

***Queensland Child and Youth Clinical  
Network***

**Aboriginal and Torres Strait Islander  
Child and Youth Health Worker Forum  
Report**

**March 2016**

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## Executive summary

This report provides a summary and evaluation of the Aboriginal and Torres Strait Islander Child and Youth Health Worker Forum (The Forum), held at the Lady Cilento Children's Hospital (Brisbane) in March 2016. The Forum aimed to contribute to building the capacity of Aboriginal and Torres Strait Islander Child and Youth Health Workers through supporting members to gain new knowledge and skills, establish networking, generate ideas, and identify problems and solutions within the current context of Indigenous Health Worker's Child and Youth Health Workers roles and responsibilities.

Evaluation methods include forum surveys completed by participants and data collected through the Challenges and Solutions session conducted on day two of the forum.

Results indicate challenges still exist that negatively impact upon the roles and responsibilities associated with Aboriginal and Torres Strait Islander Child and Youth Health Workers in their pursuit of achieving better health outcomes for the Indigenous community. This has a direct impact upon Closing the Gap.

The report finds the working environment and the ongoing challenges facing the Aboriginal and Torres Strait Islander Child and Youth Health Workers are not improving. A major commitment from the Department is required to remediate these issues.

Recommendations outlined include:

- Commitment to establish an Aboriginal and Torres Strait Islander Principal Policy Officer position to lead and coordinate a collaborative State wide strategic agenda to close the gap for our indigenous children and families of Queensland.
- Developing an ongoing Aboriginal and Torres Strait Islander Child and Youth Steering Committee.
- Developing (4) Aboriginal and Torres Strait Islander Child and Youth Health Worker Cluster Groups to represent the needs Aboriginal and Torres Strait Islander Child and Youth Health Workers in the pursuit of Closing the Gap.
- Queensland Child and Youth Clinical Network (QCYNC) hosting an annual Aboriginal and Torres Strait Islander Child and Youth Health Worker Forum.

# Recommendations

## Background:

1. Evidence suggests that Aboriginal and Torres Strait Islander people prefer to access health services that includes Aboriginal and Torres Strait Islander staff.
2. Queensland Health shares the national and state vision for improving Aboriginal and Torres Strait Islander health outcomes and is committed to closing the life expectancy gap and health inequality between Indigenous and non-Indigenous Australians within a generation.
3. Since 2012, Aboriginal and Torres Strait Islander Child and Youth Health Workers have conveyed a spectrum of issues that impact upon their roles and responsibilities - These issues are equally experienced and shared state-wide and within CHQ.
4. The draft *2016 Queensland Health Indigenous Workforce Strategy* acknowledges that important mechanisms to improvement include:
  - Attracting Aboriginal and Torres Strait Islander people to work in all areas and occupations in the health workforce.
  - Developing, empowering and retaining the current Aboriginal and Torres Strait Islander staff.
  - Providing better and ongoing meaningful support for Aboriginal and Torres Strait Islander staff. This includes improving communication and connectedness between health workers within and between HHS's.
5. In 2012, the QCYCN conducted two workshops, bringing together a total of 82 clinician, organisations and community representatives to map current services, initiatives and sources of funding for Aboriginal and Torres Strait Islander young people aged 7-19 years, and to identify gaps in current service delivery. A significant number of these clinicians were of Aboriginal and Torres Strait Islander decent. Feedback indicated Aboriginal and Torres Strait Islander Child and Youth Health Workers felt that there are a large number of initiatives taking place across the state with little coordination and communication across organisations and geographic areas. This has contributed to health workers becoming isolated, with few opportunities for sharing, duplication of services, experiences and communicating with one another. Specifically they reported limited support and governance, their roles being undervalued, lack of ability to influence service development, and limited networking and training opportunities.
6. This project aligns with both **CHQ** Draft Strategic Plan 2016-2020, which aims '*to understand the barriers for Aboriginal and Torres Strait Islander families accessing CHQ services and develop practical solutions;*' and the **Department of Health** Strategic Plan 2014-2018 which commits '*to support health service providers to close the health gap for Aboriginal and Torres Strait Islander Queenslanders.*'

7. The QCYCN and CHQ partnership can leverage support for Aboriginal and Torres Strait Islander children in HHSs across the state and in the CHQ service footprint to improve accessibility and efficacy of services for indigenous children and their families.
8. The QCYCN has plans to strategically address the needs of Indigenous Child and Youth Health Workers via the development of a dedicated Aboriginal and Torres Strait Islander Principal Policy Officer position.

Recommendation:

1. Develop an Aboriginal and Torres Strait Islander Principal Policy Officer position to lead, advise and coordinate a collaborative state wide strategic agenda to contribute to closing the gap for Queensland Aboriginal and Torres Strait Islander children, families and their communities.
2. Establish an ongoing Aboriginal and Torres Strait Islander Child and Youth Steering Committee.
3. Establish (4) Aboriginal and Torres Strait Islander Child and Youth Health Worker Cluster Groups to represent the needs of Aboriginal and Torres Strait Islander Child and Youth Health Workers in the pursuit of Closing the Gap.
4. Establishing an annual forum for Aboriginal and Torres Strait Islander Child and Youth Health Workers.

A joint CHQ and QCYCN Aboriginal and Torres Strait Islander Principal Policy Officer will lead and coordinate a collaborative strategic agenda to close the gap for our indigenous children and families of Queensland.

The project plan would involve establishing an Aboriginal and Torres Strait Islander Child and Youth Health Steering Committee to oversee the development of (4) Aboriginal and Torres Strait Islander Child and Youth Health Worker Cluster Networking Groups which would consist of Aboriginal and Torres Strait Islander Child and Youth Health Workers and report directly to the Aboriginal and Torres Strait Islander Child and Youth Steering Committee.

