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Child and Youth

Framework - Model of Care for Aboriginal and Torres Strait Islander Health Workers (maternal, child and youth)

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Acknowledgement of Country

Queensland Child & Youth Clinical Network pays respect to the Traditional Custodians of the lands on which we walk, talk, work and live. We acknowledge and pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.

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Forward

The Queensland Child and Youth Clinical Network (QCYCN) is pleased to deliver this Framework - Model of Care. This document provides important overarching principles that lay out an approach for Hospital and Health Services (HHS) to help guide the way Aboriginal and Torres Strait Islander health workers operate within a multidisciplinary maternal, child and youth health teams and deliver services to Aboriginal and Torres Strait Islander infants, children and young people and their families.

QCYCN recognises, culture is central to improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander children, young people and their families and is dedicated to achieving health equity, closing the gap, and contributing to address the social and cultural determinants of health that remain a priority to long term health improvements.

This framework highlights the importance of holistic care ensuring cultural considerations are embedded in practice, enabling Aboriginal and Torres Strait Islander children, young people, and their families to have better access to culturally safe, timely and appropriate services provided by a culturally capable multidisciplinary and confident skilled workforce.

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Introduction

The purpose of this Aboriginal and Torres Strait Islander Health Workers (maternal, child and youth) Model of Care (MoC*) document is to outline the way Aboriginal and Torres Strait Islander health workers work within multidisciplinary maternal/child/youth health teams and deliver services to Aboriginal and Torres Strait Islander infants, children, young people, and their families.

The MoC is an important document and aims to ensure all Aboriginal and Torres Strait Islander infants, children, young people, and their families, including those in rural and remote areas of Queensland receive the right care, at the right time, by the right team and in the right place. It outlines best practice care through the application of a set of service principles and provides and overarching description of how care is managed, organised, and delivered.

It requires Hospital and Health Service (HHS) commitment to health equity and addressing the social and cultural determinants of health. Strong and sustainable health outcomes cannot be achieved without recognition of the impact of colonisation, interpersonal and institutional racism, and the resulting health and social impacts of poverty, trauma, addiction, housing shortages, poor education, unemployment, and the lack of social supports[1].

Primary Health Care for Aboriginal and Torres Strait Islander communities is a "holistic approach which incorporates body, mind, spirit, land, environment, custom and socio-economic status"[2]. This MoC reflects this holistic view of health and wellbeing, which is central to a culturally safe journey for Aboriginal and Torres Strait Islander children and families. This MoC acknowledges the complexity for health and wellbeing for Aboriginal and Torres Strait Islander children and families and locates the child in the centre of a family and a community, considering cultural context.

Guiding principles that inform the development of MoC[3]:

- Patient centric
- Has localised flexibility and considers equity of access – builds cultural capacity within the health system
- Supports integrated care
- Supports efficient use of resources
- Supports safe, quality care for patients
- Has robust and standardised set of outcome measures and evaluation processes
- Is innovative and consider new ways of organising and delivering care
- Sets vision for services in the future.

In line with the Health Equity Strategy, each HHS should be tasked with developing a service delivery model which describes where and how the MoC is carried out, to suit their local environment and context.

Acknowledgement

This Model of Care (MoC) was developed within the existing Aboriginal and Torres Strait Islander health worker roles and career structure. Whilst there is acknowledgement that changes to the Aboriginal and Torres Strait Islander Health Worker Career Structure are imminent; the vision, aim, key principles and client journey detailed in this document will remain valid and appropriate for Aboriginal and Torres Strait Islander health workers within maternal, child and youth health teams.

* FOR THE PURPOSE OF THIS DOCUMENT MoC REFERS TO ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS (MATERNAL, CHILD AND YOUTH) MODEL OF CARE

[1] Department of Health, *National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families,* Australian Government, Canberra, 2016.

[2] National Aboriginal Community Controlled Health Organisation definitions https://www.naccho.org.au/about/aboriginal-health/definitions/

[3] NSW Agency for Clinical Innovation. Understanding the Process to Develop a Model of Care: an ACI Framework. Chatswood: ACI; 2013. Available from: https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0009/181935/HS13-034_FrameworkDevelopMoC_D7.pdf

Background

Whilst most Queenslanders enjoy a healthy start to life, there is still a gap to close on birthing and early childhood outcomes for Aboriginal and Torres Strait Islander children[4]. All children need to have a healthy start to life. Childhood sets the foundation for a healthy lifestyle with lifelong benefits.

In 2018 Qld had a projected population of 988,000 children 0-14 years; of this 79,000 are Aboriginal and/or Torres Strait Islander peoples which equates to 8%. This comprises 35% of Queensland's total Indigenous population (224,000).[5] The numbers of all children living in Queensland are projected to increase to 1.1 million by 2026.

The *Queensland Health Closing the Gap Report 2018*[6] highlights that the health gap is closing in Queensland following long-term effort and investment, however, life expectancy is still on average 7.8 years less for male and 6.7 years less for female Aboriginal and Torres Strait Islander Queenslanders.

Currently there is no overarching evidence-based model of care for Aboriginal and Torres Strait Islander maternal, child & youth health workers. Managing the interface between professions is imperative to effectively addressing intersections in activity to avoid tensions within multidisciplinary teams.

The Queensland Child & Youth Clinical Network (QCYCN) recognises the need, as a network priority, for a coordinated, statewide approach to deliver sustainable improvements in service delivery that supports best practice, improves effectiveness, and optimises health outcomes for Aboriginal and Torres Strait Islander infants, children and young people and their families.

Strategic Policy Context

The MoC is strategically aligned with relevant national and state policy drivers, including:

- *National Safety and Quality Health Service (NSQHS) Standards*- Six actions have been defined to specifically meet the needs of Aboriginal and Torres Strait Islander people.
- *Queensland Department of Health Strategic Plan 2019-2023 objective 3:* Improve access to health services for disadvantaged Queenslanders.
- *My health, Queensland's future: Advancing health 2026:* Increase life expectancy for Indigenous males by 4.8 years and females by 5.1 years.
- *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033* 4: Leadership and partnership; 6: Inclusive recruitment and retention.
- *Aboriginal and Torres Strait Islander Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019 – 2025.*
- *Queensland Health Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 - 2026*: Key Priority 6: Build a Queensland Health workforce which closes the gap in health outcomes by providing culturally safe and competent health services.
- *Advancing health service delivery through workforce: A strategy for Queensland 2017 – 2026.* Objective 3.3: Achieve improvements in *Closing the Gap* through a focus on building cultural capability of the workforce
- *Advancing rural and remote health services delivery through workforce: A strategy for Queensland 2017 – 2020.*
- *Department of Health Workforce Diversity and Inclusion Strategy 2017 – 2022 and Action Plan.*
- *Children's Aboriginal and Torres Strait Islander Health Equity Strategy, 2022-2025.*

[4] Queensland Health. (2019). Queensland Clinical Senate Activity report 2017-2018. State of Queensland, February 2019. Available from: https://clinicalexcellence.qld.gov.au/priority-areas/clinician-engagement/queensland-clinicalsenate
[5] Queensland Health. The health of Queenslanders 2018, Report of the Chief Health Officer Queensland. State of Queensland.
[6] Queensland Health. Closing the Gap Report 2018. State of Queensland. Available from: https://www.health.qld.gov.au/__data/assets/pdf_file/0034/857662/CTG_report_2018v2.pdf

Aboriginal and Torres Strait Islander workforce is pivotal to working in respectful and meaningful partnership with the Aboriginal and Torres Strait Islander community to provide culturally safe, accessible, responsive, and high-quality health care for Aboriginal and Torres Strait Islander people to close the gap in health outcomes. Figure 1 shows the approach to addressing safety and quality health service actions to meet the needs of Aboriginal and Torres Strait Islander people[7]. The six Aboriginal and Torres Strait Islander-specific actions, cover working with communities, building a culturally capable workforce and environment, and improving identification rates.



