

NARN newsletter

Wet season, 2020/21

- ☉ Children developing well
- ☉ Young people growing up well
- ☉ Adults staying strong
- ☉ Older people ageing well in place

Photo credit Culbert, 2007

From the NARN Leadership Team



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Welcome and thank you for reading the Northern Australia Research Network (NARN) 2021 wet season newsletter. This newsletter, compiled by Northern Territory NARN members, is filled with research stories from network members across the whole northern Australia region.

While COVID travel restrictions resulted in the postponement of the NARN 2020 workshop, NARN research and networking activity continued in each region. You can read about the NT networking breakfasts later in the newsletter.

In breaking news, NARN was successful in a collaborative research grant application to the CRC for Developing Northern Australia. Flinders University in the Northern Territory is leading the project with Top End Health Service and JCU, which will analyse a range of allied health models of care from an economic perspective. Watch the next edition of the newsletter for updates.

As we reflect on 2020, we are grateful for the safety of our Northern Australian communities during the global pandemic. This safety is attributable to public health measures and government policy, combined with messaging, collaboration across sectors and positive citizen responses. And of course, research has played a strong role because it is the evidence-base underpinning all actions.

Please share this newsletter widely and encourage your colleagues to join NARN.

Assoc Professor Narelle Campbell and the NARN leadership team

Join us at the Sunshine Coast in 2021

The IAHA National Conference is the major professional development conference for the Aboriginal and Torres Strait Islander allied health workforce.

In addition to coming together and sharing knowledge, the IAHA Conference includes the IAHA National Indigenous Allied Health Awards, celebrating achievement and excellence in allied health. In 2020, IAHA recognises the achievements of several members living and working in Northern Australia, including the Mount Isa Centre for Rural and Remote Health, Tahnee Elliot, and Shaun Solomon.



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TeaH (Turn ‘em around Healing) is a Therapeutic Model for Working with Traumatised Children from Aboriginal Communities

Are Western Models of therapeutic intervention with children from remote communities appropriate? How do Indigenous people conceptualise the spirit of trauma and healing? This research explores these questions and presents a therapeutic model of practice that incorporates Aboriginal concepts of healing and spirit within a creative therapeutic framework. Aboriginal children in Australia are over-represented in both child protection and in juvenile justice. Mental health issues and suicide are increasing. Using western models of practice with Aboriginal people who live in remote communities can be highly problematic. This is due to a combination of factors such as; unacknowledged intergenerational trauma, government policies and funding mechanisms, remoteness, biomedical models of practice that sit within a Western paradigm. The historical impact of past legislation, government interventions and an historical legacy of inadequate racist service provision proves a barrier that needs to be acknowledged and addressed prior to any service implementation.

Elders from central Australia contend that, ‘When a child becomes sick or sad, it is because their spirit has gone. If a child is hit or hurt, their spirit becomes misplaced and uncentred. They lose their sense of self’ (Peters, Tjilari, & Ginger, 2010). As traditional healers (Ngangkari), they explained that children are born with the spirit that holds itself in culture and language. Suicide occurs when their spirit is broken. The concept of the spirit is intrinsic to Aboriginal healing. This research presents a therapeutic model of



The Marionettes have been hand- made and designed specifically to use as part of the TeaH model. Photos by CDU.

practice that incorporates Aboriginal concepts of healing and spirit within a creative therapeutic framework. This model works on several levels, with the principles of community engagement and capacity building at its core, which enabled the provision of a culturally derived therapeutic intervention that involved a synergy of both Aboriginal and Western based healing practice.

Dr Michelle Moss PhD,
Coordinator—Creative Therapies, College of Health and Human Sciences (CHHS), Social Worker, Art Therapist CDU

Tony Duwun Lee,
Larrakia Elder, Traditional Owner, Traditional Healer and Artist





Clubfoot in the Northern Territory

Clubfoot is the most common congenital orthopaedic condition in the world (0.5-6.8:1000 births (Chen et al 2018; Smythe et al 2017). At birth, a clubfoot is rotated inward and downward such that the bottom of the foot may face sideways or upwards (Ponseti et al 1996). No cause has been identified, but evidence-based treatment (the Ponseti method) utilising serial plaster casts, a minor orthopaedic procedure and long-term maintenance bracing, has demonstrated excellent outcomes and is now gold standard (Ponseti 1996; Radler 2013). Clubfoot is known to have high prevalence in Aboriginal and Torres Strait Islander Australians, 2-3 times higher than Caucasian infants (Carey et al 2005; Byron-Scott et al 2005), yet clubfoot has not been adequately investigated in the Northern Territory (NT).



