



IN ACTION CONFERENCE

Supporting Families and Young People for Better Outcomes

Presenters

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Mob ED Aboriginal and Torres Strait Islander Health Worker

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Mob Link Child and Family Health Team Leader



We honour the many Goori Tribal Nations whose territories we work across within South-East Queensland.

We honour the legacy and the vision of those who paved the way and those who continue to guide us.

We honour our future generations by maintaining the vision with focused determination.



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.



MOB ED

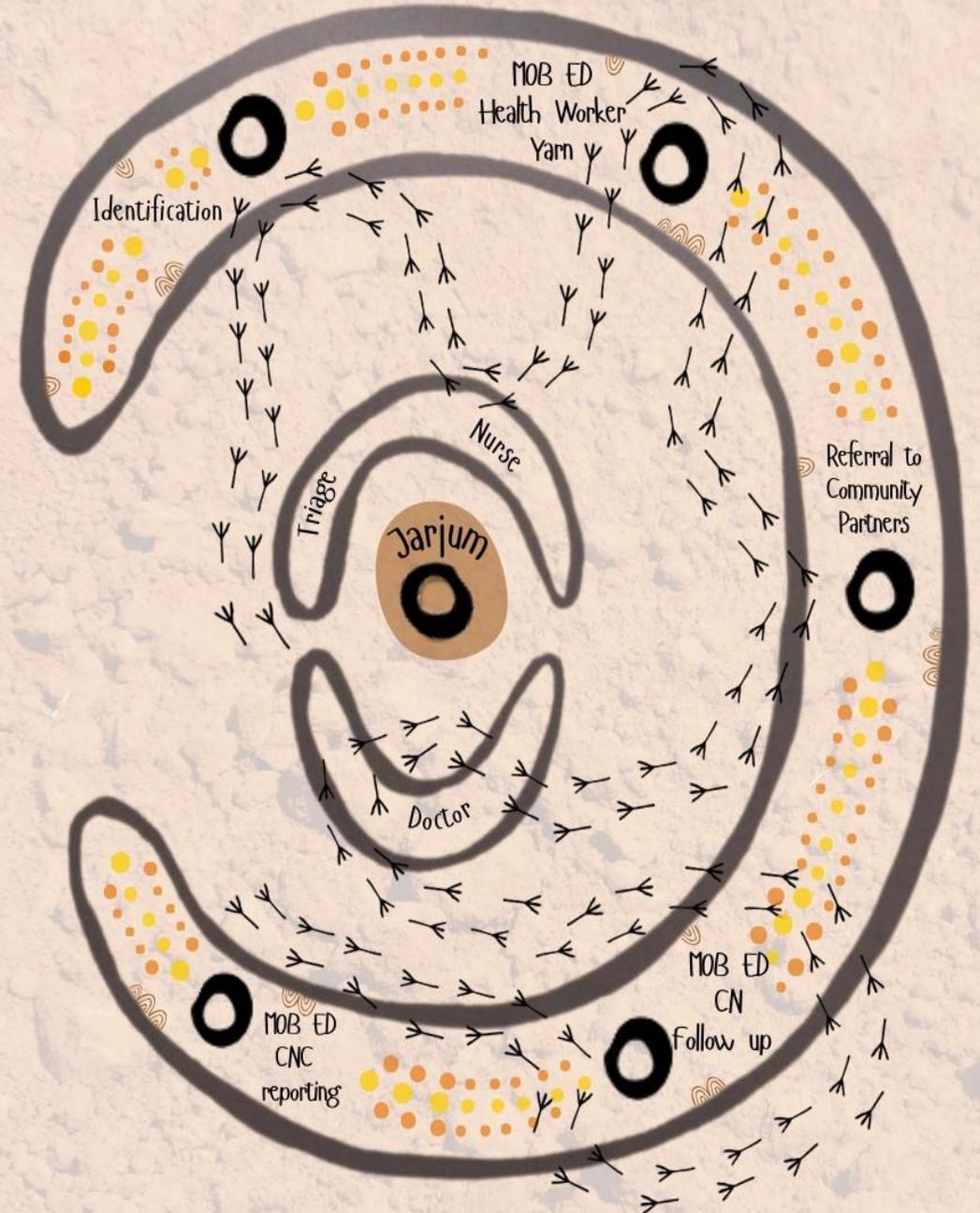
The strengths of Mob in MOB ED Model of Care; Aboriginal and Torres Strait Islander view of health and wellbeing- culture and community is as important as clinical.

