



QAIHC SUBMISSION TO THE Healing Foundation

SUBMISSION

Queensland Aboriginal and Torres Strait Islander Healing Strategy

May 2020



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*QAIHC receives funding support
from the Australian and Queensland
Governments*



QAIHC SUBMISSION TO THE HEALING FOUNDATION

SUBMISSION

Queensland Aboriginal and Torres Strait Islander Healing Strategy

About Queensland Aboriginal and Islander Health Council (QAIHC):

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community-controlled health sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

Today, QAIHC represents 28 community-controlled health services and 14 associate members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) sector (the Sector) in Queensland at both a state and national level. Its membership comprises of ATSICCHOs located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

QAIHC as the peak of ATSICCHOs of Queensland wish to express the collective views on behalf of our state-wide members, to ensure effectiveness of the Queensland Aboriginal and Torres Strait Islander Healing Strategy (Healing Strategy) in addressing the health and wellbeing needs of Aboriginal and Torres Strait Islander peoples.

QAIHC would like to acknowledge the Queensland Government taking initiation to develop the Healing Strategy and its implementation plan for Queensland by working in partnership with the Queensland Mental Health Commission, the Queensland First Families and Children's Board (QFFCB) and the Department of Child Safety, Youth and Women (DCSYW), together with The Healing Foundation. QAIHC welcomes the opportunity to provide collective views.

QAIHC CONTACT REGARDING THIS SUBMISSION:

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Tell us about your organisation?

1. Is your organisation:

- Aboriginal and Torres Strait Islander community-controlled organisation
- Aboriginal and Torres Strait Islander owned business
- Non-government organisation
- Community service organisation
- Other type of organisation:

2. Which mobs does your organisation work with?

QAIHC represents its Member Services, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland at both a state and national level.

3. Where are you based?

Third Floor, 36 Russell Street, South Brisbane QLD 4101

4. How many people work in your organisation?

Approximately 55

Yarning up the Queensland Healing Strategy:

5. Do you deliver healing services, if yes, what types?

QAIHC provides development and support services to the Queensland Aboriginal and Torres Strait Islander community controlled health sector, the ATSIHCs, who deliver primary health care services, including healing services, to Aboriginal and Torres Strait Islander communities across Queensland through a comprehensive primary health [Model of Care](#).

The healing services the ATSIHCs provide differ based on community need and available funding and some examples are listed in response to Question 7. ATSIHC services can include: Social and Emotional Wellbeing Services (SEWB), counselling, psychology and psychiatry services, mental health care plans, health promotion, access to health assessments led by Aboriginal and Torres Strait Islander Health Workers / Practitioners (ATSIHW/Ps), transport services, as well as specific healing programs and community development programs such as facilitating mens and womens groups.

QAIHC provide workforce training and development (such as SEWB, Alcohol and Other Drugs (AOD) support, cultural awareness training and continuous quality improvement activities etc), and contribute to research through programs such as the Murri Carnival.

Furthermore, QAIHC play an important role advocating with government and non-government organisations at national, state and local level. QAIHC advocate on various health and wellbeing policy, planning and delivery issues to build ATSIHCs' capability to improve the overall health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples across Queensland.

6. What does healing mean to your organisation?

QAIHC maintains that the Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole community. Healing is more than just the absence of disease or illness; healing is holistic health. For Aboriginal and Torres Strait Islander peoples, health is seen in term of the whole-life-view.

This holistic concept also acknowledges the greater influences of social determinants of health and wellbeing. Social determents include: homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse; violence; removal from family and cultural dislocation; substance misuse; racism and discrimination; and social disadvantage¹.

QAIHC recognise and advocate that it is impossible to separate Australia's historical context from present-day Aboriginal and Torres Strait Islander health disparities. Consideration of this relationship is essential in the development of effective health services for complete healing of Aboriginal and Torres Strait Islander peoples². A particularly damaging factor is the assumption within governance and public health that past injustices have been resolved and are non-consequential for health policy. Numerous accounts and research, including ethnographic research conducted in Brisbane among Aboriginal and Torres Strait Islander peoples, refute this assumption by confirming an ongoing impact³. It is therefore necessary to critically analyse the continuing presence of colonial legacies within the lives of Aboriginal and Torres Strait Islander peoples, as well as implications for the construction of policy, governance, and service provision according to the dominant culture.

¹ Jumbunna Indigenous House of Learning, University of Technology Sydney. Self-Determination: Background Concepts. Scoping paper 1 prepared for the Victorian Department of Health and Human Services.