Clubfoot <https://kidshealth.org>

Clinical experience suggests that in the Top End region of the NT, clubfoot prevalence is particularly high; that the Ponseti method is burdensome for families, and that clinical outcomes are poor. A clinical audit in 2014 estimated 5:1000 Aboriginal and Torres Strait Islander infants in the Top End are born with clubfoot, and of that group 80% lived in remote areas (Horman et al 2015).

A PhD project is underway which will more formally examine the birth prevalence of clubfoot for the entire NT, including an examination of cultural and regional differences. The project will analyse important clinical outcomes for clubfoot treatment including rate of initial treatment success, adherence with maintenance therapy (use of brace), rate of relapse (recurrence of the deformity) and will examine factors associated with both adherence and non-adherence, and relapse of the condition. Most importantly, the project will, with leadership from Aboriginal and Torres Strait Islander co-researchers, undertake qualitative research with families who have experienced clubfoot and Ponseti method treatment in the NT, to better understand the perspective and experience of these families.

On completion of the PhD, it is hoped that culturally appropriate adaptations or alternatives to treatment and delivery methods will be identified, which can be implemented to enhance experiences and outcomes for Aboriginal and Torres Strait Islander families in the NT.

**Kelly Paterson PhD Candidate (JCU),
Senior Physiotherapist (Royal Darwin Hospital)**

Malnutrition Risk Screening for Preterm Neonates

The Nutrition & Dietetics department at Royal Darwin Hospital (RDH) has completed a successful trial and audit of screening preterm neonates in the Special Care Nursery (SCN) for risk of malnutrition.



Preterm neonates have specific nutrition needs for optimal growth and development placing them at high risk of malnutrition which is associated with impaired neurodevelopmental outcomes. However, there is currently no published data on the prevalence of malnutrition amongst inpatient neonatal populations.

Utilising an Allied Health Assistant (AHA), we implemented screening for all neonates admitted to the SCN in 2018. A targeted screening tool was developed: the RDH Neonatal Nutrition Screening Tool (NNST).

We evaluated the validity of RDH NNST in 2020 via retrospective clinical audit of 25 charts. The NNST identified 50% of neonates at risk of malnutrition and had high specificity (88%) and moderate sensitivity (65%). The audit also found 70% of neonates were appropriately diagnosed with malnutrition during their admission, and 40% of neonates were assessed by a Dietician, with initial

assessment occurring on day 19 of life on average.

Our small audit sample size limits generalisability of our findings but confirms the usefulness of neonatal nutrition screening by an AHA using our tool. Future consideration should be given to inclusion of additional indicators of malnutrition risk to increase sensitivity.

Concurrently, RDH was one of twenty-two sites participating in the DiNER (Differences in neonatal Nutrition: An Exploration in Real Time) study in 2020. This is an observational study of feeding practices and growth outcomes in Australian and New Zealand neonatal intensive care units. It is a collaborative project of the Australasian Neonatal Dietitians Network (ANDiN) with RDH Nutrition and Dietetics department contributing data over a 6 month period in 2020.

Future research for our team is proposed to routinely audit feeding practices in SCN in line with the RDH Neonatal guideline.

**Melanie Blair & Becky Phan
Clinical Dietitians, Royal Darwin Hospital.**

Uses and value of Aboriginal traditional 'Medijins' in the Sunrise Health Service Communities

Traditional Aboriginal Bush Medicines, called 'Medijins' in Katherine, Northern Territory (NT), have been used by Aboriginal peoples throughout Australia for thousands of years. With colonisation and the introduction of 'western medicine' the use of traditional medicines has decreased. It is unclear to what extent traditional medical practice remains in Australia within the health care setting, and how traditional medicines are used alongside western medicines. While there is a lack of research on this area, a literature review (Oliver, 2013) found that traditional medicine practice in Aboriginal Australia still remains, but the extent to which it is practiced varies widely amongst communities across Australia. This variation was found to depend on association with culture and beliefs about disease causation, type of illness presenting, success of biomedical treatment, and accessibility to traditional healers and bush medicines. *"Understanding more clearly the role of traditional medicine practice, as well as looking to improve and support integrative and governance models for traditional medicine practice, could have a positive impact on primary health care outcomes for Aboriginal Australia"*. (Oliver, 2013).

