Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018–2023
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A special thank you to our Queensland Children’s Hospital artists for the artwork that features on the front cover and throughout: Colleen, Dakota, Ernst, Freya, Hannah, Isac, Juleila, Leah, Letitia, Lily, Linagyu, Miranda, Nanny, Nathaniel, Neta, Samuel, Shannon, Talitha and Victor. Facilitated and adapted for publication by artist Sam Cranstoun.

“Aboriginal and Torres Strait Islander children, The glad tomorrow” from ‘A Song of Hope’ by Oodgeroo Noonuccal 1974

Queensland Children’s Hospital has a unique architecture which uses the tree as a symbol for healing. The Glad Tomorrow brings this idea to life by referencing the Ficus Macrophylla, the Moreton Bay Fig. This tree’s buttress root is used by Indigenous people for carving boomerangs and shields and for ceremonial purposes. The Moreton Bay Fig possesses a remarkable ability to rejuvenate. After a piece of the buttress root is cut, over time it will heal itself, returning to its original state. This tree is found in rainforest areas along the coast from the far north to the south east of Queensland. The Glad Tomorrow acts as a constellation of cross-boomerangs flowing around the columns on Raymond Terrace. The cross-boomerang is a unique motif that comes from my family’s country in North Queensland. It is a symbol of protection. I like the idea that this motif will welcome children, their families and friends into the hospital.

Children’s Health Queensland pays respect to the traditional custodians of the lands on which we walk, work, talk and live. We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders past, present and future.
Aboriginal and Torres Strait Islander children are the youngest people from the longest living cultures in the world with rich traditions, lore and customs that have been passed down from generation to generation. They grow up with a strong connection to family, community and country, and are the future of their culture and the carriers and keepers of their stories.

Aboriginal and Torres Strait Islander children do not always enjoy the same opportunities and health and wellbeing outcomes as non-Indigenous Australians. We know there is still a long way to go in ‘closing the gap’ in health and development inequality between Indigenous and non-Indigenous children and we are committed to strengthening our work in this area.

The early years of life provide the foundation for future health, development and wellbeing. Many challenges faced by adults, such as chronic disease, low literacy and numeracy and mental health issues can be traced back to pathways that originated in their early childhood and before. The historical impacts of trauma and racism resulting in a disconnection from culture must be acknowledged for Indigenous peoples. Ensuring children in Queensland flourish as part of a healthy, vibrant society is our ethical, social and economic responsibility.

We would like to reinforce that Aboriginal and Torres Strait Islander health is everyone’s business. Our vision of a healthier tomorrow for all children and young people requires strategies that address the social and cultural determinants of health, as well as health service delivery that is oriented around the needs of children, young people and families and is designed and delivered in partnership with them. Furthermore, we need a system that is based on coordination and collaboration across providers and decision makers, irrespective of sectorial, organisational or geographic boundaries.

The Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023 has been developed in parallel with the Children’s Health and Wellbeing Services Plan 2018-2028, and recognises that we require a targeted and specific approach to Children’s Health Queensland’s five key health service directions for Aboriginal and Torres Strait Islander people.

We would like to thank our staff across all our clinical services for their significant input in the development of this plan. This process was supported by the voices, stories and ideas of consumers, carers and families, a wide range of health service providers, cross-sector organisations, and thorough research and analysis of the current and future challenges and opportunities for Queensland Aboriginal and Torres Strait Islander children and young people.

Children’s Health Queensland is passionate about its role as a leader within a networked system of services, and this plan is an important step towards taking a more holistic approach to children and young people’s health and wellbeing to ensure they can reach their full potential.

Fionnagh Dougan
Chief Executive
David Gow
Board Chair
Children’s Health Queensland Hospital and Health Service
Introduction

Culture sits at the heart of Aboriginal and Torres Strait Islander family life. Culture, as determined through spiritual connection to land, sea, sky, ceremony, community and lore is the source of strength and resilience for Aboriginal and Torres Strait Islander people.

Children’s Health Queensland acknowledges that Aboriginal and Torres Strait Islander family relationships are complex, with responsibility for children extending beyond biological parents to the entire extended family and community. The concept of ‘family’, and ‘family-centred care’ with respect to Aboriginal and Torres Strait Islander people therefore must be expanded to be inclusive of parents, carers and community.

Children’s Health Queensland is taking a leadership role in ensuring that Aboriginal and Torres Strait Islander children and their families have access to high quality clinical health care which prioritises their cultural, emotional and spiritual needs.

Central to a culturally safe health journey for Aboriginal and Torres Strait Islander patients and families is a: culturally competent and diverse workforce culturally safe environment model of healthcare which reflects a holistic view of health and wellbeing governance structure which takes a collaborative approach to working with Aboriginal and Torres Strait Islander people, communities and key stakeholders.

The Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2018-2023 represents the beginning of a new way of approaching service design and delivery for Aboriginal and Torres Strait Islander families. The work considers broader social determinants and cultural determinants as outlined in the document My Life, My Lead – Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations December 2017. It places culture at the core of change, reinforcing that Aboriginal and Torres Strait Islander health is everyone’s business, and not solely the responsibility of Indigenous specific programs or services.

The Children’s Health Queensland Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2018-2023 has been developed in parallel with the Children’s Health Queensland Children’s Health and Wellbeing Services Plan 2018-2028. The Aboriginal and Torres Strait Islander Health and Wellbeing Plan applies an Aboriginal and Torres Strait Islander lens to Children’s Health Queensland’s five key health service directions:

1. Promoting wellbeing and health equity
2. Improving service design and integration
3. Evolving service models
4. Delivering services closer to home
5. Pursuing innovation

These five strategic directions have been influenced by statewide health system priorities articulated in documents such as My Health, Queensland’s future: Advancing health 2026 and A great start for our children: Statewide plan for children and young people’s health services to 2026.

The implementation of Children’s Health Queensland Aboriginal and Torres Strait Islander Health and Wellbeing Plan 2018-2023 will be supported by a co-design methodology, including inter-professional and inter-disciplinary teamwork, partnering across health service providers and cooperation across sectors, as well as including the voices of Aboriginal and Torres Strait Islander children, young people, their families and their carers.

Aboriginal health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.

— National Aboriginal Health Strategy, 1989
Our health services

Children's Health Queensland Hospital and Health Service is a recognised leader in paediatric healthcare, education and research, and delivers a full range of clinical services, including tertiary care, quaternary care and health promotion programs.

