Creating a successful partnership between Aboriginal health workers and allied health clinicians

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A cohesive partnership between Aboriginal Health Workers and Allied Health Clinicians is essential to the effective provision of early intervention services to Aboriginal children and their families. This was the finding from a 2009 scoping study commissioned by The Office of Aboriginal and Torres Strait Islander Health and is a key philosophy to The Aboriginal Children’s Therapy Team (ACTT) in Dubbo, New South Wales. Greater understanding of what builds a successful clinical relationship between Aboriginal Health Workers and Allied Health Clinicians and implementing strategies based on this understanding, should improve client outcomes. This paper outlines the model used by ACTT, identifies and discusses what ‘works on the ground’, and presents a case study to demonstrate the effectiveness of this model.

Historically the Aboriginal population of Dubbo was not accessing and engaging in existing Allied Health services at the rate of need¹. Often children that had engaged did not receive follow-up or intervention past the point of initial screening. Screening often took place in supported, familiar environments such as school and pre-school, but barriers such as transport to appointments, Aboriginal Health Workers and flexible intervention procedures, meant that continued care was not accessed¹.

The scoping study Primary health care services for Aboriginal and Torres Strait Islander people living in Dubbo and outreached communities was the impetus for the creation of ACTT in 2011. The project concluded that additional funding was required to expand and enhance the capacity of primary health care services to meet the existing and future health needs of Aboriginal people in Dubbo. This would need to address service gaps, capacity issues and facilitate system-wide changes to service models to enhance access to healthcare. It recognised the need for flexibility in service delivery and appointments, acknowledged the child as part of the wider family group and household and that key long term change needs to come from building the capacity of parents and families. The other key finding from this study was sustainability of care, to avoid the fragmented history of services coming and going in the community and to provide a well-structured and stable service in the long term¹.

In response to this study, ACTT was purposefully devised to practice a holistic approach to early intervention, with the intention the Dubbo clinic could serve as a model to expand the program. ACTT is a Commonwealth funded, paediatric allied health team servicing the Aboriginal population in the community of Dubbo. It is managed by a larger community-controlled Aboriginal Medical Service, Wellington Aboriginal Corporation Health Service (WACHS). The team provides Speech Pathology, Occupational Therapy and Psychology services for Aboriginal children from birth until they are eight-years-old. Each discipline works in collaboration with Aboriginal Health Workers to provide a comprehensive family-centered allied health service within a culturally relevant framework. With support from Commonwealth and other health management structures a flexible service has been created that eliminates some of the existing barriers in conventional medical and health services.⁴

At ACTT, the working relationship between our Aboriginal Health Workers and Allied Health Clinicians is frequently evaluated. Methods such as quality improvement ‘Plan Do Study Act’ (PDSA) cycles, feedback, survey opportunities from staff, clients and service providers, as well as internal reviews of
our statistical data are used. This information allows us to refine our model and establish policies as well as key roles and responsibilities to guide this partnership, laying out a framework that could serve as a template for other services establishing allied health programs for Aboriginal children.

Aboriginal Health Workers share ideas on wider social and family issues and ideas on what will work best for the family. Clinicians share information on the specifics of their discipline to build the knowledge base of the Aboriginal Health Workers in relation to allied health. This sharing of information and up-skilling of each profession increases the knowledge of the whole team but most importantly benefits the client. The success of this partnership, like any workplace partnership, requires some basic structures such as accurate position descriptions and professional development. Beyond that there are aspects unique to the Aboriginal Health Worker and Allied Health Partnership that creates a harmonious and cohesive team.