The objectives of our study, to be conducted across Sunrise Health Service Aboriginal Corporation (SHSAC) in the Katherine region of NT, are to:

- Identify the extent and uses of 'Medijin' in Katherine and two remote communities in the Katherine region.
- Explore the value, including mental and spiritual wellbeing of the use of 'Medijin' in Katherine and in two remote communities in the Katherine region
- Evaluate a trial of the use of common 'medijins' in SHSAC services and two remote communities.

Madeleine Bower, Kylie Stothers, Sophia Hogan Associate Professor Sue Lenthall and Senior Research Fellow Chris Rissel

Indigenous Australian perspectives on incorporating the social determinants of health into the clinical management of type 2 diabetes

There is a direct relationship between poor social determinants of health and the increased prevalence of type 2 diabetes(1, 2). Typically the social determinants of health are considered at a population or community level, not at individual or clinical levels(3). In my PhD I am investigating how social determinants of health can be incorporated into the clinical management of type 2 diabetes.

In Australia poor social determinants of health and type 2 diabetes are highest amongst the Indigenous population(2, 4). Consequently one arm of my study investigated the Aboriginal and Torres Strait Islander perspective on how the social determinants of health could be incorporated into the clinical management of type 2 diabetes for Indigenous Australians.

The qualitative study comprised of interviews and small yarning circles with Indigenous health workers and Indigenous people with type 2 diabetes.

The findings revealed that in order to address the holistic nature of Indigenous health, culturally responsive service delivery is required. Services for Indigenous people with type 2 diabetes benefit from being delivered in a flexible manner, with appropriate education for health professionals on cultural responsiveness. In addition, education for Indigenous people should be delivered in a style that suits them. The provision of transport, and personal support networks for Indigenous people with type 2 diabetes also emerged as requirements for effective care that incorporates the social determinants of Indigenous health. Finally to ensure type 2 diabetes care for Indigenous Australians is optimised, appropriate support services in the community should be available.

Indigenous Australians have a holistic view of health that innately includes the social determinants of health. Therefore the approach to incorporating social determinants of health into clinical care for Indigenous people who have type 2 diabetes should reflect this holistic perspective.



Diagrammatic representation of identified themes

1. Brown AF, Ettner SL, Piette J, Weinberger M, Gregg E, Shapiro MF, et al. Socioeconomic position and health among persons with diabetes mellitus: a conceptual framework and review of the literature. *Epidemiologic reviews*. 2004;26(1):63-77.
2. Australian Institute of Health and Welfare. *Australia's health 2018*. Canberra: AIHW; 2018.
3. World Health Organisation. *Social determinants of health: the solid facts*. Second Edition. Wilkinson RG, Marmot MG, editors. Copenhagen: WHO Regional Office for Europe; 2003.
4. Marmot M. Social determinants and the health of Indigenous Australians. *Med J Aust*. 2011;194(10):512.

Amanda Frier, PhD candidate (JCU),
Clinical dietitian & Diabetes educator





...Different meanings... what we want in our lives...

A qualitative exploration of meaningful engagement for Aboriginal and Torres Strait Islander people in a co-designed community rehabilitation service

Listening to and learning from Aboriginal and Torres Strait Islander people's lived experiences can create transformational processes and pathways for health reforms. Exploration of the personal experiences of engaging in culturally meaningful activities that meet individual health needs and promote positive psychological, social and functional health outcomes for Aboriginal and Torres Strait Islander people is an emerging area of research, where little knowledge currently exists. Our research aimed to make a meaningful and important contribution to the health literature, by exploring the lived experience of Aboriginal and Torres Strait Islander people participating in a co-designed student-assisted community rehabilitation service, in a remote Aboriginal and Torres Strait Islander community.



A qualitative exploration of the lived experience of older Aboriginal and Torres Strait Islander people (n=6) was conducted utilising Indigenist research methodology, including observation, yarning and listening to gather meaningful data. Thematic analysis and interpretive phenomenological analysis were applied to the data in accordance with Indigenist research principles.