**The purpose of the Aboriginal and Torres Strait Islander Child and Youth Steering Committee is to:**

- Provide expertise, direction and advice to the QCYCN in relation to Aboriginal and Torres Strait Islander Child and Youth Health Workers workforce challenges.
- Oversee and coordinate the (4) Aboriginal and Torres Strait Islander Child and Youth Health Worker Cluster Networking Groups.
- Oversee the strategic and operational activities of the Aboriginal and Torres Strait Islander Child and Youth Health Worker Cluster Networking Groups.
- Actively foster a collaboration of Aboriginal and Torres Strait Islander Child and Youth Health Workers.
- Contribute to providing an open and supportive environment for Aboriginal and Torres Strait Islander Child and Youth Health Workers to ensure better health

outcomes for the Indigenous children, families and their community and have a direct effect associated with closing the gap of inequality.

- Develop strategies to specifically target the ongoing challenges and issues that impact upon the Aboriginal and Torres Strait Islander Child and Youth Health Workers State-wide.

**The purpose of the Aboriginal and Torres Strait Islander Child and Youth Health Worker Cluster Groups is to:**

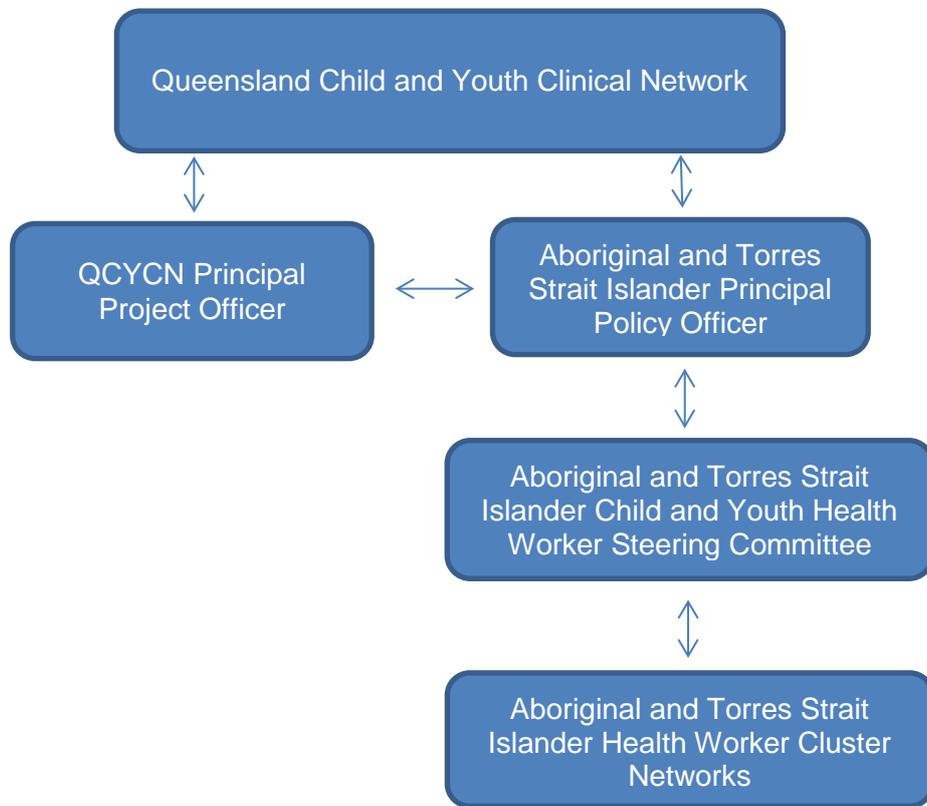
- Support the Aboriginal and Torres Strait Islander Child and Youth Steering Committee in providing expertise, direction and advice and implement strategies that combat Aboriginal and Torres Strait Islander Child and Youth Health Workers workforce challenges.
- Contribute in fostering the collaboration of Aboriginal and Torres Strait Islander Child and Youth Health Workers.
- Contribute to provide an open and supportive environment for Aboriginal and Torres Strait Islander Child and Youth Health Workers that leads to better health outcomes for the Indigenous community and has a direct effect associated with closing the gap.
- Under the direction of the Aboriginal and Torres Strait Islander Child and Youth Steering Committee, implement a State-wide collaborative of Indigenous Child and Youth Health Workers and a record of barriers and enablers to success that facilitate peer support and professional development, as well as strengthening the evidence base regarding the activities of health workers across the State.

(4) Cluster Groups:

- Cluster Networking Group 1 - Torres and Cape.
- Cluster Networking Group 2 - Cairns and Hinterland, North West, Townsville and Central West.
- Cluster Networking Group 3 - Mackay, Central Qld, South West and Darling Downs.
- Cluster Networking Group 4 - Sunshine Coast, Metro North, Gold Coast, Children's Health Qld, Metro South and West Moreton.

Figure 1 outlines the governance structure associated with the Aboriginal and Torres Strait Islander Principal Policy Officer position.

**Figure 1: Governance structure**



Benefits:

- A Statewide strategic, consistent approach
- A coordinated state wide network of Aboriginal and Torres Strait Islander Child and Youth Health Workers.
- Culturally capable mechanisms that enables better support and a voice for Aboriginal and Torres Strait Islander Health Workers.
- A committee that provides expertise, direction and advice and implement strategies that address Aboriginal and Torres Strait Islander Child and Youth Health Workers workforce challenges.
- Improved health outcomes for Aboriginal and Torres Strait Islander children, families and their communities.
- Strengthening Aboriginal and Torres Strait Islander leadership within Hospital and Health Services and increasing the cultural capability of Queensland Health.
- Avenues for increased education and training opportunities.
- Better promotion of the valuable work undertaken by Health Workers.
- Contributes to the Indigenous Workforce by improving recruitment and retention of Aboriginal and Torres Strait Islander staff.
- An annual forum would contribute to building the capacity of Aboriginal and Torres Strait Islander Child and Youth Health Workers through:
  - Supporting members to gain new knowledge and skills.
  - Maintaining networks, generate ideas, and
  - Identifying problems and solutions within the current context of Indigenous Health Worker's Child and Youth Health Workers roles and responsibilities.
- An avenue to develop mechanisms which enable strategic coordination of working relationships between: Health Workers, Hospital Liaison Officers and Cultural Capability Officers.
- Opportunity to contribute to strengthening the Cultural Capability Program:

“Cultural competency is a key strategy for reducing inequalities in healthcare access and improving the quality and effectiveness of care for Indigenous people. Developing and embedding cultural competence in health services requires a sustained focus on knowledge, awareness, behaviour, skills and attitudes at all levels of service, including at the operational or administrative service level, health practitioner level, practitioner-patient level and student-training level. Cultural competency is a key strategy for reducing inequalities in healthcare access and the quality and effectiveness of care received. This strategy works to enhance the capacity and ability of health service systems, organisations and practitioners to provide more responsive health care to diverse cultural groups, as discussed in the National Aboriginal and Torres Strait Islander Health Plan 2013–2023”.

