BIRTHING ON COUNTRY AND COMMUNITY HUB

DEMONSTRATION SITE FEASIBILITY SCOPING PAPER

WAMINDA SOUTH COAST WOMENS HEALTH AND WELFARE ABORIGINAL CORPORATION 2019

WAMINDA
South Coast Women's Health & Welfare Aboriginal Corporation

WHO ARE WAMINDA?

The South Coast Women's Health and Welfare Aboriginal Corporation, known as Waminda, is an Aboriginal community-controlled health service operating for the past 35 years.

Established in 1984 as *Jilimi: the Shoalhaven Women's Health and Resource Corporation* with Department of Health funding, the organisation responded to concern amongst the local Aboriginal community about the lack of culturally safe and secure health, support and, advocacy services for Aboriginal women and their families. In the 1990s the organisation transitioned to become Waminda and has continued to provide services to women and their Aboriginal families since that time.

In the last 10 years Waminda has grown significantly from a relatively small service, servicing the Shoalhaven with six staff, to a large agency servicing the South East Coast of NSW with over 100 staff. Waminda operates from a foundation of culture and a dignity-based approach. The organisation is community driven, led, connected and community informed. The Board is made up of seven Aboriginal women representing South East Coast Aboriginal communities.

The Women's Elders Group plays a significant role in the direction of Waminda as does its cultural committee. Accountability to the local community is fundamental to Waminda's way of doing things and has contributed to the building of a positive and trusted reputation and role as a service provider across the community.

In recent years Waminda has developed the Waminda Model of Care and the Waminda Balaang Healing Framework. Both directly inform and provide the cultural, philosophical and practice foundation for how Waminda works and the services it provides.

Waminda has a large footprint across Nowra and the South Coast encompassing health and wellbeing services, clinical services, case management, intensive family support, supported accommodation, disability services, cultural connection, and a community garden.

Waminda acknowledges our Elders past and present who have paved the journey of services in our community by giving their dedication, commitment and wisdom through hard times of struggle to be able to establish services that are culturally safe. This ambitious and visionary proposal is testament to their visions and commitment to building a better future for their children and grandchildren.

Burbangana Group
Working together for community wellbeing

This paper was produced by the Burbangana Group in close collaboration with Waminda.

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The following appendices are available in volume two of this report

EXECUTIVE SUMMARY

This paper was commissioned by the Australian Government Department of Prime Minister and Cabinet through the Indigenous Advancement Strategy. The purpose of the paper is to scope the feasibility of developing the Waminda Birthing on Country Centre and Community Hub as a lighthouse project of national significance.

The initiative is an exciting and achievable opportunity for the Australian and NSW Governments to partner with the South Coast Women's Health and Welfare Aboriginal Corporation (Waminda) and several other significant academic and industry stakeholders. These partnerships will build and support the operation of a state of the art, multi-purpose facility providing a range of health and community services for Aboriginal and Torres Strait Islander women and their families. The centrepiece of the project is a purpose-built culturally embedded birthing centre in Bomaderry on the South Coast NSW.

A VISIONARY NATIONAL INITIATIVE

The Birthing on Country and Community Hub (the Hub) will be a lighthouse project of national significance. It will be a centre of excellence in cultural recognition and culturally safe, decolonised service delivery which profoundly improves maternal, infant and child health and life outcomes.

This will be achieved through culturally grounded, high quality service delivery nestled in a research practice through partnerships between Waminda, Universities and the Australian and NSW Governments. The research capacity built into this project will enable the Birthing on Country Centre and the other programs run through the Hub to contribute to improved outcomes in maternal, infant and child health across the nation.

Waminda has two landmark programs – the Birthing on Country Program and Nabu. These programs in child and maternal health (Birthing on Country) and intensive family support (Nabu), will be nestled together in the Hub, along with a range of allied health and early childhood services.

The Birthing on Country Centre will provide three birthing suites and wrap around services and support on the ground floor which will significantly improve child and maternal health outcomes.

The Waminda Model of Care and Balaang Healing Framework (Appendix A) provide the cultural and practice platform that will knit together these programs to create an integrated, holistic suite of dignity based early intervention supports for Aboriginal women and their families.

With cross agency support from the Australian and NSW Governments, the Hub will be an Australian first. It will be a game changer – disrupting the transmission of intergenerational and contemporary

trauma. Instead it will provide Aboriginal women and their families with the best possible culturally informed care.

Investment by both the Australian and NSW Governments in this project will offer critical early childhood health infrastructure, skilled staff and innovative service delivery models and programs in anticipation of forecasted population increases, an ageing demographic and regional shortages of health care workers.

SIGNIFICANT BENEFITS

This lighthouse project will deliver significant benefits for Aboriginal and Torres Strait Islander women and their families including:

- closing the Child Mortality Gap through the provision of safe and culturally appropriate holistic Aboriginal and Torres Strait Islander led maternity care and early life support for Aboriginal children and their families
- training and employment opportunities and career pathways, with an estimated 70 jobs provided through the Hub
- partnerships with education and health institutions to build a strong and sustainable Aboriginal and Torres Strait Islander workforce, including in child health and family wellbeing
- recognition of the evidence supporting the value of ante and post-natal support for Aboriginal and Torres Strait Islander women and children for improved health and wellbeing and increased productivity and positive life course outcomes.

WHAT IS NEEDED?

- A one-off capital grant of $20m to purchase and develop a 2,120 square metre vacant block in Bomaderry. This will include finalising designs and constructing a bespoke three-story multi-purpose building as a birthing centre and community hub.
- Block funding for the first seven years of operation for the Birthing on Country Centre to enable a purposeful establishment phase and time to transition to a longer-term sustainable funding model. $2,686,455 per annum – $18,805,185 over seven years.

Investing in this lighthouse project will ensure that generations of Aboriginal and Torres Strait Islander children are given the best possible start in life now and into the future.

‘BIRTHING ON COUNTRY’ AND WHY IT IS IMPORTANT

WHAT IS BIRTHING ON COUNTRY?

The term Birthing on Country is a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families – an appropriate transition to motherhood and parenting for women, and an integrated, holistic and culturally appropriate model of care for all (National Birthing on Country Workshop, 2012).[1]

BIRTHING ON COUNTRY SERVICES

To operationalise Birthing on Country into a maternal and infant health service the following definition was developed by the Maternity Services Inter-jurisdictional Committee:

> *“Maternity services designed and delivered for Aboriginal and/or Torres Strait Islander women that encompass some or all of the following elements: are community based and governed; allow for incorporation of traditional practice; involve a connection with land and country; incorporate a holistic definition of health; value Aboriginal and/or Torres Strait Islander and non-Aboriginal and/or Torres Strait Islander ways of knowing and learning; risk assessment and service delivery; are culturally competent; and developed by, or with, Aboriginal and/or Torres Strait Islander people.”* [2]

The key elements of Birthing on Country are:

- Aboriginal and Torres Strait Islander governance of the service
- continuity of midwifery care 24/7 during pregnancy, birth and up to six weeks postnatal
- increasing the Aboriginal and Torres Strait Islander workforce
- community based hub with direct access to specialised women’s health, paediatric and social and emotional wellbeing services
- cultural and clinical supervision
- cultural strengthening and revival programs
- intensive support for vulnerable women and families
- improved integration between mainstream and the community-controlled health sector
- Aboriginal and Torres Strait Islander Birth Hub.[3]

WHY IS BIRTHING ON COUNTRY IMPORTANT?

