



IN ACTION CONFERENCE

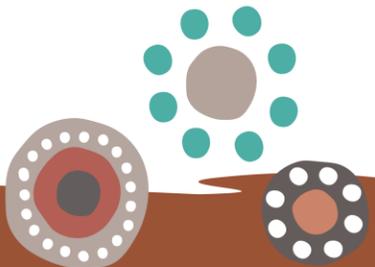
Breaking Barriers & Strengthening Families

Jayde Lewis & Sally Brunton

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.



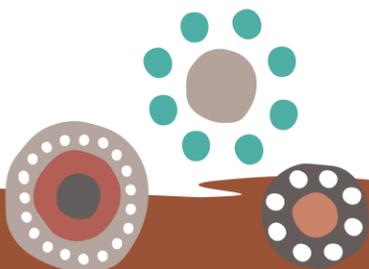


We honour the traditional custodians of the land on which we gather, the Yuggera, Turrbal, Jagera and surrounding First Nations peoples of South-East Queensland.

We pay our deepest respects to their Elders, past and present, who have cared for this land for countless generations. Their wisdom, connection to country, and culture continue to shape this land and community.

We also acknowledge the emerging leaders who are building the future for the next generations.

May we walk together in the spirit of reconciliation, honoring the deep connection between Indigenous Peoples and this land.