Figure 1

Health Equity

A commitment to health equity requires reform, change and improvement across the entire health system - it can't be a continuation of the status quo or business as usual. Now is the time to be bold and brave because all parts of the health system need, can and should do better including the Department of Health, Hospital and Health Services (HHSs), the Aboriginal and Torres Strait Islander Community-Controlled Health Sector, Primary Health Networks, General Practitioners, and other healthcare providers. Only by working together as an integrated and connected health system, can Aboriginal and Torres Strait Islander peoples exercise user choice and access the care they want and need. Local health systems need to be strengthened, redesigned, and reoriented to better listen and support First Nations peoples. And at a state level, policies need to champion systemic changes that enable local healthcare providers to implement needed changes and reform[8].

A First Nations health equity approach is being adopted to galvanise a renewed and shared agenda to improve Aboriginal and Torres Strait Islander people's health outcomes, experiences, and access to care across the health system. This agenda aims to build on the foundations of the past to reshape the health system by placing 'health equity' at its centre. To be successful, it must be underpinned by representation, leadership and shared decision-making with Aboriginal peoples and Torres Strait Islander peoples to change the current power balance and create a health system free from racism and discrimination[8].

[7] The Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute. National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health. Sydney: Australian Commission on Safety and Quality in Health Care; 2017. https://www.safetyandquality.gov.au/topic/user-guide-aboriginal-and-torres-strait-islander-health

[8] Making Tracks, towards health equity with Aboriginal and Torres Strait Islander peoples – working together to achieve life expectancy parity by 2031. Discussion paper: a shared conversation.

Living in Queensland: social determinants of health data

Social determinants are the circumstances in which people grow, work and age (World Health Organisation, 2008). These determinants can significantly impact health access and outcomes.

For Aboriginal and Torres Strait Islander peoples, the social and cultural determinants of health also include factors such as cultural identity, family, participation in cultural activities and access to traditional lands. To close the gap in health outcomes by 2031, in accordance with the National Agreement on Closing the Gap (July2020), we must understand and acknowledge the impact of social and cultural determinants on health parity and the modifiable risk factors that can lead to inequitable burden of disease and health outcomes in later life for Aboriginal and Torres Strait Islander children and young people. It is estimated that 70% of the gap in mortality is due to chronic diseases and much of this is preventable (Australian Institute of Health and Welfare, 2016).

Aboriginal and Torres Strait Islander Early Years Frameworks

Aboriginal and Torres Strait Islander children's wellbeing includes safety, health, culture and connections, mental health and emotional wellbeing, home, and environment, learning and skills, empowerment and economic wellbeing[9]. Evidence demonstrates that the period from conception through the early years of a child's life is critical in providing strong foundations for lifelong physical and mental health, and for social and emotional wellbeing[10].

Focusing on the first 1000 days, from pre-conception to the end of a child's second year, can support male and female caregivers of Aboriginal and Torres Strait Islander children in the following ways:

- Grow strong in cultural practices that are specific to their Country and their needs.
- Focus on the quality of their relationships with themselves, each other, and members of their families.
- Discuss the important roles and responsibilities that both men and women have during the early formation of their families.
- Take steps to do more than just survive but thrive and flourish.
- Express the cultural requirements they have for themselves and each other during this period of a child's development to optimise the quality of their own and their children's lives.
- Understand what it takes to provide a loving, safe, and enriching environment for themselves and their children during the first 1000 days[11].

Many Aboriginal and Torres Strait Islander children and families have complex needs that call for a range of service types. Delivering these services appropriately requires implementation of client-centered, well-coordinated or integrated models of care[12].

Many Aboriginal and Torres Strait Islander community-controlled organisations, for example Apunipima, take a family centred approach by using a health worker led model supported by multidisciplinary teams[13]. The Apunipima approach is to build the collaboration aspects of multidisciplinary team approaches to make sure the different health professions understand the other professions, their place in the primary health care team and are oriented to the needs of the individuals and families rather than specific disciplines.

[9] Emma Brathwaite & Christine Horn 2019, *Service Integration for Aboriginal and Torres Strait Islander Early Childhood Development: Final Report*, SNAICC, First 1000 Days Australia and The University of Melbourne, Melbourne, doi: 10.26188/5d09a2a5269bd

[10] Ritte, R., Panozzo, S., Johnston, L., Agerholm, J., Kvernmo, S., Rowley, K. & Arabena, K. 2016, An Australian model of the First 1000 Days: An Indigenous-led process to turn an international initiative into an early-life strategy benefiting indigenous families, *Global Health, Epidemiology and Genomics*, 1:E11, doi:10.1017/gheg.2016.7.

[11] First 1000 Days Australia https://www.first1000daysaustralia.com/why-first-1000-days

[12] Emma Brathwaite & Christine Horn 2019, *Service Integration for Aboriginal and Torres Strait Islander Early Childhood Development: Final Report*, SNAICC, First 1000 Days Australia and The University of Melbourne, Melbourne, doi: 10.26188/5d09a2a5269bd.

[13] Apunipima Cape York Health Council. 2014. The Apunipima Model of Care: An holistic approach to health and wellbeing for Communities and Families in Cape York. Apunipima Cape York Health Council Limited.

Workforce in Scope

Aboriginal and Torres Strait Islander Health Workers deliver a comprehensive range of health promotion, assessment, intervention and treatment services for Aboriginal and Torres Strait Islander infants, children and families. They combine their lived experience of Aboriginal and Torres Strait Islander family kinship, culture, practices, and protocols with maternal, child or youth health knowledge and understanding of historical practices to deliver culturally responsive services. This cultural context is central to developing trust and enabling community members to engage with health services in a culturally safe way.



The Advanced Aboriginal and Torres Strait Islander Health Worker (Maternal, Child and Youth Health) role, but not limited to:

- functions within the multi-disciplinary team to promote and deliver efficient, effective, clinically relevant, culturally safe, and appropriate patient outcomes in the specific area of Maternal, Child and Youth in Women's/Family Health.
- supports in the provision of comprehensive, holistic health care services delivered to Aboriginal and Torres Strait people aged 0 to 19 years and their families.
- provides health care services within both the hospital and community settings across the HHS.

This workforce is required to hold the relevant mandate Aboriginal and Torres Strait Islander primary health care qualification. Aboriginal and Torres Strait Islander Health Worker positions are 'identified' positions. There is a genuine occupational requirement that the occupants of these positions are Aboriginal or Torres Strait Islander people.

Following a review in 2018/19 by the QCYCN standard role descriptions for HW4 – HW7 (formerly OO4 – OO7) Aboriginal and Torres Strait Islander Health Worker (Maternal, Child and Youth Health) positions were developed and made available for statewide implementation [appendix 1].

