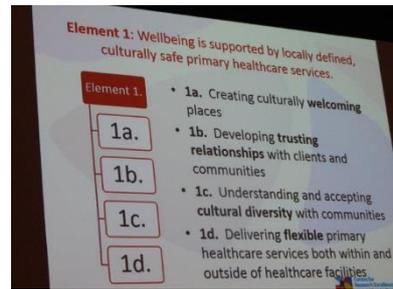


# The Wellbeing Framework

## Outcomes from the 2015 Primary Healthcare Research Conference Symposium

In July 2015, the Wellbeing Study Team ran a symposium at the Primary Health Care Research Conference held in Adelaide.



After presenting an overview of the Framework, symposium delegates had an opportunity to suggest practical ways of implementing each of the four elements. Following is a summary of these suggestions, which together with the [applications identified through the literature](#), could assist primary healthcare services to develop their own contextually relevant Wellbeing Model.

### Element 1: Wellbeing is supported by locally defined, culturally safe primary healthcare services

Locally defined, culturally safe primary healthcare services can be achieved by creating culturally welcoming space(s) as defined by Aboriginal and Torres Strait Islander communities; by developing trusting relationships between healthcare providers, clients and communities; by understanding and accepting diversity within and between communities; and by offering flexible approaches to the delivery of primary healthcare services that can address the complex needs and accommodate the competing demands experienced by many Aboriginal and Torres Strait Islander people with chronic diseases.

## Suggestions from symposium participants on how to implement Element one include:

### 1 a) Creating culturally welcoming places

- Provide separate entrance ways for different genders or skin names
- Promote the facility as a Community space by providing, for example, comfy chairs and pleasant outside spaces
- Encourage clientele to choose furniture and fixtures that suit their needs
- Employ Aboriginal reception staff and health workers
- Provide refreshments in reception
- Acknowledge clients as they arrive
- Communicate to clients about potential waiting times
- Provide flexible appointment times
- Greet people in Language

### 1 b) Developing trusting relationships with clients and communities

- Ensure there is time to broker relationships and build trust
- Recognise that clients have other priorities which may be different from looking after their own health
- Ensure that clients are able to tell their story and staff are willing and able to listen
- Understand the reasons why people aren't always able to attend their appointments
- Organise for the right people to introduce new staff to the community
- Establish relationship with Elders and community leaders
- Develop Community advisory structures
- Develop a presence at community events

### 1 c) Understanding and accepting cultural diversity within communities

- Recognise that what might be culturally appropriate in one community may not apply to all contexts
- Provide community orientation at local level

### 1 d) Delivering flexible primary healthcare services both within and outside of healthcare facilities

- Provide flexible service delivery through mechanisms such as off-site services
- Seek advice from Aboriginal Community Controlled Health Organisations and their peak bodies

[Link to principle and applications identified by other research.](#)

## Element 2: Wellbeing is supported by an appropriately skilled and culturally competent healthcare team

**Appropriately skilled healthcare teams are comprised of staff who are culturally competent as well as appropriately skilled and qualified to provide the types of clinical care that are required. Given the crucial role of Aboriginal and Torres Strait Islander staff in linking primary healthcare services with communities, and in the provision of culturally safe care, their particular role needs to be valued. Finally, effective leaders who can ensure that primary healthcare services are responsive to the needs of local communities are essential.**

## Suggestions from symposium participants on how to implement Element 2 include:

### **2 a) Ensuring that all staff are culturally competent**

- Encourage staff to reflect on their own biases and assumptions
- Acknowledge the attitudes and assumptions about Aboriginal people that non-Indigenous people may bring to their work
- Acknowledge the importance of humility and ability to learn
- Develop and deliver cultural training for all staff on regular basis
- Support Elders to run cultural competency training
- Encourage Elders to share their experiences
- Ask Aboriginal staff to let non-Indigenous staff know of culturally unsafe practices
- Urge staff to ask Community members for advice if they are unsure
- Recognise how adverse experiences of the past impact on the present
- Involve non-Indigenous staff in Community events to gain knowledge
- Include all staff in the development of Reconciliation Action Plans
- Revisit the Reconciliation Action Plan regularly and celebrate successes
- Ensure that non-Indigenous staff have an Aboriginal mentor or buddy
- Employ cultural mentors to attend a medical appointment with the patient if the doctor is a non-Indigenous person

### **2 b) Equipping staff with suitable skills to support people with chronic disease**

- Encourage medical staff to provide in-house professional development to all members of the healthcare team
- Evaluate services and implement continuous quality improvement programs