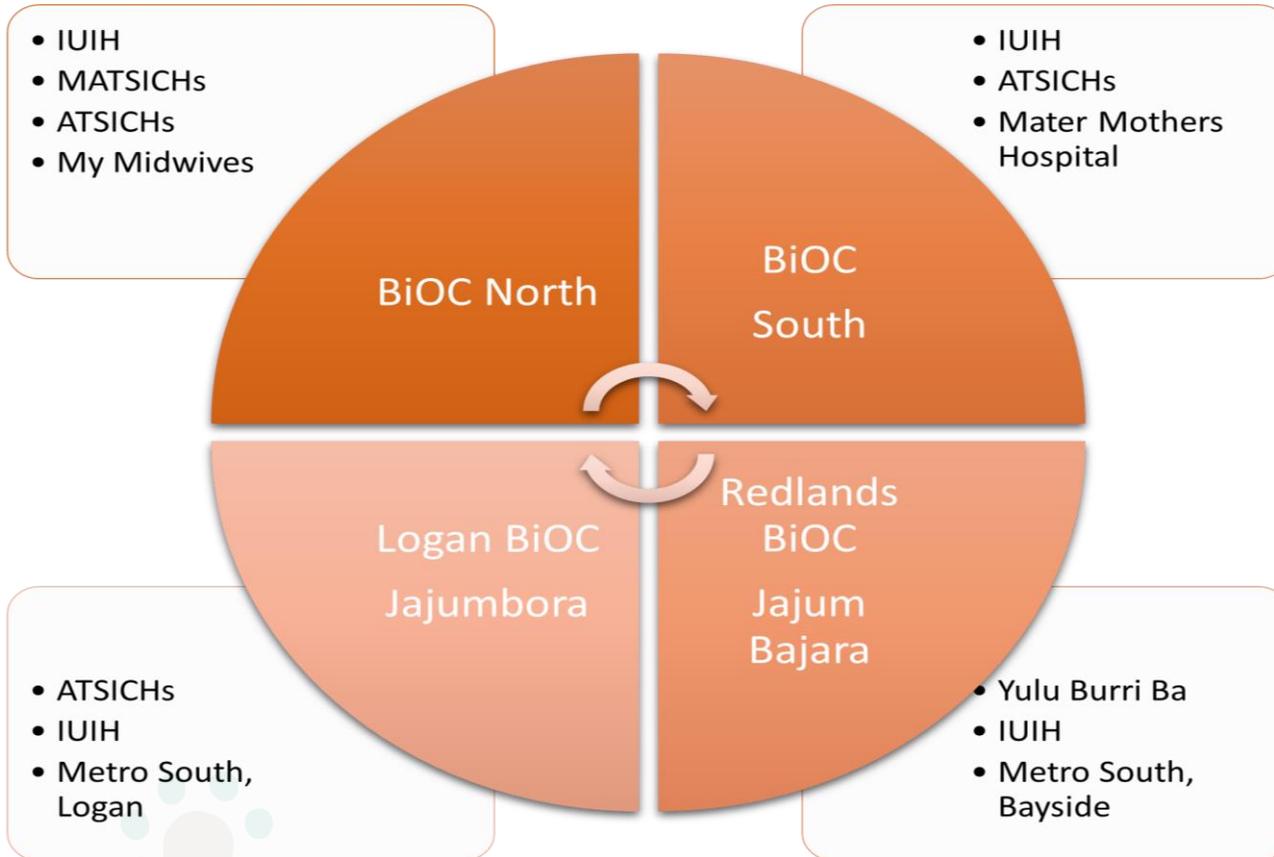


Welcome

- For more information on BiOC or the UIH Network



Nothing is to stop, everything must continue!





Birth in Our Community

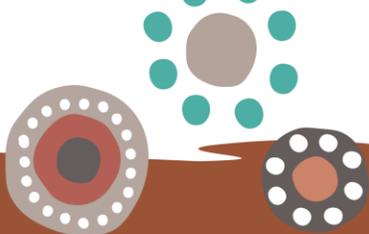
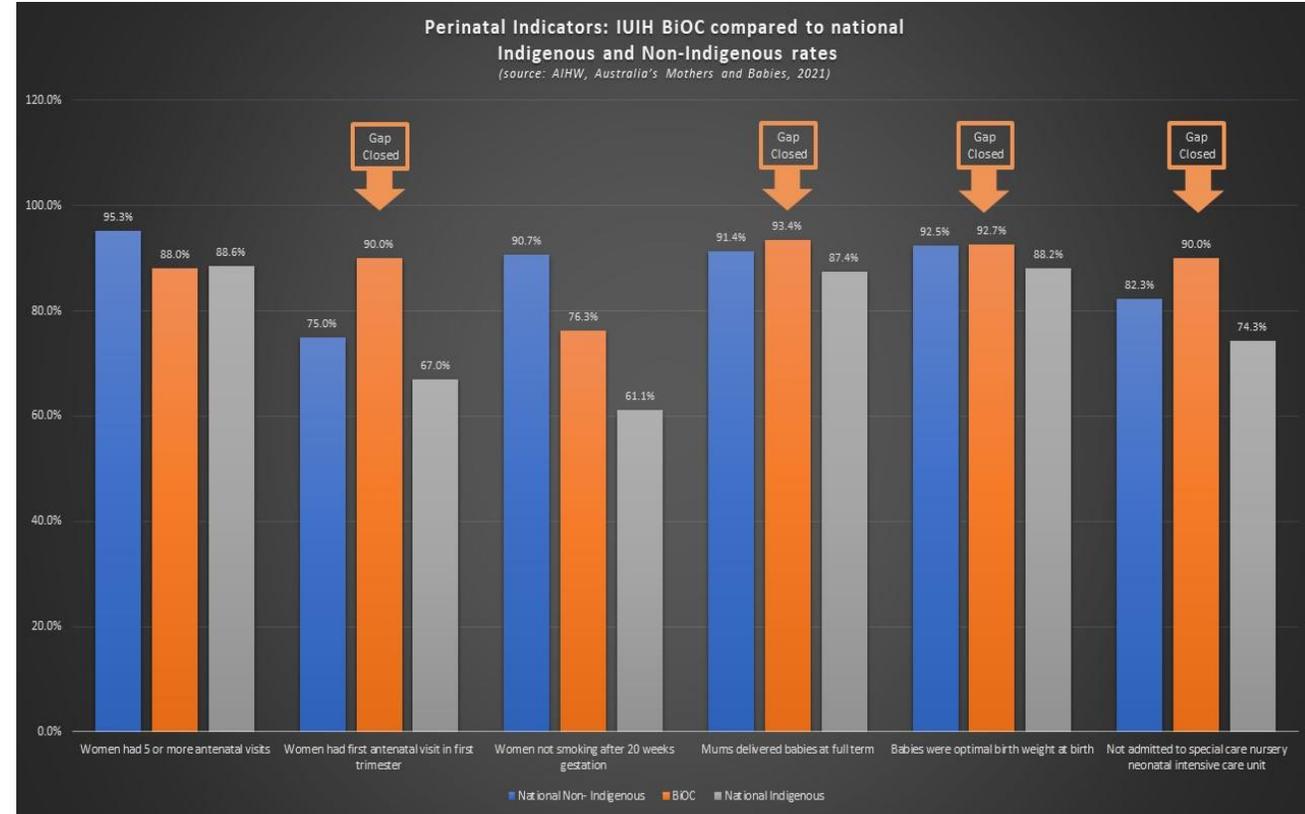