Clients in Scope

Aboriginal and Torres Strait Islander infants, children and families, including partners of Aboriginal and Torres Strait Islander people.

Current State in Queensland Health

Currently there is no overarching evidence-based model of care for Aboriginal and Torres Strait Islander maternal, child & youth health workers. Standardisation of care and service delivery was identified as a key issue during statewide consultation with Aboriginal and Torres Strait health workers in early 2019. Statewide consultation from late 2019 to early 2020 was conducted via Aboriginal and Torres Strait Islander maternal, child & youth health worker cluster network group meetings and an online survey to inform the development of this MoC. A summary of the MoC consultation findings and evidence can be found in appendix 2.

Aboriginal and Torres Strait Islander maternal, child & youth health workers:

- work within truly multidisciplinary teams, with common professions including child health nurses (registered, clinical nurse consultant and nurse unit manager), allied health services and early intervention parenting specialist. Medical officers are in just over half of teams.
- Most commonly work across a combination of settings (a third) and community/home visits (just under a third).
- Nearly 66% see Aboriginal and Torres Strait Islander clients, including partners of Aboriginal and Torres Strait Islander people (meaning nearly a third see all clients but prioritise Aboriginal and Torres Strait Islander clients, including partners of Aboriginal and Torres Strait Islander people).

Some of the key issues and concerns that have come from health workers regarding the existing models of care and way of working include:

- Lack of understanding and awareness of the role and scope of Aboriginal and Torres Strait Islander health workers.
- Lack of cultural support and leadership.
- A need for better access to professional senior Aboriginal and Torres Strait Islander health worker supervision and support (in person or via VC).
- Inconsistency of practices, workforce duties and strategies being implemented.
- A need for additional health worker resourcing and vacancies to be filled.
- Confusion by management and staff between the difference in roles of Aboriginal and Torres Strait Islander hospital liaison officers vs Aboriginal and Torres Strait Islander health workers.
- Many areas report no formal or defined service model or procedures.
- Many areas report lack of linkages and referral pathways to internal services such as maternity services and other clinical areas.

Findings from the Aboriginal and Torres Strait Islander Health Worker Career Structure Review consultation in 2019 are also reiterated. It is reported that, limited knowledge of the range of activities Aboriginal and Torres Strait Islander health workforce undertakes, results in micro-management and a lack of trust between these staff and some line managers. Consultation feedback identified that often other clinicians are not clear about the scope of practice for the Aboriginal and Torres Strait Islander health workforces. They report an erosion of scope of practice, regardless of qualifications and skills, due to lack of understanding or recognition of competence and conservative approaches to delegation. Continual restrictions on activities negatively impacts maintenance of an optimal skill level and competence and results in a disempowered Aboriginal and Torres Strait Islander health workforce in the longer-term[14].

Staff advised that a shift in health system emphasis, from a deficits-based illness model to a strengths-based health system is essential and is key to system sustainability and for optimal client long-term health outcomes. Recognising that Aboriginal and Torres Strait Islander health workforce opens the way as frontline employees for other clinicians to improve the health and wellbeing of Aboriginal and Torres Strait Islander patients is a priority[15].

[14] Queensland Health. (2019). Aboriginal and Torres Strait Islander Health Worker Career Structure Review Final Report. State of Queensland (Queensland Health), June 2019.
[15] Queensland Health. (2019). Aboriginal and Torres Strait Islander Health Worker Career Structure Review Final Report. State of Queensland (Queensland Health), June 2019.

Model of Care: “Working Together for our Mob”

Vision

Within a multidisciplinary team Aboriginal and Torres Strait Islander Health Workers champion and enhance the wellbeing of Queensland Aboriginal and Torres Strait Islander children, young people and families.

Aim

To ensure Aboriginal and Torres Strait Islander Health Workers are always involved and culturally engaged with Aboriginal and Torres Strait Islander families during client journey and promoted as a part of holistic and integrated health care service.

The Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 guiding principles provide an overarching framework for the MoC:

- Cultural respect and recognition
- Communication
- Capacity building
- Relationships and partnerships.

At the forefront of the MoC is having and embedding Aboriginal and Torres Strait Islander health workers in core roles of delivering health care for culturally safe service provision.

Principles

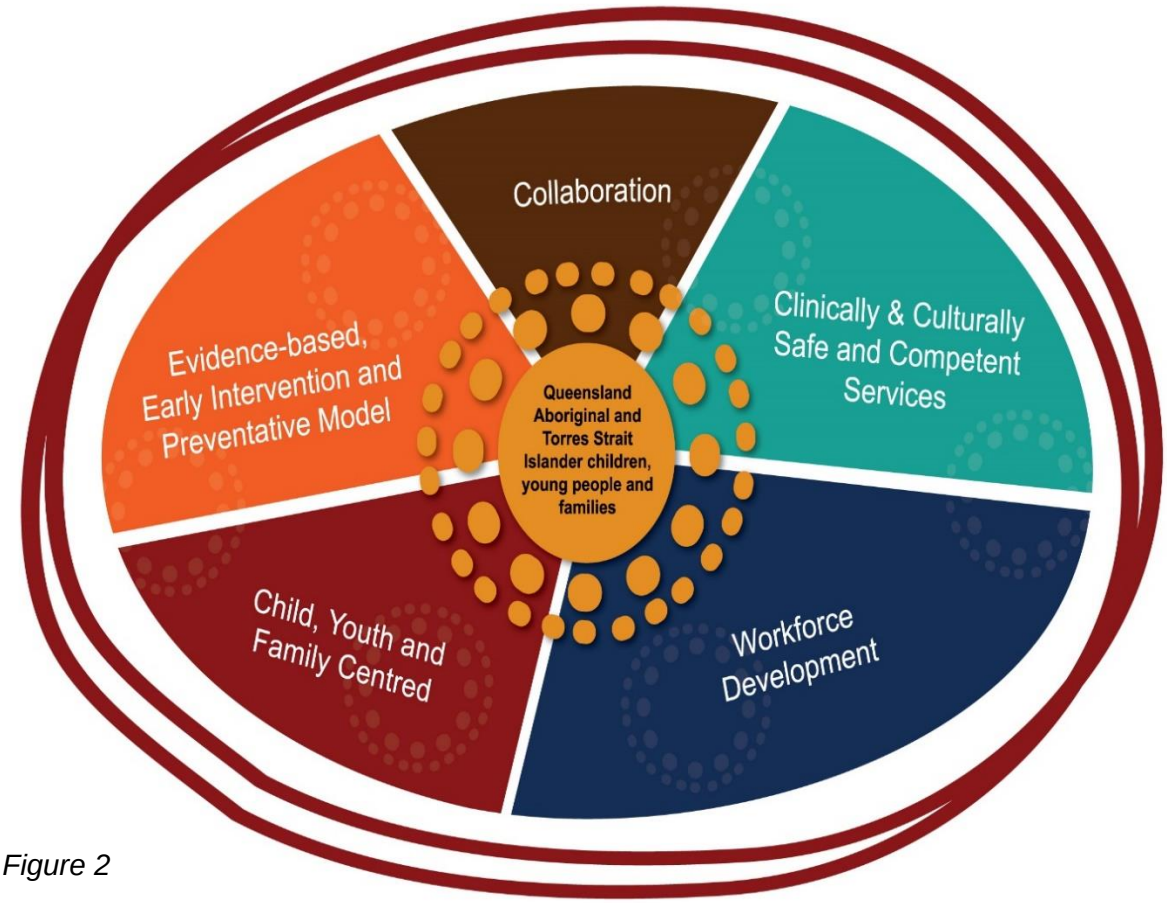


Figure 2



Child, Youth and Family Centered:

- Work in partnership to identify and respond to the needs and structures of individual families[16].
- Service responses address the needs of the child and the family, identify the primary role of parents/caregivers in their child's wellbeing and responsibility for decision-making for their children, considering the effects on the functioning of the family.
- Services are designed and implemented in collaboration with parents/careers and with the Aboriginal and Torres Strait Islander community.
- Present health information to children and their families in a manner that can be readily interpreted by them and can support them in making choices related to their health care.
- Enabling children, carers and families to take responsibility for their health and be active participants in their health care; offering support and assistance to those who have additional needs.
- Mobilising, and developing the strengths of children and families to promote and facilitate health and wellbeing.

