



Queensland Aboriginal and Islander Health Council submission to the Senate Select Committee on Measuring Outcomes for First Nations Communities

February 2025

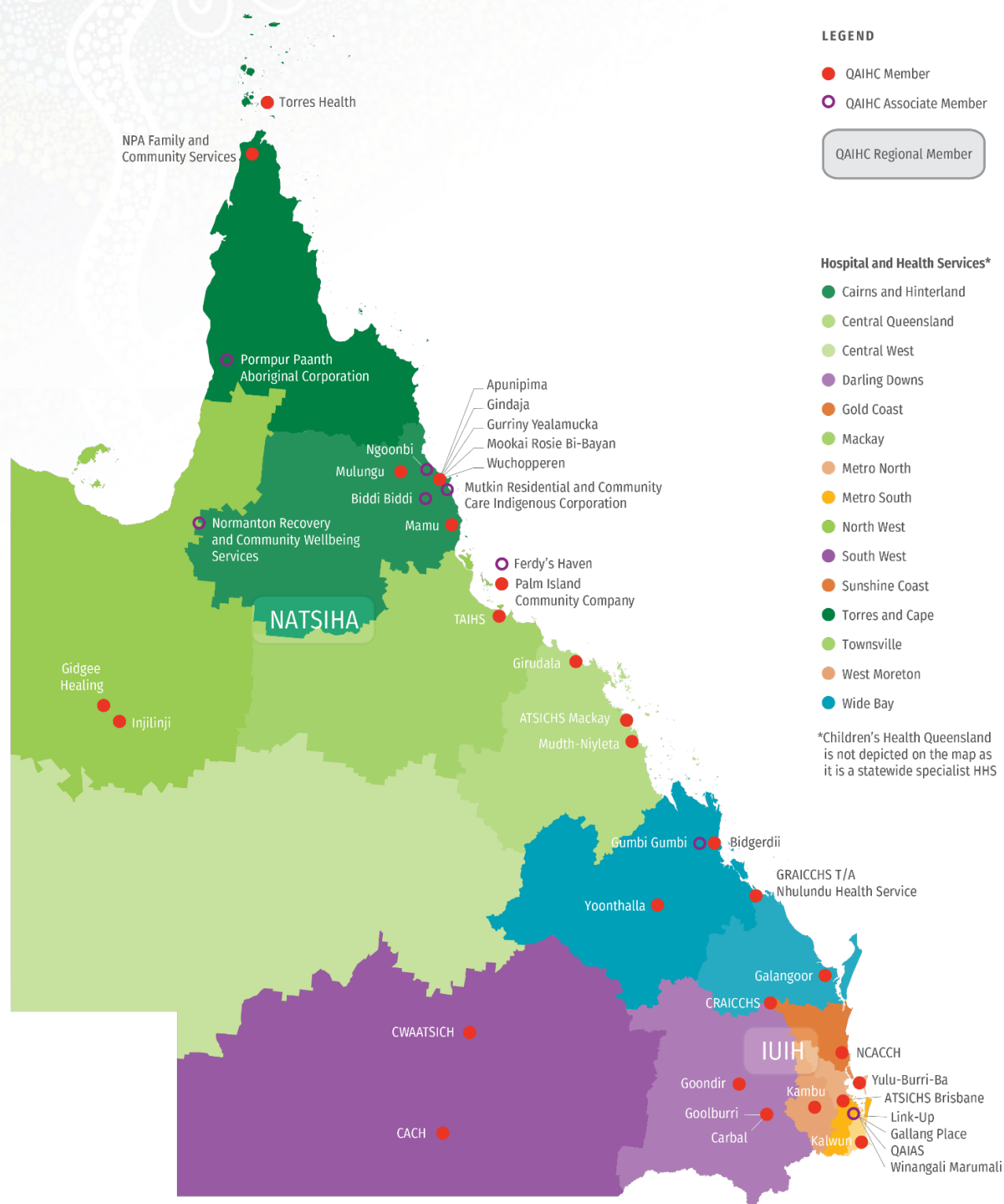
Acknowledgement

We acknowledge the Traditional Owners of the land on which we meet today and pay respect to Elders past and present.

We also extend that respect to Aboriginal and Torres Strait Islander people who are with us today.

Our Member Locations

- 33 Members
- 11 Associate Members
- Two Regional Members
- Over 70 clinics





*The Queensland
Aboriginal and
Islander Health
Council (QAIHC)
is a leadership
and policy
organisation.*

We were established in 1990 and are the peak organisation representing all Aboriginal and Torres Strait Islander community controlled health organisations (ACCHOs) in Queensland at both a state and national level.

