

Children's Health Queensland
Aboriginal and Torres Strait
Islander Health Equity Strategy

Impact Report 2022 - 2025



Queensland
Government

Acknowledgement of Country

Children's Health Queensland Hospital and Health Service pays respect to the Traditional Custodians of the lands on which we have the privilege to work on.

We acknowledge and pay our respects to Aboriginal and Torres Strait Islander Elders past, present and emerging.



Children's Health Queensland
Aboriginal and Torres Strait
Islander Health Equity
Strategy Impact Report
2022-2025.

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Reflections from Leadership

CHQ Executive and Board

At Children's Health Queensland Hospital and Health Service (CHQ), our commitment to providing better health care for Aboriginal and Torres Strait Islander children and young people remains steadfast. Since the launch of our Health Equity Strategy 2022–2025, we have embraced a period of truth telling and have held ourselves accountable for providing services that have not been meeting the needs of Aboriginal and Torres Strait Islander children and young people. We have embraced the opportunity to listen and learn from the real experiences of the families that have trusted us with their care and from the staff that continue to advocate for culturally safe environments in the places where they work.

The past three years have seen bold, system-shaping actions: cultural perspectives embedded throughout our services, groundbreaking anti-racism initiatives, and innovative care models co-designed with community. These achievements reflect the strength and dedication of staff, the leadership of Aboriginal and Torres Strait Islander stakeholders, and a shared vision for a health system that is culturally safe, responsive, and grounded in self-determination. While we recognise these achievements, we still have a way to go.

We are proud of the transformation underway at CHQ. We will continue to create more culturally safe places and spaces of care. We will drive more innovative workforce strategies. We will engage in diverse partnerships to connect the health care continuum for families, and we will continue to be led by Aboriginal and Torres Strait Islander community members, families and staff to co-design new models of service delivery to better meet their needs.

CHQ transitions into the next phase of our health equity journey as an enlightened, aware, and prepared organisation led by deep respect and

a renewed consideration of the experiences of Aboriginal and Torres Strait Islander families. We have made significant changes to our system of care to accept our responsibility for providing world-class health care for the State's future cultural custodians.

Health Equity Strategy Steering Committee

On behalf of the Health Equity Strategy Steering Committee, we are proud to present this Impact Report, which reflects CHQ's journey in advancing health equity from 2022 to 2025. Grounded in the voices of Aboriginal and Torres Strait Islander communities across Queensland, the Health Equity Strategy and associated Implementation Plan have driven meaningful transformation across the organisation. A noticeable cultural shift has taken place, with improved prioritisation of Aboriginal and Torres Strait Islander health: the data presented in this report demonstrates collective progress enhancing cultural safety and access.

At the same time, this report is candid about the challenges that remain and the critical issues that will shape the next phase of the Strategy (2025–2028).

As a co-design Steering Committee, we are proud to have contributed to this change and to have played a leadership role in CHQ's ongoing journey of improvement and accountability. Our partnership has been marked by transparency, mutual respect, and a shared commitment to equity for Aboriginal and Torres Strait Islander children and young people. We have had unfiltered access to CHQ's experiences—both the achievements and the challenges—and remain committed to advising on areas where renewed or accelerated effort is needed. We extend our sincere thanks and congratulations to all CHQ staff for their role in creating better health and life outcomes for Aboriginal and Torres Strait Islander children and families.



Performance

Monitoring racism

Our health equity journey began with an honest conversation about racism. The CHQ Executive and Board recognised that without a deep understanding of the impacts of racism, both interpersonally, structurally, and institutionally, that our services would never be able to meet the needs of Aboriginal and Torres Strait Islander children and young people. The leadership team participated in several education sessions about race and racism, particularly focussed on how it contributes to reduced health outcomes and where it was likely to create harm within CHQ.

Children's Health Queensland's leadership team undertook a critical review of the methodology and findings from the 2017 report, *Addressing Institutional Barriers to Health Equity for Aboriginal and Torres Strait Islander People in Queensland's Public Hospital and Health Services (Marrie, 2017)*. What began as a deep reflection on CHQ's initial performance evolved into a clear commitment to action. The matrix methodology from the report was adopted as an annual audit tool, guiding CHQ's efforts to address systemic barriers. Over subsequent years, the organisation steadily implemented the report's recommendations, resulting in a significant improvement in its Annual Racism Matrix Score—from 14.5 out of 140 in 2017 to 64.5 in 2023–24. While the work to eliminate racism is far from complete, this upward trajectory reflects the impact of targeted, data-informed strategies and a sustained commitment to cultural safety and accountability.