### **2 c) Valuing and supporting Aboriginal and Torres Strait Islander staff**

- Ensure that Aboriginal staff feel valued as members of the healthcare team
- Acknowledge the work of Aboriginal staff through, for example, staff awards and opportunities for professional development
- Organise self-care days for Aboriginal and Torres Strait Islander staff
- Employ Elders from the Community in key roles such as diabetes educators
- Acknowledge the important roles that Aboriginal health workers play as a conduit with the Community

### **2 d) Developing effective cultural leadership**

- Encourage the role that Elders can play as leaders and educators in chronic disease management and prevention
- Develop opportunities for Aboriginal staff to take on leadership roles
- Encourage capacity building through staff participating in research, clinic days and special leadership courses

[Link to principle and applications identified by other research.](#)

## Element 3: Wellbeing is supported by holistic care throughout the lifespan.

An integrated cycle of care recognises that people's healthcare needs extend beyond the physical body. For Aboriginal and Torres Strait Islander peoples, healthcare needs may be closely bound to their spiritual, family, cultural, community and Country connections. An integrated cycle of care also acknowledges that people's needs differ according to where they are within their life-course. Ensuring that appropriate resources are available is also essential to meeting the often complex needs of Aboriginal and Torres Strait Islander clients.

### Suggestions from symposium participants on how to implement Element 3 include:

#### 3 a) Applying holistic approaches that address priorities determined with clients

- Ensure that care plans take account of holistic (social determinant) needs
- Consider the client's physical, mental and social health
- Account for the differing priorities according to life stages
- Ensure that you are addressing priorities as defined by the client
- Provide assistance with client priorities e.g. help with filling out Centrelink forms so they can have money to buy food

#### 3 b) Life-course approach from pre-conception to post-mortality

- Identify the client's current life phase
- Consider how previous life experiences have impacted on the present and possibly in the future
- Run self-management days whereby clients set priorities for themselves
- Respond to the needs of clients at that time e.g. sorry business
- Work with adolescents in schools

#### 3 c) Ensuring appropriate resources are available to meet local priorities and needs

- Undertake a needs assessments at the local level
- Subcontract or partner with external organisations to supplement services
- Consider the advantages of care co-ordination
- Encourage specialists to run clinics in Aboriginal Community Controlled Health Organisations
- Co-locate services

#### 3 d) Responding to family, community, cultural and spiritual responsibilities and obligations

- Look beyond the individual patient to the needs of the family
- Provide assistance to family when a patient is transitioning from primary healthcare to tertiary services - "walk with them"
- Acknowledge and take account of community obligations which are essential to individual wellbeing
- Acknowledge connections to Country

[Link to principle and applications identified by other research.](#)

## Element 4: Wellbeing is supported by best practice care that addresses the particular needs of a community

For Aboriginal and Torres Strait Islander communities, broadening the definition of best practice care to include not only evidence-based medicine, but also Aboriginal and Torres Strait Islander worldviews, will support wellbeing. Best practice care should also address the availability and accessibility of services and should empower communities to actively determine local healthcare priorities. Fostering a sense of empowerment is one strategy for supporting the wellbeing of entire communities. As there are complex interplays between physical, social, emotional, and spiritual aspects to health, it is important to develop multi-disciplinary teams that can adequately address the multiple dimensions of the health and wellbeing needs of people with chronic disease.

### Suggestions from symposium participants on how to implement Element 4 include:

#### 4 a) Utilising cultural and scientific evidence to provide best practice healthcare

- Ensure that traditional healers are available if required
- Offer bush medicines
- Acknowledge that best practice may mean different things to Aboriginal and Torres Strait Islander clients

#### 4 b) Ensuring that primary healthcare services are available, accessible and acceptable

- Provide outreach to any remote communities
- Ensure an Aboriginal liaison officer respected by local Communities accompanies non-Indigenous staff on outreach visits
- Ensure interpreters are available when required
- Ask Communities to share their protocols where appropriate
- Provide transport for clients to attend health service where necessary
- Fund home visits where appropriate
- Follow up those who don't attend

#### 4 c) Empowering communities to be involved in determining local healthcare priorities

- Work from a strength based framework developing resources for positive wellbeing
- Utilise approaches which build upon existing Community strengths
- Attend Community meetings to talk about health and what they'd like to see
- Work with Community to implement the priorities they have identified
- Employ local people
- Consult with local health council

#### 4 d) Developing multi-disciplinary teams that support holistic care

- Organise for outreach teams with a number of specialists travelling together
- Encourage all allied health practitioners to work together as they're often seeing the same clients
- Encourage multidisciplinary, multicultural staffing teams
- Ensure dedicated social and emotional wellbeing support
- House as many of the different health professionals as possible under one roof

[Link to principle and applications identified by other research.](#)