** and 10% having 6 or more risk factors.[18]

In Out-of-Home Care

Research has shown that **1 in 4 children** born in SA during 2008-09 was **notified at least once** to child protective services **by age 7**, and as the level of contact with the child protection system increases, so does the prevalence of developmental vulnerability on 1 or more developmental domainsat age 5.[19] The number of children and young people under 18 years admitted to, and in, **out of home care** increased from 2,631 (30 June 2014) to **3,988 (30 June 2019) in South Australia**, with an **over-representation of Aboriginal and Torres Strait Islander children** that account for a third of all children and young people in out of home care.[20]

Early Childhood Development

According to the 2018 Australian Early Development Census (AEDC) data, almost **1 in 4 South Australian children** were considered **developmentally vulnerable** on one or more domains, which is higher than the national average of 21.7%.[21] Furthermore, since 2009, South Australia has shown a small but **steady decline in the 5 key areas of early childhood development**, which include physical health and wellbeing; social competence; emotional maturity; language and cognitive skills (school-based); communication skills and general knowledge.[22]



The plan will speak to each and every individual, team and service that makes up our system, asking each to 'take every opportunity', no matter how small, to make a difference in the health journey of each woman, baby, child or young person.

How Can We Improve?

Themes emerging from literature and analysis of evidence

Equity of Access: We know that population growth is highest in the northern metropolitan and peri urban areas and that their current level of service provision is insufficient to meet current let alone future demand. We also know that there are some people within our community who struggle to access service for a range of reasons.

Care closer to home: The South Australian Government has committed to South Australian residents being able to access care as close to where they live as possible. Care close to home can help to keep families together, optimise the use of existing support networks and reduces the impact of travel and the need to stay away from home on women, children and families. The key principle being that care close to home is provided safely and sustainably in response to demand from population growth, and the needs of priority population groups.

Cultural respect: Cultural respect is defined as "Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people." Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people, and cultural values, strengths and differences are respected.[23]

Woman-centred care: Woman-centred care focuses on a woman's unique needs, expectations and aspirations; recognises her right to self-determination in terms of choice, control and continuity of care; and addresses her social, emotional, physical, psychological, spiritual, mental and cultural needs and expectations.[24] Woman-centred care also acknowledges that a woman and her unborn baby do not exist independently of the woman's social and emotional environment, and incorporates this understanding in assessment and provision of health care.[25]

Woman-centred care is key to reproductive health, gynaecology and maternity service delivery models[26] and can improve:

Access

- for women in regional and rural locations
- to antenatal care via out of hospital clinics and digital service delivery
- to culturally sensitive and kind services
- to Maternal Fetal Specialist support for women experiencing significant pregnancy concerns or complications.

Evidence-informed care

- continuity of known carer models
- aboriginal Birthing Program
- challenges of psychosocial complexity and vulnerability
- perinatal mental health.

Family integrated principles of neonatal care: The hospital nursery environment is the first extra-uterine setting for an increasing number of premature babies who may remain in the nursery for weeks or months. Evolving evidence in the literature recognises the importance of providing family centred neuroprotective care for preterm infants. Family Centred Care, developmental care, family integrated care and environmental neonatology are terms used to describe parental involvement and soothing non-pharmacological strategies aimed at preventing the detrimental impact of nursery sensory input (procedures and nursery processes) on the developing newborn brain.

Family integrated care ensures that parents can remain present throughout the hospitalisation of a preterm infant, have active participation in rounds and handovers, feel welcome and are actively involved in many aspects of their baby's care. The bonding and attachment process is optimised by the close proximity between mother and baby and the ability of parents to be present to understand their babies' reactions and cues. It sounds simple; however, this shift in paradigm is significant and will take effort.

There is an opportunity for SA to prioritise implementation of Family Integrated Neonatal Care best practice principles as core requirements for neonatal care over the coming decade.

The ARACY Common Approach and NEST Principles: A child's physical and mental health is shaped by many factors including relationships, material basics, learning and safety within their family and community. The Common Approach®, developed by the Australian Research Alliance for Children and Youth (ARACY), is a prevention-focused and flexible way of working to help everyone have quality conversations with young people and their families about all aspects of their wellbeing. These aspects fall into six wellbeing areas that align with the NEST principles: Loved and Safe, Healthy, Participating, Positive Sense of Culture and Identity, Material Basics, and Learning.

The ARACY Common Approach is part of the effort of all levels of government to improve the wellbeing of children, young people, and families by strengthening the capacity of the service system to intervene early in order to keep children safe and well. The Common Approach increases everyone's awareness of their role in the prevention of abuse and neglect, and assists in the provision of support before problems escalate into crises.[27]

Five by Five: The first five years of life is a crucial period for child health and development. The Five by Five Supporting Systems Framework for Child Health and Development published by BetterStart Child Health and Development Research Group from the School of Population Health, University of Adelaide, describes the five dimensions and the five stages critical to development through this period.

The authors indicate that the goal of the Five by Five Framework is to "provide an accessible review of the basics of child health and development, including key milestones that could provide a platform for both research and service provision across the sectors dealing with child health and development to locate their research activities and service practices".[28] The Framework is 'rigorously evidence based' and demonstrates the imperative of inter-agency planning and service delivery.

Young people: Sometimes we forget that young people are not just big children or small adults. Young people require health services that are accessible, affordable and tailored to their unique needs. Young people place a high value on privacy and safety and they want treatment that is timely and informed by their own decisions and choices.[29] The World Health Organisation recommends that in order to be adolescent friendly, health services should aim to meet the following criteria[8]:

- **Accessible** – Adolescents are able to obtain the health services that are provided.
- **Acceptable** – Health services are provided in ways that meet the expectations of adolescent clients.
- **Equitable** – All adolescents, not just selected groups, are able to obtain the health services that are available.
- **Appropriate** – The right health services (i.e. the ones they need) are provided to them.
- **Effective** – The right health services are provided in the right way, and make a positive contribution to their health.

The Five by Five

5 dimensions of healthy development:	5 stages of healthy development:
1. Physical	1. Pregnancy
2. Language	2. Post-natal
3. Attachment	3. Infancy
4. Social emotional	4. Toddlerhood
5. Cognitive	5. Early childhood

Health Promotion, Prevention and Early Intervention: The evidence has highlighted repeatedly the importance of health promotion, prevention and early intervention for achieving optimal outcomes for women, children and young people. At all ages and stages in a woman, child or young person's health journey there are opportunities for us to promote health supporting behaviours, prevent illness, injury and their progression and optimise outcomes through early intervention.

Interagency collaboration: We have heard that as a health system we need to be a better team player in existing and proposed interagency efforts to identify, protect and support those most at risk and indeed that we may need to provide more leadership in this space where required.

Strong interagency collaboration across strategic and operational levels including through visibility of shared data is fundamental to improving outcomes for the most vulnerable. There are a range of existing interagency forums and indicators that provide the foundation for identifying and responding to children and families who are at risk.