Collaboration:

- Collaborative, team-based approach through understanding multidisciplinary teams.
- Build the collaboration aspects of multidisciplinary team approaches to make sure the different health professions understand the other professions, their place in the primary health care team and are oriented to the needs of the individuals and families rather than specific disciplines.
- All team members have a responsibility for each other's cultural and psychological safety.
- Collaboration with Aboriginal & Torres Strait Islander communities and Aboriginal Medical Services that build and maintain cultural partnerships in the pursuit of health care.
- Work collaboratively with other appropriate health care providers for Aboriginal and Torres Strait Islander children and families.
- Engaged with Aboriginal and Torres Strait Islander families and communities, to understand and respond to their needs.

[16] Department of Health, *National Framework for the Health Services for Aboriginal and Torres Strait Islander Children and Families,* Australian Government, Canberra, 2016.

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Clinically & Culturally Safe and Competent Services:

- Maternal, child and family health services are respectful and culturally safe for Aboriginal and Torres Strait Islander children and families.
- Aboriginal and Torres Strait Islander children and families are empowered by using strengths-based approach.

Evidence-based, Early Intervention and Preventative Model:

- Comprehensive, holistic assessment which ensures that children and their families are supported to access the range of services required to meet their needs and aspirations.
- Respectful and culturally safe practices are provided and promoted for all Aboriginal and Torres Strait Islander children and families.

Workforce Development:

- A ***well-resourced, highly skilled, empowered*** and ***culturally*** supported Aboriginal & Torres Strait Islander Health Worker workforce.
- Maximising ***scope of practice*** for Aboriginal and Torres Strait Islander Health Workers to use skills gained from nationally accredited competency-based training and qualifications to support earlier interventions, and to improve service access and outcomes for Aboriginal and Torres Strait Islander children and young people.[17]
- Clients in scope – Aboriginal and Torres Strait Islander children, families and their partners. Aboriginal & Torres Strait Islander Health Workers to determine broader scope in partnership with team leader and multidisciplinary team.
- Creating a culture of learning and providing Aboriginal & Torres Strait Islander Health Workers with the tangible and immaterial capacity to face all future challenges.
- Career opportunities for defined positions in accordance with Queensland Health policy through Backfilling and Succession Planning.
- Culturally appropriate supervision framework that includes, leadership, mentoring and support for Aboriginal & Torres Strait Islander Health Workers.

Good example: Several teams, including Ingham, Rockhampton and Sunshine Coast, reported their child health teams work well together. Key enablers include having cultural respect, good communication and understanding of each other's roles, and having well established referral pathways and links with teams including maternity services.

Client Journey– the how:

Aboriginal and Torres Strait Islander people often undergo very complex and disjointed patient journeys as they move between primary health care, acute and outpatient services. When Aboriginal and Torres Strait Islander patients live in rural and remote areas, their journeys become even more complex, and may require travel across vast distances, with escort support. Receiving good care relies on effective communication and coordination among mainstream and Aboriginal and Torres Strait Islander community controlled primary care services, General Practitioners, hospitals, and patients and family members. Patients may find that they are interacting with a range of different health care providers across a single health care journey. Undergoing entire patient journeys across diverse health services can be very confusing for patients and families. It is also often confusing for health care providers, and this has a significant impact on the quality of care, discharge planning and follow-up provided[18].

[17] Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018–2023: Children's Health Queensland Hospital and Health Service. State of Queensland (Queensland Health), October 2018.
[18] The Health Advocate, Issue 46 / February (2018).

Taking a person-centred approach (i.e., looking at the whole person) will not only ethically allow patients to be directly involved and empowered in their care, also considering the patient's cultural and individual needs, preferences, beliefs, values as well as their comfort and surroundings. This approach will improve the patient's experience and health outcomes, and benefit health services clinically and organisationally. It is also aligned with the core principles of the Australian Safety and Quality Framework for Health Care and the Australian Charter of Healthcare Rights. Access to healthcare continues to remain a significant problem for Aboriginal and Torres Strait Islander people. Before even accessing the health system, the health of many individuals and families is already compromised daily due to several structural and social factors:

- living in regional and remote communities which are areas of most socioeconomic disadvantage and where the greatest burden of disease exists due to lack of access to preventative or illness management services
- living in major cities/urban communities in areas of greatest disadvantage
- low socio-economics status and environmental and socio-political factors
- a high prevalence of health risk factors

From a service provision perspective, the quality and level of healthcare can be influenced by:

- performance gaps of the health system (including access) in addressing health needs
- cultural incompetence (which research demonstrates is linked to risks and poor-quality health outcomes)
- communication barriers (which research demonstrates may lead to adverse events and poor quality of care).[19]

