



**IN ACTION CONFERENCE**

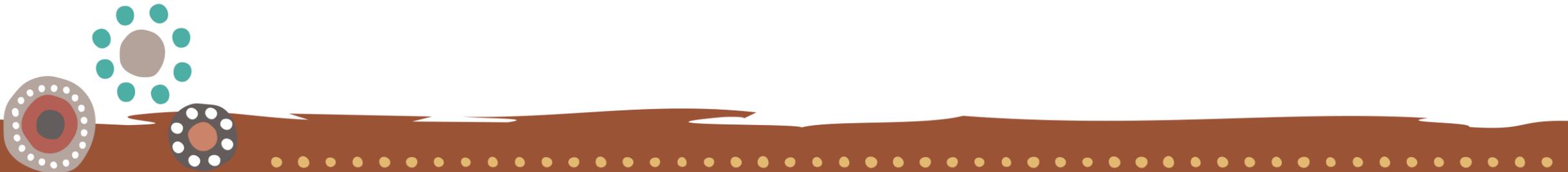
# What does Propa Collaborative design really look like?

A worked example

Persistent Pain Service: A Caring Pathway for Mob

# Acknowledgement of Country

We would like to acknowledge the traditional owners of the lands where we are meeting today, the Turrbal and Yuggera peoples. We would like to also pay respects to the traditional owners of the lands where our service is located, the Kabi Kabi people. We would like to pay our respects to Elder's past and present, with special mention to the continuing connection of Elders to these countries. These lands were never ceded. Always was, and always will be Aboriginal land.





**IN ACTION CONFERENCE**

**Presenters:**

Lisa Mcilroy

Caroline Zanussi

Kaydi Enoch

Jen Setchell

Jenaya Emzin

Morgan Brodhurst-Hill

Nungalka Davis-Angeles

Suet Yi Yam

Alana Paviour

**Thanks to:**

Andrew Claus

Jane Harpham

Paul Gray

Carmel Nelson

Alison Nelson

Sarah Duke

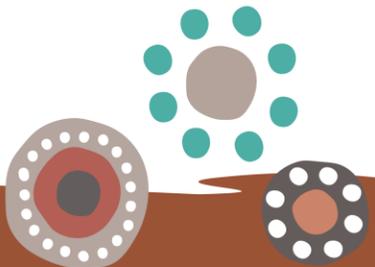
Halina Clare and many others

And all the clients and clinicians at the service

# Key Priority Areas

## SEQ First Nations Health Equity Strategy Key Priority Areas

- KPA1 Cultural Safety: Actively eliminating racial discrimination and institutional racism within services.
- KPA2 Access: Increasing access to healthcare services.
- KPA3 Determinants: Influencing the social, cultural, and economic determinants of health.
- KPA4 Delivering Quality Healthcare: Delivering sustainable, culturally safe, and responsive healthcare services.
- KPA5 Service Delivery Partnerships: Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- KPA6 A Strong and Capable Workforce: Strengthening the First Nations health workforce.



TCPRC

IUIH



Persistent Pain Service:  
*A Caring Pathway for Mob*

Artist: Brooke Sutton, a proud Kalkadoon woman from the emu foot province around Mt Isa in Nth West Qld.

# Setting the scene

Where we started

How we worked

What we did

How it went

What now?

# Where we started

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SEQ First Nations Health Equity Strategy

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Persistent pain affects 20% of Australians, services inequitably accessed by Aboriginal and Torres Strait Islander peoples.

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Most pain services are in major hospitals, which are often not culturally safe environments.

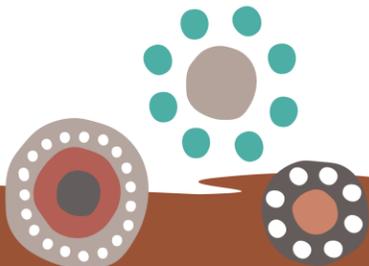
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Opportunity - Connected Community Pathways funding program – Department of Health.