Themes emerging from engagement with consumers, clinicians and the community

During the process of developing The plan we had the privilege of **listening** to many people from different backgrounds and from metropolitan and regional areas. We heard consumers and clinicians alike emphasise the importance of **trusted relationships** with one another (consumer to clinician, clinician to clinician and service to service) to the quality of healthcare. This is well illustrated by the significant positive impact for women and babies of **continuity** of midwife throughout a pregnancy with resultant increases in job satisfaction for clinicians.

We also heard about examples of exceptionally **person centred care** such as through the welcoming warmth of Aboriginal Health Services where a hug on arrival from a familiar face may be followed by an offer of transport to and from an appointment.

We have heard over and over again that for many consumers it is individual clinicians acting with **compassion, consideration and kindness** that make the biggest difference to the experience of healthcare and that this must not be overlooked in favour of more objective measures of care.

We also heard that many consumers feel judged, blamed, unwelcome and unsafe and whilst they may not speak up, healthcare encounters can leave them feeling disrespected, confused, overwhelmed, and unsure of next steps.

This is more often the case for Aboriginal people, people from culturally and linguistically diverse backgrounds, people who are gender diverse, young people, people living with disability or mental health issues and those who are socially disadvantaged. The impact of these kind of experiences can lead to disengagement with long term impacts on health outcomes. Examples include separating families at birth, discharging people from acute care with no clear links to home and care, poor transition from paediatric to adult health services and failure to engage in culturally and trauma safe practice.

We heard from the South Australian Commissioner for Children and Young people about what matters from children and young people including their health. The Commissioner has emphasised that there are children and young people in SA not doing as well as we want, or receiving the support they need to succeed. This includes children in care and protection, those involved in youth justice, children with a disability, children falling through the gaps in systems, such as education and health, and those who have experienced trauma and discrimination.

The Commissioner has emphasised the need for agencies to work together to break the cycles of disadvantage and bring about change for all children and young people who need extra support to develop and flourish. Critical to improvement will be **embedding the voice of the child or young person** across all elements of service delivery, improvement and evaluation.

Clinicians spoke of the difficulties they face in **connecting, collaborating and communicating** with each other across silos and distances, the increasing complexity of delivering healthcare and arbitrary or outdated service funding and eligibility criteria that limit access and impact continuity of care. We heard also of the insidious impact of short term funding decisions on the ability to attract and retain skilled workers particularly in country areas where the resultant high staff turnover makes development of trust and local knowledge difficult.

We heard that inability to attract and retain workforce has significant downstream social and financial and wellbeing costs, for example when children reach school age without having had access to assessment and treatment for significant developmental delay.

Consistently we heard that there are a number of issues for clients and potential clients who do not have access to transport or accommodation when required to attend specialist appointments or treatment in health facilities across and beyond their Local Health Network (LHN) region. Lack of suitable transport and or accommodation options for that small but very vulnerable minority and the pressures on parents (in particular who have more than one child) to accommodate the needs of all the children in the family when attending appointments for one of their children has a detrimental effect on their ability to access services and health outcomes.[30] This issue persists within the regions as well as for people accessing Adelaide from the regions and indeed in some instances it is easier to get to Adelaide than to travel within a region.[31] For services to be **accessible** people need to be able to get to them or be provided with acceptable alternative options acknowledging that whilst telehealth is one such option, the most vulnerable families may not enjoy internet access or a suitable device to support online consultation.

We also heard that it is difficult to find **reliable and easy to understand information** about health issues and available services and supports. Navigating existing information platforms can be clunky and unhelpful which can lead to frustration and delays, difficulty in being proactive regarding one's health, and relying on Dr Google instead of health professionals.

These emerging themes have helped us to identify a set of eight guiding principles that should underpin all of our actions:

Guiding Principles

We listen When we actively listen without judgement or interruption, we show interest, we learn, we have greater understanding and we develop trust and respect which underpin safe high quality healthcare.

We are kind While there is no straight line between kindness and patient outcomes there is good evidence that these two things are connected.[32] While it is individuals that are the agents of kindness, healthcare organisations must play a role in creating the culture and conditions for kindness to occur.

We are trusted Health care is safer and more effective when people trust health care professionals. Trust is built slowly and lost easily. In order to build trust we must say what is true, admit our limitations, do what we say we will do, follow through, and take responsibility for our actions as individuals and as a larger system.

We are collaborative This means seeing and interacting with each other as parts of a whole. This includes individuals, services, LHNs and at whole of department level. Getting out of our silos starts with giving ourselves and others permission to breakdown invisible barriers to working together.

We are respectful Respect means seeing each other as equals regardless of age, background or social status. Respect is the foundation of healthy and productive human relationships.

We are safe We are aware of and sensitive to working with diversity of background, experience and need, so that we do not actively or inadvertently inflict, add to or cause harm.

We take every opportunity We recognise that each encounter we have with a woman, child or young person is an opportunity to be kind, build trust, listen and keep people connected to care and that whilst we may not be a major player in a person's journey small moments and actions can make a significant difference.

We learn Contributing to and learning from evidence and data helps us to improve how we deliver services.

Women's, Child and Youth Health Plan 2021-2031 Vision

South Australians are born healthy and develop to achieve their full potential

To achieve this vision, we will work to:

- protect and maintain the physical, developmental, psychological, social, emotional, cultural, developmental and reproductive health and development of women, babies, children and young people
- reduce the incidence of preventable illness, injury and disability experienced by women, babies, children and young people
- reduce the impact of health service interventions on the physical, developmental, psychological and emotional and cultural health of women, babies, children and young people
- achieve our commitment of responsive and trauma-informed care services for Aboriginal and Torres Strait Islander babies, children and mothers
- develop strong supportive ongoing relationships with women, babies and their families to enhance their health and wellbeing across the life span from reproductive age onwards
- at all stages of the journey, adopt a partnership approach to care with families, reflecting the developmental stage of the child/children and the needs of their parents/carers
- work in partnership with all related agencies to deliver integrated care, treatment and support to women, babies and their families and communities
- assist individuals and families to adapt to changes in their health and wellbeing over time, including at end of life
- move flexibly between lead and support roles with partner agencies, within integrated service delivery models, to deliver the best outcome for women, babies, children, young people and their families
- design and deliver integrated service responses informed by evidence and reflective of the specific needs of each woman, her baby and the family close to home.

Aim

To improve the health and wellbeing of all women, children and young people.

Goals

The goals of the Women's, Child and Youth Health Plan are to:

- improve consumers and their families' confidence and experience of the health system
- improve health services ability to partner with consumers, families and other agencies to consistently provide best outcomes
- maximise the proportion of babies born at full term
- create optimum care environments for pre-term babies to thrive
- support and work with families to minimise barriers and optimise parenting and families for our young to flourish
- support workforce capability to be evidence based, innovative and agile to meet the needs of women, children, youth and families
- deliver services efficiently and effectively to ensure population needs are met and delivered locally as appropriate.