"It is well recognised that Indigenous women suffer a disproportionate burden of illness in pregnancy and childbirth and that their babies can be less healthy. While some of these issues are linked to broader issues such as … nutrition and social determinates, there are also factors directly linked to the organisation and delivery of maternity services." [4]

By any comparison, the gap between maternal and infant health outcomes for Aboriginal and Torres Strait Islander women and non-Indigenous women is unacceptable. Many of the poor outcomes are preventable or modifiable with early intervention.

To address these multiple issues, we need to develop targeted, innovative and culturally appropriate interventions that commence early in the antenatal period. This approach will provide the best start in life.

The National Maternity Services Plan (2011) identified the urgent need to improve services to Indigenous women and lays down three priorities to address the need. These are:

1. establishing culturally competent maternity care
2. expanding the Indigenous maternity workforce
3. developing dedicated programs for 'Birthing on Country'.

The Birthing on Country Centre and Community Hub addresses all of these priorities and builds on the exceptional outcomes that have been delivered by our research partners who have established and tested a Birthing on Country Service in Brisbane (described below).

WHAT LOCAL ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE THINK

Waminda services nine discreet Aboriginal communities and identifies thirteen distinct clans in their service area. For many years Aboriginal and Torres Strait Islander women in these communities have called for more culturally appropriate birthing and family support services. Currently all birthing occurs within NSW hospitals and Aboriginal and Torres Strait Islander women in the region have reported experiences of racism and systemic abuse when accessing mainstream services for care. This has led to an increase in distrust and disengagement in care, contributing to poor outcomes such as preterm birth.

Extensive consultation occurred in 2017 with a series of community yarning circles conducted under the auspices of the Birthing on Country, National Health and Medical Research Council (NHMRC) funded project: **Building on Our Strengths (BOOSt): Developing and Evaluating Birthing On Country Primary Maternity Units.** These were convened in Nowra, Albion Park, Balaang Healing House (Orient Point), Wreck Bay, Ulladulla and Batemans Bay. The first round of yarning circles focused on

privileging Aboriginal women's voices and a second round targeted key stakeholders. Follow up yarnings provided feedback on findings and progressed discussions on Birthing on Country in the region.

The key issues that came out of the yarning circles were:

- lack of choice and control of women's birthing experiences
- participants want a safe place to birth – cultural, spiritual, clinical and physical
- inclusion of family in birthing processes was seen as a positive and not easily organised
- the significance of birthing on country or as close to community as possible
- many stories of poor treatment when attending hospitals to birth – poor care, feeling unsafe, experiencing racism and disrespect
- needing a clinically and culturally safe workplace – non-judgemental and where relationships of trust have been built
- maternal and infant services fragmented and hard to access and women felt like they were navigating a system that was designed to exclude rather than include them
- system redesign required based on Aboriginal ways of knowing and doing – holistic and committed to giving children the best start in life
- need for intensive support (if needed) and extended family and on country support.

Figure 1: "Best start to life" themes

The findings of the yarning circles are shown in this diagram as themes addressing the elements required for "the best start to life' for mothers and babies.

Roe, Y., Kildea S. and Briggs, M. (2017). *Birthing on Country, Best Start to Life, Illawarra Shoalhaven, 2017*. Birthing on Country Working Group, Midwifery Research Unit, University of Queensland.

The recommendations from these consultations have directly informed the design of this Birthing on Country and Community Hub proposal.

BIRTHING IN OUR COMMUNITY SERVICE

In 2013, a partnership between the Institute for Urban Indigenous Health (IUIH), the Aboriginal and Torres Strait Islander Health Services Brisbane (ATSICHS Brisbane) and the Mater Health Service led to the development of an urban Birthing on Country Service: the Birthing in Our Community Service (BiOC). The partnership integrates the resources and expertise of a large tertiary hospital (Mater Mothers Hospital) with the cultural, community and comprehensive primary health care expertise of two Aboriginal and Torres Strait Islander Community Controlled Health services enabling a unique approach to service delivery. The service has grown over five years and is being evaluated by the NHMRC funded Indigenous Birthing in an Urban Setting Study.[5]

In the first three years of its operation, the BiOC service delivered significant improvements in maternal and infant health outcomes.[6] Women having an Aboriginal or Torres Strait Islander baby accessed the service earlier and more frequently and had improved birthing (increased vaginal birth and less preterm, caesarean and instrumental births with reduced neonatal nursery admissions) and breastfeeding outcomes when compared to national Indigenous data. The early reductions in preterm birth have been confirmed in a more detailed analysis that found a profound reduction, with the odds of preterm birth reduced by half in the cohort of women receiving the new service compared to a cohort of women receiving standard care.[7]

Key components of this model in practice include:

- Partnership between mainstream and Aboriginal and Torres Strait Islander community - controlled organisations with a Steering Committee that enables Aboriginal and Torres Strait Islander governance and control. (One of the ACCHOs is now the largest fund holder for the services with additional funding from Queensland Health being directed to IUIH)
- Location of services in a Community-Based Hub – (funding for the birth centre was unsuccessful and is still being sought) with onsite Service Manager, transport and flexible service delivery provided in locations determined by women (home, hospital and hub) and regular cultural activities, art therapy and yarning circles
- Continuity of midwifery carer 24/7 from booking in until discharge from midwifery care at six weeks postnatal working side with Aboriginal and Torres Strait Islander Family Support Workers addressing the psychosocial determinants of health and family wellbeing. Frontline staff are provided access to regular clinical and cultural supervision. Indigenous workforce strategy includes Indigenous midwifery trainees supported in cadetships through to an Indigenous new graduate midwifery position established at the tertiary hospital.

- A comprehensive primary health care approach – maternity-specific services are centred around the family, offering a 'one stop shop' approach with multidisciplinary providers delivering a full range of primary maternity and infant health through integrated services.

THE RISE FRAMEWORK

The RISE framework was developed by Kildea and partners (2017) to provide a conceptual approach to upscaling this complex intervention (Birthing on Country Service) to improve maternal and infant health for Aboriginal and Torres Strait Islander women and children. It identifies four major pillars that underpin the best possible start in life for Aboriginal and Torres Strait Islander babies : 1. **R**edesign the health service; 2. **I**nvest in the workforce; 3. **S**trengthen families; and, 4. **E**mbed Aboriginal and/or Torres Strait Islander community governance and control.[8]

The RISE framework, along with the Waminda Model of Care and the Waminda Balaang Healing Framework directly inform the design of the integrated service delivery model embedded in the Hub.

Birthing on Country is a **mother and child centered** way of providing the **best start to life** for Aboriginal and Torres Strait Islander babies. Aboriginal ways of knowing, doing and understanding are at the core of Birthing on Country.

Birthing on Country is a **transformative process** that consciously transitions services from standard care to Birthing on Country. The process involves multiple and complex interventions. The conceptual framework is informed by synergy between Aboriginal women's aspirations and evidence-based practice.