THE LANCET
Global Health

Compared to women accessing standard maternity care, research has found women accessing BiOC are:

- 50% less likely to have a premature baby
- More likely to access antenatal care
- More likely to breastfeed
- Less likely to need a caesarean delivery
- Less likely to have their baby admitted to the

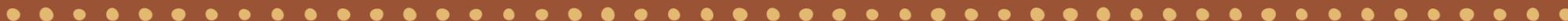
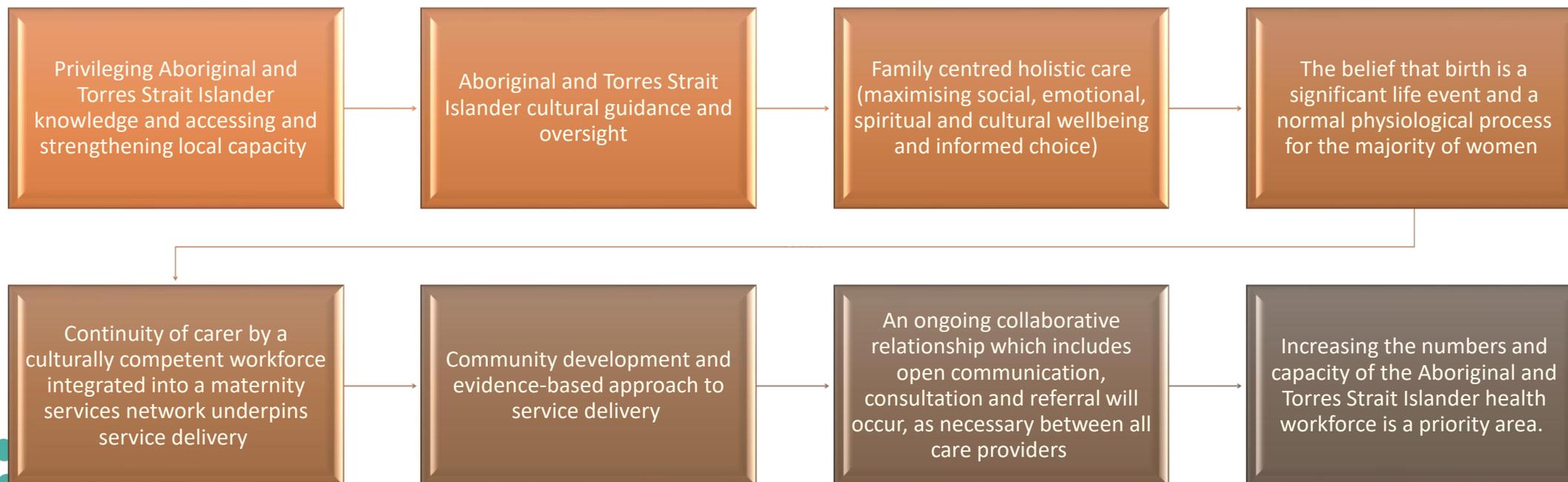
neonatal care nursery