Cultural Capability

Cultural Capability training at CHQ was refreshed during the reporting period, with expanded classroom sessions and additional team resources. However, attendance and engagement remain inconsistent, with completion rates persistently below expectations, averaging under 61% and at times

dropping as low as 33%. These figures suggest that many frontline staff may not yet be equipped with the cultural knowledge and skills essential for delivering safe and responsive care. Whilst completion rates remain below expectations, 100% of participants to date agreed that this training was important and needed to support their ability to engage and support Aboriginal and Torres Strait Islander children, young people, and peers at CHQ. Staff who had completed training identified that their cultural awareness improved as a result and communication and different ways of engagement was consistently highlighted as an important and practical strategy for them to implement in practice post-training. This feedback indicates that the content of the training is assisting CHQ staff, however the completion trend highlights the need to re-evaluate current training approaches and explore alternative or more flexible delivery models to improve reach, relevance, and impact across the workforce.

Patient reported experiences

It is known that Patient Reported Experience Measures (PREM) via surveys often attract lower participation by Aboriginal and Torres Strait Islander participants, accordingly the data is approached with caution. The data indicates mixed results. Where families are asked if their 'cultural and spiritual needs' were met, there was a decline from 71% in early 2023 to just 25% by March of 2024-25. Conversely, survey responses revealed that Aboriginal and Torres Strait Islander patients who indicated that they were 'involved in care decisions' reached 100% by March 2024-25, suggesting that focused efforts on shared decision-making is beginning to produce tangible benefits.





Emergency care

In the area of emergency care, significant gains have been made to reduce the proportion of Aboriginal and Torres Strait Islander patients who leave the Emergency Department without being seen. This figure has dropped from 3.30% in early 2022-23 to just 1.00% in the most recent quarter of 2024-25. This improvement signals a better patient experience and increased trust in the care provided. Likewise, Emergency Department admission times within four hours for Aboriginal and Torres Strait Islander patients have steadily improved, indicating more responsive care pathways. The positive progress that the Emergency Department has experienced is likely attributable to the impact of the implementation of MobED (see page 12).

Mental Health

During the reporting period there has been several positive attempts to reshape Child and Youth Mental Health Services (CYMHS) care pathways, particularly in community-based outreach, culturally-led care in Forensics services and perinatal infant mental health, and shared care approaches with the Institute for Urban Indigenous Health (UIH).

Despite these efforts, the mental health patient data reveals mixed results. 'Follow-up within seven days' for Aboriginal and Torres Strait Islander patients (who have experienced an acute mental health inpatient stay) has varied, reaching as high as 71% in some quarters but dropping to 50% in the most recent data. For non-Indigenous patients, follow-up performance is more stable and higher overall.

Broader CYMHS referral data (including community and statewide services) reveals a lower rate of service episodes commencing, despite the disease burden affecting the Aboriginal and Torres Strait Islander population under the age of 19 years.

Since 2022, there have been 3,536 referrals to CYMHS and of these referrals, only 738 Aboriginal and Torres Strait Islander young people have received a CYMHS service and 1,776 have been referred to other services for support. A deeper dive of this referral data has commenced providing recommendations of how the services and referral pathways can be redesigned to better meet the needs of the most vulnerable children in our communities.

Specialist Outpatients services

Aboriginal and Torres Strait Islander patients continue to experience barriers to access in Specialist Outpatients Departments. Performance data reveals higher volumes of long waits compared to the relatively stable figures observed among non-Indigenous patients. Additionally, failure-to-provide rates (formerly referred to as failure-to-attend) have remained elevated, fluctuating between 10% and 13%, in contrast to 7 to 8% for non-Indigenous patients. During the past three years, an average of 55% of Initial Service Events for Aboriginal and Torres Strait Islander patients were delivered within clinically recommended times, consistently trailing the 59% average recorded for non-Indigenous patients.

During the Health Equity Strategy reporting period, CHQ has attempted to transform the way that Specialist Outpatient services are provided. These efforts have included the establishment of dedicated clinics, additional Identified workforce to support culturally responsive engagement before and after appointments, and the implementation of priority waitlists and clinical re-categorisation in areas where Aboriginal and Torres Strait Islander patients are disproportionately represented. Sustained and intensified efforts will be essential to address the enduring barriers that continue to limit equitable access in the Specialist Outpatient Departments at CHQ.

People

Between 2022 and 2025, CHQ has demonstrated strong and sustained growth in its Aboriginal and Torres Strait Islander workforce, more than doubling in headcount since 2021 (reaching the representation profile to 2%). It is evident that CHQ's commitment to innovation in health equity has contributed to its emergence as an employer of choice for Aboriginal and Torres Strait Islander peoples.

The increase has been driven by strategic initiatives such as the launch of the first Aboriginal and Torres Strait Islander Talent Pool and the development of a range of culturally led models of care, which have supported the increase in Aboriginal and Torres Strait Islander Health Worker roles from 8 in 2021 to 18.5 in 2025. These roles have been critical in meeting service needs across high-demand areas including Child Health, Emergency, Cardiac Services, and Paediatric Palliative Care. The next phase of CHQ's Health Equity Strategy will focus on empowering Aboriginal and Torres Strait Islander Health Workers and Practitioners to operate at their full professional scope, ensuring their roles are clearly defined, respected, and embedded within interprofessional care teams.