Figure 2: The four pillars of RISE and possible implementation phases, building on each other [9]

	Standard Care	Phase 1	Phase 2	Phase 3	Phase 4
	Redesign health service delivery				
R	Routine care in community or hospital	Specific Aboriginal and/or Torres Strait Islander antenatal/postnatal programs	Continuity of carer with caseload midwifery & Aboriginal and/or Torres Strait Islander workers	Integrated community-based caseload midwifery & wrap around holistic services	Integrated Service/ Hub / Birth Centre & choice of birth place
	Invest in the health workforce				
I	No Aboriginal and/or Torres Strait Islander identified positions. Workforce with limited cultural understanding.	Identified positions. Cultural capabilities training.	Career pathways and support for Aboriginal and/ or Torres Strait Islander staff. Measuring organisational progress of cultural capabilities	Aboriginal and/or Torres Strait Islander workforce pipeline; comprehensive mentoring & support. New minimum standards for culturally safe workforce	Culturally and clinically capable (exceptional) workforce
	Strengthen families				
S	Ad hoc or non-Aboriginal and/or Torres Strait Islander antenatal/ parenting programs	Formal strategies to engage families in maternal and infant health programs	Wellbeing framework to strengthen family capacity	Community developed cultural strengthening antenatal & parenting programs	Strong resilient families
	Embed Aboriginal and Torres Strait Islander community governance and control				
E	No Aboriginal and/or Torres Strait Islander engagement strategy	Multi stakeholder engagement e.g. Community Consultation	Formal system of governance e.g. Advisory Group	Transformative & strategic governance e.g. Steering Committee	Aboriginal and/or Torres Strait Islander ownership

BOOSt NATIONAL RESEARCH PROJECT

Building on from the IBUS study is the: Building on Our Strengths (BOOSt): Developing and Evaluating Birthing On Country Primary Maternity Units study. Waminda is one of three Aboriginal controlled community health services involved in the BOOSt national research project. The BOOSt funded Partnership Project was awarded in 2017 (5-yrs). BOOSt will evaluate the implementation of the Birthing on Country Centre and contribute to the evidence base being developed through the Hub's centre of excellence. Building on the improvements to health outcomes already evident in the BiOC service model the move into a birth centre is expected to see a significant reduction in maternal morbidity related to pregnancy, birth and the early postnatal period with no compromise to mother or infant safety or wellbeing. This research is being co-led by Professor Sue Kildea and Associate Professor Yvette Roe from Charles Darwin University with Waminda, the Institute of Urban Indigenous Health, the University of Queensland, the Aboriginal and Torres Strait Islander Community Health Service, Brisbane, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Rhodanthe Lipsett Indigenous Midwifery Charitable Fund, University of Sydney and the Australian College of Midwives.

THE BIRTHING ON COUNTRY CENTRE AND COMMUNITY HUB

The Hub will offer a 'one stop shop' to support women and their families with a comprehensive range of Aboriginal and Torres Strait Islander led services delivering continuity of care and support both before and after birth.

Continuity of care will extend beyond early childhood to dignity-based services supporting Aboriginal and Torres Strait Islander families through early intervention and prevention approaches.

The Birthing and Community Hub will incorporate:

- culturally and clinically safe holistic health care to the women of Illawarra Shoalhaven
- strength-based care that addresses the social determinants of health
- a centre of excellence for Aboriginal and Torres Strait Islander women's health and family support
- linking culture with education, health and wellbeing
- integrated wrap-around services that cover the Illawarra Shoalhaven region developed in partnership with other providers
- collaboration and access arrangements with referral to hospital to enable seamless consultation, referral and/or transfer for women with risk factors
- continuity of midwifery carer (24/7) where all women receive care from a primary midwife whether they birth in the Birthing Centre (low risk) or the referral hospital (with risk factors).

In addition to the Birthing Centre, other services will include:

- the Nabu Demonstration Program – a cutting edge, Waminda designed and delivered intensive family support program with outstanding family restoration and preservation outcomes which is about to be funded by the NSW Government through the *Their Futures Matter* initiative and fully evaluated by the University of Sydney and the Charles Darwin University
- transitional accommodation for homeless Aboriginal women giving birth and Aboriginal women leaving custody and/or with complex issues
- conference and meeting facilities for the research centre of excellence providing technology and spaces which enable Universities, practitioners and community members to work collaboratively and grow the emerging evidence base being developed through the Hub, as well as facilitate regional training and education activities
- a café, commercial kitchen and gallery which will be run as a social enterprise, providing training, job opportunities and culturally safe social spaces for women, children and their families

- a rotating gallery of local Aboriginal art which will create opportunities for community participation and be a source of pride and holistic healing

BIRTHING ON COUNTRY AND HUB PARTNERSHIPS

Strong partnerships with a range of academic institutions, industry associations and agencies are fundamental to the integrated model that has been developed.

Waminda is in partnership with pre-eminent academics and sandstone Universities who are researching Birthing on Country and early intervention and prevention family support programs.

These partnerships include the University of Sydney, Charles Darwin University, the University of Queensland and the University of Wollongong. Waminda also works in close partnership with several key Aboriginal and Torres Strait Islander agencies including SNAICC, AbSec, the AHMRC and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

The NSW Government through Their Futures Matter are also a key partner as funder of the Nabu Early Intervention and Family Preservation and Restoration Demonstration Project which will ultimately operate from the Hub.

These partnerships will be critical to the success of the project. They will:

- help support Waminda to ensure that Aboriginal women and their children are receiving the best possible care and support;
- provide opportunities for training and education across a range of health professions; and
- enable knowledge to be shared to improve child and maternity health services across the country.

Existing partnerships with other providers and services include:

- The Illawarra Shoalhaven Local Health District through a Memorandum of Understanding with Waminda
- Aboriginal Infant and Maternal Health Service Binji and Boori
- Allied health services
- Local specialist services
- Cullungutti Early Childhood service
- Noahs Ark Children's Services (Early Childhood and Disability Services)
- Supported Accommodation & Homelessness Services Shoalhaven Illawarra
- Community housing providers
- People Measures
- Burbangana Group

In addition to the academic and health sector partners mentioned above, Waminda has developed working partnerships with several agencies who will also support the development of training and employment opportunities through the Hub. These include:

- Connexions Vocational Training and Employment Centre
- TAFE
- The Rhondathe Lipsett Indigenous Charitable Fund
- Shoalhaven Community College
- The Australian College of Midwives