BiOC Overarching Principles

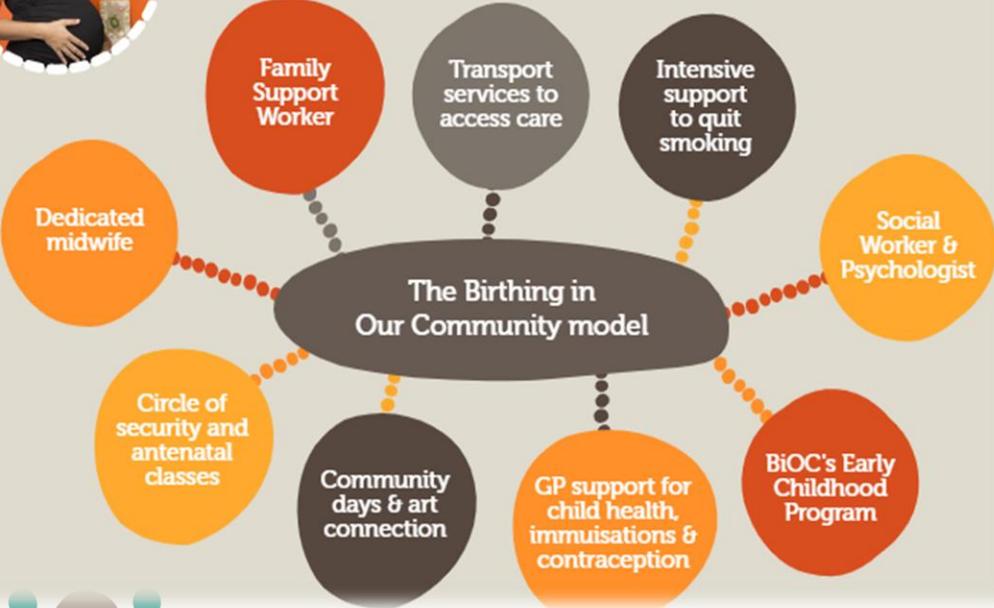
To ensure the success and integrity of the Birthing in Our Community model of care, the overarching principles must be embedded within the development and daily operation of the service. In doing so the model remains mindful of the need for consistency, high quality care, management of clinical and cultural risk and the need to improve maternal and infant health outcomes for Aboriginal and Torres Strait Islander people.

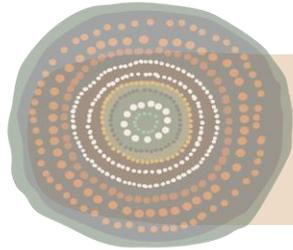


BiOC Client Journey



Birthing in Our Community (BiOC) has been supporting Aboriginal and Torres Strait Islander mums and babies since 2013. BiOC connects mums birthing an Indigenous baby to a dedicated midwife and Family Support Worker as well as other services to help empower her and her family.

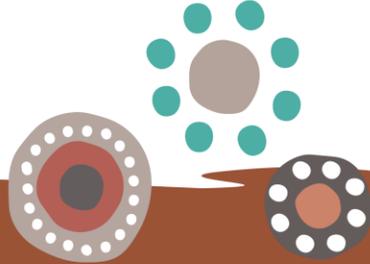


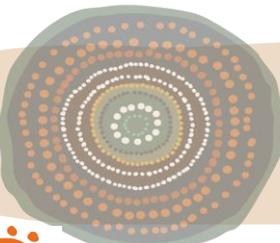


The BiOC Partnership!



- Our Collectively is our Strength!
- Indigenous Leadership and Governance
- Authentic, Core Values need to be aligned
- Trust and Healthy Conflict
- Transparent and Respectful Communication
- Deliver on Obligations
- Mob is at the centre of all that we do!
- TOGETHER WE WILL ALWAYS FIND A WAY!**





The Evolution of our Shared Care Approach



RPM

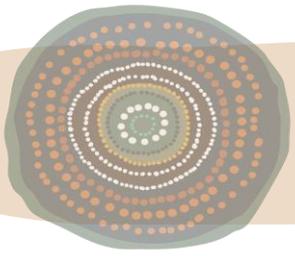
- Risk Planning Meeting



CARES

- Collaboration Around Referrals and Empowering Strengths





Collaboration Around Referrals and Empowering Strengths



Alternately Hosted Biweekly



Acknowledgment to Country / Set our intention



Fun Yarn



Family Support Practitioners Honour Mum and Families story and share with care



Midwife and care teams wrap around



Reflections



CARES (Collaboration Around Referrals and Empowering Strengths)

OUR OBJECTIVE FOR CARES: The CARES Meetings are a multidisciplinary approach to supporting women and their families. CARES provides a structured and collaborative approach to the assessment, planning, management and review of women and their families who require specialist support, complex management plans and care throughout pregnancy and into the postnatal period to meet their individual needs from a psychosocial perspective.