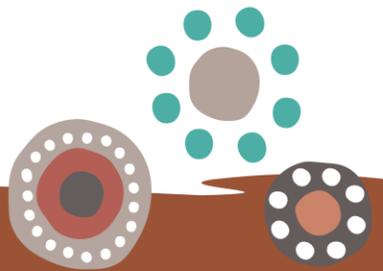
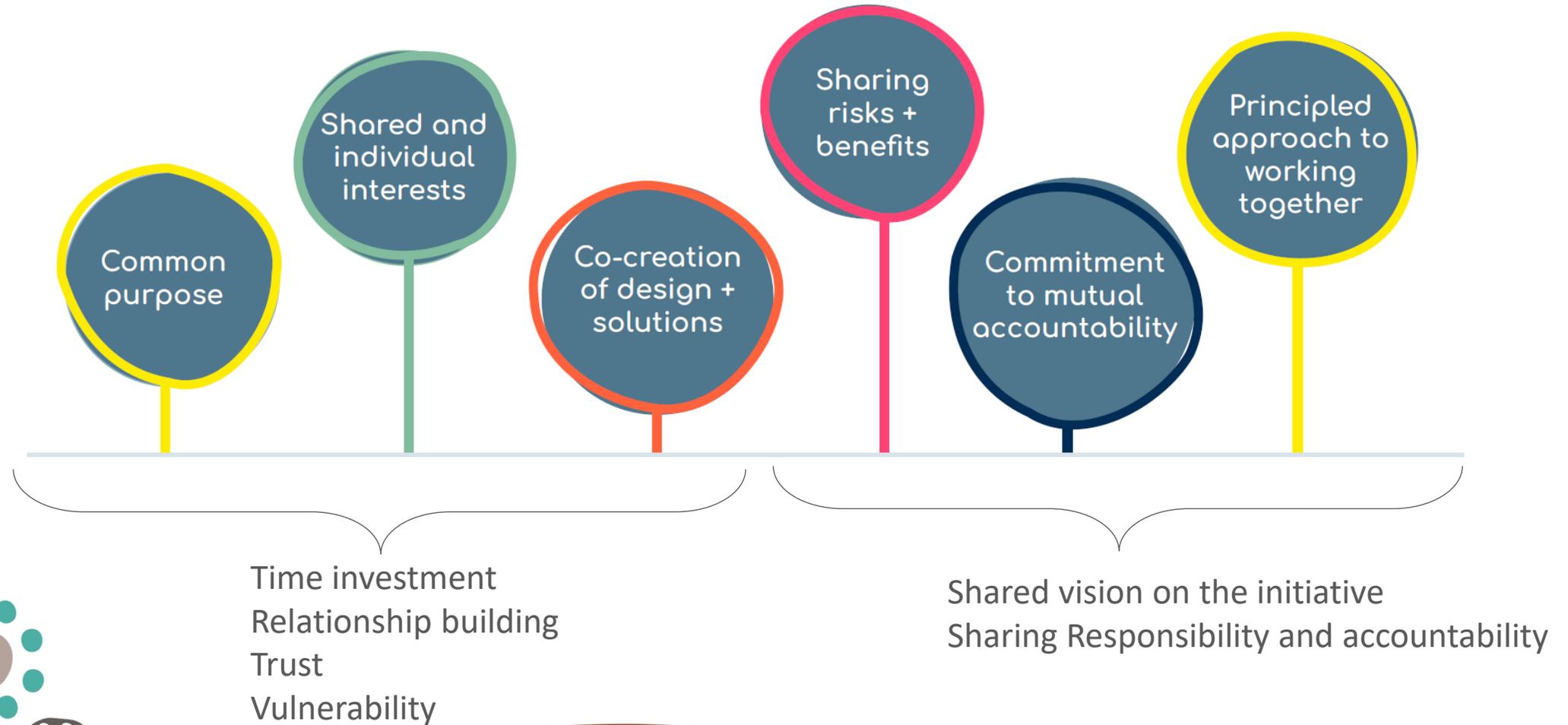
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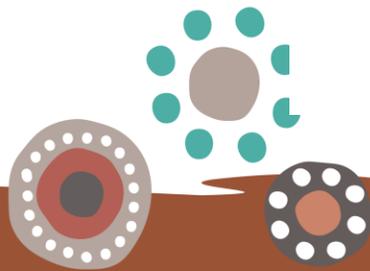