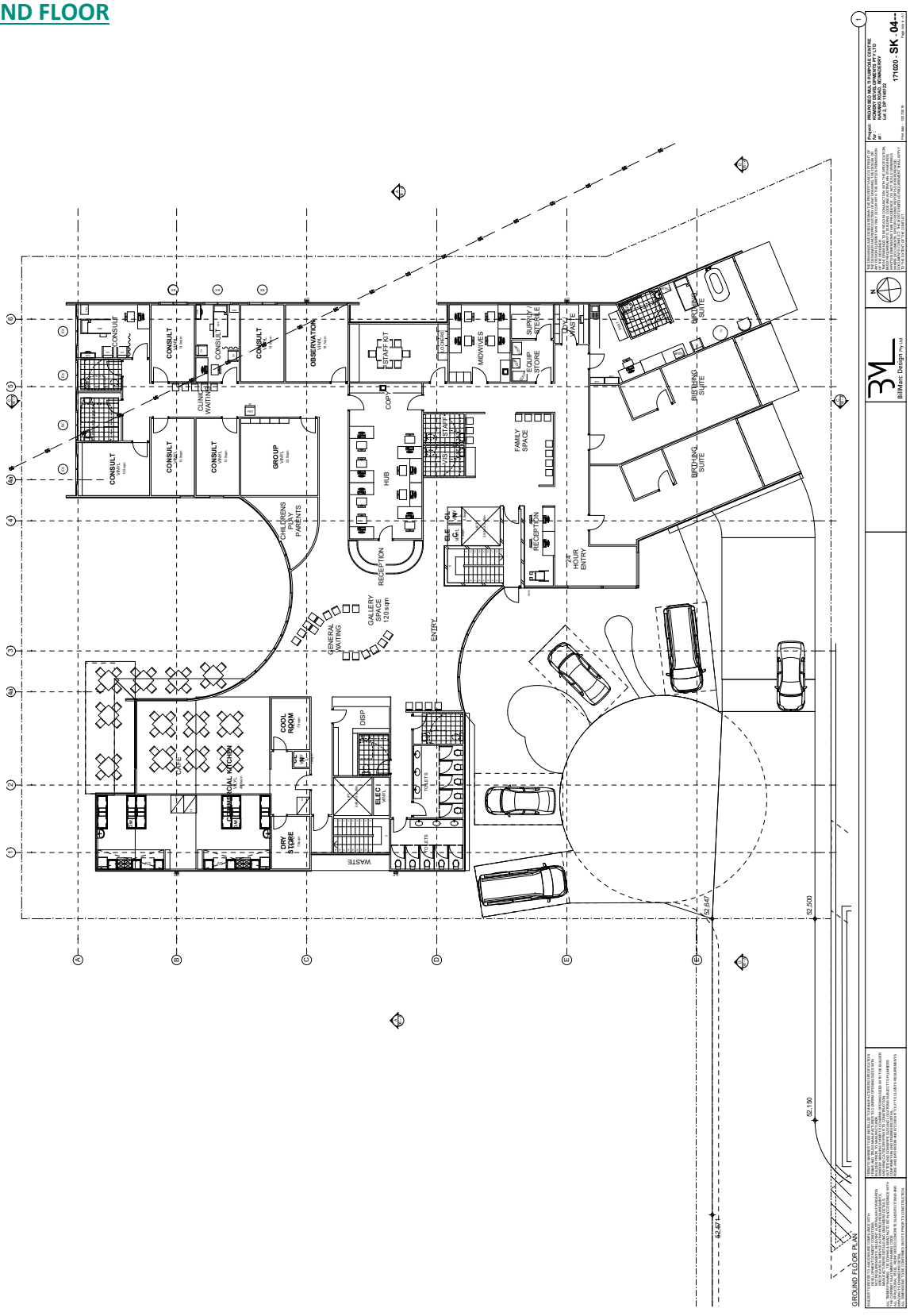
THE BUILDING

Preliminary plans for a three-story building have been developed for a 2120 square metre site at Lot 2, Narang Road Bombaderry, near Nowra, in NSW. The plans are the outcome of a highly participative design process with the Waminda team, including members of the local Aboriginal and Torres Strait Islander community. The land is currently vacant and available for purchase from a supportive local developer.

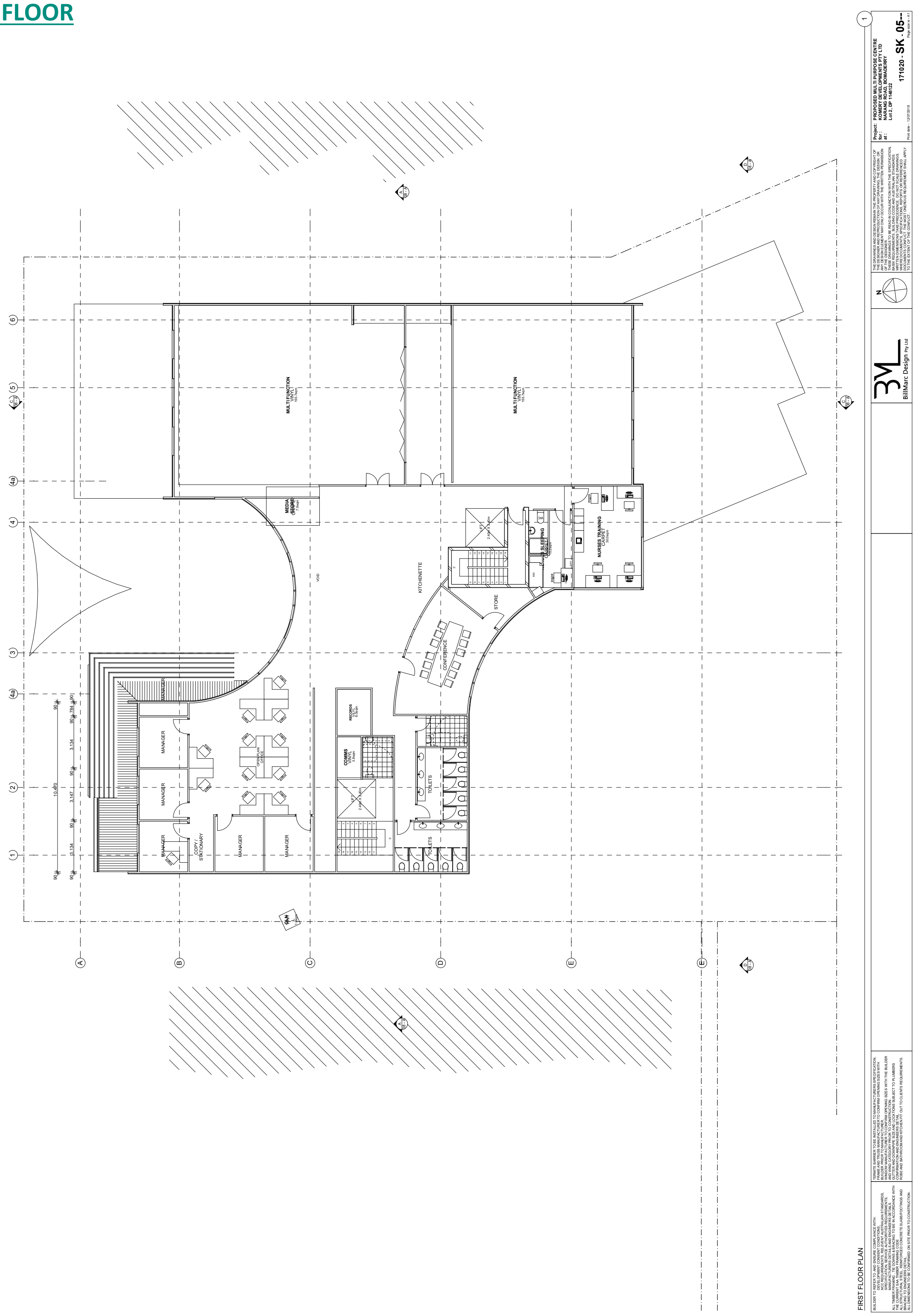
This culturally informed design process has resulted in a building that will provide welcoming, nurturing and culturally safe spaces for Aboriginal women and their families. The design includes spaces for cultural activities, family and Elders, and separate men's and women's areas. There are inside and outside areas for more informal care together with a café and art gallery.