The aim and goals of the plan provide focus to drive the improvement efforts across the system and a structure to enable monitoring of outcomes.

Plan Priorities

Three overarching priority areas have been identified that will guide our actions to improve health and wellbeing outcomes for women, children and young people in South Australia over the next 10 years:

PRIORITY 1:

Improving **health equity** for women, children and young people across South Australia

PRIORITY 2:

Empowering women, children and young people to maximise their **health outcomes**

PRIORITY 3:

Enabling the health workforce to **work holistically** with women, children and young people living in **diverse contexts**

Priority 1:

Improving health equity for women, children and young people across South Australia

All women, children and young people no matter where they live or who they are should have the same opportunities to live a healthy life.[33] There are a number of groups in our community however, that consistently experience significantly poorer health outcomes due to a range of interrelated social, geographical, economic and cultural factors. These factors consistently challenge standard system responses due to the complexity that they introduce to healthcare delivery. This includes people who are:

- Aboriginal and Torres Strait Islander
- culturally and linguistically diverse
- living with disability and or complex health conditions
- living in poverty or experiencing homelessness
- experiencing domestic and family violence
- LGBTQI+
- living in rural and remote areas where access to services can be limited
- living in out of home care.

Improving equity of access and health outcomes for these groups is a central focus for our health system.

Priority 2:

Empowering women, children and young people to maximise their health outcomes

Empowered consumers are safer, know more, want more and are able and motivated to do more for themselves. Empowerment implies confidence. Confidence in the health care system suggests an expectation that timely and appropriate treatments will be accessible to meet the needs of consumers.

Consumer empowerment and promotion of participatory care enables consumers to be active participants in their health and care. Empowered consumers can maximise opportunities for autonomy and self-determination, harness technology to increase flexibility, leverage available health information and make informed decisions to improve their health and wellbeing. Prioritising and encouraging consumer understanding and consumer experience, facilitates trust and communication between consumers and service providers.

Priority 3:

Enabling the health workforce to work holistically with women, children and young people from diverse contexts

A holistic approach means to provide support that acknowledges the whole person – their physical, psychological, emotional, social, spiritual and cultural wellbeing. Working holistically involves recognising and responding to the diverse contexts of people's lives. This includes acknowledging the specific challenges and systemic barriers faced by priority populations that impact on access and health outcomes.

Working holistically requires working without prejudice or judgement regarding age, culture, heritage, language, faith, beliefs, sexual and gender identity, family structure, relationship status or life experience. In such a system each person is seen as their own individual, and there is respect for family dynamics and circumstances. This ensures care can be person-centred, improving consumer satisfaction and patient experience and the connection between consumer and the health system.

A well supported, confident and sustainable workforce is integral to providing holistic care. Working holistically describes health professionals, services and systems working together respectfully and collaboratively, across teams, departments and interagency systems to provide continuity of care and wrap around support for consumers to navigate complex systems.

SPALDING

Strategies

The following 16 strategies demonstrate the actions we will take as a system to achieve our priorities. For each strategy we have a statement explaining why it's important, what we plan to do and some potential outcomes that we might as a result.

1. Health Promotion, Prevention and Early Intervention

Why is this important?

Health promotion, prevention and early intervention is not only critical for preventing or reducing the progress of disease or illness, but also for improving a person's mental and physical health, community participation, as well as socioeconomic outcomes into the future.[34]

Health promotion, prevention and early intervention can empower and engage women and families to actively participate in their own health care, make informed and confident choices to support healthy development, and achieve optimal health outcomes.[35]

Our commitment

We will develop a comprehensive health promotion, prevention and early intervention strategy, which aims to ensure all South Australian's are born healthy and develop to achieve their full potential.

What could we see?

- Empowered and resilient women, children, young people and families.
- Reduction in adverse outcomes and risks to the health and wellbeing of women, children and young people.
- Intervention at the earliest signs of vulnerability.
- Support for women and families prior to conception, during the pregnancy period, post-birth, and for early parenting.
- Identification of babies or children with a higher risk of developing health or mental illness or developmental delays and disabilities, which will support early intervention and prevention.

2. Health Literacy

Why is this important?

Health literacy plays an important part in the safety and quality of health care.[36] Health literacy is needed to[37]:

- navigate the healthcare system and find health information
- process and understand health information; and evaluate its reliability and quality
- communicate needs and preferences and share information with healthcare providers
- understand advice or treatment options and make informed health decisions
- engage in self-management of one's own health, including preventative health measures
- access appropriate and timely care and support.

Health literacy is something that people have to varying degrees and is shaped by public messaging, quality of communication by health professionals, education, social factors, level of interest and importantly the availability and accessibility and quality of health information. Improving health literacy can help to empower consumers to fully participate in their own health and improve equity of health outcomes.

Our commitment

We will support the community to care for themselves and their family and make active decisions about their care and treatment by ensuring they have free, easily accessible evidence-based information relating to:

- women's health and wellbeing, including sexual health and menstruation
- planning a family
- preparing for parenthood
- parenting advice tailored appropriately for age for children and adolescents
- health information tailored appropriately for age for children and adolescents. Both universal and specific to condition information should be included.

This should be in the form of a health literacy hub, that is co-designed with users including children and young people. The hub should also describe referral requirements, links to services and provides an online chat function. All information should be available across a range of accessibility options and links to telephone, face to face, online or peer support should be provided to further empower people.

What could we see?

- Health systems present clear, accurate, appropriate and accessible information for diverse audiences.
- Improvements in maternal, reproductive and sexual health literacy, empowering women to make informed healthcare decisions.
- Health literacy and education initiatives to raise awareness and promote healthy behaviours, to support good health and wellbeing.
- Increased levels of health literacy across the age range that builds capacity within consumers/families.
- Improved overall health outcomes for women, children and young people.

3. Workforce Capability

Why is this important?

Health care organis ations have an absolute responsibility to deliver safe, reliable, and effective care to patients[38]. Whilst this requirement does not change over time, the healthcare workforce is faced with delivering on this responsibility against a backdrop of increasing medical, psychosocial and systemic complexity.

The term complexity in healthcare is often taken to mean medical complexity or severity, here however we discuss the complexity that arises at the intersection of a fragmented health and social support system and the range of psychosocial factors that impact on health and wellbeing such as mental illness, physical health problems, disability, substance use, domestic and family violence, social exclusion, poverty, unemployment, homelessness and geographic distance[39].

Each of these factors on their own challenge our existing systems, knowledge and experience but very often they precipitate one another or coexist leading to even greater complexity. Individuals or families who experience numerous chronic and interrelated problems are often referred to as having 'complex needs'.

Complexity challenges people's ability to seek out and benefit from healthcare, especially if encounters with the healthcare system are alienating due to the healthcare workforce not having the mindset, time, capability or support to identify and work effectively with complexity. Building workforce capability across every level of the organisation is vital in creating a system that works together in response to the complexities of health needs and social circumstances.