The QAIHC Membership is comprised of ACCHOs located throughout Queensland. Nationally, we represent Queensland through its affiliation and Membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO).



Introduction

Thank you for the opportunity to provide a submission to the Senate Select Committee (the Committee) on Measuring Outcomes for First Nations Communities.

QAIHC is the peak organisation representing Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs) in Queensland. QAIHC advocates for self-determination, comprehensive and culturally appropriate primary healthcare, and the recognition of Indigenous Data Sovereignty as critical pillars for addressing the ongoing regression of Closing the Gap targets.

QAIHC's submission focusses on:

- The need for equitable and sustained funding to support Closing the Gap targets.
- The reform of measurement and evaluation processes to better reflect the strengths of First Nations cultures.
- The opportunities to incorporate holistic and culturally informed wellness frameworks.
- The critical role of ACCHOs and community-led initiatives in achieving meaningful outcomes.
- The importance of making long-term investments in developing a workforce, expanding career pathways, and embedding cultural safety.

Key Issues and Recommendations

a) Funding of Closing the Gap Targets

Issues:

Funding for Closing the Gap targets often lack transparency, equity, and sustainability. Short-term funding cycles and competitive grant processes disadvantage ACCHOs and undermine long-term planning and stability.

Recommendations:

1. Establish long-term, flexible funding agreements with ACCHOs to ensure sustained support for community-led initiatives.
2. Implement a transparent funding allocation model that is evidence-based, prioritises needs and addresses systemic inequities.

b) Strengths-based Measurements and Evaluation of Targets

Issues:

1. Current evaluation frameworks often emphasise deficits and fail to capture the holistic strengths and aspirations of First Nations communities. The metrics rarely reflect community-defined priorities or align with cultural values.
2. Deficit-focused measurements perpetuate stereotypes and fail to recognise the strengths of First Nations cultures, including resilience, kinship and connection to Country.

Recommendations:

1. Co-design measurement frameworks with First Nations communities and community-controlled organisations to ensure cultural relevance and alignment with local priorities.
2. Shift from deficit-based reporting to strengths-based approaches that celebrate self-determination, resilience, cultural continuity and community empowerment.
3. Develop indicators that capture cultural strengths, community cohesion and intergenerational knowledge transfer.
4. Establish mechanisms for ACCHOs to lead data collection, analysis and reporting to uphold the principles of Indigenous Data Sovereignty.
5. Support research and evaluation methodologies that privilege First Nations knowledge and worldviews.

c) Wellness Frameworks

Issues:

Existing metrics do not accurately record suicide and its impact and not do capture the historical and cultural determinants contributing to the poor outcomes experienced by First Nations communities.

Recommendations:

1. Ensure frequent access to data for stakeholders to enable timely and targeted responses, and care provided to First Nations communities.
2. Integrate wellness components into the Closing the Gap framework by focusing on de-colonisation and strengthening cultural determinants.
3. Promote the adoption of tools such as the Aboriginal and Torres Strait Islander Health Performance Framework and Wellbeing Indicators.
4. Fund initiatives that foster cultural healing and reconnection, such as on-Country programs and intergenerational knowledge sharing.

d) Incorporating Alternative Measurements

Issues:

Reliance on conventional Western metrics excludes valuable Indigenous perspectives and knowledge systems.

Recommendations:

1. Adopt complementary indicators that reflect community-defined success, such as cultural identity, community control and access to traditional lands.
2. Ensure that alternative measurements are developed through genuine co-design processes with First Nations communities.
3. Provide resources for capacity building to support the integration of alternative measurements into existing frameworks.

e) Priority of Targets in the National Partnership Agreement on Closing the Gap

Issues:

The prioritisation of targets under the National Partnership Agreement on Closing the Gap often fails to reflect community needs and aspirations. Progress under the National Priority Reforms remains limited, particularly in the areas of formal partnerships and shared decision-making.

Recommendations:

1. Strengthen mechanisms for shared decision-making and formal partnerships between government agencies and ACCHOs.
2. Ensure that the prioritisation of targets is informed by robust community consultation and reflects local contexts.
3. Embed accountability measures to track progress on the National Priority Reforms, with transparent reporting mechanisms to First Nations communities.

f) Workforce Development and Capacity Building

Issues:

Workforce shortages across health, justice, child protection, and education sectors directly impact outcomes related to suicide rates, incarceration, out-of-home care, and school readiness. Despite significant investment in Indigenous workforce initiatives, challenges remain.