Queensland Children’s Hospital (QCH)
- Critical Care
  - Anaesthetics; Cardiology and Cardiac Surgery; Children’s Advice and Transport Coordination Hub; Retrieval Service; Emergency; Medical Imaging and Nuclear Medicine; Paediatric Intensive Care Unit; Paediatric Persistent Pain Management; Simulation Training on Resuscitation for Kids
- Medical Services
  - Allergy and Immunology; Child Protection and Forensic Medical Services; Dermatology; Endocrinology and Diabetes; General Paediatrics; Haematology; Infectious Diseases; Metabolic Medicine; Nephrology; Neurology and Neurosciences; Oncology; Palliative Care; Rehabilitation; Respiratory and Sleep Medicine; Rheumatology
- Surgery and Perioperative Services
  - Gastroenterology, Hepatology and Liver; Neurosurgery; Ophthalmology; Oral Maxillofacial; Orthopaedics; Paediatric and Neonatal; Paediatric Burns Centre; Paediatric Otolaryngology Head and Neck; Plastics and Reconstructive; Transplant Service; Trauma Service; Urology
- Clinical Support Services
  - Allied health services; CHQ at Home; Pharmacy; Connected Care Program; Queensland Specialist Immunisation Service; TeleHealth Services

Annual operating budget of approx $766 million

We employ more than 3,800 staff

Statewide services and programs, including specialist outreach & telehealth services

12 cymhs facilities
- Community CYMHS Teams; CYMHS Campus; Day Programs; Forensic Programs; Eating Disorders and Family-based Therapy; Perinatal and Infant Mental Health; Specialist Programs; Youth Residential

12 cymhs facilities
- Within the greater Brisbane metro area

48 bed inpatient facility
- CYCHS includes the Ellen Barron Family Centre
- Queensland Children’s Hospital (QCH) at Home; Pharmacy; Allied health services; Clinical Support Services
- Queensland Specialist Immunisation Service; TeleHealth Services

Centre for Children’s Health and Wellbeing
- Child Development Program; Child Health Service; Deadly Ears; Ellen Barron Family Centre; Good Start Program; Healthy Hearing; Hearing Loss Family Support Service; Primary School Nurse Health Readiness Program; School-Based Youth Health Program

Centre for Children’s Health Research
- The Centre for Children’s Health Research is a partnership between Children’s Health Queensland, The University of Queensland (UQ) and the Queensland University of Technology (QUT) working in collaboration with the Translational Research Institute (TRI).
- The Centre is committed to finding new ways to prevent, diagnose, treat or manage childhood diseases and conditions so we can make a real and enduring difference to the care and health outcomes of all children and families.

In order to adequately close the gap in life expectancy between Indigenous and non-Indigenous Australians, a culturally competent response necessitates coordinated and efficient service delivery.

- CHQ Aboriginal and Torres Strait Islander staff

In 2017 to 2018, the total planned Full Time Equivalent (FTE) for ‘identified’ Aboriginal and Torres Strait Islander positions within Children’s Health Queensland is 14.2 FTE of a total 3,800 FTE. The total Children’s Health Queensland annual operating budget for the organisation is $766 million which supports population outcomes as a whole and delivery of services to Aboriginal and Torres Strait Islander Australian families. Whilst all of our services cater to Indigenous children and families, we also have complementary services which are specifically targeted at Aboriginal and Torres Strait Islander children. Our Aboriginal and Torres Strait Islander services and positions include:

- Queensland Children’s Hospital
  - Indigenous Hospital Liaison Service
  - Connected Care and Nurse Navigator Service (statewide service)

- Child and Youth Community Health Service
  - Advanced Health Workers – Child Health
  - Indigenous Health Coordinator
  - Cultural Capability Officer
  - Deadly Ears program (statewide service)
  - Mipla Binna – Our Ears: Queensland Hearing Loss Family Support Service (resource and statewide service)

- Child and Youth Mental Health Service
  - Advanced Health Workers Forensic
  - Aboriginal and Torres Strait Islander Service Integration
  - Transitions
  - Perinatal Infant Mental Health

Our partners in health and wellbeing are: Queensland Aboriginal and Islander Health Council, Institute for Urban Indigenous Health, Primary Health Networks, Hospital and Health Services and statewide clinical networks.

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The Queensland Children’s Hospital, forged in the proud service traditions of the former Royal and Mater children’s hospitals, is a leading academic hospital with a longstanding history and commitment to research, a tradition that has been strengthened by its co-location with the Centre for Children’s Health Research.

Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018–2023
The communities we serve

Children’s Health Queensland is a statewide hospital and health service dedicated to caring for children and young people from across Queensland and northern New South Wales.

We serve a range of different population catchments across our network of community and hospital-based services. These various catchments can be simplified to four key areas:

### Queensland Children’s Hospital local catchment
The Queensland Children’s Hospital (QCH) local catchment defines the area for which QCH is the local hospital for children requiring more general acute services. It extends from Nudgee Beach and Wynnum in the East, to Keperra in the North, to Mt Crosby and Bundamba in the West to Forest Lake and Woodridge in the South (refer to map on page 11).

### Child and Youth Community Health Service catchment
The Child and Youth Community Health Services (CYCHS) catchment is made up of the Brisbane, Moreton Bay, Logan-Beaudesert and Redlands Local Government Areas (LGAs). Additional school-based services are coordinated centrally but delivered by other hospital and health services (refer to map on page 12).

### Child and Youth Mental Health Service catchment
The Child and Youth Mental Health Services (CYMHS) catchment is made up of the Brisbane LGA plus the former Pine Rivers Shire Council area (refer to map on page 13).

### Statewide services
For many of our clinical services across QCH, CYCHS and CYMHS, Children’s Health Queensland provides highly specialised tertiary-level services to the state’s sickest and most critically injured children, including those from northern New South Wales and the Northern Territory. Some specific services such as the Child and Youth Forensic Mental Health Outreach service have separate defined catchment areas e.g. from the border of Queensland and New South Wales to south of Rockhampton. Some statewide services deliver outreach services to rural and remote Aboriginal and Torres Strait Islander communities such as Cherbourg, Wooreenba, Palm Island, Mount Isa, Mornington Island, Doomadgee, Normanton, Wujal Wujal, Hope Vale, Northern Peninsula Area (NPA), Thursday Island and a few islands of the Torres Straits.

### Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018–2023

Queensland Children’s Hospital local catchment map

- **Queensland Children’s Hospital catchment area**
  - Brisbane CBD
  - Public hospital with children’s emergency
  - Public hospital
  - Private hospital
  - Redcliffe Hospital
  - North West Private Hospital
  - The Prince Charles Hospital
  - Royal Brisbane and Women’s Hospital
  - Brisbane Private Hospital
  - RiverCity Private Hospital
  - Tennyson Private Hospital
  - New Farm Clinic
  - Mater Private Hospital
  - Princess Alexandra Hospital
  - Greenslopes Private Hospital
  - Suburban Private Hospital
  - Redland Hospital
  - Queen Elizabeth II Jubilee Hospital
  - Sunnybank Private Hospital
  - Carrossa Private Hospital
  - Ipswich Hospital
  - Logan Hospital

Approximately **94%** of QCH Aboriginal and Torres Strait Islander inpatients are aged 0 to 14 years with the other 6% aged 15 to 19. Some mental health services see patients up to the age of 24, due to changes to the Mental Health Act 2016.