Four key themes were identified through this analysis of people's lived experiences. The first theme, connection to people, highlighted how participation in the program allowed for not only immediate and present connection to others, but also evoked connections to significant persons in people's pasts. These connections imbued the activities with personal, and sometimes cultural, meaning. Additionally, a connection to past was found more broadly, including participation evoking a connection to past statuses, roles and events. The connections identified promoted engagement in the enjoyable practice of yarning about the past, and for some, were important in providing an ongoing sense of independence, through allowing for the continued practice of valued activities. Further, people conveyed that the program provided a means of connecting to the future, as it facilitated passing cultural knowledge on to others, notably, the younger

generation. Finally, it was evident from the experiences conveyed, that the program promoted a sense of achievement and fun, and that this was a key motivating factor for ongoing engagement.



This research sought to honour people's voices in their experiences of engagement in the program. It was conveyed that personal and individually defined meanings and connections to people, past and future were often what gave the activities value, importance, and cultural significance, rather than an explicit focus on culture per se. It was further noted that enjoyment and fun was also very important, and for some, a deeper or cultural meaning was not necessary to find the program valuable. From the activities spoken about, yarning was identified as having particular importance, in its therapeutic and enjoyable nature, and its vital role in building relationships and sharing knowledge. Finally, it was evident that an ongoing connection to community, namely, the involvement of prep school children, was a key aspect of the program, providing enjoyment and a sense of connection to future. These results have important implications for practice, in informing the design and delivery of rehabilitation programs for Aboriginal and Torres Strait Islander people that promote engagement that has personal and cultural value and meaning, to facilitate and promote positive psychological, social and functional outcomes.



Emma Sarovich,
Occupational Therapist.
Co-authors: Alice Cairns, Daniel Lowrie, Lynore Geia, Sylvia Kris, Amy O'Hara & Ruth Barker.

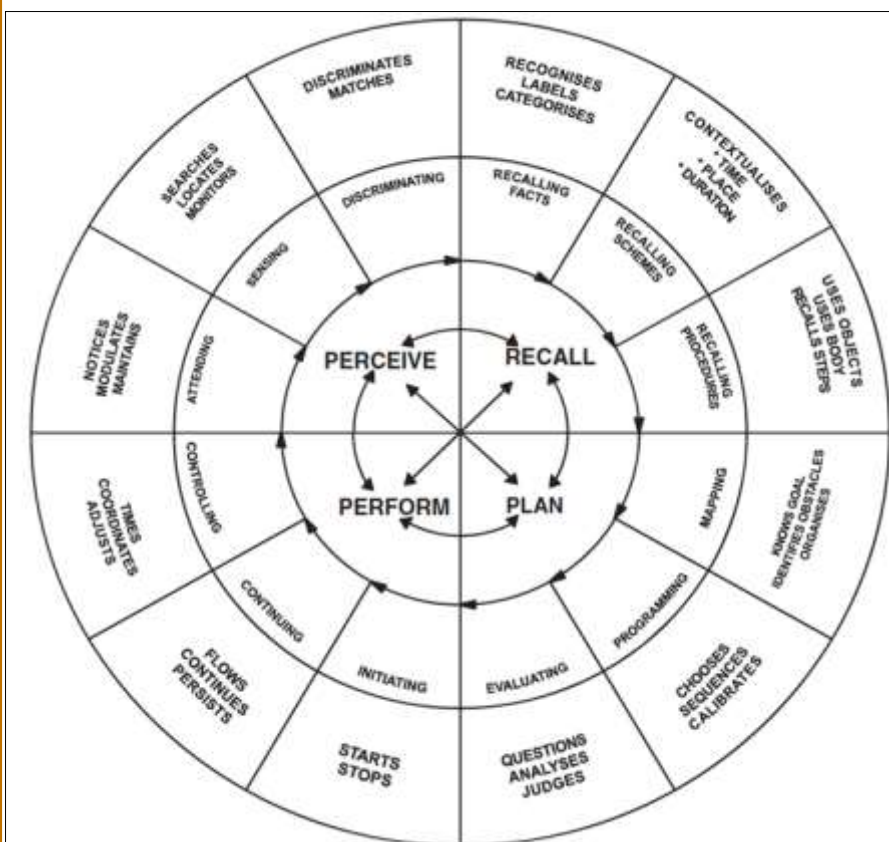
Exploring the validity, clinical utility and cultural safety of The Perceive, Recall, Plan and Perform Assessment when used to assess cognitive function of Aboriginal and Torres Strait Islander peoples.