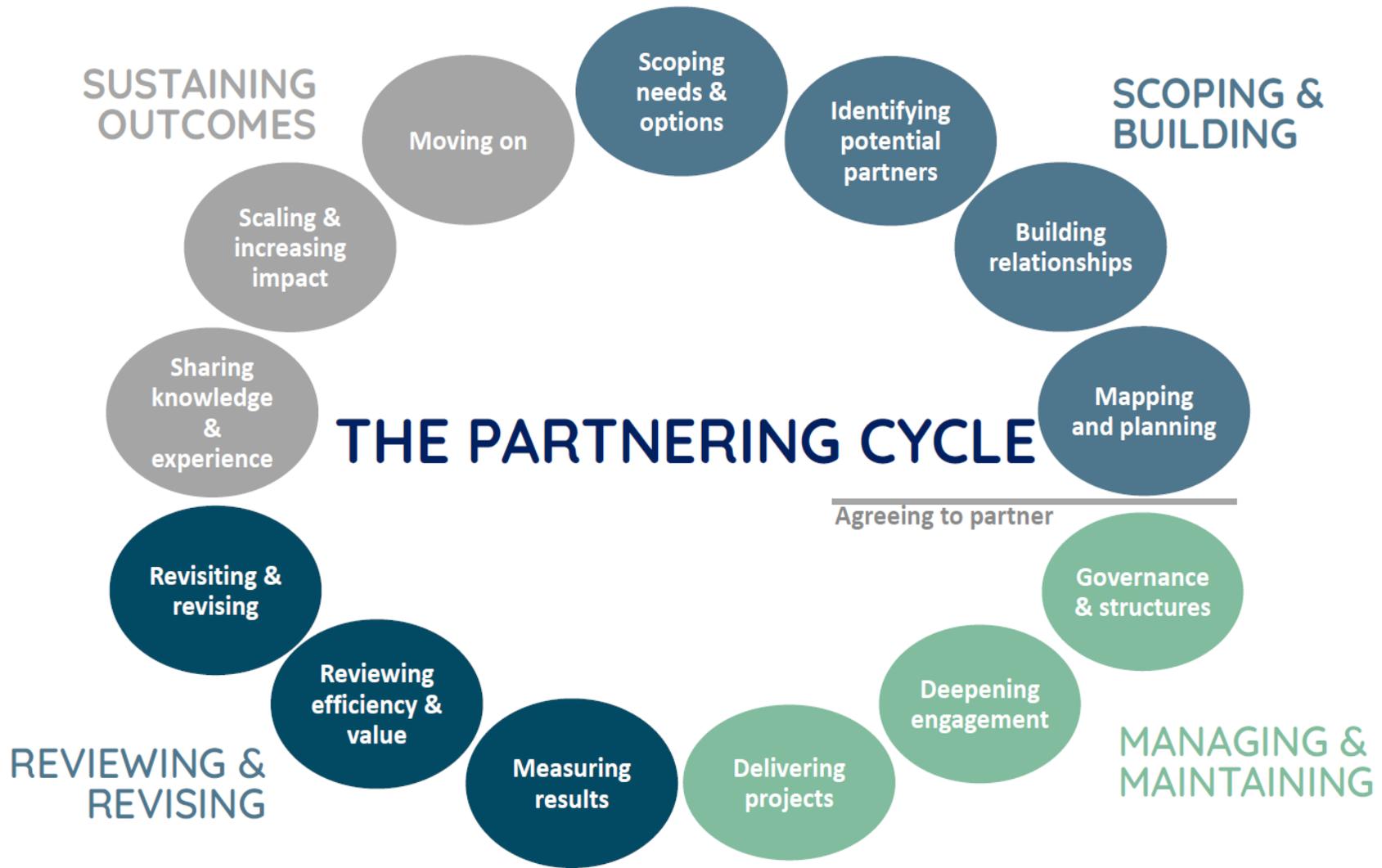
Effective services for Aboriginal and Torres Strait Islander communities reflect cultural understandings of health and wellbeing, and self-determination.