² Hollinsworth, D. (2013). Decolonizing Indigenous disability in Australia. *Disability & Society*, 28(5), 601-615. doi:10.1080/09687599.2012.717879

³ King, J. A., Brough, M., & Knox, M. (2013). Negotiating disability and colonisation: the lived experience of Indigenous Australians with a disability. *Disability & Society*, 29(5), 4. doi:10.1080/09687599.2013.864257

Profound intergenerational impacts of trauma inflicted by racist policies, state sponsored discrimination and violence, forced institutionalisation of individuals by government medical officers, the removal of children from families and social marginalisation are visible within the prevalence of mental illness such as depression, violence and self-harm, substance misuse, imprisonment, and inharmonious family relationships⁴. The resulting grief and trauma have been culturally devastating and is inextricable from the identity of present-day Aboriginal and Torres Strait Islander peoples.

Thus, for QAIHC, healing means holistic health. Healing encompass Aboriginal and Torres Strait Islander peoples' right to self-determination, recognition of the historical and social causes of trauma and empowerment for peoples to overcome the impact of the trauma, recognition of the ongoing systemic discrimination faced by Aboriginal and Torres Strait Islander peoples and timely resolution of failures; and celebration of Aboriginal and Torres Strait Islander peoples' resilience and strengths. The focus of healing should not be limited to the individual, but it must extend to the whole family and whole community.

7. What healing initiatives have been successful in your community?

QAIHC's experience is that most successful initiatives or programs in Aboriginal and Torres Strait Islander communities are those that are owned by the community, ensure Aboriginal and Torres Strait Islander peoples' authority and autonomy over all aspects of the initiative, build commitment from all collaborators, and focus on building community capability. QAIHC advocates for and provides consistent support to Member Services to develop and deliver community led, localised and culturally safe initiatives that impact on Aboriginal and Torres Strait Islander peoples holistic healing. Example of such initiatives provided by ATSI CCHOs in Queensland include:

- A. Youth:** Bringing youth together and providing them with an opportunity to lead and develop in their way has been proven to be very effective in supporting youth to achieve good overall health, wellbeing and socio-economic outcomes.

One example of an effective youth group is the **Big Buddy Program (BBP)**. Goondir Health Services have developed and implemented the BBP with the aim of assisting youth to identify enabling behaviours that will deter them from harmful use of substances and guide them towards a positive and healthy future. The BBP focuses on four key components:

1. Promoting life skills
2. Mentorship
3. Education and
4. Improving social inclusion

The BBP has been proven to uplift young people's self-esteem and provide a sense of accomplishment, and has positively impacted on Aboriginal and Torres Strait Islander youth healing in the Dalby area.

- B. SEWB:** The National Indigenous Australian's Agency's SEWB program supports ATSI CCHOs to develop the skills of the SEWB workforce to provide effective SEWB services to their community, which QAIHC supports through a centralised workforce development program. QAIHC offers professional development and networking opportunities to build the capacity and responsiveness of the ATSI CCHO's SEWB (including AOD) workforce across Queensland, inclusive of frontline staff, supervisors and managers. The SEWB program recognises the importance of self-determination by building capacity and empowering the SEWB workforce in local communities so they can provide a high-quality service to their community members and clients.

⁴ O'Sullivan, D. (2012). Justice, culture and the political determinants of Indigenous Australian health. *Ethnicities*, 12(6), 691. doi:10.1177/1468796811432697

C. Alcohol and Other Drugs (AOD):

QAIHC supports the overarching goal of the National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2019 that aims to improve the health and wellbeing of Aboriginal and Torres Strait Islander people by preventing and reducing the harmful effects of alcohol and other drugs (AOD) on individuals, families, and their communities.

QAIHC's AOD Program focuses on: building capacity in the sector (governance, administration, program development and workforce development); supporting coordination of sector representative groups and; providing and creating platforms for advocacy with the wider service sector, funders and commissioners and those who have policy and program charters and responsibilities.

In partnership with community controlled organisations, and other stakeholders, a number of resources have been developed to reduce the impact of substance use, with a particular focus on crystal methamphetamine. Resources include:

i. AOD-OUR-Way 1

There are two elements to this resource: a one-day training workshop for frontline staff that provides information on crystal methamphetamine, intervention tools and resources to support families impacted by substances, and; a Dual Diagnosis / Brief Intervention Training package. This is a two-day intense training workshop focussed on how to use the 'stages of change' approach with clients who have limited contact with AOD services.

ii. Breakthrough Our Way

QAIHC, in partnership with Apunipima Cape York Health Council (Apunipima), has developed and contextualised the "Insight Breakthrough for Families Queensland" package, resulting in the "Breakthrough Our Way" program for Aboriginal and Torres Strait Islander families. The program provides voluntary information sessions for families, significant others and the broader community whose lives are affected by Ice and other drugs.

iii. AOD-OUR-WAY 2 (EYEZ ON ICE)

The Eyez on ICE package provides: a themed resource pack that includes information for workers around substances; corresponding worksheets for workers to use with adults, families and individuals; and specific resources for use with young people. Animations also support messages to all target groups.