CLIENTS NAME: _____ **DOB:** _____

FAMILY SUPPORT WORKER: _____ **EDD:** _____

MIDWIFE: _____ **DATE:** _____

SERVICES ENGAGED: PSYCHOLOGY SOCIAL WORK ANFPP CHILD SAFETY OTHER

CULTURE / COMMUNITY / STRENGTHS (SUPPORT NETWORKS, FRIENDSHIPS, COMMUNITY DAY / PLAYGROUPS):

WHAT IS WORKING WELL (ENGAGING WITH SERVICES, HEALTHY RELATIONSHIPS, SAFE HOME, FINANCIAL):

WHAT ARE THE CONCERNS FOR THIS FAMILY UNIT:

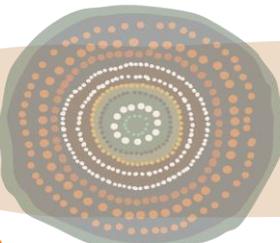
POINTS DISCUSSED:	ACTION (referrals, appointments, items to be obtained, contact with other stakeholders, case conference)	OWNER	DUE DATE

Table with 4 columns: POINTS DISCUSSED, ACTION, OWNER, DUE DATE. Contains two empty rows for data entry.

Key Changes Made



Yunkaporta, T., & Kirby, M. (2011). Yarning up Aboriginal pedagogies: A dialogue about eight Aboriginal ways of learning. In N. Purdie, G. Milgate, & H. R. Bell (Eds.), *Two way teaching and learning: Toward culturally reflective and relevant education* (pp. 205-213). ACER Press. Camberwell Victoria.



Woman & Families in CARES



2023

2024

Age 16 – 42
24.7% Antenatal families in CARES

Jan – Sep

Age 16-38
19.2% Antenatal families in CARES

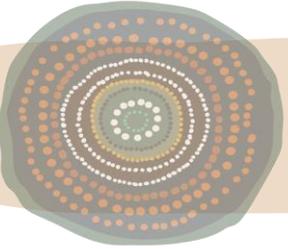
60% Mental Health
43% Domestic Family Violence
37% Substance Use
29% Housing

40% Mental Health
65% Domestic Family Violence
37% Substance Use
31% Housing

31% Department Of Child Safety
Involvement

43% Department of Child Safety
Involvement





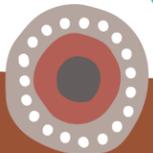
Staff Feedback

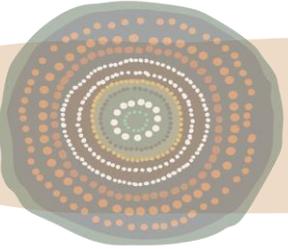


Back in the days of RPM, the space often felt intimidating for us, as Family Support Practitioners and hard for us to then be the voice for the families we were there to support. It was very medically led, and while we all had the same goal of helping our women, the focus on risk and clinical management sometimes overshadowed the cultural needs of our mob. The meetings didn't always incorporate the ways of learning and sharing that our people understand—yarning, storytelling, and taking the time to see the whole picture of a family's journey. It could feel like we were sitting in a space that wasn't always built for us or our ways of knowing, and that made it harder to speak up for what our families needed.



With CARES, it feels like a completely different space. It's welcoming, and it recognises the importance of cultural safety. We've moved away from just looking at risks, and now there's a genuine focus on the strengths and stories our families bring. The space has shifted to include our ways of learning and sharing, and that's made all the difference. We now feel empowered to truly advocate for our women and their families, knowing that their cultural, emotional, and spiritual needs are just as important as the medical ones. It's a space where we feel heard, and our community's voices are at the centre of the care planning. Our relationships with midwives and the MATER have come naturally strengthened also. CARES has made it possible for us to work together in a way that honours our families' journeys, making sure that cultural safety is woven into everything we do.





Staff Feedback



Historically, the Risk Planning Meeting (RPM) was very much as its name suggests and focused on the risks our families were facing. These were often led by the midwives with input from the multi-disciplinary team. Although our Family Support Practitioners were attending these meetings, the structure of the meeting lacked opportunity for them to share their intimate knowledge about the families' strengths and community supports. This information could critically change the outcome for many families.