In the QCH local catchment, it is estimated that there are **6,100** Aboriginal and Torres Strait Islander children and young people aged 0 to 19 years.

Across our state, there are **97,000** people aged 0 to 19 years who identify as Aboriginal and/or Torres Strait Islander which is approximately 7.7% of Queensland’s total population.
The cultural determinants of health encompass the cultural factors that promote resilience, foster a sense of identity and support good mental and physical health and wellbeing for individuals, families and communities.
Over the next 10 years, there will be numerous challenges that Children’s Health Queensland will face in the delivery of health services, both within the Queensland Children’s Hospital and community services catchments, as well as across the state. Children’s Health Queensland’s *Children’s Health and Wellbeing Services Plan 2018-2028* articulates the principal health needs of children and young people across Queensland. Due to the level of disparity between Indigenous and non-Indigenous Australians, a separate needs assessment is necessary in order to inform a targeted response for Aboriginal and Torres Strait Islander children and young people (aged 0 to 19 years).

Queensland’s Aboriginal and Torres Strait Islander communities have a higher proportion of children and young people compared to the non-Indigenous population. Thirty-five per cent are below the age of 14 compared to 19 per cent for non-Indigenous Queenslanders.

Future population growth will disproportionately affect particular areas

Aboriginal and Torres Strait Islander communities in Queensland are growing quicker compared to the non-Indigenous population. By 2026, the Aboriginal and Torres Strait Islander children and young people population is expected to grow from 66,000 to more than 89,000, or roughly 35 per cent. Comparatively, the projected growth of the non-Indigenous 0 to 19 population in Queensland over the same time period is 15 per cent. This difference may potentially be attributed to improving life expectancy at birth and decreasing child mortality rates, while gains in these contributing factors have plateaued for non-Indigenous Queenslanders. Across Queensland, the Brisbane region will see the greatest growth in the number of Aboriginal and Torres Strait Islander children and young people while proportionately the Cairns-Atherton region will have the greatest increase.
Needs analysis

Population

Poorer health outcomes are strongly linked to socio-economic disadvantage

Early life adversity and social disadvantage have been shown to have a direct impact on a child’s health and development trajectory and outcomes. Socio-economic, environmental, social and political factors, lack of access to primary care and population-specific health risks all contribute to the poorer health status experienced by Aboriginal and Torres Strait Islander children and young people.

Our approach to improving health outcomes for socio-economically disadvantaged populations is evolving as we gain a greater understanding of the interplay between children and young people and the economy, education, cultural norms, their environment, community, family and peers. According to the National Aboriginal and Torres Strait Islander Health Plan 2013–23, the difference in social determinants of health between Indigenous and non-Indigenous people accounts for between one-third and one-half of the health outcome gap. Within Queensland, 72 per cent of Aboriginal and Torres Strait Islanders reside within the ‘Most Disadvantaged’ (49.6 per cent) and ‘Disadvantaged’ (22.8 per cent) Socio-Economic Indexes for Areas (SEIFA) quintiles.

Furthermore, a child’s health and development is influenced by the health behaviours and status of the adults in their community. When a child is exposed to adults who exhibit fewer health risk behaviours, they too are exposed to fewer potential adverse consequences. For example, parents, carers and communities who exhibit healthy eating choices and a physically active lifestyle have an influence on their children and young people’s healthy body weight.

The relationship between remoteness, socio-economic disadvantage and health further contributes to understanding the health gaps between Indigenous and non-Indigenous Queenslanders and the need for a holistic approach that accounts for urban, regional and remote areas. Twenty per cent of Indigenous Australians are living outside of urban areas in remote (7.7 per cent) or very remote (3.7 per cent) areas making access to health services a key contributing factor.

Indigenous children and young people are more likely to live with a disability and will be affected by the transition to the National Disability Insurance Scheme

Findings published by the Australian Bureau of Statistics (ABS) indicate that nationally, Aboriginal and Torres Strait Islander children aged 0 to 14 had double the rate of disability than non-Indigenous children (14 per cent for Indigenous children compared with seven per cent for non-Indigenous children). The differences were statistically significant for both boys (20 per cent compared with eight per cent) and girls (nine per cent compared to five per cent).

Children with disabilities are typically living at home, going to school, socialising and, for those who are older, preparing to meet the challenges and opportunities of adulthood. People with disability are vulnerable to poor health outcomes and adverse health behaviours. Many of the health differences are socially determined, rather than due to the disability itself. People with disability are more likely to:

- have lower levels of education
- have lower levels of social and community participation
- experience discrimination
- have lower rates of employment and income.

At present, the health and disability sectors are being impacted by the transition to the National Disability Insurance Scheme (NDIS). The existing Indigenous specific NDIS campaigns support the transition, however, engaging and collaborating with external NDIS providers will be key to ensuring a timely health and therapy support for children with disabilities and their families.

LIVING IN QUEENSLAND

- 28.7% of Indigenous children aged 0 to 14 spent some time with a leader or elder each week1 (17.5% in remote areas, 22.4% in non-remote).
- 74.1% of Indigenous people aged 15 and over recognised an area as homelands or traditional country3.
- 33.7% of Indigenous people aged 15 and over mainly spoke an Australian Indigenous language1 (including those who spoke some words).
- 33.5% of Indigenous people aged 15 and over felt they had been treated unfairly at least once in the previous 12 months because of their cultural origin4 (16.9% in remote areas, 28.3% in non-remote).
- 3.5% of Indigenous children aged 0 to 14 had double the rate of disability than non-Indigenous children (14 per cent for Indigenous children compared with seven per cent for non-Indigenous children).
- 72 per cent of Queenslanders are living outside of urban areas in remote (7.7 per cent) or very remote (3.7 per cent) areas.
- 51% male 49% female1.
- 1.3 million people or 1 in 4 Queenslanders are children and young people.
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1 Australian Bureau of Statistics 2016.
2 Children’s Health Queensland data.
3 National Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023.
4 Children’s Health Queensland data.
Commitment to perinatal care will lead to improved future health outcomes

The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth. Perinatal health is closely linked to maternal death, perinatal death and congenital anomalies. Babies of low birth weight or shorter gestation have greater risk of developmental, educational and health problems in early life. Low birth weight is also a risk factor for a range of long-term health conditions, including diabetes, hypertension and kidney disease.

Although indicators for non-Indigenous Queenslanders are in line with national averages, there is an undeniable disparity in perinatal outcomes between Indigenous and non-Indigenous women in Queensland. Babies born to Indigenous women are more likely to be of lower birthweight and/or shorter gestation compared with babies born to non-Indigenous women while antenatal smoking and fewer antenatal care visits are more common among Indigenous women.

The evident health inequalities outlined in the maternal and infant indicators necessitate continued investment in the first 1,000 days programs, which emphasise access to education, early intervention and prevention services across urban, rural and remote areas for Aboriginal and Torres Strait Islander children and young people.