100% Aboriginal and/or Torres Strait Islander staffed, they bring a lived experience and understand our ways of being, doing and knowing.

First Nations clinician led Model of Care for First peoples, self-determination in health care.

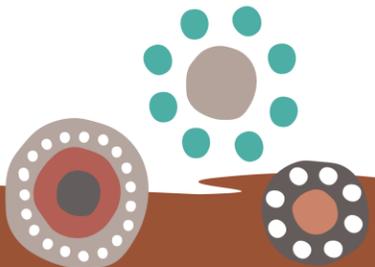
MOB ED is underpinned by these four principles;
Aboriginal and Torres Strait Islander view of health and wellbeing,
Clinical Yarning,
Trauma Informed Care and
Teach back.

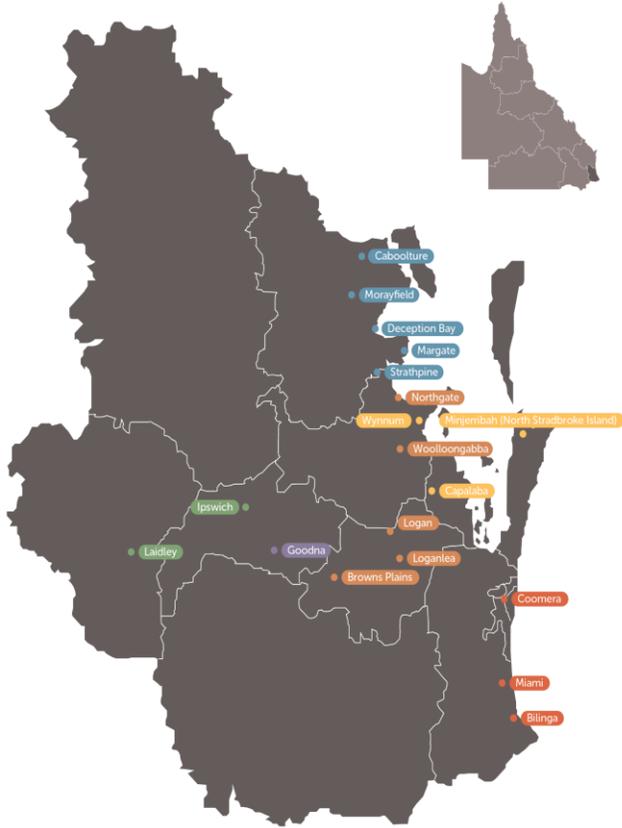
Welcome, Wellbeing and Wayfinding Yarn
weaves into clinical care, culture and community.



Mob Link is an initiative of the Institute for Urban Indigenous Health.

Open 365 days a year, from 7am to 7pm, Mob Link can provide Aboriginal and Torres Strait Islander people who live in Southeast Queensland with access to same day care or support to connect to a variety of health and social services.