The plans start to shape a culturally vibrant and nurturing building that will be a dynamic and safe community hub for Aboriginal and Torres Strait Islander women and their families from across the South Coast of NSW. The Waminda team, Elders and other local community members will continue to be closely involved in the ongoing design of the building, landscaping and fit out. The building will blend living culture with environmentally sustainable design and state of the art technology.

GROUND FLOOR



FIRST FLOOR



MULTI FUNCTION
MULTI FUNCTION
KITCHENETTE
STORE
CONFERENCE
NURSES TRAINING
TOILETS
MANAGER
MANAGER
MANAGER
MANAGER
MANAGER
COPY / STATIONARY
RECORDS
COMMS
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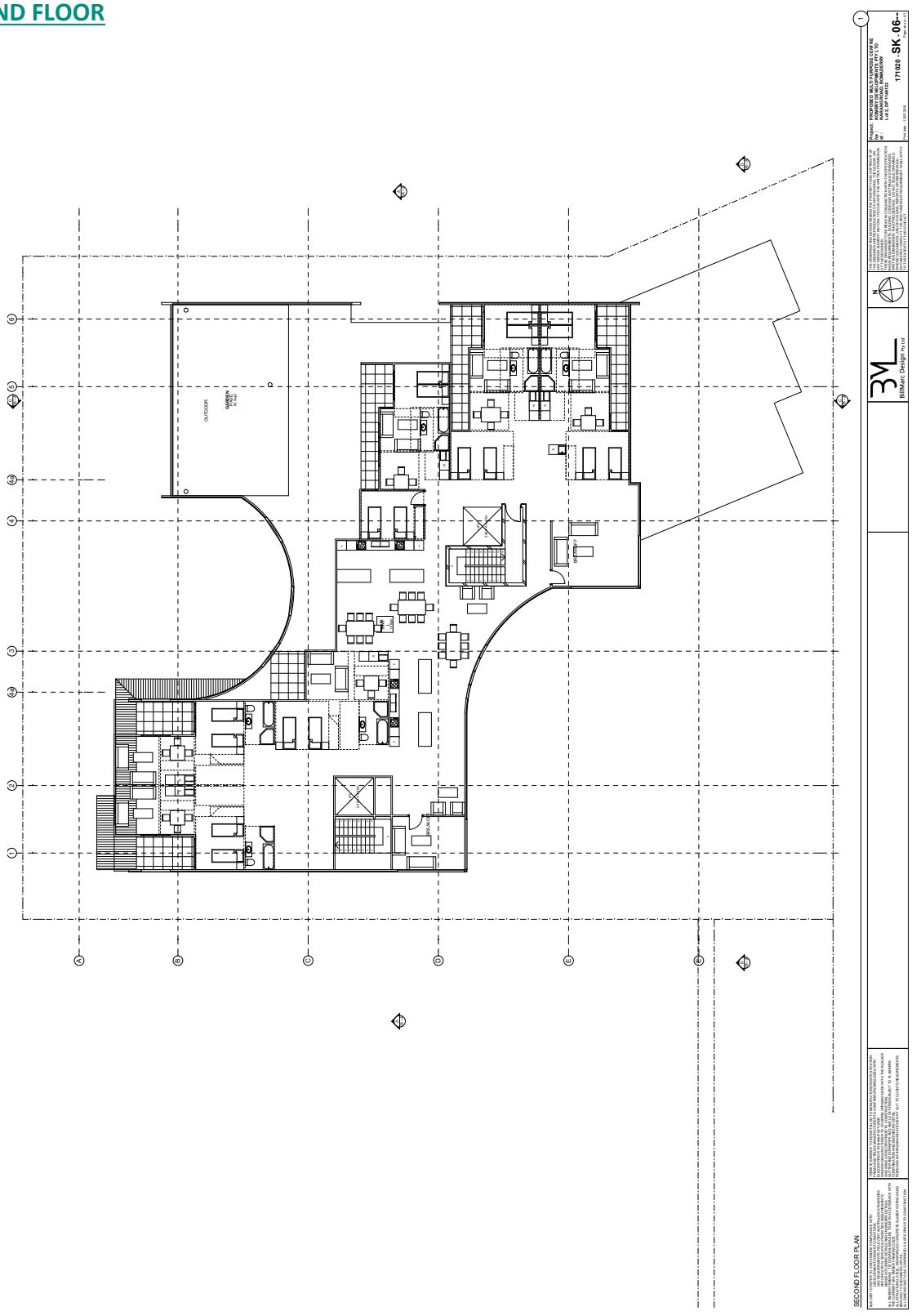
FIRST FLOOR PLAN

SECOND FLOOR



INTEGRATED PROGRAMS AND SERVICES

The Balaang Healing Framework and Waminda Model of Care will underpin all the programs and services delivered through the Hub.

The Waminda Model of Care represents Waminda's approach to service delivery and working with community. The model centres around women and their Aboriginal families, who sit at the centre of everything that Waminda does. Figure 2 at Appendix A, The Waminda Balaang Healing Framework, is a pictorial representation of the culturally grounded, strengths-based practice that informs Waminda's ways of working. Waminda walks beside the women and families who use the service, holding the space for them to connect and reconnect to identity, culture and the community. (See Appendix A)

The Model of Care and the Balaang Healing Framework ensure that Aboriginal women and their children receive culturally nourishing services and support that help them to thrive. These underpinning foundations will ensure that women and their children will engage with health and wellbeing services based on contemporary best practice. In fact, this national centre of excellence will be at the forefront of developing new knowledge on what works with and for Aboriginal and Torres Strait Islander women and their families.

A range of programs will be delivered across the three-story Hub.

The ground floor incorporates the Birthing on Country facilities including birthing suites, consulting rooms, parents' rooms, family communal room, ablution facilities and other clinical facilities. Also included are allied health and early child health services.

The ground floor will also accommodate a commercial café, outdoor eating area, cultural gallery, Elder's area, yarning space and men's space.

The first floor houses the innovative and cutting edge Nabu Demonstration Program, providing early intervention and intensive support to preserve families and restore Aboriginal children with their families.

The research centre of excellence facilities are also located on this floor, with office spaces, conference and meeting facilities and technology which will enable Universities, practitioners, students and local community members to work together. These facilities mean that the Hub can be used as a teaching site and offer regional placements across a range of health and human services professions.