Infant and child mortality vary significantly across population groups

Infant mortality rates in Queensland are higher than the Australian average. Infant mortality is the death of a child less than one year of age and is an established measure of child health, as well as overall health of the population and its physical and social environment. The Close the Gap initiative established a target to halve the gap in mortality rates for Indigenous children under five within a decade (by 2018). Despite some progress to reduce the mortality rate of Indigenous children in Australia, Queensland’s Aboriginal and Torres Strait Islander child mortality rate is still 2.4 times greater than for non-Indigenous children.

Prioritisation and investment in tailored care during pregnancy has been shown to improve health outcomes for Aboriginal and Torres Strait Islander mothers and their children. Programs that are aimed at engaging mothers early through facilitated playgroups, parenting classes, home visits and outreach are an essential part of a broader suite of health services that will further reduce the rates of Aboriginal and Torres Strait Islander infant and child mortality in Queensland.
The burden of disease for Aboriginal and Torres Strait Islander people

Burden of disease is a measure of population health that aims to quantify the gap between the ideal of living to old age in good health, and the current situation where healthy life is shortened by illness, injury, disability and premature death. Despite efforts since the establishment of the Close the Gap commitments, six of the seven targets have not been met.

Mental and substance use disorders were the leading broad cause of total burden for Indigenous Queenslanders in 2011 (21%), followed by injuries (13%), cardiovascular disease (11%), cancers (9.6%) and musculoskeletal conditions (7.2%).

The burden rate for Indigenous Queenslanders in 2011 was 2.2 times that of non-Indigenous Queenslanders while the age profile for burden of disease varied significantly.

At different points in the lifespan, different broad causes contributed to the burden of disease. The majority of the childhood (0–4 years) burden was due to neonatal causes. The burden of mental disorders is largely experienced during adolescence and young adulthood. In later adult life, chronic diseases such as cardiovascular disease, diabetes, cancer and chronic respiratory disease were the leading contributors to the Indigenous disease and injury burden.

Aboriginal and Torres Strait Islander children and young people are increasingly seeking mental health services

Aboriginal and Torres Strait Islander people 2.6 times more likely to experience high levels of psychological distress than non-Indigenous people. According to the Australian Institute of Health and Welfare (AIHW), in 2011, mental and substance abuse disorders such as anxiety, depression and alcohol use caused 39 per cent of the total health burden in the Indigenous population. This is reflected locally and by our Hospital and Health service partners through the disproportionate rates of presentations for mental health services for Indigenous children and youth, compared to their non-Indigenous counterparts. The effects of intergenerational trauma, cultural disconnection and family disruption among many Aboriginal communities, however, are increasingly being recognised by the broader Australian community and service providers.

What does child- and family-centred care mean to Aboriginal and Torres Strait Islander families?

Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018–2023

Needs analysis

Being healthy

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Health service demand

Aside from population growth, demand for health services is rising due to increased complexity, survivorship and expectation of sub-specialist advice.

The rates of children with chronic or comorbid diseases are on the rise. In particular, asthma, allergic rhinitis and type 1 diabetes are contributing to the increasing complexity of patients requiring medical treatment. As treatments improve and new treatments are developed, the number of children and young people who require ongoing care or management increases too. If we don’t change the way we deliver services, the projected rate of growth over the next ten years is likely to be unsustainable.

The Queensland Aboriginal and Torres Strait Islander child population represents 7.7 per cent of the total child population (1.3 million) aged 0 to 19 years. The total child population in the Queensland Children’s Hospital catchment area is 200,200 of which 4,200 (2 per cent) is represented by Aboriginal and Torres Strait Islander children.

At QCH in 2016-17

The top 5 potentially preventable hospitalisations (PPH) for Indigenous children were:
- 18.5% dental
- 13.7% convulsions and epilepsy
- 12% ear, nose and throat infections
- 9.6% asthma
- 9.2% cellulitis

Leading causes of Emergency Department presentation for Indigenous children were:
- Viral infection
- Minor head injury
- Upper respiratory tract infection
- Suicidal ideation
- Bronchiolitis

The average length of stay for Aboriginal and Torres Strait Islander children was 3.39 bed days.

There were 2,876 hospitalisations of Aboriginal and Torres Strait Islanders aged 0 to 19. Of these, 1 in 2 were aged 0 to 2.

Leading causes of hospitalisation for Indigenous children were:
- Respiratory medicine
- Ear, nose and throat
- Orthopaedics
- General surgery
- General medicine

*Children’s Health Queensland services
9 Children’s Health Queensland data
8 Emergency data Collection, Healthcare Improvement Unit, Queensland Department of Health
7 Queensland hospital admitted patient data collection, Statistical Services Branch, Queensland Department of Health

Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018–2023
Health service directions

National and State policy frameworks articulate the environment in which we operate

Existing national and state government policies are comprehensive in their approach to addressing the health gap between Indigenous and non-Indigenous Australians. The policies set out short, medium and long-term strategies to improve outcomes for Aboriginal and Torres Strait Islander people. This plan articulates Children’s Health Queensland’s commitment to support these commitments and align to the Department of Health’s A great start for our children: Statewide plan for children and young people’s health services 2026 commitment to improve the health outcomes for Aboriginal and Torres Strait Islander children, young people, families and their communities.