AIHW, 2021  
Brand et al 2014  
Wallace 2021  
Brodie et al 2021



# Relationships take work but partners make better teams





# Concepts of propa collaborative design

Propa design is different from co-design.

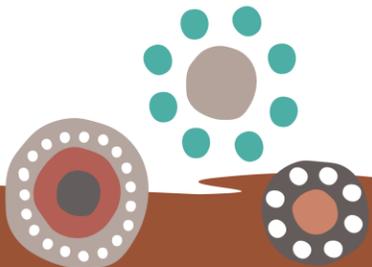
It is different from consultation.

Privilege Aboriginal and Torres Strait Islander ways of knowing, doing and being.

Not all perspectives weighted evenly.

Considerable time set aside for collaboration.

- In-person meetings to build connection.
- Foreground respect.
- Connection and exploration are core business.



# What did Propa design look like for us?



4 x 4-hour workshops to discuss different aspects of service design



4 x working groups with key stakeholders

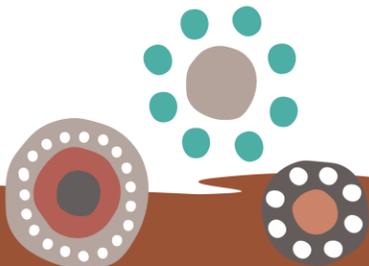
With regular meetings that included structured idea sharing, agendas, actions and accountability



Regular co-facilitated leadership meetings



Ongoing reflection from clients, clinicians and leadership



# Was it easy? Of course not!



Respectful debate/disagreement



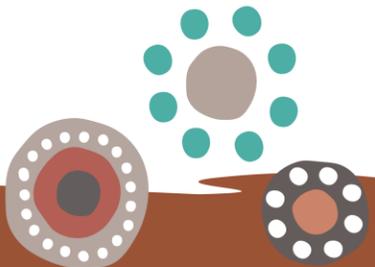
Openness to listen



Vulnerability



Accepting challenges that exist when working across organisations



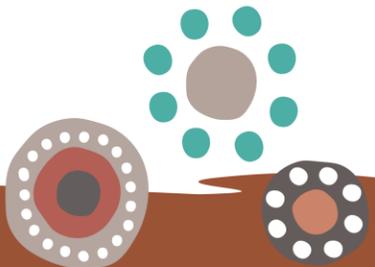
# What we did

## Shared responsibilities established from the onset

- Funding
- Co-leadership
- Co-delivery

## Reciprocal learning opportunities (informal and formal)

- Shared appointments with clinicians from both orgs
- UIH induction and training
- Shadowing
- Reflection days
- Yarning training



# What does this look like from the outside?



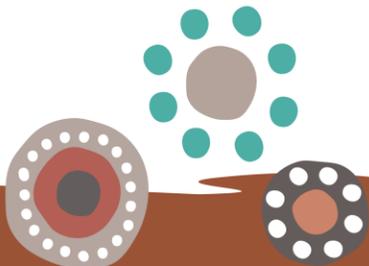
New to IUIH – New experience in Qld Health partnerships



What did I experience – as a new leader in MATSICHS



What did I observe – through the lens of MATSICHS and through the lens of Qld Health staff



# The Reflection Day July 2024

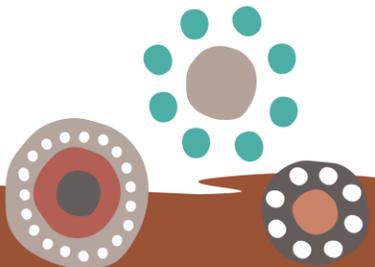
Attendance – A day for both teams to come together

Observations – what was the objectives of the reflection day

Reflections into actions – common themes to bring back to the program and implement