The second floor will provide a series of self-contained accommodation units to complete the suite of services offered to birthing women and their families. The transitional accommodation will include a particular focus on pregnant Aboriginal and Torres Strait Islander women post incarceration. This is a critical time for women who are pregnant or who have recently birthed as the risk of child removal is extremely high. Positive relationships with relevant correctional facilities (including Dillwynia Women's Correctional Centre, Emu Plains and Silverwater) will ensure a

streamlined service for pregnant women exiting prison to access the support they need – ante and post-natal support and support for their families.

Waminda works closely with the justice system and supports women leaving custody to re-establish themselves and build full and engaged lives with their families. Access to housing can be the most significant barrier for Aboriginal women leaving custody – they often end up trapped in a cycle of homelessness and despair.

The range of activities outlined throughout the three floors highlight the integrated service delivery model, the interconnectedness across the programs and the consequent cross agency, intergovernmental approach needed to support this landmark initiative.

A CENTRE OF RESEARCH EXCELLENCE

Waminda will develop and expand their existing partnerships to realise their vision for the site as a centre of excellence – a research hub, training facility and state of the art training and conference rooms. Their existing and future relationships with Universities will support research, evaluation and placements for health and medical students. The developing knowledge bank will contribute to the national evidence base and offer opportunities for knowledge sharing, collective learning and, most importantly, improving outcomes for Aboriginal and Torres Strait Islander mothers and their children and families.

THE INVESTMENT

Waminda is seeking **$38,574,992** over seven years from the Australian and NSW Governments to fund the first Australian Birthing on Country and Community Hub as a demonstration site of national significance and a centre of excellence.

These funds include **$19,769,807** for the initial capital cost of the building and **$2,686,455** per annum for seven years ($18,805,185) for the operating costs of the Birthing on Country Centre. The annual operating costs include $274,000 of current funding for the Minga Goodja maternity program now running from Waminda's Kinghorne Street premises.

The vision is ambitious but achievable. The capital costs for the building need to be fully funded for the project to be realised. The Birthing Centre is a national first. The operating costs need to be fully funded for the first seven years as a demonstration site to ensure that the Birthing and Community Hub is properly supported to become sustainable into the future. In addition, this state of the art, culturally embedded, multi-purpose facility will house numerous programs and services supporting women and their families to thrive, now and for generations to come.

By investing in this project of national significance, the Australian and NSW Governments will be developing a targeted and replicable approach which will make a substantial contribution to Closing the Gap and improving health, social and economic outcomes for future generations of Aboriginal and Torres Strait Islander Australians.

THE INITIAL BUDGET

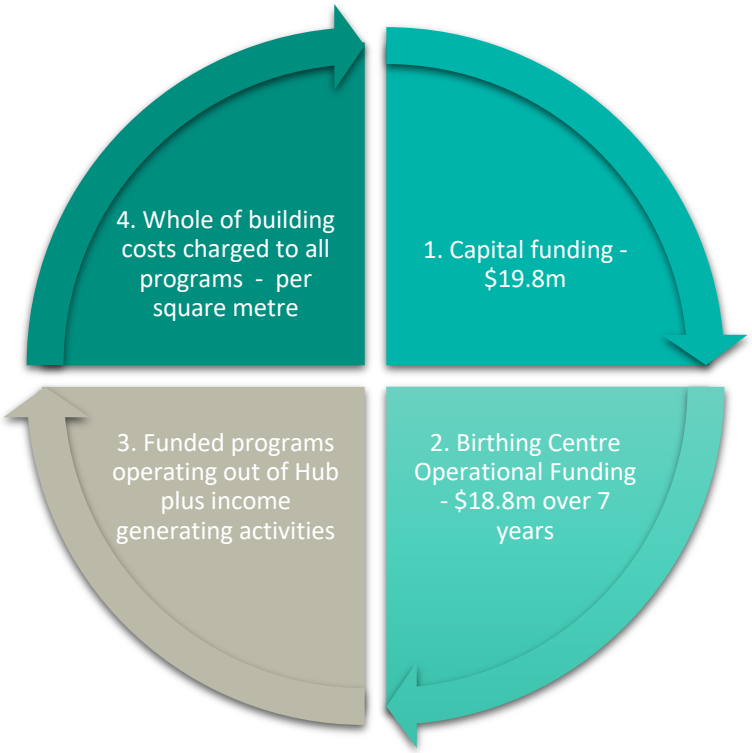
	Capital Cost	Annual Operating Cost	Total Cost 7 years
Land and construction	$19,769,807		$19,769,807
Birthing Centre Operating Costs *		$2,686,455	$18,805,185
Note – ex gst			**$38,574,992**

THE INVESTMENT MODEL

The Business Model comprises four segments: one off capital funding ($19.8m); a commitment of 7 years operational funding for the Birthing Centre as a national demonstration project ($18.8m); a combination of Australian and NSW Government program funding for a range of integrated services; and pro rata contribution to whole of building operating costs from all programs and activities.

An alternative to charging programs a proportion of the whole of building costs would be for government to directly fund the whole of building operating and staffing costs for the first seven years as a block grant ($1.6m per annum or $11 m over 7 years). This would ensure greater stability throughout the start up phase.

Diagram 2: The Investment Model



1. Land and construction costs

Land and construction costs ($19.8m) include:

Professional services and fees, local government costs, project management fees, design and construction fees, and insurances.

Purchase of a 2,120 square metre site and construction of a three story, bespoke, culturally authentic, purpose designed 3,521 square metre building including fit out, cultural management costs, research centre of excellence technology and facilities, security and landscaping.

The capital costs are preliminary and based on a Quantity Surveyor's report, at Appendix B. The commissioning of detailed plans and a fully costed capital works budget will be an essential step in the next stage of the project.

An itemised preliminary capital budget is at Appendix C

2. Birthing on Country Birthing Centre operating costs

The Birthing on Country Birthing Centre operating costs ($2.7m per annum) include:

The Birthing on Country team and operating costs have been developed through the BOOSt research project to provide the best possible support and outcomes. The team comprises four registered midwives, cadetships for midwives to support workforce development, Aboriginal health workers, a social worker, an early childhood nurse, a nurse practitioner, a GP, clinical and cultural supervision and related expenses.

It is anticipated that the recurrent funding required will reduce over time as the extent of potential Medicare and activity based funding revenue becomes clear. Service delivery costs and potential revenue will be closely monitored by Waminda, the research team and funding partners with funding requirements adjusted accordingly.

The BOOSt research project will fully evaluate the Birthing on Country Centre from inception and provide critical data on costs and potential revenue to help inform ongoing decision making. The research will also analyse longer term downstream health outcomes and cost savings to government based on return on investment.

An itemised Birthing on Country Centre Operating Budget is at Appendix D

3. Joined up, integrated services program funding and income generation

The Hub relies on the support of Australian and NSW Government agencies to fund a range of services from existing programs. This is in line with the RISE framework and the value of redesigned health service delivery to maximise the best possible outcomes for Aboriginal women and their families.

Early discussions with several agencies are promising and central agencies from both levels of government have a key role to play in coordinating the best possible mix of programs. Refer to Appendix E for a table which outlines both actual and indicative funding sources for the Hub programs.