National policies

<table>
<thead>
<tr>
<th>National policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council of Australian Government – Close the Gap/National Indigenous Reform Agreement 2007</td>
<td>Sets measurable targets to track and assess developments in the health and wellbeing of Aboriginal and Torres Strait Islanders including: Achieve Aboriginal and Torres Strait Islander health equality within a generation; Halve the mortality rate gap for children less than five years old within a decade.</td>
</tr>
<tr>
<td>National Aboriginal and Torres Strait Islander Health Plan 2013-2023</td>
<td>Builds on the Council of Australian Government (COAG) Close the Gap Statement of Intent to work collaboratively with Indigenous people and their representatives, provides a long-term, evidence-based policy framework for improving health, social and emotional wellbeing and resilience, as well as promoting positive health behaviour.</td>
</tr>
<tr>
<td>Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023</td>
<td>Outlines actions to be taken by the Australian Government and other key stakeholders to give effect to the vision, principles, priorities and strategies of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.</td>
</tr>
<tr>
<td>National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families, 2016</td>
<td>Articulates a vision, principles and approaches for the delivery of child and family health services to Aboriginal and Torres Strait Islander people. It aims to provide guidance for policy and program design, and for the development and implementation of services.</td>
</tr>
<tr>
<td>The National Safety and Quality Health Service Standards for Aboriginal and Torres Strait Islander consumers 2017</td>
<td>Provides standards to guide the delivery of health services for Indigenous people by ensuring comprehensive care is delivered in an environment which is effective and culturally competent while promoting identification rates and meeting safety and quality benchmarks.</td>
</tr>
<tr>
<td>National Cultural Respect Framework 2016-2026</td>
<td>Outlines a ten-year framework that commits the Commonwealth Government and all states and territories to embedding cultural respect principles into their health system.</td>
</tr>
<tr>
<td>National Aboriginal Health Strategy 1989</td>
<td>Identifies key priorities, such as building community control of Aboriginal health services, increasing Aboriginal and Torres Strait Islander participation in the health workforce, reforming health system and increasing funding to Indigenous health services.</td>
</tr>
<tr>
<td>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023</td>
<td>Provides a mechanism to guide national Aboriginal and Torres Strait Islander health workforce policy and planning. The Framework focuses on prioritisation, target setting and monitoring of progress against growing and developing the capacity of the Indigenous workforce.</td>
</tr>
<tr>
<td>NDIS Aboriginal and Torres Strait Islander Engagement Strategy 2016-2023</td>
<td>Focuses on enabling quality engagement, service delivery and leadership to ensure the successful delivery of the National Disability Insurance Scheme (NDIS) in Aboriginal and Torres Strait Islander communities across Australia.</td>
</tr>
<tr>
<td>Department of Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2016-2033</td>
<td>Provides guidance on the delivery of understanding and respectful clinical services to Indigenous consumers and communities. The principles address cultural recognition and respect, relationships and partnerships, capacity building, and communication.</td>
</tr>
<tr>
<td>Making Tracks – Policy and Accountability Framework 2020</td>
<td>Outlines the Queensland Government’s commitment to the national strategic framework and the 2033 Closing the Gap targets. Further stipulates the available reporting mechanisms and how progress will be measured.</td>
</tr>
<tr>
<td>Making Tracks Investment Strategy 2018-2021</td>
<td>Summarises the actions and investments to be undertaken by Queensland Health to improve access to services and health outcomes.</td>
</tr>
<tr>
<td>Reconciliation Action Plan</td>
<td>Articulates the Queensland Government’s commitment to advance reconciliation and further strengthen and acknowledge Aboriginal peoples and Torres Strait Islander people as the first Australians.</td>
</tr>
<tr>
<td>A great start for our children: Statewide plan for children and young people’s health services to 2026</td>
<td>Seeks to bring together government agencies, service providers and the community to cooperate and offer children and young people the best start in life.</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026</td>
<td>Recognises that a culturally appropriate and capable organisation is facilitated by a proactive approach to workforce investment and by employing Aboriginal and Torres Strait Islander people at all levels and in all disciplines within Queensland Health.</td>
</tr>
<tr>
<td>Queensland’s Aboriginal and Torres Strait Islander Mental Health Strategy, 2016-2021</td>
<td>Provides direction to Queensland Health’s mental health services on priority areas for action and emphasises the need for effective partnerships between Hospital and Health Services, Aboriginal and Torres Strait Islander community controlled health services and Primary Health Networks, and between the health sector and wider social services sector.</td>
</tr>
<tr>
<td>Queensland’s Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016-2026</td>
<td>Outlines a ten-year framework for improving the health, early childhood development and education outcomes of Aboriginal and Torres Strait Islander children in Queensland.</td>
</tr>
<tr>
<td>Queensland’s Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018-2021</td>
<td>Sets priorities and actions that Queensland Health and its partners will take to lessen the impact of both acute rheumatic heart disease on Aboriginal and Torres Strait Islander people in Queensland. It addresses actions to improve clinical-based care for AHRD and also strengthens Queensland’s response in areas such as environmental health, preventative health and primary health care.</td>
</tr>
<tr>
<td>My Life My Lead – Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health 2017</td>
<td>Summarises the learnings from the 2017 My Life My Lead consultation led by the Implementation Plan Advisory Group (IPAG) providing an opportunity for Aboriginal and Torres Strait Islander communities and leaders, government and the non-government and private sector to help shape the next implementation plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.</td>
</tr>
<tr>
<td>Children’s Health Queensland policies</td>
<td>Children’s Health and Wellbeing Services Plan, Strategic Plan, Research Strategy, Integrated Care Strategy, Consumer and Community Engagement Strategy, People Plan, Safety and Quality Strategic Plan, Operational Plan</td>
</tr>
</tbody>
</table>
Health service directions

Models of service delivery should reflect a holistic view of health and wellbeing and be enabled by robust, integrated and collaborative governance.

Addressing the health needs of Aboriginal and Torres Strait Islander children and young people requires more than delivering siloed services within and across organisations. As a leader in paediatric health services, Children’s Health Queensland’s role should extend to system enablement, stewardship, advice and advocacy for improving population outcomes. As such, a whole-of-system approach should be undertaken to shift from a reactive tendency to treat people’s health problems to keeping people healthy in their communities.

This approach can be effectively enabled through enhanced co-ordination and governance of services for Indigenous children and young people. A co-ordinated and collaborative approach to governance will also support the capacity to broker and integrate relationships with other organisations involved in the design, commissioning or provision of Aboriginal and Torres Strait Islander children’s health services across urban, regional and remote settings.

Improved health outcomes can be achieved through meaningful reciprocal links between Children’s Health Queensland staff and across HHSs and communities, championed by Elders, Aboriginal and Torres Strait Islander community members and cross-sector representatives.

The role of Children’s Health Queensland in a networked system is evolving.

Our role is beyond that of a service provider for a local catchment population – it extends to system enablement, advice and advocacy for improved outcomes. We need to strike the right balance of service delivery for the QCH local catchment population, community services, the statewide services we provide and the desire to build capability and capacity in paediatric healthcare across the system. We will also strive to increase the reliability and consistency of care for Aboriginal and Torres Strait Islander children and young people across the state, regardless of geography or service provider.

Our capacity to broker and mature relationships with other organisations involved in the designing, commissioning or provision of children’s services across all sectors is key to enabling improved health outcomes for all Aboriginal and Torres Strait Islander children and young people in Queensland.

Having material basics

Of Indigenous children aged 0-14 years in Queensland were homeless.

Of families with Indigenous people and dependent children in the QCH catchment area were occupied by one-parent families.

In the QCH catchment area of one family Indigenous households were gainfully employed.

In the Queensland lowest area of households with Indigenous people earned $500-$649 per week.

In the QCH catchment area of one family Indigenous households were occupied by one-parent families.

In the QCH catchment area of household with Indigenous people earned $500-$649 per week.

3.3% of Indigenous children aged 0-14 years in Queensland were homeless.

2/3 of parents were gainfully employed.

20.9% of one family Indigenous households were occupied by one-parent families.

9.7% of Indigenous children aged 0-14 years were homeless.
Children and families should be at the centre of service design to break down cultural barriers and increase access to services.