Our commitment

We will develop the workforce to enable them to work productively, confidently and compassionately with families with highly complex issues and circumstances, with a focus on:

- Capability – Providing training and development to support clinicians to deliver trauma informed and culturally safe care.

- Wellbeing – Cultivating a positive culture of mutual respect, trust, kindness and compassion, which supports the mental and physical wellbeing of the workforce.
- Support – Creating a supportive environment, so the workforce feels engaged, valued and empowered, resulting in better outcomes and experiences for consumers.

In addition, the workforce should receive training and experience to enable them to contribute to positive change through the design and implementation of integrated care models and service improvements from local to system level.

What could we see?

- Psychologically safe work environments that support honest feedback and skills for navigating challenging conversations, which promote organisational learnings and continuous improvement, and that supports mental and physical wellbeing.
- Culturally competent workforce, displaying cultural awareness and cultural sensitivity, providing care in culturally welcoming and confidential environments.
- All staff, including frontline workers and advocates, feeling engaged, valued, respected and empowered, resulting in better outcomes and experiences for consumers.
- Honest, trusting, and effective relationships between colleagues, managers, teams, and other department, which fosters collaboration and engagement between sectors, and working together to achieve the best outcomes and experiences for consumers and staff.

4. Services for Babies

Why is this important?

The effective care of newborns, including those that are born premature, requires specialist and multidisciplinary expertise and skills across obstetrics, neonatology, paediatrics and other specialities. This also includes understanding the health and wellbeing needs of newborns and families, as well as the ability to respond to these and deliver the best possible care.

To ensure every child survives, thrives and achieves their full potential, we must focus on providing safe and family-integrated care for babies, which supports parents to be the primary caregivers with the support of the nursing, medical and allied health staff. Returning newborns to home or closer to home is important for the wellbeing of babies and their family. This can be achieved by proactively supporting families early in this transition, along with surrounding supports.

Our commitment

South Australia will consistently apply the principles of family-integrated care for babies. This should include unrestricted parental physical presence (24 hours per day/7 days per week); psychological support for families; parental skin-to-skin contact; breast feeding and lactation support; and sleep protection. Unrestricted parental presence requires infrastructure to allow this to occur, including facilities for families to sleep, eat and live alongside their baby/babies.

Services should be as close to home as safely as possible; and should support transition into community and the child's ongoing development within the family. Support for existing effective programs and development of new programs will be provided where necessary. Implementation to include resourcing for early engagement and establishment of trust recognising the importance of continuity of care provider in this context. Particular focus will be provided for rural families that need to give birth at metropolitan sites or regional areas who subsequently require support to transition to home or postnatal care in their local community.

What could we see?

- Family-integrated care is available to all babies and families, with appropriate multi-disciplinary specialist input and developmental care for premature babies.
- Families are supported to return closer to home and receive care in their community, as soon as safely possible.
- Families will be supported to commence positive attachment development.
- Families receive ongoing parenting support where required.
- Babies with identified ongoing health conditions establish strong partnerships with care providers.
- Babies will commence their universal checks (5 checks from 4 weeks to preschool age).
- Vulnerability screening for babies and families will continue from birthing units onwards.

5. Services for Expectant Parents

Why is this important?

Being an expectant parent is a significant event. It is a time of many changes and can evoke feelings of excitement and joy alongside feelings of fear or anxiety and an increased sense of vulnerability. Supporting families to have the knowledge of what to expect, understand the options available, and make informed choices, will assist them to build capacity, gain confidence and feel empowered to take control of their health.

Each parent has their own strengths and capabilities. A strengths-based approach acknowledges the challenges of parenthood, but will focus on empowering the parent, recognising and supporting their choices, and adapting responses and practices to support the needs and preferences of the individual.[40] This approach maximises parents' potential and allows them to be experts and in charge of their own lives. It also enhances the effectiveness of service delivery and the wellbeing of the families.

Our commitment

Kind and supportive antenatal and birthing services should be developed using a strengths based approach and trauma informed care principles (responsive care).

Birthing models most preferred by women will be identified and provided at the scale required, recognising cultural and individual needs and preferences, such as continuity of carer.

Options will be developed for families with unstable living arrangements to promote initial bonding and establish a sound parenting base, which include:

- safe, stable accommodation for families prior to and after birth including provision of advice, support and links to other services
- support for young Aboriginal mums
- programs for parents with babies up to 6 months of age, providing a safe place to build parenting capacity and connect with culture
- provision of therapeutic interventions as part of individually tailored support
- case management interface with primary care
- linking to early help services ensuring engagement.

What could we see?

- Parents will have access to information about what to expect, understand the available options, and make informed choices.
- Women will access information and supports to make confident decisions throughout their pregnancy, and will receive high quality women-centred care and support matched to their obstetric needs.
- Parents will experience continuity of carer/s throughout their pregnancy and to support them in their early parenting journey.
- Women will have access to safe and stable accommodation to promote bonding and attachment with their newborn.

6. Addressing Family Violence

Why is this important?

Everyone has the right to feel safe at home, at work or place of study and in the community; however, not all South Australians enjoy this right. Family and domestic violence includes physical, sexual, emotional and psychological abuse or injury between family members, and it is characterised by a pattern of abusive behaviour that designed to exert power and control over another person.[41] Whilst family and domestic violence affects people of all ages and from all backgrounds, women are more likely to experience violence from an intimate partner than men. Children and young people can also be exposed to the violence in a variety of ways, either as a victim or witness violence against family members.

Family and domestic violence has a significant immediate and long term impact on women's health and wellbeing. As a result of domestic and family violence, women, children and young people are at greater risk of homelessness, child protection notifications and inter-generational trauma, particularly within vulnerable populations. Children and young people exposed to family violence can experience long-term effects on their development and have increased risk of mental health issues, and behavioural and learning difficulties. Getting support as soon as possible results in the best outcomes for people experiencing family violence.

Our commitment

We will design models of care and patient pathways that include processes to identify risks related to family violence and which then link to appropriate responses.

We will contribute to the design and implementation of tailored, integrated, interagency responses, which recognise the individual circumstances of the family.

What could we see?

- Early identification, intervention and ongoing support to prevent further abuse, harm and death.
- Coordinated responses with other relevant agencies.

7. Services for Children and Young People

Why is this important?

Children and young people's health and wellbeing is shaped by many factors including relationships, material basics, learning and safety within their family and community. Childhood is an important time for healthy development and learning, and for establishing the foundation blocks of future wellbeing. Adolescence is characterised by important transitions and growing independence.

During this time, young people are developing physically, intellectually and emotionally, forming their identities, building relationships and social networks and developing behaviours that can impact their future health and wellbeing.

More than any other developmental period, early and middle childhood set the stage for health understanding, self-discipline, the ability to make good decisions about risky situations, eating habits and resolving conflict. While a positive start in life helps children to reach their full potential, adverse experiences and trauma can have lifetime consequences on health and life trajectories across all areas (e.g. education, employment, criminal justice), which can lead to adverse outcomes for the individual, society and possibly future generations.