The Nursing workforce has also seen significant growth, with the number of Aboriginal and Torres Strait Islander nurses doubling from 20 in 2021 to over 40 in 2025. This achievement is largely attributed to the implementation of CHQ's *Aboriginal and Torres Strait Islander Nursing Workforce Plan*, led by the Executive Director of Nursing and the Nursing Leadership Team. The plan has strengthened the nursing pipeline through the creation of Identified roles, culturally safe graduate pathways, increased cadetship opportunities, and the establishment of the first Identified Assistant Director of Nursing role focused on Health Equity and Access.

Similarly, CHQ's Aboriginal and Torres Strait Islander Allied Health workforce has increased slightly, from 12 to 18, between March 2022 to March 2025. Through CHQ's Footprints (Cadetship) program, we have welcomed 11 Allied Health cadets between 2021 and 2025, with 73% of these converting to graduate roles within Queensland Health.

Despite progress in other areas, the medical workforce remains critically underrepresented. According to Queensland Health's First Nations Workforce Dashboard, the Medical and VMO workforce has grown by a headcount of about 40 across all 16 Hospital and Health Services since 2022. Despite this positive system upswing, CHQ has only ever experienced an increase in these professions of one or two throughout the Health Equity Strategy period. Enhancing this segment of CHQ's workforce will require a more strategic and collaborative approach - particularly through strengthened partnerships with tertiary institutions and representative bodies to establish a sustainable talent pipeline - building on the successful model demonstrated by the nursing workforce.

While overall, the outcomes that relate to increasing the CHQ workforce are positive, CHQ recognises the ongoing need to improve the workplace experience for Aboriginal and Torres Strait Islander staff. Addressing racism and investing in long-term professional development will be essential to ensure that this growing workforce not only thrives but is empowered to lead and shape the future of health equity across the organisation.





Actively eliminate racial discrimination and institutional racism

Progress: Key Priority Area One

What we heard

We need healthcare and systems that work for us, our cultural and social needs and differences. We need all CHQ staff trained in anti-racism and cultural awareness. We feel that our voice is not being heard when accessing healthcare. We see racism as an ongoing issue experienced by consumers and staff. We want to see our culture celebrated in the services that are delivered.

What we said we would do

We will make Aboriginal and Torres Strait Islander health a priority across all layers of the organisation. We will dismantle structures, policies and processes that disadvantage Aboriginal and Torres Strait Islander peoples and develop mechanisms to resolve systemic and interpersonal racism. We will educate and empower our workforce to deliver equitable and culturally appropriate services informed by the lived experience of Aboriginal and Torres Strait Islander peoples.



Anti-racism Processes

- Reshaped People and Governance procedures to improve cultural safety in the workplace.
- Developed a racism complaints process including resources, staff reporting form and factsheets for Managers.
- Development of Aboriginal and Torres Strait Islander recruitment toolkit including resources for creating culturally safe and inclusive recruitment practices.

Anti-racism Research

- Secured a groundbreaking research partnership with QUT's Carumba Institute, funded by NHRMC's Medical Research Futures Fund.
- "This work brings together understandings of Indigeneity and race to achieve organisational transformation where anti-racism is regarded as a core value that actively guides the development of children's health policy and delivery of services" Carumba Institute Executive Director Professor Chelsea Watego.

Anti-racist Governance

- Embedded the *Matrix for Identifying Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services (Marrie 2017)* into CHQ's Audit Schedule, with oversight from the CHQ Board.
- Performed in 2021-22 and 2022-23 (short review expected for 24-25), CHQ experienced year-on-year improvement and recommendations were embedded in operational planning cycle.

Implementation Plan Progress

1.1	Implement recommendations from the Addressing Institutional Racism report to improve outcomes for Aboriginal and Torres Strait Islander children and young people at CHQ, Final Internal Audit Report 2022 (annually).	Active
1.2	Design and deliver a new Cultural Capability Program in collaboration with Aboriginal and Torres Strait Islander staff including: workforce training; cultural immersion; practical tools/guides; racism, bias and discrimination training; trauma informed care approaches; deep listening skills; health equity; history truth telling; burden of disease; cultural care and communication	Completed
1.3	Review and develop processes to enable Aboriginal and Torres Strait Islander people of all needs and abilities to provide feedback on CHQ services, including a culturally safe complaints mechanism.	Active
1.4	Establish a working group (including Aboriginal and Torres Strait Islander staff) to assess and incorporate health equity into all CHQ policies, strategies and frameworks.	Pending
1.5	Develop a racism complaints process, anti-racism and patient's rights campaign for consumers.	Active
1.6	Review and improve existing mechanisms for staff to report incidents of racism and develop safer processes to address incidents in a timely and culturally sensitive manner.	Completed
1.7	Embed an additional KPI: 'Commitment to health equity and cultural capability' in all CHQ role descriptions.	Active
1.8	Utilise quantitative and qualitative data from consumer and staff feedback processes to inform continuous quality improvement (PREMS and PROMS, satisfaction survey, Working for Queensland survey, racism complaints, Cultural Capability Program and Patient Support Team feedback).	Completed