Assessment of cognitive function with Aboriginal and Torres Strait Islander peoples is complex and challenging in the Northern Territory. There are very few culturally sensitive and validated cognitive assessment tools. Current clinical practice in the Northern Territory relies on subjective opinions coupled with informal observations and use of standardised pen and paper style cognitive assessments that draw on Western concepts and language skills. The consequences of inappropriate cognitive assessment approaches can include findings that do not accurately reflect the person's ability because of a deficit-based model of assessment, inappropriate clinical decisions might be made and access to services and supports may not be facilitated.

Occupational therapists in the NT have also been using an OT cognitive assessment tool across a range of settings for the past 6 years with clinical reports of success. The Perceive, Recall, Plan and Perform (PRPP) System of Task Analysis Assessment is based on information processing model of cognition. It looks at how we receive, store and retrieve information to formulate a response. A person is observed carrying out a familiar everyday task. Mastery of the task, plus the cognitive strengths and weaknesses they apply to the task, are assessed while they perform the task.

The PRPP is a person-centred, ecological, standardised and criterion-referenced assessment and intervention system. Previous research into the PRPP has been completed across a range of conditions including stroke, traumatic brain injury, schizophrenia, dementia, HIV acquired neurological disorder, Parkinson's disease, cancer, upper limb amputees, autism, learning disability and other paediatric conditions. The PRPP is able to be used widely by occupational therapists as it is not specific to diagnostic groups, age, gender or cultures.

The objectives of this PhD study are to investigate the concurrent validity, clinical utility and cultural safety of the PRPP when used to assess cognitive function of Aboriginal and Torres Strait Islander peoples. A mixed methods approach is being implemented across three phases. The final phase, to be conducted in 2021, will explore cultural safety of the assessment approach by collating multiple



The PRPP System of Task Analysis
© Chapparo & Ranka 2012
Original Chapparo & Ranka 1992, 2005
AUSTRALIA
www.occupationalperformance.com

perspectives of Aboriginal and Torres Strait Islander peoples through the voices of the consumer, their family member and several health professionals who also identify as Aboriginal or Torres Strait Islander.

PhD candidate: Rebecca Smith.
Primary Supervisor: Dr Melissa Nott.
Co-Supervisors: Dr Judy Ranka and Dr Robyn Williams





Exploring the meanings of care and the implications for service providers with Yolŋu renal patients

Among service providers, the concept of care is often used to express a set of practices, values, rights and responsibilities beyond mere treatment – for example, through concepts of models of care, person-centred care and duty of care. Yet the meanings that patients ascribe to care are often not considered.

I undertook an ethnographic study of the practices, meanings and values of care of Yolŋu renal patients. I explored how patients and their families understand and practice care in the home, in renal services and in relation to housing and social security policies. I worked in collaboration with Yolŋu co-researchers, renal patients and families.

Yolŋu renal patients involved in my research described being cared for as being respected. Caring for elders was described as caring for the knowledge that they carried. People without care were said to experience ‘shame’ (a well known concept in Aboriginal English that may refer to a failure to follow social norms or social isolation). Some renal patients were cared for by several family members, who sometimes rotated. Patients described the importance of being surrounded by carers and family members for their health.

Participants in my research placed the care for renal patients in a broader framework of the rights and responsibilities of kinship. Care for renal patients was often thought of as a relationship between generations, although not exclusively so. Relationships of care were described as relations of reciprocity, and renal patients were often providers of shelter to their carers.

The meanings and expectations that Yolŋu renal patients invest in care have implications for a range of service providers and policy frameworks at practitioner and systems levels. As a result of my research, Aboriginal Hostels have agreed to develop a new model of care for renal patients. I hope to investigate other policy implications in future, particularly for disability and aged care services.

Stef Puszka,
PhD candidate

Australian National University/Menzies School of Health Research
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COVID-19 and students

The COVID-19 public health biosecurity response including border closures, and biosecurity zones undoubtedly saved lives particularly in remote and rural Aboriginal and Torres Strait Islander communities. However one unintended effect of the response was the interruption or cessation of clinical placements for allied health students in remote Northern Australia. Not only did the students lose learning opportunities because of their need to return to home, but communities also lost the services provided by the students.