Our commitment

A co-ordinated, flexible, multisystem approach, integrated across LHNs should be developed to provide improved access and outcomes for all children requiring specialist health services in SA and which are developmentally appropriate and flexible to meet changing needs over time, with early focus on:

- mental health (MH Services Plan)
- chronic conditions
- developmental delay
- gender identity issues
- transition of young people to adult services
- children with challenging behaviours
- disability
- overweight and obesity.

All models of care will be co-designed and will prioritise care integrated with the community and delivered as close to home as possible. Priority should be given to addressing access issues, including excessive wait times and addressing variable outcomes. Recommendations from the Child Death and Serious Injury Review Committee should inform the design of these models of care.

What could we see?

- Our system and process are designed to support continuity of care provision - system and services are managed and coordinated to accommodate families who move.
- Children and young people will have access to age appropriate health literacy information.
- Children and young people will receive timely, individualised services that reflect their physical, social, emotional, mental, cultural, developmental identified needs at the earliest possible point.
- Young people with chronic illnesses or frequent interaction with health services will be supported with self-management and self-advocacy strategies, along with appropriate transition to adult services.
- The voice of children and young people is embedded in service design.

8. Abortion Services

Why is this important?

Abortion services support women with an unplanned pregnancy, including abortion and counselling. There are currently two types of abortion procedures available to South Australian residents, medical and surgical abortion. Abortion services in SA are largely metropolitan-based at designated hospitals, due to current legislation requirements, which creates an access issue, particularly for women in regional, rural and remote areas. Further challenges exist due to the variability across the sites regarding the gestation period when abortion services are available.

Access to abortion services support a woman's right to make her own decision about her pregnancy, based on her unique circumstances, and personal values. Abortion services should be delivered in a way that respects a woman's dignity, guarantees her right to privacy and is sensitive to her individual needs and perspectives.

Abortion services are an important part of women's healthcare, and special consideration should be given to adolescents and other vulnerable and marginalised women, including those who require forensic services. While abortion is safe overall, evidence suggests that the risk of abortion-related mortality increases for every additional week of gestation, so earlier abortions are safer with lower rates of complications.[43,44]

Our commitment

A contemporary, fully integrated system wide approach to the provision of abortion services should be developed to provide equitable access to a high quality consistent and timely approach for women and girls across SA.

What could we see?

- Women having improved access to safe abortion services, appropriate to their needs.
- A model of care providing safe and contemporary options.

9. Addressing Mental Health

Why is this important?

Mental health is defined as a state of wellbeing in which every individual realises their own abilities, can cope with the normal stresses of life, can work productively and thrive in their community.[45]

Mental health and wellbeing of women during pregnancy is vitally important to ensuring healthy outcomes for mothers and their babies. Women are at risk of experiencing mental health related issues throughout their life span, with heightened points during puberty, pregnancy (perinatal period) and menopause.[46] There's also the rising prevalence of mental health conditions for children and young people, as they not only worry about their own mental health, but that of their family and friends too.[47]

Our commitment

Models of care and pathways developed as a result of the plan must include assessment and appropriate responses to mental health needs where required. This should include a focus on prevention, promotion and early intervention in mental health, and links to models of care developed through implementation of the Mental Health Services Plan.

What could we see?

- Maternal and infant mental health services will be available for those who need them.
- Women will be supported in their mental health and wellness relating to reproductive health.
- Women will be supported along their mental health and wellness journey pre, during and post pregnancy.
- Children will have access to the required mental health and wellbeing services.
- Young people will have the support of mental health and wellness services including for the transition to adult services.

10. Gynaecology Services

Why is this important?

Gynaecological services are important across a woman's lifespan. Receiving timely, relevant, and easily accessible information will help girls, adolescents, and women make informed choices. The provision of culturally safe care ensures they are always treated with respect and dignity.

Woman-centred care is key to reproductive health and gynaecology service delivery models. The care principles are[48]:

- Respect – to be treated with dignity and respect, including privacy and confidentiality.
- Access – to equitable healthcare and the highest attainable level of health.
- Choice – the right to informed consent and refusal, and respect for choices and preferences.
- Safety – equality and to be free from discrimination, harm, and coercion.

Our commitment

Integrated, multidisciplinary pathways should be developed to meet gynaecological needs across the life course. Priority should be given to early development of pathways relating to the management of pelvic pain. Models of care and pathways should include community and locally based options, and where appropriate shared with related specialties and allied health. Advances in technology and innovative procedures should be embraced and reflect contemporary evidence.

What could we see?

- Women will have access to individualised, culturally safe, responsive and high-quality gynaecological health care. This may include care for pelvic pain, incontinence, menstrual health, menopause and sexually transmitted infections.

11. Services for Families at Risk

Why is this important?

Each and every strategy in the plan aims to improve health outcomes for families who are at risk due to a range of factors, including homelessness, violence, neglect, abuse, addiction and poverty. These factors can impact on the health, safety and wellbeing of families and or result in the notification or removal of a child in to out of home care, noting the significant impact this has on long term child wellbeing. This strategy is specifically about how we identify these families as early as possible and how we work with our partner agencies to keep families together, safe and well.

Our commitment

Develop and implement an SA Health wide approach for early identification of women, infants, children and families who are at risk of poorer outcomes. This identification system will support health promotion, early intervention and prevention activities, enabling timely services linkages and interagency responses. Clear accountability and visibility of roles and responsibilities in interagency work will be established.

The benefit of a recognised coordinator role / navigator for families at risk will be evaluated as a mechanism to ensure families remain supported and connected with services until they are no longer required.

What could we see?

- Women and families will have access to tailored, culturally safe and responsive health care as part of an integrated response involving other agencies as necessary. These services will be developed in active partnership and aim to strengthen families so that they are safe and well.

12. Addressing Access Issues for Growing and Underserviced Populations

Why is this important?

Providing services close to home where it is safe to do so, allows for equity of access to services, advice and resources. Access to paediatric inpatient services in BHFLHN and NALHN is low, with only 19% admissions for BHFLHN children and 35% of admissions for NALHN children provided locally. This is also important for the rural and remote areas, where the time and cost involved for families to travel for specialised services, assessments and therapy is compounded by the distance of travel to services. Providing care closer to home can improve patient satisfaction and outcomes.[49] Furthermore, providing care and treatment to patients outside of the hospital setting can alleviate pressures on the hospital system and reduce overall health system costs.

Our Commitment

Ensure residents across SA can access services as close to home as safely as possible by expanding service delivery capacity to meet growing and/or unmet demand, supporting LHNs to deliver to the full extent consistent with agreed clinical capability and self-sufficiency levels.