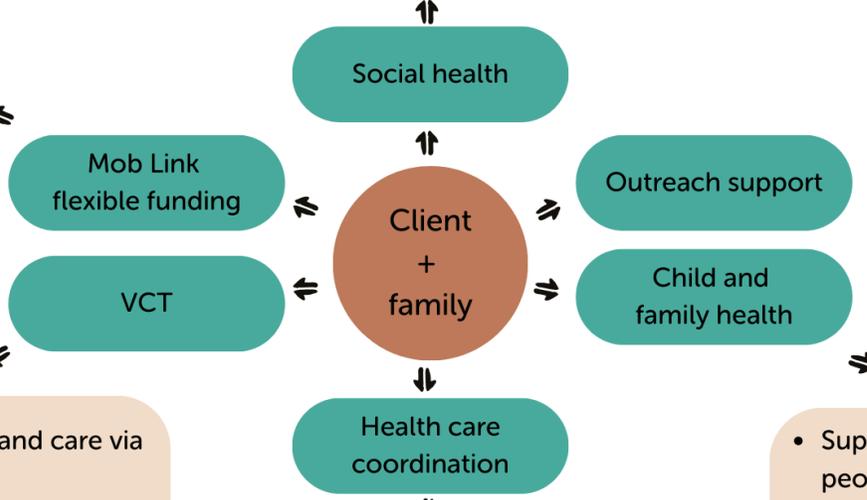




- Temporary medication support
- Domestic aids
- Medical aids/equipment

- DV counselling and support services
- Housing support
- UIH legal service
- Centrelink support
- QPS referrals
- Mental health services
- Child, youth and family team

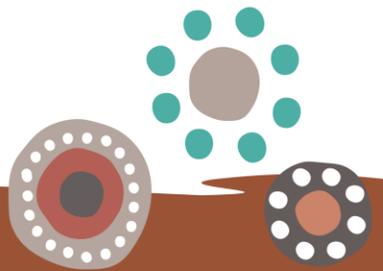
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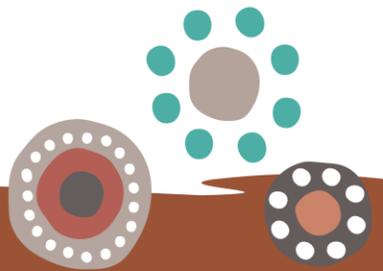
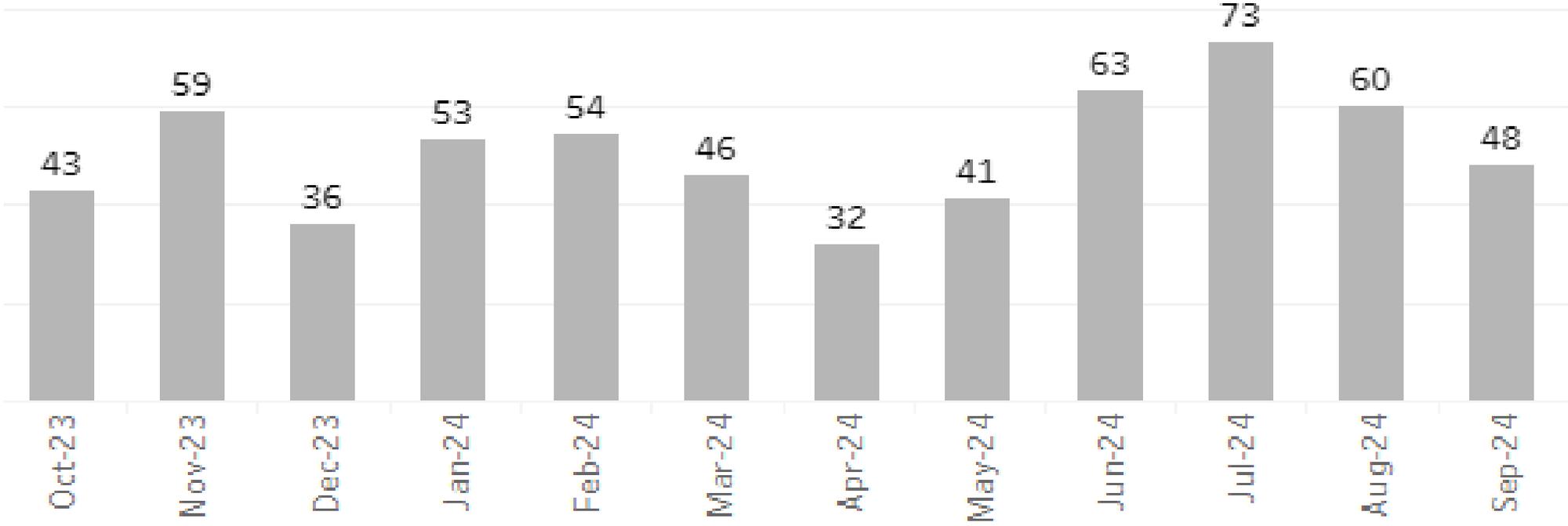
- Mob Link can provide services and care via telehealth or over the phone:
- Prescriptions for regular medications you might take
 - Health advice and support for acute episodic care
 - Early pregnancy support
 - Mental Health Support and Advice
 - Support and advocacy for ED, VECS or QAS assessment