*(Commonwealth of Australia 2013)*

## Forum Details

### About the Forum:

Title: Aboriginal and Torres Strait Islander Child and Youth Health Worker Forum

Date: 10-11 March, 2016

Venue: Lady Cilento Children's Hospital (LCCH), level 7 auditorium

The 2016 Queensland Child & Youth Clinical Network (QCYCN) Aboriginal and Torres Strait Islander Child and Youth Health Worker Forum was facilitated by Norma Solomon, Aboriginal and Torres Strait Islander Cluster Coordinator (Cairns HHS). The forum was held at the LCCH auditorium as:

- Opportunity for staff who do not work at LCCH to visit the new hospital
- No hire fee due to the collaborative relationship between Children's Health Queensland (CHQ) and the QCYCN
- Excellent support from the CHQ education centre staff
- Close proximity for the Senior Project Officer to coordinate logistics

The forum was held over two days with 82 registrations and approximately 70 staff members in attendance.

### Forum goals:

- Contribute to building the capacity of Aboriginal and Torres Strait Islander Child and Youth Health Workers through supporting members to gain new knowledge and skills, establish networking, generate ideas, and identify problems and solutions within the current context of Indigenous Health Worker's Child and Youth Health Workers roles and responsibilities.

### Forum objectives:

- Provide an opportunity for stakeholders to share and transfer knowledge and experiences and identify strategies to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander individuals, families and communities
- To provide Aboriginal and Torres Strait Islander Child and Youth Health Workers the opportunity to gain new knowledge and skills from expert clinicians to enhance their practice with children, youth and families.
- Develop recommendations for future strategies to foster better partnerships and enhance professional development opportunities for Aboriginal and Torres Strait Islander Child and Youth Health Workers
- Build upon the discussions and networks (relationships) achieved by the 2012, Queensland Child and Youth Clinical Network (CYCN) workshops and the 2014/2015 Aboriginal and Torres Strait Islander Child and Youth Health Network Project.
- Reflect best practice models from various Hospital and Health Services, showcasing the valuable work undertaken that aligns to Closing the Gap.

The Forum was designed for Aboriginal and Torres Strait Islander Child and Youth Health Workers to participate in a culturally safe and respectful environment and focused on broad topics that contribute to improving health outcomes of Aboriginal and Torres Strait Islander people. The forum agenda can be found in appendix A.

## Summary of the sessions

### Day 1

#### Session 1

##### **Indigenous Workforce Strategy**

**Presenter – Warren Locke, Manager, Workforce Strategy Branch**

##### **Aboriginal and Torres Strait Islander Health Workforce Strategic Framework**

Warren provided an overview of the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework, including the consultation that has been undertaken and the communication channels designed for staff to provide feedback on the strategy. The presentation also focused on the Key Priority Areas, which included:

##### **Growth**

- Key Priority 1: Increase the representation of Aboriginal and Torres Strait Islander employees across the Queensland public health sector.

##### **Collaboration**

- Key Priority 2: Increase the representation of Aboriginal and Torres Strait Islander people working in all health professions.

##### **Partnerships**

- Key Priority 3: Develop partnerships between the health, education and training sectors to deliver real change for Aboriginal and Torres Strait Islander people wanting to enter the health workforce and improve career pathways for existing Aboriginal and Torres Strait Islander staff.

##### **Leadership and Planning**

- Key Priority 4: Provide leadership and planning in Aboriginal and Torres Strait Islander workforce development.

##### **Education**

- Key Priority 5: Tap into the increasing pool of Aboriginal and Torres Strait Islander University graduates undertaking health courses.

##### **Culturally Safe and Competent Health Services**

- Key Priority 6: Build a Queensland Health workforce which closes the gap in health outcomes between Aboriginal and Torres Strait Islander and non-

Aboriginal and Torres Strait Islander people by providing culturally safe and competent health services

## **Panel discussion – Indigenous workforce**

**Facilitator – Norma Solomon, Cluster Coordinator, Cairns**

### **Panel members**

**Marcella Ketchell - A/Director Primary Health Care, Torres and Cape**

**Gordon Browning – Indigenous Health Worker Coordinator, Sunshine Coast**

**Warren Locke - Manager, Workforce Strategy Branch**

**Liz Hitchcock - Indigenous Health Worker Coordinator, Cairns and Hinterland**

Panel members were provided an opportunity to engage in discussion around workforce issues, which included:

### **Question 1**

How to improve support for Health Workers including -Cultural support in the workplace?

### **Discussion:**

- Mechanisms that promote and increase the Aboriginal and Torres Strait Islander health workforce and increase the capacity of the broader health workforce to address the needs of Indigenous people.
- Improving Cultural Capability Training for QLD Health.
- Mainstream Health needs to have a better understanding of the issues that impact upon the Indigenous workforce and the community.

### **Question2**

What is the transition process from Health Worker to Health Practitioner?

### **Discussion:**

- There needs to be better communication on the process as the current situation seems to be messy and ambiguous.
- An Aboriginal and Torres Strait Islander Health Practitioner must possess a Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) and be registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia. Health Practitioners may undertake higher levels of clinical assessment and care within their agreed scope of practice.
- The Aboriginal and Torres Strait Islander Health Worker Career Structure needs to be overhauled and outline opportunities for better education and training.
- Some Health Workers conveyed that they already have the qualification and are doing the work of a Practitioner and this terminology is not in their title so they are just words.

### **Question 3**

How to improve access to better education and training opportunities for Health Workers?