Workplace structures

- A thorough recruitment process that is supported by transparent procedures to ensure the appointment of the best candidate for the position and fits with the goals of the organisation
- Use of staff probation periods to ensure that staff are suitable for the position and are meeting expectations of the role
- All team members to have an understanding of each other’s roles and parameters of work
- Frequent up-skilling and on-the-job training to improve interdisciplinary skills, knowledge of child development and sharing of evidence-based practice

Client procedures

- All clients to complete an intake appointment with an Aboriginal Health Worker that links the child and family into allied health services, and gives them greater knowledge and understanding of the referral and intervention process
- Aboriginal Health Workers to be trained in Speech Pathology, Occupational Therapy and Psychology screening to recognise the child’s needs holistically and to be able to explain in detail to parents their individual child’s strengths and/or areas for improvement
- Aboriginal Health Workers and Allied Health Clinicians to work together with families in finding a balance when setting family-centered goals by providing the family with assessment findings for informed decision making
- Joint sessions between Aboriginal Health Workers and Allied Health Clinicians throughout the assessment and intervention process if the client requests this support
- Sharing information with colleagues on discipline specific information and client information in structured and unstructured forums
- Coordinated and holistic care and case planning meetings to be led by Aboriginal Health Workers
- Reducing barriers of transport and service delivery by offering transport to and from appointments in house or at alternative locations such as school or pre-school
• Providing a home-visiting service for clients to communicate with staff, book in appointments, receive home practice or strategies when phone contact is not possible

• Providing good communication and feedback to pre-schools and schools and foster partnerships between health and education

• Follow up care with external agencies through referral, advocacy or attendance at appointments, most commonly, GPs, hearing screening and Paediatricians

• Prioritising the clinic-to-family relationship and appreciate that this needs ongoing maintenance beyond initial engagement; this can be achieved through frequently ‘checking in’ with family on goals and the journey

• Facilitating opportunities for feedback from families through face-to-face communication with Aboriginal Health Workers or surveys

• Integrating services through a culturally safe framework

The training and up-skilling of Aboriginal Health Workers in the screening of Speech Pathology, Occupational Therapy and Psychology has been one of the most beneficial aspects to long-term outcomes for the client. In 2016, screening by Aboriginal Health Workers at the initial intake appointment led to an additional 57 referrals. As a result of training to identify gaps in expected age-related skills, a child initially referred for one discipline could be screened and subsequently referred for any of the three options. This is reflective of the holistic care ACTT uses to improve access to allied health disciplines and shapes the Parent-Aboriginal Health Worker relationship and also builds the capacity of the parents or caregivers by further educating them on child development. Another statistic that supports the ongoing engagement and care is the attendance rates, which are currently at 79-81%. This is achieved by offering a flexible service delivery, a reduction in barriers and a strong link with families that is facilitated by the Aboriginal Health Worker and Allied Health Clinician partnership.

While the above comments reflect on what is working for this team on the ground we must now discuss what the literature reveals on the topic and how partnerships ultimately contribute to better client care.

2001 paper *Closing the service gap: exploring partnerships between Aboriginal and mainstream health services* states that although partnerships between Aboriginal and mainstream health services are critical to improving Aboriginal Health outcomes, many factors can cause the partnerships to be tenuous and unproductive. The paper outlines many recommendations for success such as workshopping tensions early and prioritising resources and time into creating an effective working relationship that is built around genuine commitment to the cause and trust in the relationship. Failure to prioritise the relationship and pushing forward with ‘business as usual’ can ultimately have negative ramifications on client outcomes. It highlights that interagency relationships are as critical as those between agency and client. Points to consider for improving Aboriginal health and health partnerships include: Recognising and addressing inevitable tensions that arise through different healthcare perceptions and having mechanisms in place for how to approach them. Also, paying attention to workplace relationship building, regularly up-skilling and expanding the team member’s knowledge of other professional skills and contexts and opportunities to reflect on one’s own performance. Having a robust organisational structure for management support and leadership, involvement and partnership
with community and the knowledge and commitment to allocating time to building relationships is also important.2

2007 paper *Health professional partnerships and their impact on Aboriginal Health: An Occupational Therapists and Aboriginal Health Workers Perspective* identifies ways in which Occupational Therapists and Aboriginal Health Workers in rural and remote North Queensland enhance client outcomes through communication, collaboration and the bridging of cultural boundaries. The study identified five core themes being professional interaction, perception of professional roles, benefits to the client, professional interdependence and significance of Aboriginal culture. Participants said that when a successful partnership was formed clients received a more culturally appropriate service, felt more comfortable in the presence of the Occupational Therapist, obtained greater understanding of Occupational Therapy and felt valued in the healthcare process. Positive and professional interaction in the early stages of intervention, good breadth of knowledge of each other’s professional roles, and an aim to negotiate a balance between a culturally safe and effective intervention environment were all factors that helped form the partnership and create better client outcomes. The study substantiated the necessity of professional partnerships between the two professions and highlighted the positive implications for such a model.3