We are committed to closing the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Queenslanders. Elevating cultural respect, capabilities and strengthen Children’s Health Queensland as a culturally safe organisation in our training, patient resources, leadership, care, infrastructure and stakeholder consultation will facilitate positive relationships in the community and raise trust in our system to enhance patient journeys, experiences and outcomes. Culturally safe clinical spaces enable Aboriginal and Torres Strait Islander consumers to create a connection to the area, and to comfortably discuss any concerns and make informed decisions that will lead to better health outcomes.

To support the navigation of a complex health system, we need to emphasise patient and family engagement in all aspects of service design and support primary care clinicians in the planning of patient journeys to ensure the care we provide is child and family centred and integrated. A co-designing approach can grow self-determination and health literacy that will positively influence sustainable, long-term health outcomes.

**Health service directions**
Needs analysis

Health service directions

A population-based approach to service planning, supported by technology-enabled models of service delivery will improve outcomes for children and young people

Children’s Health Queensland’s expanding health intelligence capabilities are growing the organisations ability to take a comprehensive population-based approach to service planning and delivery. Our evolving access to meaningful data enables us to tell the story of what it means to be an Aboriginal and Torres Strait Islander child growing up in Queensland and aligning services to current and future need. Specifically, the increasing rates of complex and comorbid conditions, as well as disproportionate population growth for Aboriginal and Torres Strait Islander people in Queensland’s South-East corner, Mackay and Cairns HHS areas indicates an increased need for integrated and accessible preventative health and child development services in these areas. Mapping the need, current supply of services and gaps in service provision will enable Children’s Health Queensland to maximise the use of available resources and reach those who need it most.

Access to advancing technologies is changing the way health information is consumed and how health services are administered. Expanding the uptake of telehealth services is bridging the tyranny of distance for regional and remote communities while the availability of digital health resources such as health kiosks and mobile applications tailored to Aboriginal and Torres Strait Islander people are improving health literacy. Evolving technological innovations will continue to drive improved access to health services and equity of outcomes.

The workforce should reflect the population they serve

Queensland Health aims to increase the Aboriginal and Torres Strait Islander workforce participation rate to 3 per cent by 2022. Currently, of the approximate 50 per cent of Children’s Health Queensland staff who have elected to provide demographic information, less than 0.7 per cent identify as being of Aboriginal and/or Torres Strait Islander descent. With ongoing national and state programs aimed at increasing Indigenous participation in the workforce, we need to actively grow the Indigenous workforce and the cultural capability of all staff across all levels and disciplines.

As statewide Aboriginal and Torres Strait Islander health initiatives emphasise preventative care closer to home and in the community, it is important that the workforce has the appropriate capability and flexibility to deliver on this changing approach. As such, we should undertake a leadership role in the system planning of paediatric health services and support Indigenous workforce growth and development, including resourcing, cultural training, defined career pathways and partnerships with other health providers and cross-sector organisations.
Developed in consultation with patients, families, clinicians and Children’s Health Queensland partners, The Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018-2023 service directions align with the Children’s Health and Wellbeing Services Plan 2018-2028. The plan applies the service directions and applies them to meet the needs of Aboriginal and Torres Strait Islander children and families.

Our service directions, through specific strategies, build on the directions established in the Department of Health’s A great start for our children: Statewide plan for children and young people’s health services to 2026. They represent the key areas for Children’s Health Queensland to address the future health priorities of whole community we serve and strongly align to our vision, values and strategic objectives.

Service directions and strategies

Promoting wellbeing and health equity
Children’s Health Queensland takes a population health approach to service planning, with a particular focus on reducing health inequalities and identifying vulnerable communities that require targeted services.

Improving health service design and integration
Health services are designed, delivered and integrated in a way that is inclusive, easy to navigate, child- and family-friendly and maintains the continuity of care across service providers and settings.

Evolving service models
Services evolve in line with the ever-changing and often increasingly complex health needs of children and young people, and reflect the need for consistent approaches to child and youth health statewide.

Delivering services closer to home
System enablement supports improved outcomes and safe, sustainable services closer to home through capacity building, outreach and shared care arrangements and technology-enabled models of service delivery.

Pursuing innovation
Cross-sector partnerships drive improved outcomes and services incorporate existing and new technology to improve the patient and family experience, clinical outcomes and efficiency.
Service directions and strategies

1 Promoting wellbeing and health equity

1.1 Enhance access to population health data including the identification of Aboriginal and Torres Strait Islander children and young people to ensure a comprehensive population-based approach that enables the assessment of need as well as the impact of different policies and interventions, and supports targeted service planning and common cross-sector goals.

Examples include:
- Establish service level agreements with key Aboriginal and Torres Strait Islander health councils and representative bodies for the purposes for data sharing and collaboration.
- Enhance internal data and reporting capabilities to benchmark against the priorities and principles outlined in Federal and State Aboriginal and Torres Strait Islander health policies.

1.2 Improve the detection and access to treatment of emerging Aboriginal and Torres Strait Islander child and family health problems through more targeted screening, surveillance and ongoing support.

Examples include:
- Increase the percentage of Aboriginal and Torres Strait Islander children who access their 2½ and 4-year health and development check by facilitating partnerships between Early Years and Children’s Health Queensland to establish performance measures and shared indicators using the Results-Based Accountability framework.
- Utilise population data to inform the delivery of relevant resources to where the greatest need exists.

1.3 Enhance health system literacy by increasing the availability of culturally specific resources and information for Aboriginal and Torres Strait Islander families and young people.

Examples include:
- Improve health literacy by developing child and family health content for Aboriginal and Torres Strait Islander patients and families that is culturally competent and adapted for improved uptake.
- Distribute targeted promotion and prevention resources for Aboriginal and Torres Strait Islander families and young people.

1.4 Prioritise the wellbeing areas of mental health, oral health and school-based health for Aboriginal and Torres Strait Islander children and young people.

Examples include:
- Progress the implementation of the Barret Adolescent Centre Commission of Inquiry recommendations in collaboration with the Mental Health and Other Drugs Branch of the Department of Health.
- Partner with Emerging Minds to support and expand the reach of Children of Parents with a Mental Illness (COPM) services.

1.5 Work with partners to implement targeted prevention, promotion and protection strategies to reduce health inequalities between Aboriginal and Torres Strait Islander and non-Indigenous children, and reduce possible preventable hospitalisations.

Examples include:
- Promote evidence-based initiatives through the trial of the Housing for Health program.
- Explore the recognition of Aboriginal and Torres Strait Islander cultural obligations within the family i.e. kinship in health treatment and management.
- Advance the Priority Access Framework across Children’s Health Queensland and support the ongoing operationalisation of the framework for children and young people in Out-Of-Home Care.
- Support the planning and implementation of the Navigate Your Health trial initiative.
- Develop a health pathway for children and young people in Out-Of-Home Care.

1.6 Optimise the implementation of the NDIS to safeguard timely health and therapy support for Aboriginal and Torres Strait Islander children with disabilities and their families.