Ongoing learnings – continue to work together to streamline processes and pathways

Ongoing Operational meetings to discuss and refine



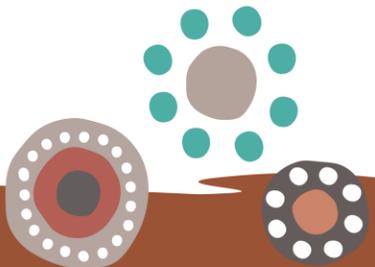
## The vital role of Place

Community controlled AMS, external to hospital

Clinic set up – open and welcoming, sense of belonging

Laid back atmosphere = safety and trust

Identified staff



# What we did – support client/community agency

Appointment flexibility for personal, community and cultural responsibilities.

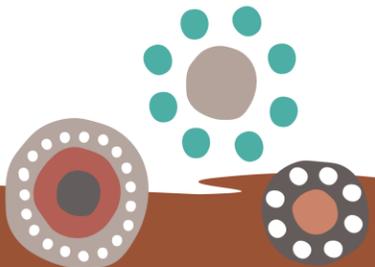
Prioritising a yarning-style in clinical communication.

Modified and tailored evaluation measures

Modified a standard pain measure (ePPOC)

Patient reported outcomes – adapted and yarned through

Aboriginal and Torres Strait Islander goal setting tool (ATOMIC)



# What we did - Group program

Collaboration to embody Aboriginal and Torres Strait Islander ways (ongoing process)

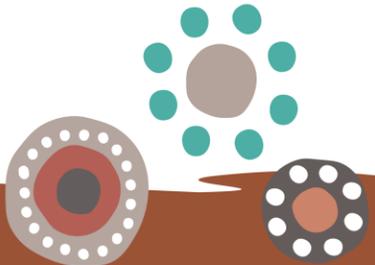
8-week multidisciplinary program - 3 hrs/wk

- Flexible entry/exit points and repeat

Important role of identified staff

Focus:

- Connection and relationships
- Yarning/conversational approach – avoiding fixed timings, too much content
- Range of activities, fun (game), not shaming



# Outcomes

Service is a good, but not perfect, example of propa design

Positive client feedback – 97% report culturally safe care

Positive feedback from UIH and TCPRC staff

High rates of uptake of the service

Travel time/costs reduced by >11,000km

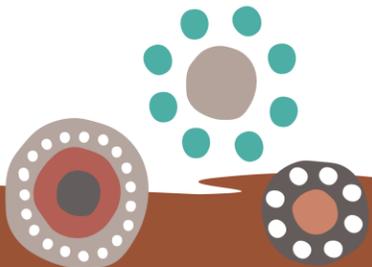
Wait times reduced by ~200 days for Category 3 clients

*“I feel relaxed, its good... I want to come... it’s a relaxed atmosphere ... If I didn’t like it, I wouldn’t come back here ... not just a number... all asking me how I am and having a yarn” Richard*

- Connection, communication, reciprocal learning

- 97% attendance for new appointments
- 93% attendance overall

*“Having everyone in the same building. On the same day is AMAZING... There’s [social] corridor conversations, and then there is clinical corridor conversations where you can have those conversations in the moment while you are there which makes client care way better.” Staff7.*



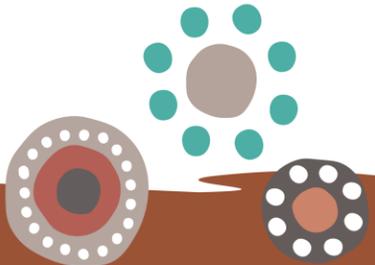
# How it went

## The propa design has established:

- Enduring support amongst Aboriginal and Torres Strait Islander community (seeing referrals from ATSI CCHS and Community).
- A robust organisational relationship.

## But there continues to be challenges:

- Ensuring ongoing reciprocal learning
- Foregrounding Aboriginal and Torres Strait Islander ways
- Avoiding excessive cultural load on identified staff



# What Next?

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Support ongoing reflection and change cycles (not just set and forget) - propa design doesn't end.