### Discussion:

- Again, the Aboriginal and Torres Strait Islander Health Worker Career Structure was mentioned as it needs to be overhauled and outline opportunities for better education and training.
- Providing a business case to their HHS to undertake professional development training.
- Discussions also included provisions for: Indigenous leadership, mentoring, education and training and work experience as being crucial in providing an appropriate Aboriginal and Torres Strait Islander health workforce and developing a broader health workforce able to deliver culturally appropriate care.

## Session 2

### **CATCH, Connected Care and Nurse Navigator Program**

**Presenters – Lisa Abbott, Social worker, LCCH and Dionne Essenstam, CATCH, Nurse Manager, LCCH**

#### CATCH:

The CATCH program is: Children's Advice and Transport Coordination Hub. It is a State-wide Service and part of a larger system including Retrieval Services Qld (RSQ), Telehealth Emergency Management Support Service (TEMSU) & SToRK (Simulation Training of Resuscitation for Kids).

- Focus on low acuity non time critical.
- Provides specialist clinical advice tele-health & teleconference.
- Facilitates integrated paediatric transport coordination, documentation and handover
- Reverse flow from the LCCH ED to inpatient beds within the Greater Brisbane Metropolitan Area.
- The service hours are 0700-2300 hours 7 days a week, PH: 07 3068 4510
- Commenced Feb 16th 2015

The aims of the program include:

- Paediatric specialist advice line.
- Maximise the right specialist at the right time using right technology (tele-health). Optimise the early diagnosis, support and management of children, preventing the unnecessary transport where able.
- Co-ordinate inter-hospital transfers and back transfers – stream lined one stop shop.
- CATCH does not aim to replicate or substitute
  - Retrieval co-ordination - RSQ or NEORSQ
  - Patient Travel Subsidy Scheme (PTSS)

#### Connected Care and Nurse Navigators Program:

Connected Care is - Care Coordination for Children with Complex Healthcare Needs and focuses on;

## Children with Medical Complexity (CMC)

- Chronic, severe health conditions
- Substantial health service needs
- Major functional limitations
- High health resource utilization
  - CMC likely represent less than 1% of all children
  - Account for more than 1/3 of paediatric health care costs
  - Inpatient care is responsible for as much as 80% of health care cost for CMC
  - Use of the hospital is increasing for CMC over time
- 0.4%- 0.7% all children based on literature (estimate a total of 3500-6000 children in Queensland)

## Nurse Navigator

This presentation focused on promoting the program and highlighting their roles. Nurse navigators play a key role in supporting and coordinating a patient's entire health care journey, rather than focusing on just a specific disease or condition. This role is underpinned by the principles of delivering coordinated and patient-centred care, creating partnerships across different health providers and sectors, improving patient outcomes and enabling improvements across the system.

## Outcomes focus:

- Reduced length of stay
- Reduced readmission rates
- Increased patient and client satisfaction
- Reduced hospital admissions
- Reduced unscheduled representations
- Reduced outpatient/surgical/procedural waiting times
- Accessible care plans

## Sunshine Coast Indigenous Healing Program

**Presenter – Jennifer McClay, Clinical Nurse Consultant, Sunshine Coast**

The Sunshine Coast Healing Program -“We believe that a culturally appropriate and safe service provision is the best means of helping our people holistically”.

Sunshine Coast and Coolooloa Health Service District

### How Indigenous people see mental health.



Aboriginal and Torre.  
March 2016

### Cultural Program History:

- 2000 - First attempt: Initial position sat in isolation with Indigenous Health Program which proved unsuccessful
- 2002 - Indigenous Mental Health Worker (IMHW) commenced
- Based with Mental Health: Continuing Care Team, Centenary Square, Nambour
- Recognition of the late Geoff Kenny who was the first IMHW
- 2003 - Service renamed Cultural Healing Program
- Acknowledge the valuable contribution of Travis Shorey Indigenous Mental Health Worker from 2003 until 2008
- Current staff – 2 Aboriginal & Torres Strait Health Workers, 1 Clinical Nurse Consultant & 1 Clinical Nurse

### Model of Care:

- Team Approach - Multi-Disciplinary
- Clinically & Culturally Competent Service Delivery
- Early Intervention/Preventative Model
- Capacity Building with the local & extended community
- The role of the Aboriginal & Torres Strait Islander Health Workers

### Services Offered:

- Cultural Safety
- Single point of entry into the Mental Health Service
- Holistic approach encompassing Mental Health, Social & Emotional Wellbeing
- Offers Triage, Assessment & Case-Management
- Cultural Consultation and linking people to culturally specific programs

## **Suicides and Depression**

### **Presenter – Tim Spall, Indigenous Outreach Worker, Inala**

This presentation focused on three main points, which included:

1. What do the latest findings reveal?
2. What does the past have to do with it?
3. Is there light on the horizon?

#### *What does the latest finding reveal?*

- Median age of Indigenous people at death, 25 years less than for the Australian population as a whole. In some regions the median age at death is as low as 47 years.
- Queensland coroner Terry Ryan, who cited the ABS in his recent inquest into two young suicide victims, said Indigenous children accounted for almost half of the suicides of children aged between 10 and 17 in Queensland between 2004 and 2012.
- Difference between indigenous and non-indigenous (Cliff)
- Across Australia, young Indigenous Australians up to 24 years old are 5.2 times more likely to die due to intentional self-harm than other young people in the same age range.

### What does the past have to do with it?

- A majority of issues facing children and families in our communities can be traced to the traumas of the past.
- Stolen generation, loss of identity, loss of culture, loss of traditions Loss of spirituality, traditional roles, values, ongoing overt and covert racism, poverty, etc...
- Poorer educational outcomes due to instabilities in domestic situations
- Manifest in substance abuse (Dual Diagnosis).
- Many studies show a direct relationship between adverse childhood experiences and a range of adult diseases. E.g., heart disease, cancer, chronic lung disease, liver disease.
- Mistrust of main stream services. Chief Protector V Child Protection.