Across remote Northern Australia, in excess of 1500 allied health student placements occur annually. No doubt you have met or supervised some of these students. Many of the placements use a service learning model of care, balancing learning requirements with community-specific health service needs and acknowledging communities as partners particularly in the development of culturally appropriate curriculum. The over-arching purpose of service learning models is to build support for establishing fully-funded professionally staffed services that are culturally responsive and address inequity.

Due to COVID and the necessary restriction of movement, some programs supporting students learning in health services and service learning models in Northern Australia reported upwards of 40% loss of student activity during 2020. Despite these losses, programs also reported innovative approaches to maintaining services. E-learning placement activity where students remained in their location and the supervisor provided virtual access to



learning in the community was successfully implemented in some locations and for some professions. Students were also supported to undertake longer placements in remote locations in order to avoid travel whilst maintaining services and learning.

Creation and support of allied health professional education and training close to home is possible and could provide a sustainable model of learning and service delivery, that ameliorates the risks of public health strategies such as quarantine and travel restrictions. Students have a role in meeting health service needs in our communities and therefore assist in addressing NARN's objectives of supporting the health and wellbeing of people in Northern Australia to develop well, grow well, stay strong and age well in place.

Narelle Campbell (Flinders NT)
Ruth Barker (JCU)
Kylie Stothers (IAHA)



Facilitating student placement in the Kimberley: the perspective of nursing and allied health professionals

The team at Majarlin Kimberley Centre for Remote Health (Majarlin) aim to provide quality rural training experiences for nursing and allied health students. Subsequently, in late 2020 we surveyed 103 nursing and allied health professionals who live and work throughout the Kimberley to gain their perspective on facilitating student placements. The survey asked for perspectives on the benefits of hosting students; supervision; cultural responsiveness; impact on clients, clinician time and workload, resources, workforce and institutional support for supervisors and students.



The Majarlin clinical education, administrative and cultural security team

We received responses from those in the disciplines of physiotherapy, speech pathology, dietetics, podiatry, social work, psychology, pharmacy, occupational therapy, radiography, nursing and midwifery who live or work in Broome, Kununurra, Derby, Fitzroy Crossing, Halls Creek, Wyndham and other very remote communities. Practice experience was evenly spread across the respondents ranging from less than two years to more than 20 years working in the areas of public and private health, non-government organisations, aged care and Aboriginal medical services. 65% had directly supervised an allied health or nursing student in their current role, 62% anticipate being a direct supervisor in the next six to 12 months and after identifying benefits, barriers and preferred support, 86% were inclined to host an allied health or nursing student on placement.

When asked about the benefits of student placement, over 80% of respondents agreed that students make a positive contribution in the work environment and bring new knowledge into the workplace; 70% agreed that students add value to the provision of services; 40% agreed that students provide additional services that otherwise may not have been delivered. 80% agreed that the student's ability to work autonomously was important and 23% reported that students can decrease their workload.

Over 70% of respondents agreed that supervising students was a

positive experience and improved their clinical skills and confidence. Respondents reported that support from Majarlin (70%) and interagency placements (56%) would encourage facilitation of student placement. Time to provide support to students was a limitation identified by 50% of respondents.

Overall, workplaces and institutions were supportive of their clinicians to facilitate student placement and 93% of respondents agreed that providing student supervision contributed to development of their profession; 87% of respondents agreed that hosting student placement provided an opportunity to identify future employees; and 92% agreed that clinical placements add value to their profession.

Approximately 60% of respondents agreed that their clients were receptive to students. Not surprisingly, the most common barriers to facilitating student placement in the Kimberley were accommodation, office space and transport. Respondents agreed that cultural responsiveness was important and that sufficient training was available within the Kimberley.

Following distribution of the survey, Majarlin hosted a follow-up luncheon to deliver survey results and gain further feedback on the type of support required by attendees and preferred professional development topics. To fulfil our goal of building allied health and nursing workforce capacity in the Kimberley, Majarlin will continue to gain feedback from their partner service providers to ensure relevant and helpful learning and support is delivered to clinicians and students into the future.