1. **Underfunding and Inconsistent Workforce Investment**
 - o Workforce programs, including the Commonwealth-funded Indigenous Health Workforce Traineeships (IHWT), have recently been extended for a further three years, demonstrating recognition of their value. However, the reliance on short-term, cyclical funding limits the ability to establish long-term, strategic workforce development initiatives.
 - o The ACCHO sector requires stable, long-term funding models beyond three-year cycles to support sustained workforce growth, mentoring, and leadership development. A transition to five-to ten-year funding commitments would allow for greater workforce retention, career progression, and planning within Indigenous health services.
2. **Barriers to Career Progression and Retention**
 - o Aboriginal and Torres Strait Islander professionals in health, education, and justice sectors face limited career pathways and structured professional development.
 - o High turnover rates and higher than industry average vacancy rates in regional and remote areas reflect a lack of targeted workforce incentives to support long-term employment and skills retention.
3. **Shortfalls in Cultural Competency and Workforce Representation**
 - o Mainstream workforce gaps in cultural safety training contribute to poor engagement and service delivery for First Nations clients in health, child protection, and the justice system.
 - o Greater representation of Aboriginal and Torres Strait Islander professionals is needed in mental health, early childhood education, and allied health to ensure services are culturally responsive and community driven.

Recommendations:

1. **Securing Sustainable Workforce Development Funding**
 - Expand long-term Commonwealth funding for the IHWT program to increase Aboriginal and Torres Strait Islander participation in health, child protection, social work, and justice careers.
 - Invest in workforce mentoring, leadership, and career pathways for Aboriginal and Torres Strait Islander professionals, ensuring retention and progression in key sectors.
 - Fund capacity-building initiatives for ACCHOs to train and develop their own workforce, ensuring culturally safe career pathways in health, justice, and community services.
2. **Strengthening Regional and Remote Workforce Solutions**
 - Introduce workforce incentives (e.g., housing, retention bonuses, regional allowances) to attract and retain First Nations professionals in regional and remote locations.
 - Support school-based traineeships and workforce entry programs to encourage youth engagement in health and social services careers.
3. **Embedding Cultural Safety in Workforce Training**
 - Mandate cultural competency training for all non-Indigenous professionals in health, child protection, education, and justice sectors.
 - Expand the Aboriginal Health Worker (AHW) and Aboriginal and Torres Strait Islander Health Practitioner workforce, ensuring these roles are formally recognised and funded across service settings.
 - Support ACCHOs to train community members as accredited trainers (Certificate IV in Training and Assessment – TAE) to develop locally led training models.
4. **Indigenous Data Sovereignty in Workforce Reporting**
 - Develop an Indigenous workforce tracking system that allows First Nations-led organisations to monitor workforce needs, shortages, and progress.
 - Set workforce participation targets for Aboriginal and Torres Strait Islander professionals across health, education, justice, and child protection sectors to improve representation.

g) Prison Health for First Nations peoples

Issues:

1. **Funding Model**
 - The Medicare Benefits Scheme (MBS) is funded by the Commonwealth government. The way in which prison healthcare services are funded means that ACCHOs cannot deliver health services in custodial health settings as they are unable to bulk bill Medicare for the services delivered.
 - Funding for medications dispensed to people in prison must also be covered by state and territory bodies, except for medications that fall under the Schedule 100 of the Pharmaceutical Benefits Scheme (PBS), known as the Highly Specialised Drugs Program.
2. **Preventive, reactive and acute healthcare**
 - There is an absence of a systematic approaches to delivering comprehensive preventive healthcare to those in custody, resulting in missed opportunities for people

to receive holistic health assessments, and ongoing continuity of their care upon release from prison.

- The current prison healthcare model is largely reactive to individual requests that must go through custodial staff who do not have the relevant health or cultural training and are not obligated to act in the best interest of the individual.
- The custodial mainstream medical model of care is based on acute healthcare and prevents people in prison from accessing holistic, long-term, preventative care.

3. Cultural awareness and trauma-informed training of custodial staff

- A high number of people who are in custody or are in contact with the criminal justice system have a history of adverse childhood experiences. It is common for this group to have had multiple life experiences of trauma and violence, including physical and sexual abuse.
- Aboriginal and Torres Strait Islander prisoners with this history may have a distrust of institutional care and do not always have access to prison healthcare staff who have had cultural awareness and trauma-informed training. Misunderstanding of certain behaviours (e.g. oppositional behaviours seen as defiant as opposed to a symptom of trauma) feed into the systemic racism which is common in custodial facilities and a barrier to accessing appropriate care and healing.