Increase equitable access to healthcare services for Aboriginal and Torres Strait Islander peoples

Progress: Key Priority Area Two

What we heard

We need care that suits our family structures, and we want to be involved in care planning and decision-making. We want to be supported on our healthcare journey by Aboriginal and Torres Strait Islander staff. We want to access services closer to home no matter where we live. We want the hospital services, general practitioners (GPs) and Aboriginal and Torres Strait Islander community-controlled health organisations to work together so they all know our care plan.

What we said we would do

We will work together to provide seamless care. We will dismantle the barriers that make it harder for Aboriginal and Torres Strait Islander people to receive care. We will deliver care that is closer to home, community and Country.



Culturally Safe Specialists

- Dismantled barriers to access by creating culturally safe Ear Nose Throat surgical pathways for Aboriginal and Torres Strait Islander children and young people in South-East Queensland (Open Doors program).
- Streamlined referrals, transport, food, and Aboriginal and Torres Strait Islander Health Workers provided every clinic
- 330 children supported through 9 SOPD clinics (held quarterly). 191 children have received life changing surgery.

Culturally Safe ED

- Launched in February 2023, in partnership with IUIH (Moblink), MobED is a culturally safe emergency care pathway designed specifically for Aboriginal and Torres Strait Islander families.
- The initiative is led and staffed by Aboriginal and Torres Strait Islander Nurses and Health Workers.
- ED feedback showed 90% of patients seen by MobED felt culturally and spiritually safe during their visit, and 87% reported that they were satisfied with how they were treated.

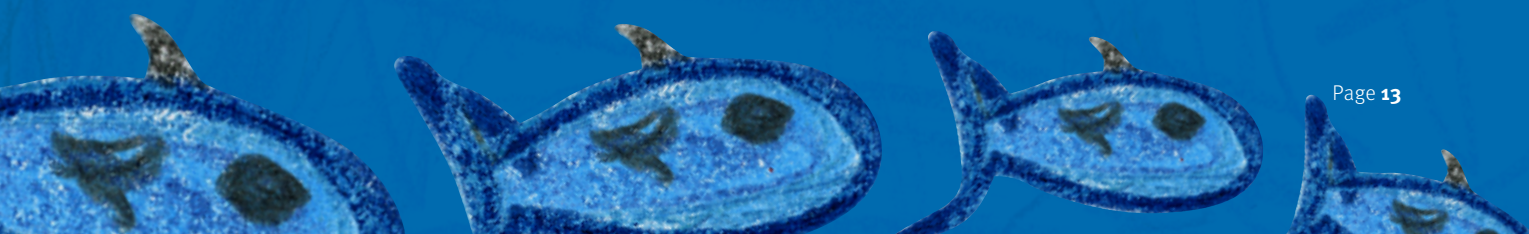
Paediatric Palliative Care

- Introduced Aboriginal and Torres Strait Islander Health Workers (x2) to the Paediatric Palliative Care Service
- Developing a Queensland Children's Hospital (QCH) and Statewide palliative care pathway for Aboriginal and Torres Strait Islander children and young people
- Resources developed to support families coming to terms with Sorry Business or preparing the family to support a child or young person with life limiting conditions (care products, information and animation).