Allied Health and Nursing Luncheon hosted by Majarlin at NDA Broome campus

Dr Rosemarie Newitt,
A/Director Majarlin Kimberley Centre for Remote Health,
University of Notre Dame Australia, Broome, WA.

Co-designing an educational escape room to teach cross-cultural skills and knowledge



Learning how to deliver culturally safe health care is a critical professional development journey for health professionals that commences in the student years. Health professionals and health professional students working with children, young people and older people in the Northern Territory all need to be able to provide appropriate cross-cultural care. Flinders NT is currently undertaking research into the novel experience of an escape room as a cultural learning environment for health professional students. Escape rooms as a tertiary educational strategy is quite new however an NT-based research project “Nana’s Nightmare”^{*} has already demonstrate their value.

The re-design of the Nana’s Nightmare escape room to focus on cultural learning was undertaken in November 2020 by a group of Aboriginal and Torres Strait Islander people together with staff members from Flinders University, Poche Centre and Indigenous Allied Health Australia. The group first participated in the existing escape room, Nana’s Nightmare, and then brainstormed ideas for a new scenario and its associated cultural learning outcomes.

This new escape room, and its accompanying education session, will teach health care students about teamwork and

interprofessional practice in the context of Aboriginal and Torres Strait Islander clients. Participants used a strengths-based approach and called on their own knowledge and experience and those of others in the community to develop their ideas. The collaboration resulted in much laughter, some great ideas, a list of learning objectives for the escape room, and lots of work ahead to pull everything together.

Once the props, puzzles and lesson plan prototype are developed, workshop participants will be invited back to trial the new escape room. Their experience and advice will be sought on enjoyment of the activity or ‘fun factor’, learning potential for students and to ensure messaging and appropriateness of cultural content were retained through development.

Leigh Moore & Narelle Campbell
Flinders NT

^{*} Moore L, Campbell N. Effectiveness of an escape room for interprofessional learning. *Medical Education* 2020; 00:1 DOI: 10.1111/medu.14327 <http://dx.doi.org/10.1111/medu.14327>



NARN NT-Chapter reinstates Breakfast Networking Meetings

Whilst 2020 has provided many challenges with the 'new normal', NARN NT-Chapter was able to overcome the barriers and reinstate its collaborative breakfast networking meetings. The first meeting was run in July hosted by Charles Darwin University with 26 attendees from a variety of institutions enjoying a delicious breakfast, networking opportunities and short presentations about current research happening in the NT. Videoconferencing was used to link those who couldn't attend in person and one speaker even delivered her talk from Melbourne as travel restrictions had prevented her from returning to Darwin. Evaluation revealed the favourite parts of the meeting were the speakers range and diversity, the opportunity to network and the research links to the NARN objectives, and everyone reported they would like to attend again.

Two further successful NARN NT-chapter networking meetings have since been held, with the second meeting hosted by Flinders University and the third by Menzies School of Health Research. NARN NT-chapter would like to extend a big thank you to the hosts, presenters, coordinators and attendees of the networking meetings in 2020. More meetings are planned for 2021 and we look forward to continuing to support NT researchers with networking opportunities and more yummy breakfasts in the new year.

Christine West – NARN Member and co-ordinator of July meeting



NARN NT breakfast meetings at CDU (left) and Flinders NT (centre and right)

CDU working to increase role of Psychology in health research

Dominic Upton, Dean of the College of Health and Human Sciences (CHHS) at Charles Darwin University (CDU) spoke at the NARN NT breakfast meeting about the potential for increased involvement of psychologists in health research.

Professor Upton, a Health Psychologist by background, outlined how health research is increasingly directed towards enhancements of health promotion and health service delivery. This is particularly the case with disadvantaged populations. Translation of health research into positive health outcomes is very often dependent upon behaviour change of service providers and/or the client populations. This enterprise may be regarded as an exercise in applied psychology. However, there is surprisingly little involvement of researchers with formal psychological training in health research in the NT. The CHHS is working to change this. The skills of CHHS academic staff in the discipline of Psychology are complementary to the skills of active health researchers currently working in the NT, and there is considerable potential for synergies and collaborations. Specifically, Dr Mal Flack researches the psychology of addictive behaviours with a focus on gambling, Dr Shahd Al-Janabi and Dr Luca Aquili research the neurobiology

of cognitive flexibility and behaviour, and Ms Katelyn Rossiter researches the relationship between social media and community understanding of risk. In a field closely related to psychology, Dr Hamid Karimi researches speech pathology with an emphasis on cross cultural communication, transdisciplinary health services and telehealth.