### Is there light on the horizon?

- Currently 35% of Inala patients identify as Indigenous (Approximately 55).
- Programs are being developed to address the educational needs such as flexi school (PCYC) (Men's group mentoring program)
- Increased admission (40%>) to ADAWS (Adolescent Drug & Alcohol Withdrawal Service) Inala Indigenous young people.
- Increase in Brisbane Youth Detention Centre engagement post incarceration and increase in working relationship with Juvenile Justice Groups. (80%? inmates meet criteria for Mental Health diagnosis)
- Increase in collaborative working relationships with other organization's to engage and retain connectedness with transient traumatized young people.
- Increase in education and cultural training to mainstream students and health professionals.

## **Drugs and addiction and the impacts of ICE**

### **Presenter - Cameron Francis, Social worker, Dovetail**

Dovetail provides clinical advice and professional support to workers, services and communities across Queensland who engage with young people affected by alcohol and drug use.

### Early Epidemics: From Licit to Illicit:

- Most of these early epidemics were driven by licit meth / amphetamines - diverted from legitimate sources
- Diversion increased throughout the 1960s, until restrictions came into effect
- By the late 1960s / early 1970s, illicit manufacture of meth / amphetamines commenced across the world
- This shift to illicit manufacture brought with it a shift in the population using meth / amphetamines
- Less middle aged women using

- Less oral use
- More younger males
- More injecting drug use

#### Methamphetamine in Australia:

- In Australia, most of the illicit production was amphetamine
- Early 1990s: restrictions placed on chemicals used to produce amphetamine
- Mid - late 1990s saw the development of the “box lab” which produced methamphetamine instead of amphetamine
- “Box labs” were sold throughout Queensland and Australia and methamphetamine takes over from amphetamine

#### Forms of Methamphetamine:

- The shift from amphetamine to methamphetamine
- increased the harm
- Purity increased consistently across the mid - late 1990s
- Methamphetamine
  - Has greater effects on the CNS
  - Longer acting
  - Some forms suited to more harmful routes of administration such as IV / smoked
  - More likely to lead to psychosis

#### What is it?

- Ice is high purity methamphetamine, manufactured using a different process to the “box lab” method
- It is NOT a different drug – it is exactly the same as base, meth, speed, goey etc
- Can be swallowed, snorted, smoked, injected or shafted
- Stimulates the release of dopamine into the synapse, and reduces the brain's ability to break down the dopamine

#### Effects:

- Dilated pupils
- Increased alertness, energy, motor and speech activity
- Increased self-confidence and concentration
- Euphoria
- Reduced appetite
- Jaw clenching / grinding
- Tremor
- Anxiety / Panic
- Increased body temperature, heart rate, perspiration

#### Potential Harms:

- Weight loss / malnutrition
- Depression
- Chronic sleep problems
- Vein problems / blood borne infections (from IV use)

- Dependence
- Poor cognitive function
- Seizures
- Menstrual problems (pain, irregular / absent periods)
- Psychosis
- Overdose: symptoms include high body temperature, high blood pressure, high heart rate
- Rare conditions: brain aneurism, heart attack

## Session 3

### **Gumma Gundo Outreach Team Indigenous maternal and infant care**

#### **Presenter - Lorgay Iles, Indigenous Health Worker, Rockhampton**

The Gumma Gundo program commenced in 2011 and offers comprehensive, culturally appropriate, antenatal, postnatal and infant care service to families improving the client's access to service. Focusing on certain target areas that align with the KPI's of Making Tracks Closing the Gap in health outcomes for Indigenous Queenslanders Implementation Plan. Deliver culturally appropriate clinical care and antenatal education to help lower the incidences of low birth weight and pre-term births, and high birth weights, smoking in pregnancy, encourage breastfeeding & try to increase the amount of contacts of antenatal care in the first trimester and throughout gestation. Follow on postnatal till Bub's 8 weeks old monitoring development and referring when necessary for both the mother and the baby.

Gumma means woman and Gundoo means children.

### **Improving the management and care of Aboriginal and Torres Strait Islander patients**

#### **Presenter – Trudi Sebasio, Regional Indigenous Operations Manager, Mackay**

This presentation was an overview of the current strategies and processes that contribute to addressing Discharge Against Medical Advice (DAMA) and Potentially Preventable Hospitalisations (PPH) within the Mackay Hospital and Health Service Aboriginal and Torres Strait Islander Health Unit. This service model is an ongoing development and is:

- Central to the patient/client and their family
- Building and strengthening relationships
- Embedded into Hospital and community based systems
- Is not stagnant and continually evolves to meet the needs of the patient, their families and community

#### **Nutrition**

#### **Presenter – Brigitte Corcoran, Dietitian Lady Cilento Children's Hospital (LCCH) and Andrew Resetti, Nutritionist, Centre for Children's Health and Wellbeing (CCHW)**

This presentation focussed on;

- Breastfeeding – it takes the whole community to support it
- Best foods for baby:
  - introducing solids
  - drinks other than breast milk
- Best foods for kids
  - Breakfast
  - Lunch
  - Dinner

### Breast is best...But why?

- Helps baby grow strong
- Helps keep ears healthy
- Clean
- Free
- Never runs out
- Helps build a strong bond between Mum and Baby
- Helps develop strong muscles for talking

### What about older kids:



## Bush Tucker Workshop

Presenter – Dale Chapman, The Dilly Bag Dreamtime Place

Aboriginal celebrated chef Dale Chapman took participants on a cultural journey inspired by her passion for bush tucker and her belief that traditional food is an effective weapon in the fight against heart disease and diabetes. The workshop was well designed and provided a unique array of flavours and textures of bush tucker and how easy it is today to incorporate in our daily lives.

In addition, Dale provided an insight into food as medicine. Bush tucker is not just food, some plants and animals possess medicinal properties and are unusually high in vitamin C, protein, fatty acids, or carbohydrate, , such as;

- Emu oil
- Lemon myrtle
- Bush tomato
- Acacia:

## Day 2

### Session 1

#### **Challenges and Solutions – Indigenous Child and Youth Health Workers**

##### **Presenters:**

- **Cindy Sinclair, Indigenous Child & Youth Service Integration Coordinator**
- **Cheryal Kyle, Cultural Capability Officer, CHQ**

##### **Group facilitators:**

- **Julie Rogers, Cultural Advisor, CHQ**
- **Jermaine Isua, Cultural Advisor, CHQ**
- **Jo-Anne Brock, Cultural Capability Officer, CHQ**
- **Maxine Knox, Senior Policy and Planning Officer, Indigenous Health Branch**

This session was a closed event for Aboriginal and Torres Islander Child and Youth Health Workers.