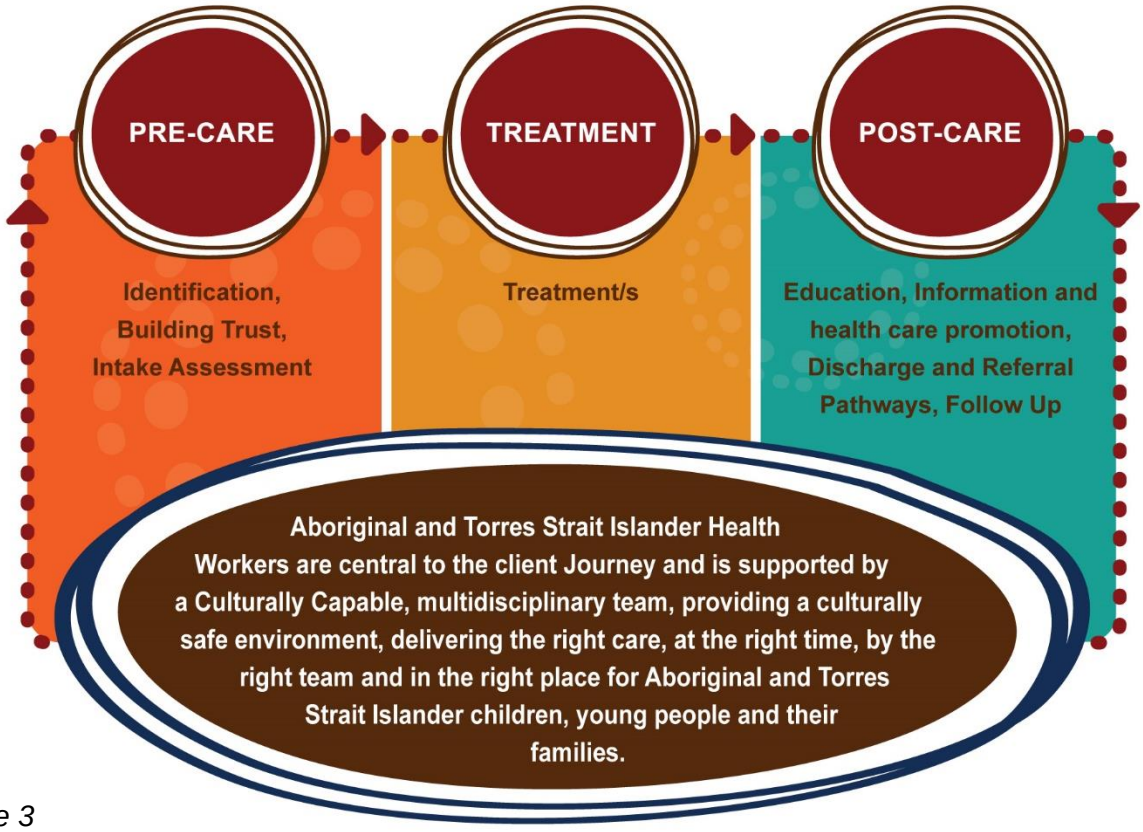


Figure 3

Points of entry include: Triage, primary health care, acute care and tertiary specialist care.

[19] Queensland Health, Aboriginal and Torres Strait Islander Patient Care Guideline (2014).

Pre-Care

Identification

"Don't be embarrassed to ask a client if they identify as being of Aboriginal and/or Torres Strait Islander descent. People are proud of their culture. It shouldn't be any different than asking their date of birth, address or phone number[20]*."*

(Natalie Green, RN ADE (UTS) Executive Officer - Aboriginal Health New England Division of General Practice).

Identification of an Aboriginal and/or Torres Strait Islander person is the starting point for the delivery of appropriate care.

- consider use of Cultural assessment tools (see appendix 3 for examples including Stay Strong Plan, Cultural Information Gathering Tool).

Trust

Gaining trust with Aboriginal and Torres Strait Islander peoples strengthens the relationship to engage with the individual, their family and community. Trust means there is a level of acceptance from an Indigenous person. This should be treated as a sign of respect and a privilege as trust is very difficult for some Aboriginal people to give. If you haven't got the time or expertise to build trust, make sure you bring someone who is "trusted" into your care team. Taking the time to develop a rapport and understanding of Aboriginal people will have significant impacts on approach, delivery and assessment of the patient's needs.

Assessment

This involvement is critical and Aboriginal, and Torres Strait Islander Health Workers are an integral component to service delivery. Continuity of care model (if possible) to allow Aboriginal and Torres Strait Islander Health Workers (maternal, child & youth) to follow families through their health pathways where possible. Initial cultural gathering/assessment – conducted by Aboriginal and Torres Strait Islander Health Worker (maternal, child & youth) via home visit or in a clinic.

Treatment

Treatment

Effective of treatment will need regular monitoring, review and modification to achieve the best outcome for the client and their family. For most Aboriginal and Torres Strait Islander peoples, treatment will need to be explained without jargon and technical terms. This also relates to medications. Simple straight forward information needs to be provided. It is important that when treating Aboriginal and Torres Strait Islander people you are not just treating the condition; you're also treating the people who have the condition[20].

Post-Care

Education and Promotion

Health literacy for Aboriginal and Torres Strait Islander peoples require key messages that provide information, education, health promotion in a cultural context, includes not only universal and targeted health services but comprehensive specialised, educational and social support services, programs, tools, and other resources. Health promotion can also be incorporated into this element as there are several existing initiatives on which to build capacity for staff to deliver the appropriate information to Aboriginal people and communities[20].

[20] NSW Department of Health, Chronic Care for Aboriginal People Model of Care (2010). https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0011/381899/CCAP-MoC.pdf

Discharge and Referral Pathways

Referrals may include several providers both internal and external to the QLD Health system. Considerations of referral to services include:

- Affordability and providers who bulk bill or have no out of pocket expenses
- Access to transport
- Availability of Aboriginal and Torres Strait Islander specific programs where appropriate
- Consultation with the client
- Timeliness of the referral to a provider[20]

The key in this referral process is not to just make the referral but to assist the client to navigate the different services including General Practice and AMS. Referrals may be made to:

- Specialists (affordable)
- Diagnostics
- Allied health services
- Aboriginal Health Workers[20]

It has also been noted in consultations across the state that a priority referral system for Aboriginal and Torres Strait Islander clients based on clinical need should be explored, especially for specialists' services and specialist outreach services. As part of the referral process it is also good practice to have linkages with several services that may be required at different times, these may include:

- Aboriginal Medical Services
- Primary and/or Community Care
- Social and emotional wellbeing programs
- Rehabilitation programs
- Advance Care Planning[20]
- Palliative Care
- Drug and Alcohol services
- Mental Health
- Aboriginal Maternal Infant Health Service

Follow up

Literature review suggests that the follow up of client's results in improved health outcomes. A systematic, local approach for follow up of Aboriginal and Torres Strait Islander peoples is essential. Both formal and informal follow up should be included in service delivery. Each point of contact with the Aboriginal and Torres Strait Islander person and their family should involve some aspect of their health and general wellbeing.

Having systems to recall clients to review and update screening, care plans and post appointments will assist in making this core business for providers of health or social services.

Communication across settings is important as many Aboriginal and Torres Strait Islander peoples will have more than one health provider. This is because often contact with health services is usually in crisis or emergency situations, rather than planned visits or check-ups. To prevent this, follow up should be planned, systematic and consistent according to need. Information sharing between providers about individual clients will need to be negotiated at a local level with consent of the client[20].

Good example: All child health referrals on the Sunshine Coast are sent to the Child Health Access Team; are Triaged by the Child Health Nurse and sent to the appropriate program within Child Health via Administration Officer. The Aboriginal and Torres Strait Islander Jabba Jabba Team receives an email of the referral which the whole Jabba Jabba Team has assess to. It is printed and added to a folder for review.

As part of the first initial assessment the Aboriginal and/or Torres Strait Islander client, the Aboriginal and Torres Strait Islander Advanced Health Worker meets with the Jabba Jabba Clinical Nurse and/or Team Leader every morning to review the Client's case and cultural history and then decides which person is required to make first contact. The initial first phone assessment either person within the Jabba Jabba Team will do introduction, discuss the service + referral, cultural history, do risk assessment and offer a home visit appointment.

With this whole Referral Process the Aboriginal and Torres Strait Islander Advanced Health Worker can be contacted at any time if there are concerns regarding a referral and its process to the service.



Good example: If appropriate/suitable, multidisciplinary team (or at least Aboriginal and Torres Strait Islander health workers and child health nurses) allocated to geographical areas – this would improve continuity of care with clients, more efficient working, less travel time, build better relationships between health professionals (understand how each other works). This is being implemented across Cairns.