- Increase the service delivery capacity of NALHN to meet the needs of the local population.
- Increase the service delivery capacity of BHFLHN to meet the needs of the local population.
- Improve accessibility of services to women, children and young people living in rural and remote areas by designing integrated models of care in partnership with the metropolitan LHNs, provision of increased outreach services, increasing the use of telehealth to support service delivery locally.
- Increase the utilisation of telehealth and other relevant technologies to improve service delivery to women, children and young people struggling to access face to face services for any reason.
- Increase service capacity across all metropolitan and rural services by being flexible in our delivery of care, which supports a blended approach for human interaction and utilisation of digital technologies.
- Explore and expand alternative service delivery options to increase capacity, such as My Home Hospital.

What could we see?

- Development of alternative care pathways, out-of-hospital models of care, and community based services.
- Flexible services aimed at improving access for Aboriginal women and families.
- Upskilling the workforce to effectively utilise new and emerging technologies to improve access.
- Investment and realignment of services to areas of need, so people can access care close to their home.
- Expanded service capacity and capability across the NALHN and BHFLHN catchments, so that they safely meet the needs of their community now and in the future.

13. Evidence and Data

Why is this important?

Data collection, sharing and analysis informs service planning and delivery, which ensures valuable and effective services are appropriately allocated for priority populations. Collaboration between agencies to utilise shared data will allow a greater understanding of the complexities of an individual's health, early intervention, as well as the health system requirements to address each individual's unique needs.

The translation of data and evidence is important to inform health policy, planning, and services, which will result in system-wide implementation of evidence based-practice and approaches. Monitoring and evaluation of health programs and services is also needed to contribute to the strong and emerging evidence base. This will support the delivery of safe, high quality and sustainable health services, which is critical to improving outcomes for women, children and young people.

Our commitment

Continue to contribute to the development of evidence and data (real time and retrospective) to inform and guide:

- service and system design and planning
- clinical approaches to care and treatment
- prioritisation of effort
- resource allocation.

Support the development of an integrated whole of government database to allow sharing of information and coordination of data across agencies.

Participate in design and implementation of information sharing mechanisms to support service delivery and reduce the need of individuals and families to provide information repeatedly.

Improve data and digital literacy of the workforce to optimise application of the information.

What could we see?

- Effective, integrated and collaborative partnering across government and non-government agencies, through sophisticated information sharing capability that protects privacy for patients and reduces their need to repeat themselves.
- Contributing to the development of evidence and rapid translation of new evidence into practice.
- Service improvements supported by evidence and real-time data.

14. Ensuring the Ongoing Sustainability of Services

Why is this important?

Health services are faced with intense pressure from escalating demand, which is driven by an ageing population with more complex issues, rising costs of technology and treatment, and heightened consumer expectations. For services to be sustainable, the workforce needs to be sufficiently supported to keep pace with emerging technologies, service improvements and increased demand for health care. Furthermore, it is important to establish the right funding models, with appropriate incentives to achieve sustainability of health services. Utilising a values-based approach to funding that focuses on prevention, continuity of care and outcomes, will have long-term positive effects for the population.

Our commitment

A flexible system wide approach to optimise utilisation of the workforce should be developed so that:

- workforce is utilised cost effectively across the system
- workforce and staffing arrangements support delivery of evidence based models of care

- workforce and staffing arrangements enable patient centred approaches to care and support service delivery as close to home as is safely possible
- workforce and staffing arrangements improves job security, which supports service delivery and continuity for women, children and families.

Implement population needs based resource allocation mechanisms which monitor outcomes over time and adjust to changing needs.

Align funding mechanisms to support and incentivise new models of care and approaches developed through the strategies outlined in The plan, with particular focus on those services which have been historically funded, such as but not limited to CaFHS, CAMHS, child development units, community based early childhood services and child protection services.

Potential outcomes

- Sustainability of the workforce, by attracting, training and retaining highly skilled staff, and succession planning for the right skill sets for the future.
- Increased job security through long-term/ permanent positions and avoiding high staff turnover.
- Use of the workforce is optimised throughout the system.
- Funding decisions supported by population health needs, which reflect social determinants of health.

15. Partnering with Consumers

Why this is important?

Consumers should be partners in design and evaluation of services, and decision-making about their own care, as this allows better understanding of the individual's needs and that of the local communities. Partnering with consumers will deliver better health outcomes by improving the quality, safety, equity and management of health services, with overall better value care through lower cost of care. It acknowledges the experience of people that use the health system and utilisation of their knowledge to improve consumer experience and service delivery to meet the needs and preferences of women, children and young people.

Our commitment

Opportunities for engagement with women, children and young people in co-design of services, service improvement, service delivery and evaluation should be created and embedded across the system. Increase consumer / lived experience participation in the workforce to enable peer support and assistance in navigating the health system. Actively promote the value of consumer/lived experience voices' in service development and delivery.

What could we see?

- Consumers are recognised for their expertise in their own life and actively supported to work in partnership with clinicians in planning and decision making about their own care.
- Consumers receive an ongoing plan of action and clearly understand their next steps, which may include referral pathways or self-management.
- Mechanisms for consumer / lived experience to actively share stories, experiences and learnings to improve consumer experience and to inform service and organisational improvements.

16. Leadership and Governance

Why is this important?

In order to establish and maintain effective system-wide and interagency collaboration on child health and wellbeing, visible and accountable leadership is required. Effective governance and leadership are essential to embed processes and polices to improve the safety and quality of care for women, children, youth and families. It supports health practitioners and services to understand their roles and responsibilities, by providing a point of leadership and contact for the whole system that has a system wide view, and best practices linkages both within and external to the organisation.

Our commitment

Visible leadership and clear lines of responsibility should be identified within the system to drive culture and policy and enable increased inter-agency collaboration across the system in relation to children's health and wellbeing.

What could we see

- Well connected and balanced system, which incorporates the voice of consumers and the workforce in policy development.
- Consistent application and implementation of agreed policy.
- Improved interagency collaboration.
- A coordinated South Australian approach to national initiatives.

Enablers

Infrastructure

In order to meet the needs of the population, the focus of the future SA Health system requires a shift from traditional facility and service specific approaches of previous decades to broader population based thinking that supports care closer to home. In order to meet the needs of women, children and young people over the next 10 years, infrastructure planning should consider:

- Investment in new models of care and facilities that support systems of increased prevention and care in the community, designed to reduce pressure on acute hospital services and facilities.
- Investment in services and infrastructure to address the disparity in social determinants of health, particularly in regional and remote areas, by providing services in the home or in the local community for patients that don't have transport options or other commitments preventing them accessing services in a hospital setting.
- Provide close to facility step-down care for rural and remote patients, as well as patients without adequate home support following acute admission.
- Investing in services and infrastructure that changes the way we provide specialist clinic services, such as improved telehealth access and infrastructure for rural and remote and disadvantaged populations.

References

[1] Health.vic, 2020 *'Trauma – Understanding and Treating'*, health.vic, Victoria State Government, viewed 22 March 2021 <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/trauma-informed-care/trauma-understanding-and-treating>.