2012 paper *Successful partnerships are key to improving Aboriginal Health* found that sustained and well-coordinated partnerships provide the most effective mechanism for addressing health inequities between Aboriginal and non-Aboriginal Australians. It also highlights the benefits of providing care through Aboriginal Medical Services and well-functioning community controlled organisations.4

2016 paper *Improving healthcare for Aboriginal Australians through effective engagement between community and health services* also highlights the importance in engagement and community consultation for the ownership of their own healthcare. Aboriginal Health Workers therefore assist in this linkage and advocacy of their own community for the improvement of both individual health goals and the broader community.5

Understanding and prioritising the elements that ensure a successful partnership between Aboriginal Health Workers and Allied Health Clinicians makes for better client outcomes. This partnership helps engage families in their child’s intervention and builds the capacity of parents to take ownership of the allied health journey for their child. The up-skilling of Aboriginal Health Workers in the areas of allied health child development and screening helps to bridge the service gap. Thorough knowledge of each team member’s professional roles leads to a team approach around the child. When working in the area of paediatric allied health in Aboriginal populations, ACTT recommends providing services within a cultural framework that provides evidenced based healthcare in partnership between Aboriginal Health Workers and Allied Health Clinicians. This model is successful in achieving outcomes and we would welcome the use of this model in other services.
Case study

Emma is a 5-year-old girl that is in her second year of schooling at a local public school in Dubbo. In 2014 she was referred to ACTT by a support worker for her mother. Speech Pathology, Occupational Therapy and Psychology assessments were requested. Since this time her speech, language, gross and fine motor skills have reached an age appropriate level and she no longer requires assistance from Speech Pathology and Occupational Therapy. Emma still continues with Psychology through the Aboriginal Children’s Therapy Team for play therapy and parenting support for her mother Alison. We have chosen this case study because it demonstrates the tireless and intensive support from the Aboriginal Health Worker to make sure engagement with allied health and other services is achieved. The Aboriginal Health Worker has been pivotal in engaging the family and building trust, communication and a relationship with the client and mother. They have assisted in booking appointments, organising transport and hosting case management meetings with the stakeholders including her ACTT Speech Pathologist, Occupational Therapist and Psychologist, her school, Mission Australia, Northcott Disability Services and Compass Housing. The Aboriginal Health Worker has assisted the school in accessing funding support and has advocated for the family at meetings and individual therapy sessions. Communication with Alison has also been via a tele-link AUSLAN interpreter service due to her profound hearing impairment. The Aboriginal Health Worker has assisted in coordinating all sessions with an interpreter and also advocating for Alison with other services to communicate with her via an interpreter. Although there have been some great achievements for the family there are still goals set to move forward particularly around support for Emma to receive lessons in AUSLAN for the continued communication development between her and her mother. The team approach for Emma and the fact that the Aboriginal Health Worker has provided support for the clinician, services and family has kept the clinical relationship positive and the goals centred. As a result, the therapeutic journey has gained momentum and continues to move forward.

References

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Presenter

Lindsey Stewart is a rural speech pathologist and team leader of a multidisciplinary allied health team servicing Aboriginal children aged birth to eight years in Dubbo, NSW. During her studies of a Bachelor of Applied Science Speech Pathology from the University of Sydney, Lindsey was fortunate to participate in rural health placements, including Dubbo, and participate in a research project for the university for Indigenous healthcare in urban areas. This piqued her keen interest in Aboriginal health and so, while initially commencing her career in early intervention, Lindsey recalibrated her career focus toward Aboriginal health when she commenced with Wellington Aboriginal Corporation Health Service in 2011. She has nine years’ experience as a speech pathologist in multidisciplinary teams and currently manages a diverse team, including Aboriginal health workers, therapy aides, speech pathologists, occupational therapists and a psychologist. She is passionate about improving health and education outcomes for Aboriginal children in her home community.