##### Session goals:

- Aligns to the overall Forum goals, that contributes to building the capacity of Aboriginal and Torres Strait Islander Child and Youth Health Workers through supporting members to gain new knowledge and skills, establish networking, generate ideas, and identify problems and solutions within the current context of Indigenous Health Worker's Child and Youth Health Workers roles and responsibilities.

##### Session objectives:

- To provide a culturally appropriate and safe environment and engage in further consultation with Health Workers and seek their views and experiences that impact upon the roles and responsibilities and barriers that effect their day to day work.
- To outline strategies and interventions that could improve Indigenous Child and Youth workforce issues within the context of Closing the Gap

##### About the Workshop:

The workshop was organised into three sessions. Session one consisted of setting the scene and outlining the tool for capturing data (**Prioritising the Challenges Undertaking a Probe - appendix B**). Session two required participants to work in three facilitated groups and the final session set out to summarise key priorities from the session and strategies in moving forward.

A total of 60 Child and Youth Health Workers participated in the workshop. They included representation from all Hospital Health Services State-wide.

Data collection:

Participants were broken up into three discussion groups. Prior to the commencement of the workshops, group facilitators were identified and briefed about the purpose of the sessions to ensure the flow of discussion, provide support and assistance and the identification of salient points. Key priorities, strengths and barriers were recorded.

Each participant was provided with an individual feedback form for the workshop activities in order to capture suggestions additional to those tendered in the group discussion. Also, these forms allowed those less comfortable in sharing in group discussion, the opportunity to submit suggestions for consideration.

Participants were required to discuss and capture key points from each question detailed in **undertaking the probe**. The data was collated by the facilitator and organised into priorities.

Outcomes:

Each group was asked to address themed questions and were also asked to identify current strengths or opportunities, as well as highlighting key barriers that may need to be considered. A summary of key outcomes included:

*Strengths/Values*

As Aboriginal and Torres Strait Islander Child and Youth Health Workers, we are/have:

- Resilience
- Commitment - 24/7 – 365
- Cultural expertise
- Humour
- Passion for our mob
- Respect plus concept of time
- Can identify differences between different cultural groups
- A voice for our people
- Promote reconciliation within our HHS's and communities
- Advocacy and information conduits to family and community
- Health and clinical knowledge

*Themed topics were addressed in the following areas:*

- Human resource challenges
- Resources
- Supports
- Barriers
- Relationships
- Other key ideas

# Human Resource Challenges

Questions:		
What do you find difficult in your role day to day?	What are the blockages in your role?	What would you change if you had time and resources?
<b>Responses:</b>		
<ul style="list-style-type: none"> <li>• Scope of practice</li> <li>• Orientation - Health Workers and Liaison Officers having no input</li> <li>• Review Employment Stream options:               <ul style="list-style-type: none"> <li>➢ HP</li> <li>➢ 00</li> <li>➢ AO</li> </ul> </li> <li>• Regular Indigenous Health Worker meetings to discuss issues best practice</li> </ul>	<ul style="list-style-type: none"> <li>• Backfilling</li> <li>• Succession planning</li> <li>• Recruitment and selection training and involvement</li> <li>• Accommodation – policy guidelines for Health workers travelling within their HHS</li> <li>• Leave policy to reflect Sorry Business</li> </ul>	<ul style="list-style-type: none"> <li>• Review roles every 2 years</li> <li>• Role description</li> <li>• Traineeships</li> <li>• Cultural training mandatory</li> <li>• SARAS qualification</li> <li>• Executive support</li> <li>• Cultural Capability Training mandatory</li> </ul>

# Supports

Questions:		
What do you find difficult in your role day to day?	What are the blockages in your role?	What would you change if you had time and resources?
<b>Responses:</b>		
<ul style="list-style-type: none"> <li>• Work space review               <ul style="list-style-type: none"> <li>➢ culturally safe space</li> <li>➢ pods</li> <li>➢ rent a shop front</li> </ul> </li> <li>• Out of date resources</li> </ul>	<ul style="list-style-type: none"> <li>• Technology upgrade:               <ul style="list-style-type: none"> <li>➢ Computers</li> <li>➢ Cameras</li> <li>➢ Phones</li> <li>➢ Tablets</li> </ul> </li> <li>• Dedicated Indigenous Health worker vehicle allocation</li> <li>• Access to best practice</li> <li>• NAIDOC resources</li> <li>• Need delegation to the Board or Network/Reference Group</li> <li>• More Community Reference Groups</li> </ul>	<ul style="list-style-type: none"> <li>• Reference Group – set up Indigenous reference group with delegation to State-wide Network</li> <li>• Hotline linked to Indigenous Health Workers/Indigenous Liaison Officers – front reception</li> <li>• Regional hot desks</li> <li>• Updated resources to educate clients – promo packs</li> <li>• Engagement/information/Care-Coordination strategy</li> <li>• Community profile using available data</li> <li>• Cultural garden space</li> <li>• Data base consisting of Indigenous Health Workers State-wide</li> </ul>

## Resources

Questions:			
What would you change if you had the resources or support?	What would 'Close the Gaps' in Health Care?	What could you build on? Clinical services and health promotion?	Working smarter or using Technology!
Responses:			
<ul style="list-style-type: none"> <li>Integrated Electronic Medical records (ieMR) – need to ensure Health Workers can lodge – growth, weight and height</li> <li>Access to clinical data</li> </ul>	<ul style="list-style-type: none"> <li>Funding for Education and Training:               <ul style="list-style-type: none"> <li>➢ Clinical practice</li> <li>➢ SARAS</li> <li>➢ Statistics</li> </ul> </li> <li>Shop front in Towns or Shopping Centres for Indigenous Health Workers to have better access to community</li> </ul>	<ul style="list-style-type: none"> <li>Funding for NAIDOC and Community Events</li> <li>Facebook – update technology to enable Health Worker promotion</li> <li>More training in data input and reports</li> </ul>	<ul style="list-style-type: none"> <li>Technology – access to better smart phones to document programs /events and satellite phones for safety</li> <li>Access to tablets</li> <li>New computer equipment</li> </ul>