[2] Australian Institute of Family Studies, 2016, '2016 Census', Australian Institute of Family Studies, Australian Government, viewed 24 March 2021, <https://aifs.gov.au/>.

[3] Department of Health, 2009, *'A Lifecourse Approach'*, Department of Health, Australian Government, viewed 23/3/2021, <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/whdp-09~whdp-09-ch6~whdp-09-ch6-5>.

[4] Australian Bureau of Statistics (ABS) 2020, *National, state and territory population*, viewed 7/10/2020, ABS, Canberra, viewed 7 October 2020, <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>.

[5] Australian Bureau of Statistics (ABS) 2020, *Population - states and territories data download, 3101.0 National, state and territory population 2020. TABLE 4. Estimated Resident Population, States and Territories (Number)*, viewed 7/10/2020, <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>.

[6] Child Development Council, *Children and young people as a proportion of the total population: South Australia*, viewed 23 March 2021, < https://childrensa.sa.gov.au/wp-content/uploads/2021/02/Data-snapshot-CYP-Proportion-of-SA-Popn-2020-2021-02-09.pdf>

[7] Australian Bureau of Statistics (ABS) 2020, *National, state and territory population*, viewed 7/10/2020, ABS, Canberra, viewed 7 October 2020, <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>.

[8] Commissioning and Performance 2018, *An evaluation of the Population Health Needs, Demand and Supply in South Australia 2018*, Department for Health and Wellbeing.

[9] Department of Health, 2021, 'Immunisation coverage rates for all children', Department of Health, Australian Government, viewed 24 March 2021, <https://www.health.gov.au/health-topics/immunisation/childhood-immunisation-coverage/immunisation-coverage-rates-for-all-children#state-and-territory-coverage-rates>.

[10] Australian Institute of Health and Welfare, 2020 *Australia's mothers and babies 2018—in brief supplementary tables*, viewed 2 November 2020, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-and-babies-2018-in-brief/data>.

[11] Pregnancy Outcome Unit 2019, *Pregnancy Outcome in South Australia 2017*, Wellbeing SA, viewed 23 March 2021, <https://www.sahealth.sa.gov.au/wps/wcm/connect/5a2705b2-1034-4c1b-8420-095d076a28bf/Pregnancy+Outcome+in+South+Australia+2017+V1+Feb.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-5a2705b2-1034-4c1b-8420-095d076a28bf-niRlNXa>.

[12] Pregnancy Outcome Unit 2019, *Pregnancy Outcome in South Australia 2017*, Wellbeing SA, viewed 23 March 2021, <https://www.sahealth.sa.gov.au/wps/wcm/connect/5a2705b2-1034-4c1b-8420-095d076a28bf/Pregnancy+Outcome+in+South+Australia+2017+V1+Feb.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-5a2705b2-1034-4c1b-8420-095d076a28bf-nwLTCSs>.

[13] Pregnancy Outcome Unit 2019, *Maternal and Perinatal Mortality in South Australia 2017*, Wellbeing SA, viewed 24 March 2021, < https://www.sahealth.sa.gov.au/wps/wcm/connect/d5500bcc-1abe-4aab-a67f-53c1a1b5fdb0/Maternal+and+Perinatal+Mortality+in+South+Australia+2017+report.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-d5500bcc-1abe-4aab-a67f-53c1a1b5fdb0-nwMqBG7>.

[14] Australian Institute of Health and Welfare 2019. *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015*. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW, viewed 25 March 2021, <https://www.aihw.gov.au/getmedia/c076f42f-61ea-4348-9c0a-d996353e838f/aihw-bod-22.pdf.aspx?inline=true>.

[15] Child Death & Serious Injury Review Committee, 2020, *Annual Report 2019-2020*, CDSIRC, Government of South Australia, viewed 24 March 2021, <http://www.cdsirc.sa.gov.au/wp-content/uploads/2020/12/CDSIRC-Annual-Report-2019-20.pdf>.

[16] Australian Institute of Health and Welfare, 2021, *Family, domestic and sexual violence*, Australian Government, viewed 22 March 2021, <https://www.aihw.gov.au/reports/australias-welfare/family-domestic-and-sexual-violence>.

[17] KPMG, 2016, 'The cost of violence against women and their children in Australia', KPMG, viewed 24 March 2021, <https://www.dss.gov.au/sites/default/files/documents/08_2016/the_cost_of_violence_against_women_and_their_children_in_australia_-_summary_report_may_2016.pdf>.

[18] Child and Family Health Services, 2018, 'Child and Family Health Service Model of Care', Child and Family Health Services <https://www.cyh.com/library/CaFHS_Model_of_Care_January-2018.pdf>.

[19] Australian Institute of Health and Welfare, 2019, *An Innovative Linked Data Platform to Improve the Wellbeing of Children— the South Australian Early Childhood Data Project*, Australian's Welfare 2019 data insights. Australia's welfare series no. 14. Cat. No. AUS 226. Canberra: AIHW, viewed 22 March 2021, <https://www.aihw.gov.au/getmedia/75c9f692-c72c-438d-b68b-91318f780154/Australias-Welfare-Chapter-8-summary-18Sept2019.pdf.aspx>.

[20] Child Development Council, 2020, *'How are they faring? South Australia's 2020 Report Card for children and young people'*, <https://childrensa.sa.gov.au/wp-content/uploads/2020/09/How-are-they-faring-SAs-2020-Report-Card-FINAL-2020-08-05.pdf>.

[21] Australian Early Development Census 2018, *Findings from the AEDC. 2018*, viewed 23 March 2021, <https://www.aedc.gov.au/schools/findings-from-the-aedc>.

[22] Child Development Council 2020, *Evidence Matters: Every Young South Australian Counts!*, Child Development Council, Government of South Australia, viewed 23 March 2021, <https://childrensa.sa.gov.au/wp-content/uploads/2020/08/Policy-Brief-1-AEDC-FINAL-2020-08-25-1.pdf>.

[23] Australian Health Ministers Advisory Council, 2020, 'Cultural Respect Framework 2016-2026 For Aboriginal and Torres Strait Islander Health' AHMAC, viewed 22 March 2021, <https://www.sahealth.sa.gov.au/wps/wcm/connect/06651271-647f-4ac5-a3a7-4ceaebb0f13a/National+Cultural+Respect+Framework+for+Aboriginal+and+Torres+Strait+Isl....pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-06651271-647f-4ac5-a3a7-4ceaebb0f13a-nwL5.Ys>.

[24] Nursing and Midwifery Board of Australia, 2006, *'National Competency Standards for the Midwife'*, Melbourne: Nursing and Midwifery Board of Australia.

[25] Department of Health 2020, *'Pregnancy Care Guidelines, 2. Providing Woman Centred Care'*, Department of Health, Australian Government, viewed 24 March 2021, <https://www.health.gov.au/resources/pregnancy-care-guidelines/part-a-optimising-pregnancy-care/providing-woman-centred-care>.