Ongoing government funding will be required to support the programs run from the Hub and may be needed to subsidise the Birthing Centre. However once the Hub is established, and the Birth Centre is operating at capacity, Waminda will generate income through a number of activities including:

- a Social Enterprise café and gallery that will provide jobs and hospitality training opportunities
- a building and grounds maintenance social enterprise and cleaning social enterprise, creating real jobs and training pathways
- a state-of-the-art conference and training facility – both for Universities, agencies and health practitioners, and commercially across the Shoalhaven
- consulting room hire to specialists and allied health practitioners
- Medicare income for GP and nurse practitioner services
- Activity based funding for women birthing in the birth centre
- Rental of birthing rooms to private midwives and their clients

Preliminary financial modelling indicates that over time it is realistic to expect revenue of around $850,000 per annum once the Hub, not including the Birthing Centre, is fully operational. Refer Appendix F

Careful consideration will need to be given to the use of these funds and it cannot be assumed that they will be immediately available to offset government's contribution. Waminda will need to ensure that the broader corporate overheads associated with managing the Hub are properly funded as this is a key risk. Discretionary revenue will also be invested back into the Hub to cover new services and cultural programs.

4. Ongoing whole of building and staffing costs

The ongoing costs to run the building and support the integrated, culturally embedded model of care across the Hub have been identified. These costs cover building running and operation costs including:

- utilities, power, building maintenance including sinking fund provisions, rates, fees and insurances, building and grounds management and cleaning services; and
- building operations include culturally safe services such as reception, transport and informal support for families using the public spaces across the building.

People working in the reception and transport team will create a culturally nurturing space that is welcoming and supportive. They will provide a range of informal support services to the women and families using the Hub as well as manage the administration and reception for health practitioners.

Preliminary forecasts indicate that the building operating costs, including staffing, are estimated to be $335.22 (ex GST) per square metre per annum. Programs will be charged an annual contribution on a per square metre basis to ensure that the ongoing costs to run the building are guaranteed to be covered. Refer Appendix G for more detail on costs and Appendix H for the current charge back schedule.

It is noted that these forecasts will be reviewed during the project development phase and updated as the building is close to occupation.

COSTINGS CAUTION

Whilst every effort has been undertaken to develop a comprehensive and realistic budget for this project, all the costings referred to in this paper are preliminary and need to be validated in the next stage of work. Fees have been built into the capital budget to enable Waminda to engage specialist project managers with experience in taking new design and build health projects from conception to reality.

WHY INVEST IN THIS DEMONSTRATION SITE?

The *First 2000 Days Framework* [10] recently released by the NSW Ministry of Health identifies this time in a child's life as critical for physical, cognitive, social and emotional health. This time has been shown to impact across the life span and is:

- strongly predictive of how a child will learn in primary school
- a predictor of school performance, adolescent pregnancy and involvement with the criminal justice system in the adolescent years
- linked to increased risk of drug and alcohol misuse and increased risk of antisocial and violent behaviour
- related to obesity, elevated blood pressure and depression in 20–40 year olds
- predictive of coronary heart disease and diabetes in 40–60 year olds, and
- related to premature ageing and memory loss in older age groups (Ministry of Health, 2019, p. 4).

A number of long-term health outcomes will be delivered through this investment:

- Closing the Gap in child mortality is not on track.11
- Maternal mortality is 4.6 times higher for Aboriginal and Torres Strait Islander women. 12
- 84 percent of child deaths occur in the first year of life, with more than half (56 percent) from perinatal conditions. 13
- Preterm birth is one of the largest causes of perinatal, infant and child deaths, yet preterm birth rates have remained static since Closing the Gap targets were set in 2008 (13.3 percent for Aboriginal and Torres Strait Islander women compared to 8.0 percent for non-Indigenous women). 14
- Preterm birth is a significant contributor to lifelong disability and chronic diseases, in particular diabetes, cardiovascular and renal disease.15

The integrated approach proposed by this demonstration site will make a substantial contribution to reducing the incidence of Aboriginal and Torres Strait Islander infant and child mortality and Closing the Gap between Indigenous and non-Indigenous Australians. The lack of improvement in mother, child and infant mortality outcomes for Aboriginal and Torres Strait Islander people is nothing short of a national disgrace and the potential for positive change offered through this project is long overdue.

Cost savings to government

Investing in the Waminda Birthing and Community Hub will deliver significant long-term cost savings to government. These include the following.

- Midwifery continuity of care compared to standard care saves $838.17 per mother infant pair.[16]
- Birthing in a stand-alone birth centre is approximately $338 cheaper per woman. [17]

- A single episode of neonatal nursery care for preterm baby costs $52,984 (range $3,591 – $297,567) and for children 0–9 years born low birthweight, preterm and/or small for gestational age, the community-based healthcare costs average an additional $32M per year relative to children the same age without increased perinatal risk. [18]
- Research into the cost effectiveness of early intervention programs has shown that $1 spent early in life can save $17 by the time a child reaches mid-life. An independent review of the out of home care system in NSW describes an ineffective, unsustainable system costing $1.86 billion a year. [19]

In research undertaken by Deloitte Access Economics (2016) on the costs and benefits of a holistic approach to child and family services four specific components were identified:

Cultural competence: providing culturally appropriate services underpinned by self-determination and community empowerment involving Aboriginal-owned and community-led organisations and programs. This includes a good understanding of culture, community networks and local community knowledge.

Differential response: where there is more than just a statutory response. The alternative approach offers support services to families and is normally used for families that are low risk.

Early intervention: These services aim to reduce the likelihood of a child entering the child protection system.

Family-based preservation services: These are intensive, short-term, in-house crisis intervention services that supports families in which a child is at imminent risk of out-of-home-care placement.

Deloitte's cost–benefit analysis compared the cost of these four components against a baseline number of Indigenous children who received a Risk of Significant Harm notification and the number in OOHC in NSW between 2004–05 and 2013–14.

Significant benefits included:

- a decrease in child protection and OOHC service use leading to avoided government costs
- a decrease in the need for (and hence avoided cost) of other government services such as health and criminal justice
- other broader benefits to clients including health, education and productivity gains. [20]

EMPLOYMENT

The Hub will provide up to 70 new jobs for Aboriginal and Torres Strait Islander people from the local community. Waminda's partnership with the local VTEC provider, Connexions, will enable entry level training and employment positions in reception, building and garden maintenance and the café. The Hub will also provide a gateway to support career pathways, placements and employment

for midwives, nurses and other allied health professionals. Nabu, intensive support service for Aboriginal families will employ up to 20 additional staff. Waminda has an exemplary track record of employing Aboriginal and Torres Strait Islander people in all service delivery areas – an essential component of this landmark project.

GOVERNANCE

Good governance will be critical to the project's success and needs consideration across three tiers:

1. Organisational governance
2. Birthing on Country Program Governance; and
3. Project development governance.

ORGANISATIONAL GOVERNANCE

Waminda's organisational governance is strong with a high functioning Board and skilled, expert executive team. The development of the Hub will expand the scope of responsibility for the existing executive. This project combined with the rollout of the Nabu program mean that additional senior capacity will be needed, particularly in relation to operational management. The CEO intends to review the current organisational arrangements with the view to bolstering senior executive capacity during the project design and implementation phases. A senior manager will be appointed to guide and manage the Hub's operations once the building is open.