For example:
- Upskill Indigenous health liaison officers, child health workers, mental health workers to refer Indigenous families to the right access hubs to receive NDIS support.
Improving health service design and integration

2.1 Enhance Children’s Health Queensland’s co-ordination and governance of clinical services for Aboriginal and Torres Strait Islander children and young people.
Examples include:
- Encourage suitably skilled applicants to seek appointment onto the Children’s Health Queensland Board and in executive management.
- Enhance the cultural respect and capability of all staff and grow the Aboriginal and Torres Strait Islander health workforce through targeted campaigns.

2.2 Improve the planning and support for Aboriginal and Torres Strait Islander adolescents and young people transitioning to adult services including whole family education on accessing adult services.
Examples include:
- Develop and coordinate the implementation of Aboriginal and Torres Strait Islander patients with chronic or complex conditions to transition to adult services.
- Review the transition pathways for Aboriginal and Torres Strait Islander young people to adult mental health services, including opportunities to extend the age range of young people receiving CYMHS support.
- Improve the health and wellbeing of young Aboriginal and Torres Strait Islander people in corrective services through the collaboration with the department of corrections.

2.3 Work with Aboriginal and Torres Strait Islander Community Controlled Health Services and primary care providers to improve our interfaces including referral and discharge management, patient journey planning and navigation through primary, community and secondary health care systems.
Examples include:
- Develop and lead the partnerships with community controlled health organisations.
- Improve the patient journey through the development of a road map for service interactions and referral frameworks.
- Support primary care providers to improve the identification of Aboriginal and Torres Strait Islander children referred to Children’s Health Queensland.

2.4 Lead the development of evidence for place-based services for Aboriginal and Torres Strait Islander children and young people that are co-located where appropriate, and address local community needs.

2.5 Improve engagement and partnerships with Aboriginal and Torres Strait Islander people, communities and organisations including data sharing and shared governance, as well as enhance coordination of relationships with Aboriginal and Torres Strait Islander Community Controlled Health Services.
3.1 Undertake a leadership and advocacy role in the championing of Aboriginal and Torres Strait Islander children and young people’s health services to improve health outcomes statewide. Examples include:
- Collaboratively develop Aboriginal and Torres Strait Islander paediatric clinical guidelines and care pathways with stakeholder endorsement for statewide implementation.
- Collaborate with the Queensland Child and Youth Clinical Network (QCYCN) to strengthen partnerships and co-design networked service models across the state.
- Support sustainable clinical advisory, advocacy and advice functions for statewide Aboriginal and Torres Strait Islander paediatric services.

3.2 Maximise the scope of practice for nursing, allied health and Aboriginal and Torres Strait Islander health workers to support earlier interventions, and to improve service access and outcomes for Aboriginal and Torres Strait Islander children and young people.

3.3 Enable Aboriginal and Torres Strait Islander clinical services to establish and sustain contemporary, evidence-based and world-class care through reliable and relevant national and international benchmarking. Examples include:
- Progress benchmarking of mental health services with national and international partners via entities such as Children’s Healthcare Australasia and National Health Roundtable, International Initiative for Mental Health Leadership, Emerging Minds and other peak professional bodies.
- Ensure the efficient and effective coordination of services across CHQ by evaluating how services are delivered to Aboriginal and Torres Strait Islander patients and their families.
- Lead evidence-based and co-designed initiatives through the Centre for Children’s Health and Wellbeing (CCHW) and the Children’s Health Research Alliance.
Delivering services closer to home

4.1 Take a leadership role in informing and enabling system-wide planning processes to support the development of Aboriginal and Torres Strait Islander paediatric services statewide.

4.2 Enable and expand the provision of community-based and out-of-hospital services to enhance Aboriginal and Torres Strait Islander child- and family-centred care delivery.

Examples include:
- Expand the use of remote health monitoring technologies to achieve improved health outcomes, particularly for children with chronic disease.
- Expand hospital-in-the-home, hospital and emergency department avoidance models.
- Refine processes and mechanisms for monitoring the health of consumers, with emphasis on medication and metabolic monitoring.
- Improve the mobility of information and communication systems to support alternative service delivery models.
Pursuing innovation

5.1 Ensure culturally appropriate spaces at Children’s Health Queensland facilities to enhance the Aboriginal and Torres Strait Islander child and family experience and reduce cultural barriers to access. Examples include:
- Exploring the development of cultural safe spaces, e.g. at the newly established community hub at Yarrabilba.
- Conduct an audit at existing Children’s Health Queensland facilities of culturally safe and culturally appropriate spaces.

5.2 Lead cross-sector partnerships to drive innovation and advance activities targeting Aboriginal and Torres Strait Islander child and youth wellbeing, underpinned by the social determinants of health. Examples include:
- Create a foundation for collaboration for Indigenous health through aligning shared value, purpose, governance and implementation arrangements with key partners.
- Develop links and partnerships across government and non-government agencies to enable the development of policies, early identification procedures and programs to address the health and developmental needs of children and youth encountering service providers from other sectors.
- Partner with other organisations to drive innovation underpinned by appropriate evaluation and research.
- Explore opportunities for collaboration with the strategy, planning and improvement team on cross-sector initiatives using the Children’s Health Queensland population health database.

5.3 Drive the advocacy for funding mechanisms which best address population health outcomes for Aboriginal and Torres Strait Islander children and young people. Examples include:
- Explore alternative and complementary funding models such as population-based and value-based funding.
- Advocate for greater financial incentive for contemporary models of care e.g. internal and external specialist consultation, expanded scope of practice models and multi-disciplinary team models.
Clinical service enablers

In order for our clinical services to successfully deliver the service directions and strategies articulated in this plan, long-term support and enablement must be provided i.e: digital, finance, infrastructure, safety and quality, research, workforce, planning and education.

Research

One of the key priority areas of Queensland Government’s Policy and Accountability Framework “The Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033” is continuing to improve the quality and availability of research and data, accountability mechanisms and evaluation. Children’s Health Queensland works towards the Closing the Gap targets by responding to contemporary needs and providing the evidence base for positive change.

Children’s Health Queensland is committed to leading a research agenda which is informed by the clinical needs of Queensland children and their families. Research at Children’s Health Queensland is aligned with three themes: prevention and early detection, better treatment and Health Services and Systems Research (HSSR). Aboriginal and Torres Strait Islander research is a core area of our HSSR agenda, which intends to rapidly translate our research into better health outcomes using contemporary approaches including health economics, biostatistics and evaluation techniques. It follows a co-design approach to fully integrate Indigenous knowledge and community and cultural values.

Workforce

The Department of Health’s Cultural Capability Framework 2020-2033 sets out the directions to create a culturally responsive organisation where Aboriginal and Torres Strait Islander children and their families feel safe, respected and empowered to improve health outcomes. Children’s Health Queensland will align with the framework to deliver sustainable health gains for and with Aboriginal and Torres Strait Islander children, young people and their families across the state.