[26] Council of Australian Governments 2019, *'Woman-centred care: Strategic directions for Australian maternity services'*, Council of Australian Governments, viewed 24 March 2021, <https://www.health.gov.au/sites/default/files/documents/2019/11/woman-centred-care-strategic-directions-for-australian-maternity-services.pdf>.

[27] Australian Research Alliance for Children and Youth, 2021, *'The Common Approach'*, ARACY, viewed 24 March 2021, <https://www.aracy.org.au/the-nest-in-action/the-common-approach>.

[28] The University of Adelaide 2014, 'Five by five: A supporting Systems Framework for Child Health and Development', School of Population Health, The University of Adelaide, viewed 24 March 2021, <https://health.adelaide.edu.au/betterstart/research/five-by-five-dec-2014.pdf>.

[29] Commissioner for Children & Young People, 2020 *'Being Healthy Guide'*, Commissioner for Children & Young People, viewed 22 March 2021, <https://www.ccyp.com.au/wp-content/uploads/2020/12/Screen-Being-Healthy-Summary.pdf>.

[30] Screen, A, 2019, *'Issues re transport in Flinders and upper North LHN'*, Port Augusta, Roxby Downs & Woomera Health Advisory Council.

[31] Screen, A, 2019, *'Issues re transport in Flinders and upper North LHN'*, Port Augusta, Roxby Downs & Woomera Health Advisory Council.

[32] Doggett, J & Sweet, M, 2020, *'Hands up for a kinder, more caring health system'*, Croakey, viewed 22 March 2021, <https://www.croakey.org/hands-up-for-a-kinder-more-caring-health-system/>.

[33] Department of Health, 2019, 'National Children's Health action plan, 2020-2030', *Deparment of Health*, Australian Government, viewed 24 March 2021, <https://www1.health.gov.au/internet/main/publishing.nsf/content/4815673E283EC1B6CA2584000082EA7D/$File/FINAL%20National%20Action%20Plan%20for%20the%20Health%20of%20Children%20and%20Young%20People%202020-2030.pdf>.

[34] Health.vic 2017-2020, 'Early Intervention in Mental Illness', *Departments of Health & Human Services*, State Government of Victoria, viewed 22 March 2021 <https://www2.health.vic.gov.au/mental-health/prevention-and-promotion/early-intervention-in-mental-health#:~:text=What%20is%20early%20intervention%3F,early%20symptoms%20of%20mental%20illness>.

[35] Australian Government Department of Health, 2019 *'National Action Plan for Health of Children and Young People 2020-2030'* Commonwealth of Australia as represented by the Department of Health, viewed 22 March 2021, <https://www1.health.gov.au/internet/main/publishing.nsf/content/4815673E283EC1B6CA2584000082EA7D/$File/FINAL%20National%20Action%20Plan%20for%20the%20Health%20of%20Children%20and%20Young%20People%202020-2030.pdf> .

[36] Australian Commission on Safety in Health Care, 2014, *'Health Literacy: Taking action to improve safety and quality'* Commonwealth of Australia, Sydney ACSQHC, viewed 22 March 2021, <https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>.

[37] Australian Commission on Safety in Health Care, 2014, *'Health Literacy: Taking action to improve safety and quality'* Commonwealth of Australia, Sydney ACSQHC, viewed 22 March 2021, <https://www.safetyandquality.gov.au/sites/default/files/migrated/Health-Literacy-Taking-action-to-improve-safety-and-quality.pdf>.

[38] Frankel A, et al 2017, 'Framework for Safe, Reliable, and Effective Care. White Paper' *Cambridge, MA*: Institute for Healthcare Improvement and Safe & Reliable Healthcare.

[39] Bromfield, L. et al 2010, 'Substance misuse, and mental health problems', *NCPC*, Issues Paper 33. Melbourne: Australian Institute of Family Studies.

[40] Kate Pascale and Associates Pty. Ltd. 2018, *'Embedding a strengths based approach in client conversations'*, Kate Pascale and Associates, viewed online 22 March 2021, <https://www.hwpcp.org.au/wp-content/uploads/2018/06/embedding_a_strengths_based_approach_in_client_conversations.pdf>.

[41] National Domestic and Family Violence Bench Book, 2020, *'Dynamics of domestic and family violence: Factors affecting Risk'*, National Domestic and Family Violence Bench Book, viewed 22 March 2021, <https://dfvbenchbook.aija.org.au/dynamics-of-domestic-and-family-violence/factors-affecting-risk/>.

[42] Mission Australia, 2019, *'Domestic and family violence and affordable home shortage pushes thousands into homelessness'* Mission Australia, viewed 22 March 2021, <https://www.missionaustralia.com.au/news-blog/news-media/domestic-and-family-violence-and-affordable-home-shortage-pushes-thousands-into-homelessness>.

[43] Bartlett LA, Berg CJ, Shulman HB, Zane SB, Green CA, Whitehead S & Atrash HK, 'Risk factors for legal induced abortion-related mortality in the United States', *Obstet Gynecol*. 2004 Apr;103(4):729-37. doi: 10.1097/01.AOG.0000116260.81570.60. PMID: 15051566.

[44] Ferris LE, McMain-Klein M, Colodny N, Fellows GF & Lamont J., 1996, 'Factors associated with immediate abortion complications', *CMAJ*, 1996 Jun 1;154(11):1677-85. PMID: 8646655; PMCID: PMC1487918.

[45] World Health Organization, 2018, *'Mental health: strengthening our response'*, World Health Organization, viewed 22 March 2021, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

[46] Hantsoo, L & Epperson, CN 2017, 'Anxiety Disorders Among Women: A Female Lifespan Approach', *National Center for Biotechnology Information via Focus: The Journal of Lifelong Learning in Psychiatry*, DOI: 10.1176/appi.focus.20160042, viewed 22 March 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5613977/>.

[47] Commissioner for Children & Young People, 2020 *'Being Healthy Guide'*, Commissioner for Children & Young People, viewed 22 March 2021, <https://www.ccyp.com.au/wp-content/uploads/2020/12/Screen-Being-Healthy-Summary.pdf>.

[48] Council of Australian Governments Health Council 2019, *'Woman-centred care: Strategic directions for Australian maternity services'*, viewed 24 March 2021, <https://www.health.gov.au/sites/default/files/documents/2019/11/woman-centred-care-strategic-directions-for-australian-maternity-services.pdf>.

[49] KPMG 2019, 'Delivering healthcare services closer to home: An international look at out of hospital, community-based healthcare services', viewed 24 March 2021, <https://assets.kpmg/content/dam/kpmg/xx/pdf/2019/10/out-of-hospital-care.pdf>.

For more information

SA Health
System Design and Planning

Health.WCYHPInbox@sa.gov.au

sahealth.sa.gov.au/WomensChildandYouthHealthPlan

Public I1-A2

https://creativecommons.org/licenses

© Department for Health and Wellbeing, Government of South Australia.
All rights reserved. FIS: 20074.9. March 2021.

Government of South Australia

SA Health