Implementation Plan Progress

2.1	Develop Closing the Gap priority waitlists (inpatients and outpatients) where Aboriginal and Torres Strait Islander patients are prioritised (relevant to health need).	Completed
2.2	Develop a patient coordination service model that provides access for all Aboriginal and Torres Strait Islander patients to relevant Aboriginal and Torres Strait Islander staff (24-hour access) across all CHQ services (including cultural advocacy, coordination, Sorry Business support, transport, accommodation, social supports, cultural and social and emotional wellbeing).	Active
2.3	Review all CHQ datasets to determine whether Aboriginal and Torres Strait Islander data is collected routinely and review how it is used and presented.	Active
2.4	Develop a system that highlights ('flags') Aboriginal and Torres Strait Islander patients in patient record systems (CIMHA, HBCIS and iEMR) to alert clinicians of the need to provide culturally safe care and to improve data collection.	Completed
2.5	Develop an Aboriginal and Torres Strait Islander health dashboard, to collect, monitor and build performance measures that are strengths based and meaningful (describe the why). The dashboard will inform strategic and service planning, and continuous quality improvement across Queensland (including urban, rural and remote data variations).	Completed
2.6	Develop Aboriginal and Torres Strait Islander cultural care guidelines to govern the delivery of culturally safe, high quality holistic health care.	Pending
2.7	Partner with primary health care service providers to develop best practice, culturally safe models of integrated care (including ATSI CCHOs and PHNs) and build evaluation mechanisms to measure project effectiveness.	Completed
2.8	Review and develop culturally safe models of care with other tertiary health care providers to support a safe and seamless journey of care for the patient and their families (including consistent information patient record management).	Completed
2.9	Develop and deliver resources and/or training (paediatric focus) for Aboriginal and Torres Strait Islander Health Liaison Officers and Health Workers in other Hospital and Health Services, to support patients and families transferring to CHQ and when participating in virtual/telehealth consultations.	Pending
2.10	Establish accessible, coordinated transport and travel services for Aboriginal and Torres Strait Islander families visiting CHQ services.	Active
2.11	Review and develop services closer to home (existing/new models) with local HHSs, ATSI CCHOs and other organisations across all services including: virtual care; home visits and community outreach.	Completed
2.12	Review data sets, capturing any variation between urban, rural and remote data to develop specific actions/sub-actions targeting rural and remote communities.	Pending



Influence the social, cultural and economic determinants of health

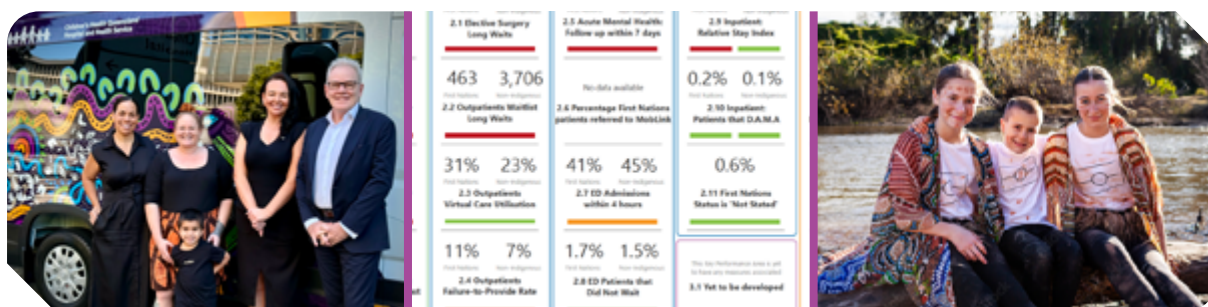
Progress: Key Priority Area Three

What we heard

We need more mental health, and social and emotional wellbeing services. We don't want to lose our children when we come to get help with our healthcare. We want help to keep our families together. We need help with other supports that our family needs (e.g. housing, child safety, juvenile justice and education). We want our strengths to be recognised when we come to you for care. We want you to take the time to understand our needs.

What we said we would do

We will grow new and culturally appropriate social and emotional wellbeing services. We will partner with service providers and government agencies beyond the health sector to improve outcomes. We will enable health promotion, disease prevention and early intervention to maximise the health, social, education and learning outcomes. We will commit to the quality collection, utilisation, sharing and development of health and social determinants data to inform decision-making.



Removing Transport Barriers

- In partnership with the Children's Hospital Foundation, launched the 'Transport to Treatment' program.
- The program provides transfers to and from the airport and QCH and will expand to access for Outpatients appointments in 2026.
- Culturally safe transport will be provided by an Aboriginal and Torres Strait Islander care team.
- In 2025, the program will expand to regional locations supporting continuity of support for children across Queensland.

Health Equity Data Dashboard

- The Health Equity Data Dashboard provides visibility and tracking of all 6 KPAs and can be viewed at a point in time or in a summary view (performance measurement over time).
- The dashboard is available to all CHQ staff and supports monitoring Health Equity progress at a Divisional and Organisational level.
- The Dashboard Scorecard (quarterly view) is submitted to the CHQ Board and discussed at Divisional operational meetings.

CYMHS Health Equity Review

- In 2024-25, the Health Equity team commenced a current state analysis of the CYMHS' pathways for Aboriginal and Torres Strait Islander children and young people.
- The review will guide future service design to improve cultural safety, engage and empower the Aboriginal and Torres Strait Islander workforce and uncover enhancements required to care pathways.
- The review will focus on Patients, People (workforce), Programs and Procedures and include both consultation and desktop analysis.