Strong and culturally supported workforce – the how

Professional supervision

- Every Aboriginal and Torres Strait Islander health worker to have access to senior Aboriginal and Torres Strait Islander **health worker** supervision and support (in person, locally or virtually e.g., Videoconference/Microsoft Teams).
- Mechanism whereby Aboriginal Health Workers can discuss their jobs with more senior and experienced Aboriginal Health Workers. This may include discussing their roles, work environments, professional development opportunities and any stressors they may encounter[21]

Good example: In contrast to their regional counterparts, many Child Health Nurses (CHNs) working in rural and remote areas are physically isolated from their peers, meaning face-to-face mentoring and informal interactions with peers may not be available. The tele-mentoring trial for CHNs from rural and remote areas explored one possible way to fill this gap. Findings suggest that tele-mentoring was valued and accepted by both mentees and mentors. Both voiced that this program has assisted them in attaining greater levels of confidence, skill and knowledge that they can transfer into their clinical practice. Mentees reported that it has made a difference knowing there was someone they could go to for peer support, while mentors reported good engagement by mentees and that the mentoring was making a difference. This would provide a good model for Aboriginal and Torres Strait Islander health workers. Full report available at: https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcycn/chsn-tele-ment-report.pdf

[21] NSW Health, Aboriginal Health Worker Guidelines – *Aboriginal Workforce Strategic Framework (2016 – 2020).*

Cultural Supervision

- Cultural support aims to culturally develop and support Aboriginal and Torres Strait Islander Health workers to enhance service delivery within a mainstream health system.
- Other Aboriginal and Torres Strait Islander staff working within the employing service provider can assist with workplace cultural issues, including the expectation of their community in relation to the role and the individual scope of practice.
- Cultural support can happen by setting up an agreed formal arrangement with an external Elder / cultural supervisor and/or by making time to meet up with other Aboriginal workers from within your own agency or from other agencies on a regular ongoing basis. It is important that Aboriginal workers have the flexibility and time needed to make these connections with other Aboriginal workers and that this is recognised as a valuable support to their role[22].
- The statewide Steering Committee and 5 local Cluster Network Groups under the Aboriginal and Torres Strait Islander Health Worker – Maternal, Child & Youth Health Network provides an infrastructure for cultural support.
- Aboriginal and Torres Strait Islander health workers are the best link any service will ever have to reaching out to, and supporting, Aboriginal families and communities; and for helping services better understand and interpret community needs. However, for them to do their role effectively, additional cultural support is critical to ensure they can understand and hold these cultural issues at the center to their work[22]
- Mentoring support for Aboriginal and Torres Strait Islander health workers should:

    - provide structured support to assist the Aboriginal Health Worker to define their own learning experience, improve their own performance and develop their own capabilities
    - benefit the mentor by providing an opportunity for mentors to develop their own leadership capacity
    - contribute to improving the health service performance, by making sure that the mentoring support is consistent and compatible with:
        – induction for staff in new roles
        – leadership and management development
        – internal performance appraisal schemes
        – career development opportunities
        – succession planning
        – the health services' vision and business planning[21]

Clinical supervision

- Provided through the nursing and midwifery workforce under a delegated model of care.

Evaluation Framework

Targets

Halve the gap in mortality rates for Indigenous children under five within a decade.

Consumer Feedback

- Aboriginal and Torres Strait Islander clients – develop culturally appropriate mechanisms whereby Aboriginal and Torres Strait Islander clients can provide feedback

[22] Discussion paper- Western Sydney Aboriginal Women's Leadership Program, August 2013.

Service Indicators

- Aboriginal and Torres Strait Islander identification - "Are you of Aboriginal or Torres Strait Islander origin?" [23]
- Client feedback forms
- Number of occasions of services
- Number of cancellations
- Number of reschedules
- Number of clients seen
- Number of home visits undertaken by Aboriginal and Torres Strait Islander health workers
- Number of referrals received from intake
- Is a cultural assessment/information gathering tool used?
- Referrals from maternity wards
- Measuring Failure to Attend (FTAs) – decrease with follow up?
- Antenatal care - health promotion, early identification
- Antenatal care - targeted support for reducing risk factors in pregnancy such as smoking cessation and preventing and managing chronic conditions

Health Indicators

- Low birth weight - Low birth weight babies (<2500 grams) per 1000 live singleton births
- Tobacco smoking during pregnancy - Proportion of women who smoked at any time during pregnancy.
- Antenatal care - Proportion of women attending 5 or more antenatal visits (32 weeks or more gestation)
- Antenatal care - Proportion of women attending first antenatal visit in first trimester[24]
- 95% target for immunisation rates

Intended Outcomes

- A MoC for Aboriginal and Torres Strait Islander maternal, child & youth health workers which is consistent and sustainable across Queensland will minimise the variability in care and facilitate clinical improvement.
- A consistent MoC and stable workforce to deliver Close the Gap initiatives and program which will improve the outcomes of Aboriginal and Torres Strait Islander children, young people and families.
- With the Aboriginal and Torres Strait Islander maternal, child & youth health workers involved in referral intake assessment/review and first point of contact, they can develop the required connection and relationship with Aboriginal and Torres Strait Islander children and families.

Anticipated outcomes from implementing consistent role descriptions, supported by consistent model of care:

Aboriginal and Torres Strait Islander maternal, child & youth Health Workers

- MoC which supports service improvement and implementation of best practice.
- A competent and capable workforce that is responsive, working to full scope and effective can meet the needs of Aboriginal and Torres Strait Islander children, young people and families.
- Aboriginal and Torres Strait Islander maternal, child & youth Health Workers and their teams have a better understanding of their roles and responsibilities, and the functions they are required to perform.

[23] Queensland Health – Cultural Capability (2015) : A guide for improving the identification of Aboriginal and Torres Strait Islander people in health care, Brisbane 2015. https://www.health.qld.gov.au/__data/assets/pdf_file/0032/146795/ii_guide.pdf

[24] Queensland Health 2010: Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework, Brisbane 2010.

- Aboriginal and Torres Strait Islander maternal, child & youth Health Workers and their teams have improved awareness and confidence to practice safely within their scope and to articulate when an activity is outside their scope.
- Aboriginal and Torres Strait Islander maternal, child & youth Health Workers have increased job satisfaction as a result of their roles being more clearly defined and structured.

Hospital and Health Services

- Clearer practice boundaries increase the effectiveness of partnerships between Aboriginal and Torres Strait Islander maternal, child & youth Health Workers and other health professionals, including, improved accountability, responsibility, communication and referral processes.
- Health services have increased capacity to align Aboriginal and Torres Strait Islander maternal, child & youth Health Workers roles to meet identified service gaps and needs.
- Increased uptake of services.
- Service managers have increased capacity to monitor and review the role and performance of Aboriginal and Torres Strait Islander maternal, child & youth Health Workers.

Aboriginal and Torres Strait Islander children and families

- Improved quality and safety of patient care.
- Increased patient satisfaction and experience with the services.[25]
- Better support Aboriginal and Torres Strait Islander children and families, working towards Closing the Gap.



[25] NSW Ministry of Health (2018) ABORIGINAL HEALTH WORKER GUIDELINES FOR NSW HEALTH 2016-2020; North Sydney, NSW

Appendices

Appendix 1:

Aboriginal and Torres Strait Islander Health Worker (Maternal, Child and Youth Health) role descriptions HW4 – HW7

Aboriginal and Torres Strait Islander Advanced Health Worker Level 4

Aboriginal and Torres Strait Islander Advanced Health Worker Level 5

Aboriginal and Torres Strait Islander Advanced Health Worker Level 6

Aboriginal and Torres Strait Islander Advanced Health Worker Coordinator Level 7

Appendix 2:

Summary of Consultation Findings and Evidence

Queensland Health

Clinical **Excellence** Queensland

Appendix 2: Model of Care Consultation Findings and Evidence

Extensive statewide consultation contributed to the development of this draft Model of Care, including: discussions at the five cluster network groups, online survey and evidence from the Aboriginal and Torres Strait Islander Health Worker Career Structure Review Final Report. This attachment provides a summary of findings.