A snapshot of CHHS research can be seen within the CDU research profiles web page <https://researchers.cdu.edu.au/en/persons/>.

Prof Dominic Upton



IAHA Update: Research Agenda & Guiding Principles

As a NARN member, Indigenous Allied Health Australia (IAHA) are committed to conducting high quality allied health research which is beneficial to Aboriginal and Torres Strait Islander people, families, and communities, including those living in Northern Australia.

In 2020, as IAHA sought to further establish our research agenda, the IAHA Board of Directors endorsed the following four key principles governing IAHA's engagement with research.

Culture is central: To drive excellence through rigorous research that is culture focused.

Aboriginal and Torres Strait Islander Leadership: Led and driven by Aboriginal and Torres Strait Islander people.

Impact: To conduct outstanding, multi-disciplinary research in allied health education, health and wellbeing outcomes and health workforce that makes a difference in addressing the aspirations and priorities of Aboriginal and Torres Strait Islander peoples, families and communities.

Knowledge translation and sharing: To undertake research that translates theory and research into effective policy, planning and practice with Aboriginal and Torres Strait Islander peoples. Utilising strategies that inform community and stakeholders of research outcomes.

IAHA believe that research which aligns with these four principles can meaningfully improve the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people and move us away from research which, for too long, has failed to translate into impact. IAHA are committed to building the evidence base in areas such as allied health, cultural safety and responsiveness, the social and cultural determinants of health, interprofessional education and practice and Aboriginal and Torres Strait Islander health workforce support and development; and translating this evidence into policy and practice.

IAHA look forward to working with colleagues, including NARN, to drive a research agenda which is Aboriginal and Torres Strait Islander-led, strengths-based, culturally informed and which translates to positive change on the ground. More information on IAHA's research agenda can be found online [here](https://iaha.com.au/policies-and-research/research/) (https://iaha.com.au/policies-and-research/research/).



Paul Gibson,
Director, Research and Policy, IAHA

Research on preparation for health professionals working in Indigenous primary health care

A consistent, culturally safe, and effective workforce is crucial to enabling equity and access to health care and improving health outcomes for Indigenous peoples in Australia. This issue is linked to health workforce recruitment and retention in Australia and is an ongoing problem particularly in rural and remote areas. Failure to attract and retain qualified staff, along with high staff-turnover, significantly impacts on the delivery and effectiveness of health care. The literature reveals reasons including a lack of appropriate work-place orientation and professional development opportunities, and limited, inconsistent government intervention in terms of health workforce policy or strategy. This results in compromised access to a stable service that meets Indigenous peoples' needs, exacerbation of Indigenous health inequities, and reduction of community confidence in the provision of culturally safe health care.

My PhD research asked what kind of preparation health professionals need to work effectively in Indigenous primary health care contexts. Exploration of this topic led to the development of a premise that preparation is an ongoing, cyclic process of action, reflection, and change, and is impacted by individual, organisational and systematic contributions. Preparation is essentially a lifelong process of learning based on foundations of effective practice, appropriate education, authentic engagement with work contexts, critical reflection, and negotiation of culturally safe practice. This research contributes to a stronger understanding of what can support health professionals' need to continuously 'prepare for practice' in Indigenous health settings.

For allied health professionals, the research recommendations for future actions are similar for other health professionals. These include education of health professionals being reorientated to comprehensive primary health care, development of cultural safety frameworks, and negotiation of different practice contexts through effective communication. Transparent and well-resourced career pathways are also required for all health professionals working in Indigenous health and must be developed and supported.

Robyn Williams, PhD.
The Northern Institute, CDU



NARN *newsletter*

Wet season, 2020/21

- ☉ Children developing well
- ☉ Young people and adults growing well & staying strong
- ☉ Older people ageing well in place

Photo credit Culbert, 2007



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We would like to thank Ella Dunsford for her wonderful contribution to the NARN Leadership Team and wish her well in her new role in South Australia.

We welcome Ellen Jones from Gidgee Healing in Mt Isa who will take over Ella's position on the Leadership Team.



Contact Us

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