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Building in relational activities with a focus on values.

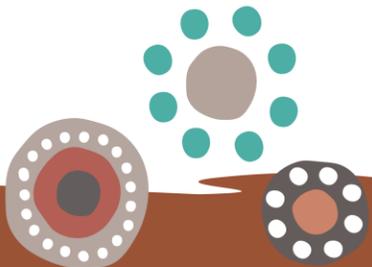
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Expansion to a second site.

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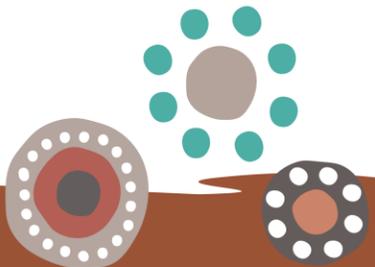
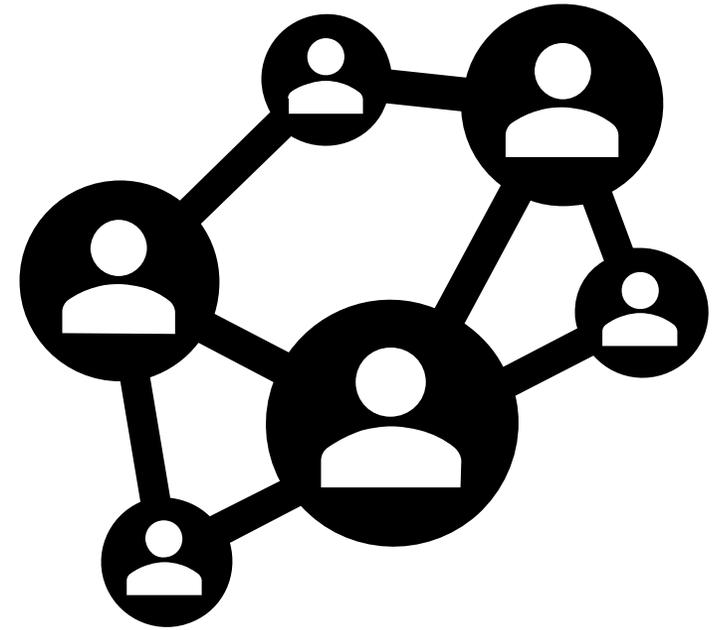
Research

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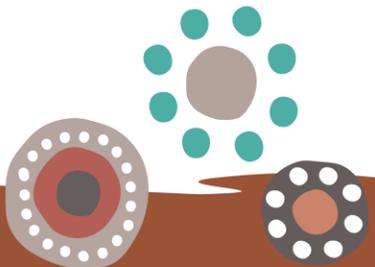
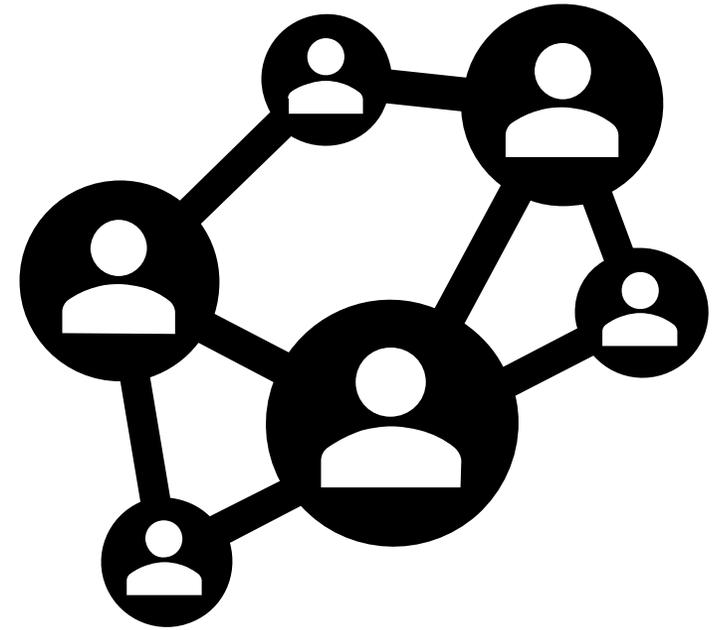
# Let's yarn about it!