Implementation Plan Progress

3.1	Review CHQ Child Safety services and reporting practices and their impact on Aboriginal and Torres Strait Islander consumers and their families.	Completed
3.2	Partner with key stakeholders to develop targeted early intervention pathways/ referrals for families at-risk of being involved with Child Safety (including Qld Aboriginal and Torres Strait Islander Child Protection Peak, Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSI CCHOs), Child Safety Cultural Practice Liaison Officers, Mob Link).	Active
3.3	Develop formal partnership agreements with government agencies and service providers, to integrate culturally appropriate, holistic service pathways and supports for vulnerable children and families, leveraging the National Agreement of Closing the Gap implementation arrangements in Queensland	Completed
3.4	Develop a cultural, social and emotional wellbeing program for children and young people, to build a strong sense of: cultural identity, belonging, self-worth and resilience. Skills to understand and manage: racism, cultural disconnection, grief and loss and intergenerational trauma. Deliver in relevant CHQ service areas, schools, out of home care, youth justice facilities and community events.	Pending
3.5	Collaborate with other organisations and agencies to contribute to early intervention and prevention strategies that address priority health and social determinant needs for children and young people (including Rheumatic Heart Disease, perinatal and infant mental health, suicide prevention, chronic health disease, youth incarceration, child safety, injury, substance misuse, sexual health and oral health).	Active
3.6	Consider and partner with aligned frameworks and others to inform and leverage CHQ's Health Equity Strategy outcomes (e.g. ending <i>Rheumatic Heart Disease: Queensland First Nations Strategy 2021-2024</i>).	Completed
3.7	Advocate for state-wide barriers impacting Aboriginal and Torres Strait Islander children and young people and work with the Chief First Nations Health Officer to develop solutions (including patient transport, PREMS and PROMS, RiskMan, Ryan's Rule).	Active
3.8	Develop a schools-based Aboriginal and Torres Strait Islander Health Worker model for schools in areas of need.	Pending

Deliver sustainable, culturally safe and responsive healthcare services

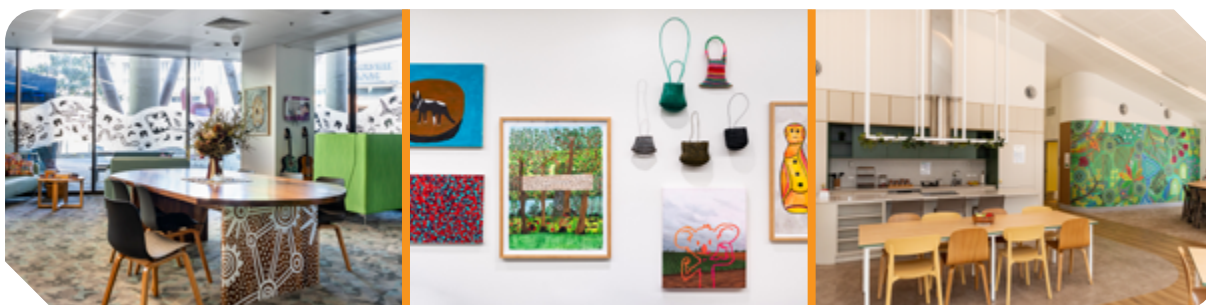
Progress: Key Priority Area Four

What we heard

We want our cultural needs to be a part of our clinical care. We want to receive care in an environment that is welcoming, friendly, accepting and culturally safe for our children and families. We want to know that we will get top-quality care regardless of our race or the colour of our skin. We want more contact with Aboriginal and Torres Strait Islander staff. We want to be spoken to with respect and provided with information that can be clearly understood by our families.

What we said we would do

We will include cultural needs of Aboriginal and Torres Strait Islander peoples when delivering care. We will provide care in an environment that is welcoming, friendly, accepting and culturally safe for our children. We will take the time to provide care information that is clearly understood by children and families and delivered in a culturally appropriate way.



Dedicated Sitting Place

- Proudly supported by Ronald McDonald House Charities, QCH now has a family sitting place (Jimbulang Nye'nan-ba) grounded in Aboriginal and Torres Strait Islander cultures.
- Co-designed with Aboriginal and Torres Strait Islander staff and community, the precinct offers a dedicated space for families to sit, heal and connect to Country whilst away from home.
- The peaceful space, designed with the theme 'from the desert to the reef' is adorned with a diverse range of art, books, furnishings, toys and design representing communities all over Queensland.

Culture in Care - Art

- The CHQ Arts in Health program continued to create culturally safe places and spaces of care through the use of Aboriginal and Torres Strait Islander art and design.
- Significant Aboriginal and Torres Strait Islander arts in design works were completed during the Health Equity Strategy implementation period.
- Jacaranda Place (Dylan Mooney and Tori-Jay Mordey), Emergency Department, Ellen Barron Family Centre, Head 2 Health Yarrabilba, Medical Imaging, Palliative Care and PICU (Casey Coolwell-Fisher), Sitting place (Nathaniel Chapman), Rehab Unit (Nathaniel Chapman), 5E Burns (Sam Harrison) Caboolture clinic (Zartisha Davis) and Dakabin Youth Hub (Jennifer Kent).