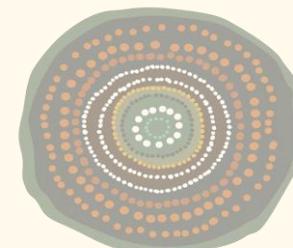
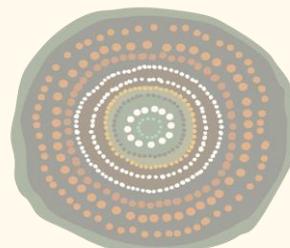
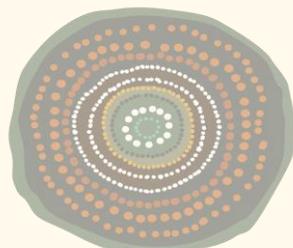
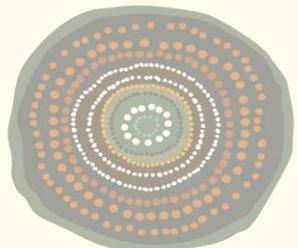


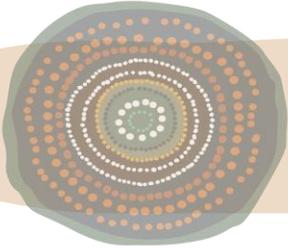
Since we have restructured the meeting to the CARES format, the midwifery team has seen and felt a huge shift in this space. The Family Support Practitioners are now presenting the women with an emphasis on their strengths and most importantly a focus on cultural knowledge. We are seeing more advocacy from the Family Support Practitioners for these women, achieving collaboration of culturally safe care for our families.





“Hayzel and I have been through a lot of rough patches the last few months, even before she was born we had some hard times, but we've both come out stronger for it, and thanks to BIOC's team, and my workers specifically, have helped so much along the way, when I couldn't have my family there to help me. They've stuck up relentlessly for my daughter to stay in my care, which made a huge difference in the decision child safety made, they've been there for my family every step of the way, and I couldn't be more grateful or thankful to have people as amazing as they are be able to be in my life, and being completely honest, we consider them family as well ”



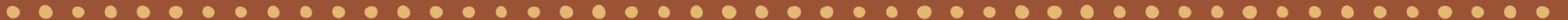
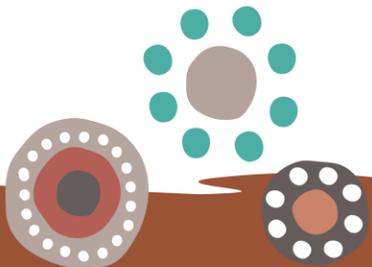


Nothing Stops Everything Must Continue

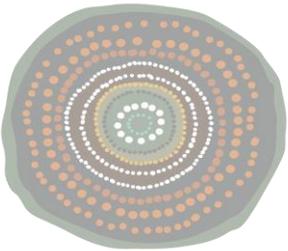
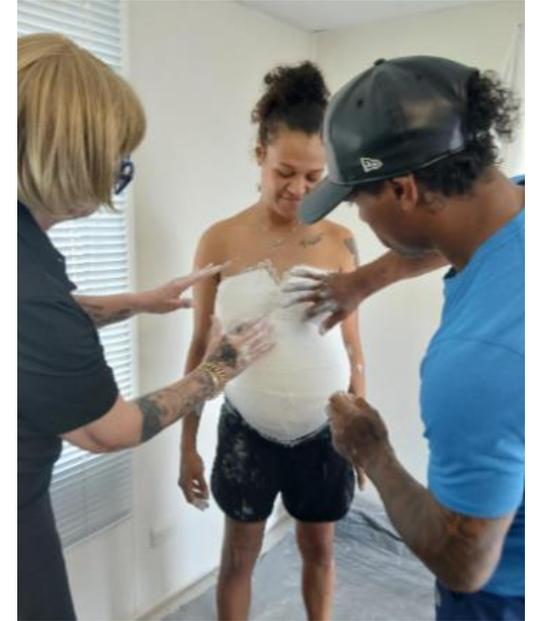


If you have come to help me, you
are wasting your time. But if you
have come because your liberation
is tied up with mine, then let us
work together.

— *Lilla Watson* —



QUESTIONS





Thank You

IN ACTION CONFERENCE