What makes the difference between propa design and consultation? How can **you** do it differently?



# Let's yarn about it!

How does this propa collaboration break down barriers for First Nations peoples?

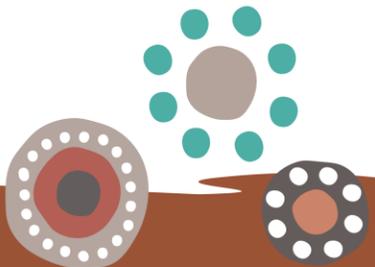


# Let's yarn about it! Case study 1



How do we value First Nations ways of knowing being and doing through this process, and what does this look like in practice? How to make sure this is experienced by clients/community?

Ian is a 60-year-old Aboriginal man, referred to the Persistent Pain Service for chronic low back and facial pain. Ian is currently homeless, and sleeping in his car. He has previously engaged with support services to address his housing needs, but this had been unsuccessful. Ian is reported to be “verbally aggressive” to health professionals in tertiary and primary settings and this is recorded within his medical chart. Ian has a history of complex childhood trauma, is disconnected from culture and family.



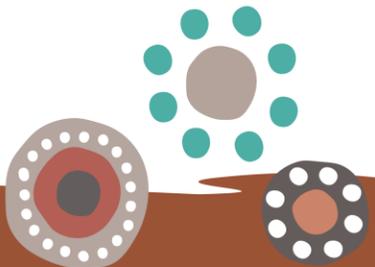
# Let's yarn about it! Case study 2



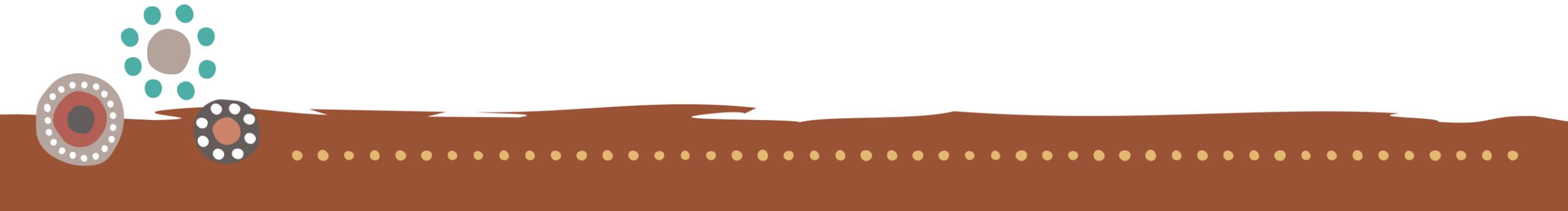
How do we value First Nations ways of knowing being and doing through this process, and what does this look like in practice? How to make sure this is experienced by clients/community?

Christine is 45-year old Aboriginal woman who experiences widespread chronic pain in the back, legs, feet and hips and has also survived cancer. She lives with a number of adult children and is the primary caregiver to another relative, who is school aged.

Christine was referred to the pain service and attended her appointment with the Pain Specialist where she was asked several questions about her pain levels, medication and her previous surgery. After Christine's appointment she was reported to be looking down at the ground, looking disengaged and taking longer than expected to answer questions asked about her circumstances.



# Summary



# Panel

- Suet Yi Yam (Haze) – Nurse Navigator, Persistent Pain Service, MN
- Nungalka Davis-Angeles (NJ) – Allied Health Assistant, Persistent Pain Service, IUIH
- Jenaya Emzin – First Nations Social Worker, Persistent Pain Service, IUIH
- Alana Paviour – Program Manager, Health Excellence and Innovation, MN
- Caroline Zanussi – Project Manager, Persistent Pain Service, MN
- Jen Setchell – Senior Researcher, IUIH