Culture in Care - Design

- Blaklash (100% Aboriginal owned and operated design studio) were contracted to undertake a Cultural Safety Audit of built infrastructure to provide recommendations for improvements.
- The Audit focussed on two case studies: Yarrabilba Family and Community Place and Dakabin Health Hub.
- The in-depth analysis considered historical impacts, cultural safety principles, identity and self determination, and applied cultural design evidence and consultation with Aboriginal and Torres Strait Islander health professionals to make conclusions.

Implementation Plan Progress

4.1	In partnership with Traditional Owners and Cultural Custodians, provide cultural care options to Traditional Healing and ceremony.	Active
4.2	Partner with existing programs and community events that promote strong culture, social connections, health promotion, fun and positive experiences for patients and families.	Completed
4.3	Create culturally appropriate multi-purpose spaces for Aboriginal and Torres Strait Islander patients and families in all CHQ facilities to provide for meeting, sharing, waiting, consulting, yarning and practising culture.	Completed
4.4	Increase the use of language, artwork, sound, imagery (including on corporate apparel) to celebrate and acknowledge culture.	Completed
4.5	Review and design CHQ facilities through an anti-racism, trauma informed and cultural perspective.	Active
4.6	Plan and deliver an annual cultural activities program that includes cultural workshops, days of recognition and celebration, local community events program for patients and staff.	Completed
4.7	Develop culturally appropriate health information resources for Aboriginal and Torres Strait Islander patients and their families.	Active



Work with Aboriginal and Torres Strait Islander peoples to design, deliver, monitor and review health services

Progress: Key Priority Area Five

What we heard

We want our young people to be involved – they know what they need. We want our Elders, community, consumers and workforce to be involved in the design of health services for our Mob. We want HHSs to work in partnership with Aboriginal and Torres Strait Islander community-controlled organisations. We want our care shaped by Aboriginal and Torres Strait Islander-led research. We want to be able to see health information and data to help our community improve outcomes.

What we said we would do

We will partner with Aboriginal and Torres Strait Islander peoples (including young people and Elders) to design, deliver and monitor health services for their communities, and acknowledge co-design contributions to the Health Equity Strategy. We will work together with other agencies and service providers, including Aboriginal and Torres Strait Islander community-controlled organisations, to improve health outcomes for our families.



Collaborated in Care - UIIH

- Entered into a partnership with the Institute for Urban Indigenous Health (UIIH) to improve health outcomes in South East Queensland. The partnership created shared planning, data collaboration, joint governance, and eliminating barriers to access.
- Guided by ten core principles including co-commissioning, cultural learning and innovation, the protocol supported the development of multiple models of care, shared data arrangements and has embarked upon developing shared workforce models.

Communicating Cultural Care

- Updated our CHQ website to provide clear and helpful information about CHQ's services and where Aboriginal and Torres Strait Islander people can access support when in the care of CHQ.
- The CHQ Aboriginal and Torres Strait Islander information hub provides advice about support services available and places where families can sit together during healing.
- The hub provides helpful resources for families when they are heading to QCH for treatment.

Engaging Community

- The Cultural Capability team has amplified the celebration of the 12 days of significance, engaging the broader CHQ staff in a conversation about culturally relevant moments in history.
- Large scale events now take place on each day of Reconciliation week and major community events are hosted at CHQ during NAIDOC Week.
- During the days of significance, community, Elders, consumers (past and present) and young people from across the region are invited to participate.

Implementation Plan Progress

5.1	Develop engagement, consultation and co-design guidelines to be referred to when creating or delivering services that have an impact on Aboriginal and Torres Strait Islander children and families.	Pending
5.2	Develop a health equity communication and engagement strategy to lead culturally safe and strengths-based communication with Aboriginal and Torres Strait Islander children, young people and their families and provide education, promotion and resources on health equity and anti-racism across CHQ.	Pending
5.3	Increase co-commissioning agreements with ATSICCHOs (and other community-controlled organisations) to support patients and families in response to emerging health and broader social support needs.	Completed
5.4	Develop mechanisms to share information with the community about CHQ's funding and resource allocation to Aboriginal and Torres Strait Islander programs.	Pending
5.5	Develop patient data sharing agreements across tertiary and primary health care services to increase access, supports and health care outcomes.	Active
5.6	Develop an Elders program to increase cultural presence, practice, education and leadership throughout the CHQ services.	Active
5.7	Review and improve the CHQ Aboriginal and Torres Strait Islander hub (website) with access to contemporary information that will assist, inform and empower consumers, workforce and stakeholder	Completed
5.7	Develop partnerships with experts (researchers, Aboriginal and Torres Strait Islander peak bodies), to develop best practice models, innovation projects, evidence and evaluation, to inform health equity (race theory, culturally validated tools).	Active
5.7	Develop an Aboriginal and Torres Strait Islander-led research portfolio	Pending



Strengthen the Aboriginal and Torres Strait Islander workforce

Progress: Key Priority Area Six

What we heard

We want to see more Aboriginal and Torres Strait Islander people working at Children's Health Queensland, with access to Aboriginal and Torres Strait Islander staff available 24/7. Staff should feel supported, valued, and able to make the right decisions about our care. Services for our Mob should be designed with input from Aboriginal and Torres Strait Islander staff. We want our children and families to see clear career pathways into health.