## Relationships

Questions:		
Clinical services and health promotion	Building knowledge and building expertise	Collaboration with Community Health and other Agencies
Responses:		
<ul style="list-style-type: none"> <li><b>Indigenous Health Workers to adopt the Primary Health Care Model</b></li> <li><b>Respect in our service – Team Leaders</b></li> <li><b>Locals involved in Health materials – photos</b></li> <li><b>Indigenous supervisors and Team Leaders</b></li> </ul>	<ul style="list-style-type: none"> <li>HHS's endorse Reconciliation Action Plans</li> </ul>	<ul style="list-style-type: none"> <li>NGO's attend joint training sessions</li> <li>Staff orientation / In-service</li> <li>MOU to develop partnerships</li> <li>Develop Mentoring Program to influence services</li> <li>Be involved in the consultation process</li> </ul>

## Barriers

Questions:		
What do you find difficult in your role day to day?	What are the blockages in your role or in the clinic?	What would you change if you had the resources or support?
Responses:		
<ul style="list-style-type: none"> <li>• <b>No Indigenous Leadership in HHS and within CQHHS</b></li> <li>• <b>Updating and maintaining skills</b></li> </ul>	<ul style="list-style-type: none"> <li>• Transport for patients to attend appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Office space for confidentiality and privacy for patients and Elders</li> <li>• More promotion of our roles and education</li> <li>• Develop Culturally appropriate Mentorships</li> <li>• Build Indigenous Leadership</li> </ul>

The final session of the workshop focused on key areas/questions, which included:

### What could you use?

#### What would work for you?

- We are multi-skilled Health Workers and should be able to work in different teams
- MOU's – Working in partnership with community and NGOs
- Financial support to attend educational conferences

#### What would you change?

- Indigenous Health Workers having a profile and strategies to promote who we are and what we do
- Hold a forum in remote areas of Qld and rotate locations
- Practice bush medicine in clinics and education awareness

- A dedicated Aboriginal and Torres Strait Islander Health Worker Conference

#### What could you say?

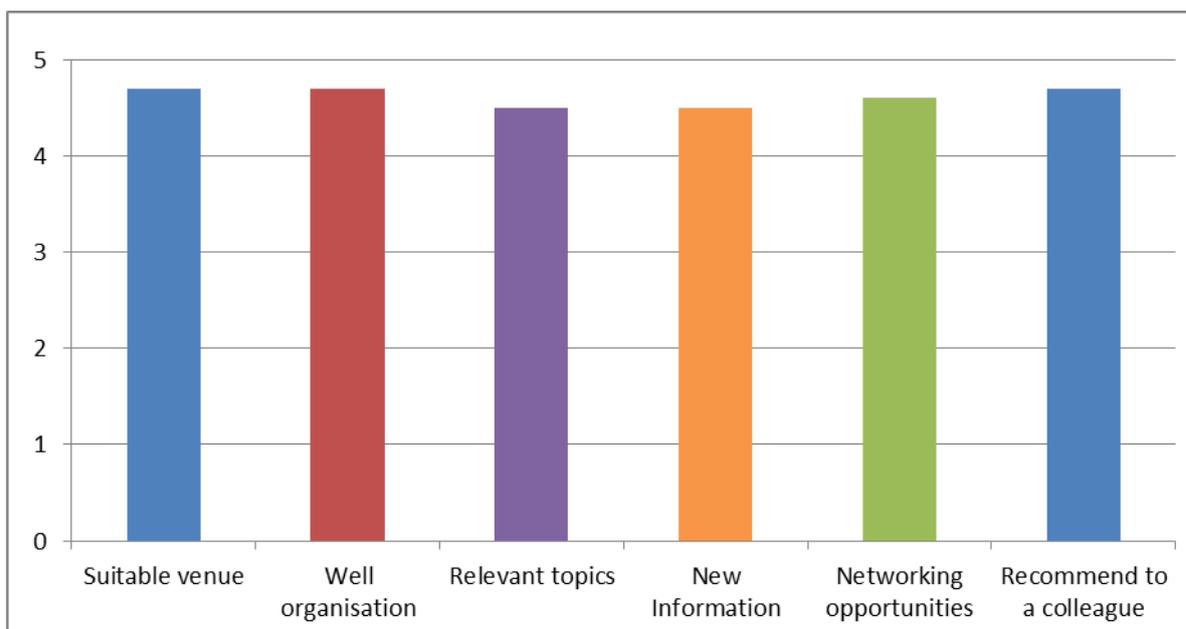
- We don't go to any community meetings
- Aboriginal and Torres Strait Islander Health Workers are the key to achieving better health outcomes for the Indigenous community
- Discrepancies between the roles and responsibilities within the 00 stream

## Feedback

The forum received a good feedback response rate with 60 in person feedback forms and 10 videoconference feedback forms collected. Overall, the feedback was very positive with most indicators receiving scores of 4 or above on a 5 point scale.

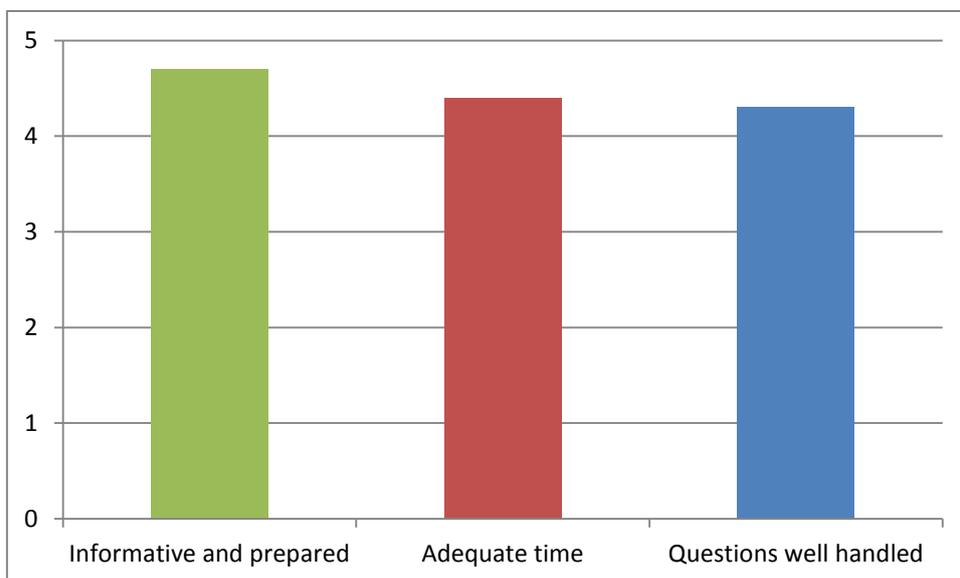
- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neutral
- 4 – Agree
- 5 – Strongly agree