CULTURAL GOVERNANCE

The Waminda Cultural Committee has a critical, ongoing role in providing cultural guidance to the development of the Birthing on Country Centre and Hub. The Committee provides advice, support and direction for all Waminda's programs and services. The Committee will provide significant guidance to building design, landscaping, building fit out and ongoing building operations and will work closely with the Waminda Executive and the Project Manager right through the project.

BIRTHING ON COUNTRY PROGRAM GOVERNANCE

The Shoalhaven Birthing on Country (BoC) Executive Strategic Committee was established early in 2019. The Committee has developed Terms of Reference and is designed to oversight budgetary strategy, designing and realising benefits, and monitoring risks, quality and timeliness.

Its membership includes:

- Chief Executive Officer, Waminda South Coast Women's Health and Welfare Aboriginal Corporation
- Chief Executive Officer, Illawarra Shoalhaven Local Health District
- Chief Obstetrician, New South Wales Ministry of Health
- Operations Manager, Illawarra Shoalhaven Local Health District
- Group General Manager, Illawarra Shoalhaven Local Health District
- Director of Nursing and Midwifery, Illawarra Shoalhaven Local Health District
- Chief Executive Officer, South Coast Medical Service Aboriginal Corporation
- Nurse Manager, Waminda South Coast Women's Health and Welfare Aboriginal Corporation
- Head of Paediatrics, Shoalhaven District Memorial Hospital
- Essentials of Care, Coordinator, Illawarra Shoalhaven Local Health District
- Midwifery Unit Manager, Shoalhaven District Memorial Hospital
- Midwifery Unit Manager, Wollongong Hospital
- Nurse Manager, South Coast Medical Service Aboriginal Corporation
- Project Officer, Birthing on Country, Waminda South Coast Women's Health and Welfare Aboriginal Corporation
- Project Officer, Birthing on Country, Australian College of Midwives
- Professor of Midwifery, University of Queensland (or delegate).

In addition to the Committee, a Memorandum of Understanding has been developed between Waminda and the Illawarra Shoalhaven Local Healthcare District (ISLHD).

Initially Waminda is establishing the Minja Goodjaga 'Mother and Child' Midwifery Group Practice. A comprehensive operational plan and risk assessment have been developed (based on The Guiding Principles for Developing a Birthing on Country Service and Evaluation Framework endorsed by the Australian Health Ministers Advisory Council in 2016). The development and implementation of appropriate clinical governance is underway, and a draft service access agreement is being finalised.

Refer to Appendix I for a consultation draft of the Minga Goodjaga 'Mother and Child' Midwifery Group Practice Operational Plan. This provides comprehensive information on current governance, risk assessment and operational planning that is in place for the establishment of the Birthing on Country Midwifery General Practice. The Minga Goodjaga Midwifery General Practice Team will transition into the Birthing on Country Centre once the building is opened.

BIRTHING ON COUNTRY AND COMMUNITY HUB PROJECT DEVELOPMENT

Waminda will establish a committee to oversee the development of the project comprised of key partners including funding agencies. This will ensure transparency, accountability and a joined-up partnership approach from the project's commencement.

Once development funding is provided a project manager with expertise in health facility planning, design development, project management and construction will be appointed to drive the project development to hand over stage. A comprehensive, detailed risk assessment will be undertaken as an early step. Funding to engage a suitably experienced company as a project manager has been factored into the capital budget. Refer to Appendix J for a project management proposal and Appendix K for the project management fees, noting that Waminda will go to the market prior to selecting a project manager.

IDENTIFYING AND MANAGING RISK

Construction project

Risk assessment and treatment will be an ongoing activity throughout the development of this project. A comprehensive risk assessment and risk management plan will need to be developed early in the next stage, once there is indicative approval to proceed. This will be a key responsibility of the project manager. Funding agencies will be invited to participate in the risk assessment process and will receive regular reports on risk through the Project Development Committee.

Birthing on Country Program

The BOOSt research project has identified three significant external dependencies requiring resolution and is working closely with key government stakeholders to resolve these barriers. Waminda continues to be in discussion with NSW Health in relation to these issues and all parties are aware that government support and intervention is required. The following table is an outline of these significant issues:

Table 1: External Dependencies Requiring Resolution for Birthing on Country Programs

Critical Areas	Minor changes required	Options	Recommendations
Legislation	Stand-alone Birth Centres not operated by public hospitals are considered private health facilities covered by State legislation. In NSW, the Private Health Facilities Regulation 2017 (NSW), *Part 10, Section 38* requires a Level 2 private maternity facility (Birth Centre) to have: a) obstetricians, anesthetists and	1. Amend legislation and remove *Section 38a and b* 2. Offer a fixed term exemption whilst demonstration project is evaluated 3. Introduce new legislation for stand-alone Birth Centres	Amend legislation and remove *Section 38a and b.*

	pediatrician on-call at all times; and b) a medical practitioner at the facility at all times. There is no evidence to support these recommendations which are not a requirement in other jurisdictions or countries (e.g. Canada, New Zealand, United Kingdom). A networked approach will enable staff at the local hospital to be the immediate referral.	***Do nothing = project not viable.***	
Private Admission fees	Women admitted to private health facilities (Birth Centre) or to hospitals as private patients (when transferring with midwife to Shoalhaven District Memorial Hospital) attract significant fees (i.e. reducing access to evidence based high quality care integrated care).	1. Birth Centre and the Hospital waive fees 2. Fees are charged with funding sourced from government.	Birth Centre and Hospital waive fees.
Professional indemnity insurance (PII)	MIGA insurance has a product for health care companies and will require further negotiation on cost and product terms.	1. Government assist in negotiations with MIGA to obtain a workable product 2. Government provide insurance whilst demonstration project is evaluated	Government assist in negotiations with MIGA to obtains a workable product

Key risks to Waminda

Waminda undertook a preliminary risk assessment at the commencement of the development of this feasibility scoping paper and identified two significant key risks.

Table 2: Birthing on Country Centre and Hub: Key Risks to Waminda

Risk	Treatments
1. That Waminda will be unable to manage the development of the Birthing on Country Centre and Hub due to the scale of the project and pressure of other priorities.	• Engage an expert project manager • Review the organisation structure to increase senior management capacity to oversee the project
2. That the ongoing operation of the building will not be sustainable due to operational costs and the need for additional staff.	• Identify ongoing operational costs in as much detail as possible at this stage • Develop a business model to charge back whole of building costs, including in relation to staff, to programs

A more comprehensive risk assessment will be undertaken once the project is funded.

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LIST OF ABBREVIATIONS

ACCHO	Aboriginal Community Controlled Health Organisations
AHMRC	Aboriginal Health and Medical Research Council of New South Wales
AN	ante natal
BOOSt	Building on Our Strengths
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
ISLHD	Illawarra Shoalhaven Local Healthcare District
MIGA	Medical Insurance Group of Australia
NHMRC	National Health and Medical Research Council
OOHC	out of home care
PII	professional indemnity insurance
PN	post-natal
SNAICC	Secretariat of National Aboriginal and Islander Child Care
VTEC	Vocational Training and Employment Centre