- Support GP engagement
- Care coordination
- RAS aged care assessment
- All allied health
- CCSS chronic disease care Coordinator
- Child, youth and family health team

- Supporting children, young people and families requiring care coordination from hospital to discharge to community.
- Two Youth Care Coordinators provide youth specific support to young people between 10-17 years old

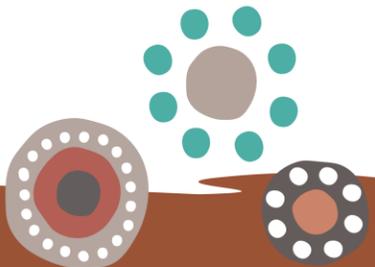


Referrals to Mob Link from QCH



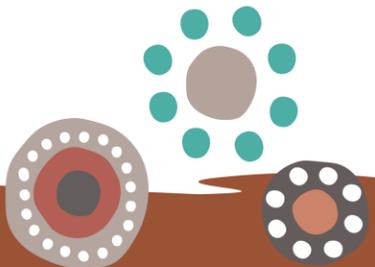
MOB ED Case study

- Family of five, mum dad x3 young children, attended Queensland Children's Hospital Emergency Department with complex social and acute care needs
- MOB ED evaluated early that ongoing community support would be required to address social determinants of health, racism, trauma, and ongoing care needs required for the family at discharge, into community.
- Moblink were contacted early to be involved in the patient's and family journey through ED QCH, to co-design care planning with the family, QCH clinician's, MOB ED.
- Moblink were immediately welcomed into QCH ED, to be involved in the patient and family journey, the two clinical teams (Moblink and MOB ED) worked together across the day, to support and advocate for the family and plan care outcomes that best supported the family in community.



MOB ED Case study cont.

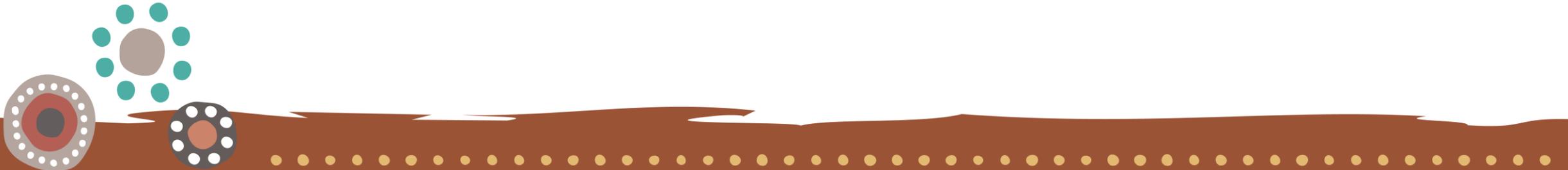
- QCH medical and social staff understood that codesign with family, community and First Nation's teams was best practice, and were happy to be guided.
- When the family were ready to be discharge, relationships had already been established with family and they understood that Moblink/MOB ED worked together, if they needed to reach back in.
- A clear plan of care was made with family for discharge and ongoing care.
- Through conversations and planning, care providers (MOB ED and Moblink) had shared capacity, accountability and transparency across the system, and regardless of the physical environment, to ensure best patient/family outcome. Working together for a common goal!



Supporting families to navigate (and avoid) systems

“Examples and Case studies of the ways in which shared workforce and systems integration can assist in supporting families who might otherwise be notified to child protection”

Our overall aim is to improve access to the most appropriate health and social services **at the right time** and **in the right place**.