**Table 1- General forum feedback**



Suitable venue	Well organisation	Relevant topics	New Information	Networking opportunities	Recommend to a colleague
4.7	4.7	4.5	4.5	4.6	4.7

**Table 2 – Presenters feedback**



Informative and prepared	Adequate time	Questions well handled
4.7	4.4	4.3

As part of the feedback, participants were able to provide comments regarding the forum. A few very constructive lessons have been learnt from this feedback including:

- Increasing the time available for presenters, particularly key note speakers
- Increasing time available for questions
- More breakout rooms for group activities and discussion
- More time for Indigenous Health Workers to discuss their roles and responsibilities with one and another.

## Aboriginal and Torres Strait Islander Child and Youth Worker Forum Agenda 2016

## Appendix A

DAY 1: THURSDAY 10 MARCH 2016	
Time	Program
8–8.30am	Arrive, registration, tea and coffee
8.30–8.45am	Welcome to Country – Uncle Joe Kirk
8.45–8.55am	Chief Executive, Fionnagh Dougan – Opening
8.55–9.00am	Welcome, introductions, setting the scene – Norma Solomon (MC)
SESSION 1	
9.00–9.30am	Indigenous Workforce Strategy – Warren Locke
9.30–10.00am	Panel discussion – Indigenous workforce <ul style="list-style-type: none"> <li>• How to improve better support for Health Workers including cultural support in the workplace?</li> <li>• The transition process from Health Worker to Health Practitioner?</li> <li>• How to improve access to better education and training opportunities for Health Workers?</li> </ul>
10.00–10.30am	Morning tea
SESSION 2	
10.30–11.00am	Referrals, support and communication Connected Care – Lisa Abbott CATCH – Dionne Essenstam Nurse Navigators – Lisa Abbott
11.00–11.30am	Showcase: Sunshine Coast Indigenous Healing Program – Jennifer McClay
11.30–12.00pm	Suicides and depression – Tim Spall
12.00–12.45pm	Drugs and addiction and the impacts of ICE within the Indigenous community – Cameron Francis
12.45–1.30pm	Lunch
SESSION 3	
1.30–1.45pm	Cultural performance – Australian Centre for the Performing Arts
1.45–2.15pm	Gumma Gundoo Outreach Team Indigenous maternal and infant care – Lorgay Iles

2.15–2.45pm	Improving the management and care of Aboriginal and Torres Strait Islander patients – Trudy Sebasio
2.45–3.30pm	Nutrition – Brigitte Corcoran
3.30–4.00pm	Afternoon tea – Bush Tucker
4.00–5.00pm	Bush Tucker Workshop: Aboriginal celebrated chef Dale Chapman takes you on a cultural journey inspired by her passion for bush tucker and her belief that traditional food is an effective weapon in the fight against heart disease and diabetes. It will be fun, educational and the food will taste sensational – Dale Chapman

DAY 2: FRIDAY 11 MARCH 2016	
Time	Program
8.00–8.30am	Tea and coffee
SESSION 1	
8.30–11.00am	Closed session, Indigenous Health workers only – Challenges and Solutions – Cindy Sinclair
11.00–11.30am	Morning tea
SESSION 2	
11.30–12.00pm	Showcase: Sunshine Coast Indigenous Health Program – Sharon Barry and Gordon Browning
12.00–12.45	How to plan conduct and evaluate Health Promotion Program – Simone Nalatu
12.45–1.30pm	Lunch
SESSION 3	
1.30–2.00pm	Simulation Training on Resuscitation for Kids Program (SToRK) – Ben Lawnton
2.00–2.30pm	Poisons and pharmacy – Anna Goggin
2.30–2.45pm	Surveys and forum close

## Prioritising the Challenges and undertaking the Probe

## Appendix B

### Block Session

#### Prioritising the Challenges using a Probe!

verb (used with object), probing.

1. to search into or examine thoroughly; question closely; to probe one's conscience.
2. to examine or explore with a probe.



### Probe

Through the Probe we will explore, share and bring our ideas together. We will consider what is a priority so that we can "Plan-Decide-Report-Act"

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### What, How, Who, When

It's like drawing a line in the sand

BELOW THE LINE ARE:

- Any ideas that you think could 'Close the Gaps' in care
- Each idea or item, big or small can be noted down
- Any challenges you face in your role
- Put the ideas under key themes to make it easier to consider priorities



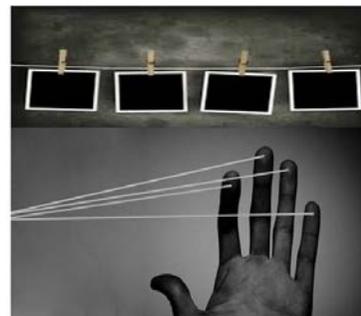
ABOVE THE LINE ARE:

- We will discuss & prioritise which ideas/items should go above the line for action
- Say 6 items although there might be more.
- Seek your agreement
- Turn these priorities into a Report to the Statewide Children's Clinical Network for their consideration and action.

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### Themes

- HR Challenges
- Resources
- Supports
- Barriers
- Relationships
- Other Key Ideas



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### Group Work 40 mins



- Work in 4 groups, count off
- Discuss each theme in order
- Your items will be placed under a theme
- Group discussion about each Themes priorities
- Consensus on key items



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