What we said we would do

We will increase our Aboriginal and Torres Strait Islander workforce across the organisation and develop health career pathways. We will be a workplace of choice for Aboriginal and Torres Strait Islander peoples that recognises and supports their leadership, value and lived experience. We will include Aboriginal and Torres Strait Islander staff in decision making throughout the organisation, including in designing models of care.



Stronger with a Vision

- CHQ's first co-designed *Aboriginal and Torres Strait Islander Workforce Action Plan* was launched.
- In addition to growing and keeping the workforce, the Action Plan set goals to build new pipelines of talent and innovate with new ways to deliver care.
- The Action Plan recognises that the key to cultural safety is ensuring that the Aboriginal and Torres Strait Islander staff are working to scope and are provided with opportunities for ongoing cultural and professional development.

Nursing Workforce Plan

- Developed and implemented CHQ's first targeted Aboriginal and Torres Strait Islander Nursing Workforce Plan.
- The Plan is designed to increase Aboriginal and Torres Strait Islander representation in nursing across all levels at CHQ through equitable access, targeted recruitment, and culturally safe support structures.
- CHQ implemented identified roles in entry-levels (USIN, Graduate, Cadet) and developed an Identified Nursing leadership role in the Division of Medicine.

Talent Pool

- Launched QLD's first dedicated Aboriginal and Torres Strait Islander Talent Pool to engage with a broader community of potential team members.
- The Talent Pool provides an opportunity for a broader range of community to enter the workforce at Queensland Health.
- Roles advertised are a broad range of clinical and administrative roles and can include permanent, temporary and casual vacancies.
- The Talent Pool can be accessed by a broad range of stakeholders



Implementation Plan Progress

Co-design with Aboriginal and Torres Strait Islander staff a CHQ Aboriginal and Torres Strait Islander workforce plan to include:

6.1	<ul style="list-style-type: none">• Recruitment strategies including attraction, growing our own (Footprints) staff and accessibility• Professional shadowing and mentoring• Social and emotional wellbeing supports• Leadership development and recognition• Understanding, recognising and utilising the value of lived experience• Peer workers and lived experience consumer consultants• Partnering with Southeast QLD Health Equity Strategy partners in reciprocal arrangements for training, cadetships and placements• Identified positions policy• Retention strategies• Career development• Clinical and cultural supervision• Cultural mentoring• Youth workforce to reflect patient cohort	Completed
6.2	<p>Review and develop divisional recruitment targets across streams, informed by patient data and patient need, including changing existing roles to identified roles where appropriate.</p>	Active
6.3	<p>Document and promote the unique cultural value that Aboriginal and Torres Strait Islander staff provide including cultural knowledge and understanding, patient rapport, trust, communication and lived experience, particularly lifting the profile of Aboriginal and Torres Strait Islander Health Workers.</p>	Pending
6.4	<p>Review and/or develop scope of practice for Aboriginal and Torres Strait Islander clinical staff (including Aboriginal and Torres Strait Islander health workers and practitioners) and ensure they are regularly being supported to work to full scope in role and team</p>	Pending

Conclusion

The 2022–2025 Health Equity Strategy has marked a transformative chapter in CHQ’s journey toward a more culturally safe, responsive, and inclusive health system. Guided by the voices of Aboriginal and Torres Strait Islander communities, CHQ has taken bold and deliberate steps to dismantle systemic barriers, embed cultural capability, and elevate the leadership and presence of Aboriginal and Torres Strait Islander peoples across all levels of care. From the implementation of anti-racism frameworks and culturally led models of care, to the growth of a proud and strong Aboriginal and Torres Strait Islander workforce, this period has been defined by action, accountability, and impact.

While challenges remain, the progress made demonstrates what is possible when equity is prioritised, and community is centred. The improvements in redesigned models of care, the expansion of culturally safe spaces, and the success of initiatives like MobED and the Talent Pool reflect a system increasingly shaped by cultural intelligence and community partnership.

As CHQ prepares to enter the next phase of its Health Equity Strategy 2025–2028, it does so with greater clarity, deeper relationships, and a stronger foundation. The work ahead will require continued courage, innovation, and investment but the momentum is undeniable. Together, with Aboriginal and Torres Strait Islander families, staff, and partners, CHQ is not only reimagining healthcare—it is building a future where every child and young person can thrive in a system that sees, respects, and responds to who they are and what they need.





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