4. Multiple information record systems

- Health assessments in places of detention vary greatly between facilities and the questions generally reflect the limited range of services available rather than proactively identifying chronic health and wellbeing issues that may require a more complex response.
- Aboriginal and Torres Strait Islander peoples may have access to a separate assessment similar to the Aboriginal and Torres Strait Islander Peoples Health Assessment (MBS Item 715) which is available in community, however, this may not be made clear to those entering the custodial setting.
- Many places of detention use paper-based medical record systems and rely on individuals' health literacy to understand and report their health conditions and medications to the facility, rather than connecting with clinicians and health systems in the community.

Recommendations:

1. Queensland Corrective Services support a partnership with QAIHC and ACCHOs, in relevant regions, to allow for appropriate and effective healthcare focused on holistic health and safe transition back to the community for Aboriginal and Torres Strait Islander offenders.
2. Queensland Corrective Services co-develop with QAIHC a policy framework which encompasses actions to ensure that all offenders have access to quality, comprehensive, culturally safe and holistic primary healthcare provision whilst in custody; an optimised program of cultural education for prison staff; effective data sharing to optimise transitions of care; and performance measures including vital statistics on prison health.
3. Queensland Corrective Services co-develop a program to support the safe transition of care from prison health services to local community-based primary healthcare services for all prisoners.

4. The Queensland Government fund ACCHOs to provide culturally safe primary healthcare and rehabilitation programs within the justice system to Aboriginal and Torres Strait Islander inmates. This includes programs that allow increased access to allied health services and improved referral pathways from primary care to specialist services.
5. The Queensland Government fund evidence-based support programs outside and within the justice system that can assist prisoners and people at risk of committing crime to enhance their social, emotional and physical health and wellbeing.
6. The Commonwealth and Queensland governments negotiate the retention of prisoners' entitlements to the MBS and the (PBS throughout all stages of the custodial cycle or permits custodial services exemptions to Section 19(2) of the *National Health Insurance Act* (1973) to ensure consistent access to essential healthcare and treatment for individuals in custodial settings.
7. Queensland Corrective Services establish tailored MBS items that 'mirror' those available in the community, particularly Item 715 (Aboriginal and Torres Strait Islander Peoples Health Assessment), emphasising preventive care and targeted interventions to address prevalent health issues (e.g. smoking), and ensuring the well-being of individuals in custody.
8. Queensland Corrective Services and Queensland Health to support an integrated health information electronic record system for those in custody that integrates with public and private medical records systems to ensure continuity of healthcare.
9. Queensland Corrective Services and Queensland Health to support the implementation of effective screening and supports for First Nations children with disability.

Conclusion

The Closing the Gap framework has seen slow and, at times, regressive progress since its inception. Despite various initiatives, First Nations communities still face significant challenges and outcomes compared to non-Indigenous Australians. This highlights the urgent need for systemic change in how the targets are addressed, funded, measured, and evaluated.

ACCHOs play a crucial role in addressing these issues by providing culturally safe, holistic care that tackles the social determinants of health. However, barriers such as inadequate funding, top-down policymaking, and deficit-focused reporting hinder progress. QAIHC advocates for a shift towards self-determination, community-led decision-making, and culturally appropriate indicators of success.

QAIHC urges the Select Committee to involve ACCHOs more actively, as they are best positioned to offer culturally centred care to First Nations peoples, particularly in reducing overrepresentation in the justice system. Prioritising the holistic health and wellbeing of First Nations individuals in prison is essential for narrowing the health gap.

QAIHC also calls for workforce development to be a key strategy in reversing the regression of Closing the Gap targets. To make meaningful change, there needs to be long term investment in workforce solutions and expanding career pathways and embedding cultural safety.

QAIHC advocates for a transformative approach to measuring outcomes, focusing on self-determination strengths-based methodologies to move closer to the original vision of Closing the Gap.

In conclusion, for real progress to be made, it is crucial that policies and practices are shaped by the voices, strengths, and aspirations of First Nations peoples. QAIHC stands ready to collaborate with the Select Committee and all stakeholders to ensure that the Closing the Gap initiative is driven by the needs and leadership of Aboriginal and Torres Strait Islander communities.