Cluster Network Groups Discussion

Summary Key Issues:

- Lack of understanding of role and scope of health workers – need more education and awareness
- Lack of cultural support and leadership
- Inconsistency of practices, workforce duties and strategies being implemented

What works well:

- Respect for each other within multidisciplinary team
- Good relationships, communication
- Good referral pathways

Cluster 1:

- Feel currently don't work to full scope of practice within child health clinical roles. Participate in home visit but under discretion of nurse
- Used to do child health checks but no longer allowed.
- Leadership don't understand scope of practice, what skilled to do … - how overcome this??
- Variation in health workers training – some health workers have child health cert 4, feel more competent/confident. Regardless there is certainly sections of child health checks HW could complete
- Nurses don't fully understand full scope of what health workers can do – **education and awareness**

Cluster 2:

- 1 HHS has no child health workers – generalist health workers – consider a recommendation for this workforce
- Working outside of scope to help nurses/midwives.
- Usually brought in once there is an issue e.g., domestic violence. Often seen as a resource, don't work together
- No awareness of health workers, underutilised
- **Nurses, management don't know what health workers do - education key.** Top down
- Health workers here that have no senior health workers to talk to - no cultural support, no leadership
- need better links with HW in maternity ward, paediatric ward, HLOs
- Don't do home visits well enough – transport also an issue
- no cultural support being offered to new mums

Attachment 1

Queensland Government

- Implementation of cultural strategies across service is variable
- Transport is a big issue

Cluster 3:

- In one HHS – child health is a big team, nurses don't necessarily understand health workers roles and scope of practice
- Issue due to capacity (2/4 position filled at the time) – access to health workers to go on joint home visits, as also have to juggle clinics.
- Need executive/leadership advocacy Teaching them about cultural awareness of taking a murrie worker out with them.
- Education and awareness of role of health worker – lack of understanding of health worker role is critical

Cluster 4:

- **Education and awareness** of roles e.g., educate difference between health workers and Indigenous Hospital Liaison Officers
- Some other areas have more defined models e.g., Indigenous hearing health worker has a model of care endorsed by service directors with speech pathologist/MD team
- Health workers noted works with child health team, often does child health checks (child health nurse staff limited), goes out and do development checks with the families on her own – then refer on to tertiary level services. Nurses do explaining to families, HW does the checks.
- Health workers reported – doesn't get to do so much

Cluster 5:

- Health workers not working to full scope – most aren't doing clinical part. Inconsistent across health workers within HHS.
- E.g., one health worker is doing hearing screening as she's trained in it, however working above level/role description.
- Indigenous Hospital Liaison Officers within hospital often extend scope of work as low numbers of health workers sit within hospital.
- Need mapping of Indigenous Hospital Liaison Officers and health workers across the state – inconsistent resourcing between areas.
- Education around Indigenous Hospital Liaison Officers vs health workers; nursing doesn't understand (or care) about role of health workers – only contact HW when have issues.
- **Principle**: health workers should be first point of contact for Indigenous clients – soft entry.
- In one HHS all health workers positions come under one unit and hold budget for all positions. This works well. Positions may sit within child health team but report professionally through main unit.

Enablers

- **Ingham** great example of working well - Work well with child health and maternity services. Multidisciplinary team members feel comfortable coming to health workers for cultural aspects (and do), routine home visits – acknowledge health workers have such great relationships with the clients, good communication and understanding of each other. Paediatric clinic working well – face to face and VC. Have an ongoing yarning circle (e.g., in the park) includes mums, bubs, fathers – informal opportunity to voice concerns, health workers can advocate and follow up.
- Home visits - Child health and midwifery – home visits, appreciated and negates transport issues. Puts name to faces and build up relationships. Improves cultural aspect also.
- **Central Qld** - Referral pathways work well with child health team. Good relationship between teams.
- **Sunshine Coast** good e.g. – health workers part of family and youth team. Good network,

morning meetings every day, advocate for patients, with nurses. Has dedicated nurse as part of Jabber Jabber program. As whole team work very closely together and engage well. Good rapport. Great communication between nurses and health workers.

Ideal/Vision

- Work in multidisciplinary team – support each other
- Would like to see happen is a cultural model of care for Aboriginal and Torres Strait Islander young person and their families.
- Work together in supportive way – nurse has room with child health worker, job sharing the role (combine health check and immunisation). Need clear roles and responsibilities. **Consider physical environment**.
- **Delegation model**. Work with nurses as a team – responsibility sits with the nurse as unregulated workforce. This will change when move to health practitioner.

Working in clinics setting – triage/screening everybody Aboriginal and Torres Strait Islander and non-Indigenous clients. In community setting – focus is Aboriginal and Torres Strait Islander clients. Take into context of local locations.

Summary of Aboriginal and Torres Strait Islander Health Workers - Maternal, Child & Youth: Model of Care Consultation Online Survey

Profile of Responders

- 26 total completed responses
- Includes 11/16 HHS
- 58% (n=15) Advanced Health Worker role, 20% (n=5) Senior Health Worker role
- 92% (n=24) OO stream (n=1 AO and n=1 nursing and midwifery)

Multidisciplinary Teams

In addition to the Aboriginal and Torres Strait Islander health worker, the following professional disciplines are represented in the maternal/child/youth health team:

Profession	Responses
Child health – clinical nurse consultant	73% (n=19)
Social worker	73% (n=19)
Child health – registered nurse	69% (n=18)
Speech Pathologist	69% (n=18)
Early Intervention Parenting Specialist	66% (n=17)
Child health – nurse unit manager	58% (n=15)
Psychologist	58% (n=15)
Occupational Therapist	54% (n=14)
Medical Officer	46% (n=12)
Physiotherapist	46% (n=12)

Other: Lactation nurse, continence nurse, midwives, mental health, hearing health, nurse navigator, senior health worker workforce development.

Setting

Location	Responses
Combination	35% (n=9)
Community/home visits	23% (n=6)
Primary Health Care	12% (n=3)
Hospital	12% (n=3)
Clinics	4% (n=1)

Other: Schools, youth services and corrections, mental health, HR services and support.