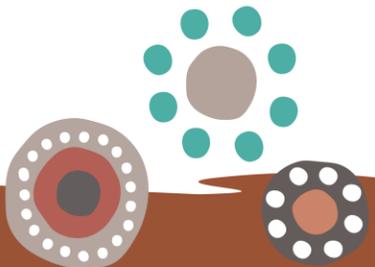


Supporting families to navigate (and avoid) systems

The partnership (systems integration) is our strength:

Co-location at the QCH enables regular connection with staff, promoting a joint effort to quickly identify gaps and bridge them into community

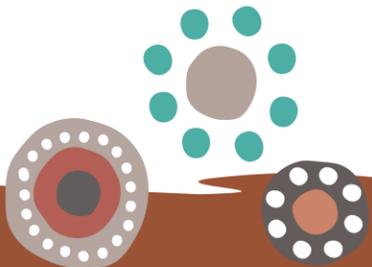
An easy referral process ensures that our most vulnerable families receive the support they need, when they need it, without delay



MOB ED Feedback

Feedback is sought from Aboriginal and Torres Strait Islander families post ED attendance **with 91% of respondents feeling culturally and spiritually safe** during their visit and **87% of families feeling satisfied or extremely satisfied (74%) that ED staff treated them with care and compassion.**

Qualitative patient feedback includes “feel culturally safe yarning to an Aboriginal worker”, “really nice to have the Indigenous nurse call me a few days later to ask how bub was doing. I felt very understood.”



Emma's story

Mob Link received a referral from QCH to support 5-year-old Emma and her family to connect back with QCH.

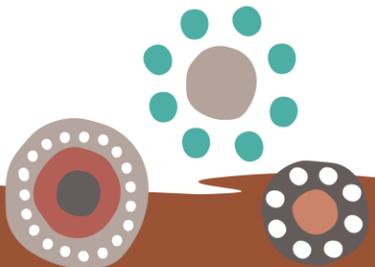
An Indigenous Care Coordinator at the hospital was worried, as Emma had not attended many of her outpatient appointments and she was labeled "Multiple FTA's".

The Hospital Clinicians were discussing making a notification to Child Safety.

Emma is an Aboriginal girl who was born at term in unplanned home birth. Her shoulder was stuck, and she was flat when the Ambulance arrived, needing CPR. Emma spent the first 2 months of her life in NICU and has since then been diagnosed with Cerebral Palsy.

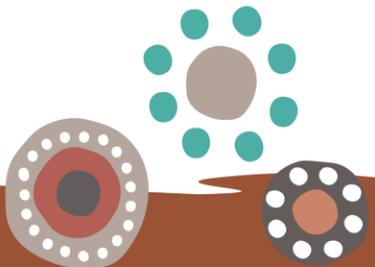
Emma has some difficulties with her eyes, a slight issue with her walking and may need some extra supports when she starts school in January.

Mob Link connected with the family and found that they were going through some very difficult times, with Emma's father undergoing treatment for aggressive cancer. He has recently had surgery, and the family doesn't know how long he will live for.



Emma's story continued

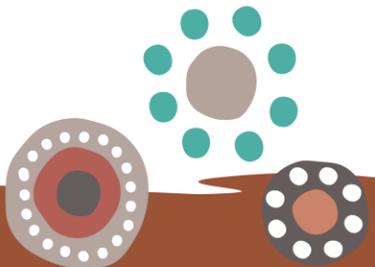
- Emma's mother suffered a mild stroke and has difficulties retaining information given to her, resulting in missed hospital appointments and uncertainty of who to tell that she can't get there.
- The family does not currently have access to a car and does not live near public transport that could take them to the hospital
- Emma's mother told Mob Link that she needs appointments to be **within** school hours as there is no one else who can look after Emma's siblings before and after school.
- We worked together with our colleagues in the hospital, both ED and Connected Care who could give us some more background information about Emma's treatment needs.
- Together, Mob Link and QCH teams were able to coordinate and prioritise specialist appointments and organized for these to occur within school hours



Emma's story continued

- At Mums request, Mob Link provided advocacy support for Emma and attended the appointments with her
- Further support was provided to link Emma to the local Aboriginal Medical Service for Emma's ongoing primary health care.

And there was no notification made to Child Safety.....





MOB LINK.

Connecting Mob to Services & Care

Questions