A fundamental enabler for our clinical services to successfully deliver the directions and strategies in this plan is the long-term support provided by Children’s Health Queensland to create a strong Aboriginal and Torres Strait Islander workforce and to enhance the cultural competency of the organisation.

Additionally, the development and support of the Aboriginal and Torres Strait Islander health workforce, including recruitment and retention, is crucial to delivering on the plan and subsequently to improving health outcomes for Aboriginal and Torres Strait Islander children and young people. A stronger and more engaged Children’s Health Queensland Aboriginal and Torres Strait Islander health workforce will increase culturally appropriate engagement of the broader community members and add value to the overall organisational performance. This will in turn, inform our policy and strategy decisions to improve the cultural responsiveness and access to efficient and effective health services.

Queensland Health’s Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 identifies six key priorities for building a strong workforce to deliver a healthy future for Queensland’s Aboriginal and Torres Strait Islander communities:

- **Growth**: Increase the representation of Aboriginal and Torres Strait Islander people employed by Queensland Health
- **Collaboration**: Increase the representation of Aboriginal and Torres Strait Islander people working in all health professions
- **Partnerships**: Develop partnerships between the health and education sectors to deliver real change for Aboriginal and Torres Strait Islander people wanting to enter the health workforce and improve career pathways for existing employees
- **Leadership and planning**: Provide leadership and planning in Aboriginal and Torres Strait Islander workforce development
- **University health graduates**: Actively target attraction and recruitment efforts at the increasing pool of Aboriginal and Torres Strait Islander university students and graduates undertaking health and health-related courses
- **Culturally safe and competent health services**: Build a Queensland Health workforce that ‘closes the gap’ in health outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous people by providing culturally safe and competent health services.

Aboriginal and Torres Strait Islander people need to be able to trust health services and take an active role in their health care journey. Reducing these barriers will ultimately enable us to improve health outcomes and life expectancy by delivering more timely care, including effective prevention and early intervention for at-risk children and young people.

We aim to deliver an empowered Aboriginal and Torres Strait Islander health workforce underpinned by the principles of the Queensland Health Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2026 and create a culturally competent organisation, reducing barriers to access and improving health outcomes for children.
Governance, implementation, monitoring and reporting

Governance and implementation

The Aboriginal and Torres Strait Islander Health and Wellbeing Services Plan 2018–2023 forms a core part of Children’s Health Queensland’s Integrated Planning Framework, which ensures that all planning activity occurring across the organisation is aligned both vertically and horizontally, and is directed towards delivering on Children’s Health Queensland’s strategic priorities. The plan will guide the health service priorities of all Aboriginal and Torres Strait Islander services and will be integrated into their annual operational plans.

The implementation of this plan will be led by an appropriate oversight committee, which will apply proportionate program management discipline to co-ordinate progress, milestones and interdependencies across the activities associated with delivery of the plan. Strong leadership through Aboriginal and Torres Strait Islander staff and nominated leads will be a key foundation of effective implementation. This will include guidance and advice from the Making Tracks Committee. The Making Tracks Committee has been established since 2017 and has evolved to now include representatives from across Children’s Health Queensland and is co-chaired by local Aboriginal and Torres Strait Islander staff selected through the Daru Mugaru group. The Daru Mugaru group is a staff engagement forum that supports Children’s Health Queensland Aboriginal and Torres Strait Islander staff in meeting, connecting and discussing current issues.

Children’s Health Queensland is also actively engaging with The Aboriginal and Torres Strait Islander Health Branch and the Cultural Capability Unit, within the Department, to align our structure and processes with contemporary practice in this area as well working collaboratively on how Children’s Health Queensland best fulfils its statewide role in this context.

Risks to successful implementation

The success of the plan relies on each responsible party determining an approach to implementing the objectives and actions that aligns with the service directions. The key risks of not achieving the actions include:

- Adequate and defined resourcing to lead and coordinate the implementation
- Maturity of governance structures to achieve implementation within a five-year timeframe
- Competing priorities to maintain financial sustainability
- Ability to develop and nurture effective and transformational partnerships.

Resource implications

As part of the planning process we have considered the resource implications relating to the implementation of the plan. Activities were prioritised based on available information regarding Children’s Health Queensland’s ability to resource or negotiate for resources for strategies and prioritised service needs. Key investment decisions are dependent on leadership directions and existence of effective governance. Implementation activities will require resourcing over time through organisational budgetary processes and negotiations with state and federal funders, including the Department of Health’s Aboriginal and Torres Strait Islander Health Branch.

Monitoring and reporting

Whilst the monitoring of implementation and achievements will be undertaken constantly, the progress of the plan will be formally reported on twice a year, through a two-tier reporting structure: Strategy and Planning Group and Making Tracks Committee for alignment, internal collaboration and review of progress, Executive Leadership Team (ELT), Health Services Executive Committee (HSEC) and the Board as a formal reporting structure.

These gateway reviews will allow changes in direction during the implementation of the plan to ensure ongoing relevance and provide information upon which future service planning may be based.
Glossary

**Culture**
Culture is the whole complex of distinctive spiritual, material, intellectual and emotional features that characterize a society or social group.

**Cultural security**
Commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander people.

**Cultural safety**
Identifies that health consumers are safest when health professionals have considered power relations, cultural differences and patients’ responsiveness of health mental and physical health and wellbeing for individuals, families and communities.

**Cultural determinants of health**
The cultural determinants of health encompass the cultural factors that promote resilience, foster a sense of identity and support good mental and physical health and wellbeing for individuals, families and communities.

**Cultural competency**
A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to enable that system, agency or those professionals to work effectively in cross-cultural situations.

**Cultural respect**
Recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.

**Cultural responsiveness**
Refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, cultures and linguistic needs of Aboriginal and Torres Strait Islander consumers/patients and communities.

**Cultural safety**
 Determines that health consumers are safest when health professionals have considered power relations, cultural differences and patients’ rights. Part of this process requires health professionals to examine their own roles, beliefs and attitudes. Cultural safety is not defined by the health professional, but is defined by the health consumer’s experience — the individual’s experience of care they are given, ability to access services and to raise concerns. The essential features of cultural safety are:

a) An understanding of one’s culture
b) An acknowledgment of difference, and a requirement that caregivers are actively mindful and respectful of differences

(c) It is informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
d) An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on Aboriginal and Torres Strait Islander people living and wellbeing, both in the present and past
e) Its presence or absence is determined by the experience of the recipient of care and not defined by the caregiver

**Cultural security**
Commitment to the principle that the construct and provision of services offered by the health system will not compromise the legitimate cultural rights, values and expectations of Aboriginal and Torres Strait Islander people.

**Culture**
Culture is the whole complex of distinctive spiritual, material, intellectual and emotional features that characterize a society or social group. It includes not only the arts and letters, but also modes of life, the fundamental rights of the human being, value systems, traditions and beliefs.

References