Current Model of Care

- Unsure/hit and miss (n=5)
- Currently delivering universal child health programs under nurse delegation model - working alongside Clinical Nurses under their model of care.
- Referrals come in and at case conferencing Aboriginal and Torres Strait Islander clients are then delegated to Health Workers who make contact, organise a visit, go out and cee them, make a plan, document plans, develop referrals and then have ongoing home visits to support clients
- provide a service and support to vulnerable Aboriginal and Torres Strait Islander population (Identified as having signs of a health problem that will impact on the child/parenting of the child) including home visiting, accessing services and appropriate referral pathways
- Implement & deliver health programs in Secondary Schools and work collaboratively with other Health Services target groups 12 -17yrs
- One Midwife and Health Worker to see clients in antenatal clinic, ward and postnatally. On occasion provide birth support. Limited recourses.
- Primary Clinical care, Disease Screening & Prevention, Health Education, Health Promotion, Community Development
- Supporting Aboriginal and Torres Strait Islanders women in Maternity ward, birth suite, Special Care Nursery and A/N clinic. Educating about Diabetes, SIDS, Breastfeeding and birth control. Baby bath Demo, Home visits and Hearing Screens. Team work with Doctors, Midwives and other AMS's. Referrals and follow up appointments.
- Outreach immunisation for Aboriginal & Torres Strait Islander in the community. Regular home visits to existing and new clients that appear on the overdue system from AIR.
- Health Worker and support person for Aboriginals and Torres Strait Islanders patients in Maternity ward, Birth suite, A/N clinic and Special Care Nursery. Education about 36 weeks pregnancy and EPDS in clinic, Education on ward about SIDS, help with breastfeeding & educate, Contraception and Looking after yourself after Caesarean.
- Currently Hearing Health do not have a Model of Care but actually follow a Process embedded in our Practice Manual.
- Senior health Worker advocate for Aboriginal and Torres Strait Islander Women, Children and their families. Promote cultural awareness amongst staff. Work closely with Mums and babies in special care nurseries.
- Model of Care supports indigenous management but represents a flat line structure. This model involves both community and Health Staff responsibilities across the 5 sections: Primary Clinical Care, Disease and Screening, Health Education, Health Promotion and Community Development.
- Aboriginal and Torres Strait Islander Health Workers - Maternal, Child & Youth program works within a delegate model of care and provide culturally safe clinical and non-clinical intervention program for Aboriginal and Torres Strait Islander mothers, child and youth within the community. The Programs work within a health care standards guideline and respect the core delivery of providing quality and continuity of care. The Aboriginal and/or Torres Strait Islander Health Worker workforce works within key frameworks and strategic plans such as Cultural Capability Framework, Aboriginal and Torres Strait Islander Workforce Strategic Framework and Making Tracks Close the Gap Health Outcomes within the HHS service agreement. As part of the workforce development the Aboriginal and/or Torres Strait Islander Health Worker workforce will

have a new proposed title of this new agreement is the 'Queensland Health Aboriginal and Torres Strait Islander Health Workforces Certified Agreement (No. 1)'. The changes will make a big difference in the delivery of more effectively work to a full scope of practice for Aboriginal and/or Torres Strait Islander Health Worker workforce which enable to deliver effective services for Aboriginal and/or Torres Strait Islander programs in Maternal, Child and Youth health.

What Works Well

What works well	Responders
I/Health Workers are involved from first point of contact for Aboriginal and Torres Strait Islander clients	50% (n=13)
I work to my full scope of practice	46% (n=12)
We work well as a multidisciplinary team	42% (n=11)
I/the team have good links to maternity and other services	42% (n=11)
There are good referral pathways to external partners e.g. schools, NGOs	38% (n=10)
I feel my team and manager/s have good understanding of my role	35% (n=9)
I/the team have good links to early childhood education	35% (n=9)
I have good cultural supervision	31% (n=8)
I am well supported	31% (n=8)
There is continuity of care – I see the same clients	31% (n=8)
There are good referral pathways between internal teams	27% (n=7)
I have good professional senior Aboriginal and Torres Strait Islander health worker supervision and support	23% (n=6)
There is well-resourced Health Worker workforce	15% (n=4)
None of the above	15% (n=4)

Other comments:

- The the women clients trust me
- Referrals to Health Workers, AMSs and community organisations

What could be improved

What could be improved	Responders
Better access to professional senior Aboriginal and Torres Strait Islander health worker supervision and support (in person or via VC)	69% (n=18)
Additional Health Worker resourcing	69% (n=18)
Better supported	65% (n=17)
Improve referral pathways between internal teams	62% (n=16)
Better understanding by my team and manager/s of my role – education and awareness	62% (n=16)
To work to my full scope of practice	58% (n=15)
For I/Health Workers to be involved at first point of contact for Aboriginal and Torres Strait Islander clients	58% (n=15)
Better continuity of care	58% (n=15)
Better links to maternity and other services	58% (n=15)
Work better as a multidisciplinary team	54% (n=14)
Better cultural supervision	54% (n=14)
Clients are unaware Health Workers are available – Health Workers are under utilised	50% (n=13)
Better links to early childhood education	46% (n=12)
Offer more home visits	42% (n=11)
Improve referral pathways to external partners e.g. schools, NGOs	42% (n=11)
A dedicated child health Worker	38% (n=10)
None of the above	4% (n=1)

Other comments:

Appendix 3:

Examples of Cultural Assessment tools:

1. Stay Strong Plan

HRN

Stay Strong Plan

DATE:...../...../.....

Goals I have today for changing worries – step by step:	
Goals are things that we want to do differently. The steps to the goal help us to check how we are going. They should be do-able and measurable. Follow up with review and feedback. **Goal:** _____ Step 1. Step 2. Step 3. What would be good about making this change:	Think about: What will help? And who? And what has helped before? Change is your own choice. Everyone can make changes. Small steps can lead to big changes. **Goal:** _____ Step 1. Step 2. Step 3. What would be good about making this change:

Treatment goals for other Problems:

Other Problem (Diagnosis)	**Goal and steps**	**Who will help**

Other treatments that I am trying :	**Who will help:**
1. Compliance strategies (Webster pack, dosette, depot) **2. Life style changes (substance use, diet, exercise, smoking, time-out, go bush, job training)** **3. Cultural or spiritual activity or treatment (going to country, healer, church)** **4. Other services (counselling, other treatments, treatment for physical illness, investigations)**	

5. Medication plan (Dose, Frequency and route): see prescription for details

I sometimes get worries that I call _____

The diagnosis today is _____

Signed (Client)_____ Signed (Practitioner)_____

Remote Mental Health Care Plan – AIMHI NT Revision August 08
Aim to complete a care plan at least every three months

HRN

Stay Strong Plan

DATE:……/……/…….

Goals I have today for changing worries – step by step:	
Goals are things that we want to do differently. The steps to the goal help us to check how we are going. They should be do-able and measurable. Follow up with review and feedback. **Goal:** _____ Step 1. Step 2. Step 3. What would be good about making this change:	Think about: What will help? And who? And what has helped before? Change is your own choice. Everyone can make changes. Small steps can lead to big changes. **Goal:** _____ Step 1. Step 2. Step 3. What would be good about making this change:

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Other treatments that I am trying :	Who will help:
1. Compliance strategies (Webster pack, dosette, depot) **2. Life style changes (substance use, diet, exercise, smoking, time-out, go bush, job training)** **3. Cultural or spiritual activity or treatment (going to country, healer, church)** **4. Other services (counselling, other treatments, treatment for physical illness, investigations)**	

5. Medication plan (Dose, Frequency and route): see prescription for details

I sometimes get worries that I call _____

The diagnosis today is _____

Signed (Client)_____ Signed (Practitioner)_____

Remote Mental Health Care Plan – AIMHI NT Revision August 08
Aim to complete a care plan at least every three months

2. Aboriginal and Torres Strait Islander Cultural Information Gathering Tool

https://qheps.health.qld.gov.au/__data/assets/pdf_file/0024/597120/atsi-cultural-info.pdf