D. Deadly Choices: The Institute for Urban Indigenous Health (IUIH), has developed the Deadly Choices program with the aim to empower Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily. Deadly Choices also encourages Aboriginal and Torres Strait Islander peoples to access their local ATSICCHO and complete an annual 'Health Check'.

E. Mens and Womens groups: Mens and womens groups are an important healing tool. These groups provide men and women with a culturally safe and welcoming environment to talk and interact about a variety of topics that are of interest to them and the community; and have significant impact on overall wellbeing of the individual and the community. Queensland's ATSICCHOs facilitate Mens and Womens groups in their communities.

F. Medicare item #715 - Annual Health Check: The Medicare Benefits Scheme (MBS) Item #715 supports healing through encouraging Aboriginal and Torres Strait Islander peoples to attend a health clinic annually for a health check. This health check provides opportunity for health staff to check in with the patient and identify risks to that patient's health prior to them developing into chronic conditions. The existence of the MBS item enables health centres to recoup some of the costs associated with providing the support.

- G. Ochre Day - NACCHO's Aboriginal Mens Health Initiative:** Ochre Day emerged in a remote community in Far North Queensland from the inspirational thought of a Male Aboriginal and Torres Strait Islander Health Worker at Apunipima. Starting out as a mens group sharing and supporting each other, Ochre Day has been adopted by NACCHO and is an important annual event that reflects on the social and emotional issues Aboriginal and Torres Strait Islander men face that they are less likely to seek help for themselves. Ochre Day is a great platform to hear stories of hope and empowerment and to learn what is working in the communities⁵⁶. Ochre day has significant impact on Aboriginal and Torres Strait Islander mens healing.
- H. Elders groups:** Elders are an important part of every Aboriginal and Torres Strait Islander community and Elders groups help to keep Elders active and connected, as well provide opportunity for the younger generation to learn from Elders. Linking youth and Elders, teaching Aboriginal and Torres Strait Islander history and providing cultural activities build a positive context for understanding self, family and society. The Elder's groups have been proven to effectively build community and inter-generational connection by keeping family and culture alive.
- I. Ranger groups:** Ranger groups play a significant role in transferring traditional knowledge and stories from across generations, as well as being a vehicle for conversation about land and sea and for providing training and employment opportunities to Aboriginal and Torres Strait Islander peoples living in more remote areas.
- J. Cultural camps:** Cultural camps provide a unique 'On Country' opportunity for individuals to learn about their traditional culture and lore from Elders and other significant persons with lived experiences, to build connection to land and country, and to build healthy relationships among youth, adults and Elders. Cultural camps provide more than just knowledge, they provide opportunity for individuals to learn and understand themselves, to build self-respect and their respect for others.
- K. Murri Carnival:** The Murri Carnival is much more than Rugby League as it also has a major focus on "health, vocation and education". The Murri Carnival is a smoke, drug, alcohol and sugar free event and all players have to complete a Medicare Item #715 Health Check as a requirement to participate. Junior players (under 15) must have a 90 percent school attendance record. The event engages Aboriginal and Torres Strait Islander communities and empowers for better outcomes in health, education, sport, employment and business development.
- L. QAIHC Youth Health Summit:** The QAIHC Aboriginal and Torres Strait Islander Youth Health Summit (Summit) held on 12 September 2019, was created based on QAIHC's commitment to self-determination. Approximately 300 Aboriginal and Torres Strait Islander young people between the ages of 18-29 travelled from a diverse range of rural, remote, regional and urban communities across Queensland to lead conversations about their health and wellbeing needs based on strong bodies, calm minds, and resilient spirits.

The Summit exceeded QAIHC's expectations and this inspiring group of participants have provided QAIHC with profound and solution-driven content to shape QAIHC's "Queensland Aboriginal and Torres Strait Islander Youth Health Strategy", the first of its kind. To ensure the Strategy and future Summits are led by young people, QAIHC has developed the Queensland Aboriginal and Torres Strait Islander Youth Health Network (Youth Health Network). A copy of the Summit report can be found on the QAIHC Website here:

<https://www.qaihc.com.au/publications/reports-papers/2019-qaihc-youth-health-summit-report>

⁵ National Aboriginal Community Controlled Health Organisation, [Ochre day](#).

⁶ Apunipima Cape York Health Council. [Ochre Day](#). One man's drive to make a change can make a difference

8. What does happy and strong look and feel like for your community?

QAIHC's vision is to eliminate the disparities in health and wellbeing experienced by Aboriginal and Torres Strait Islander peoples in Queensland. QAIHC is committed to supporting ATSICCHOs to provide culturally safe, responsive and sustainable comprehensive primary health care services for Aboriginal and Torres Strait Islander peoples. The ATSICCHOs are experts in providing support to their communities to achieve optimal health and wellbeing outcomes.

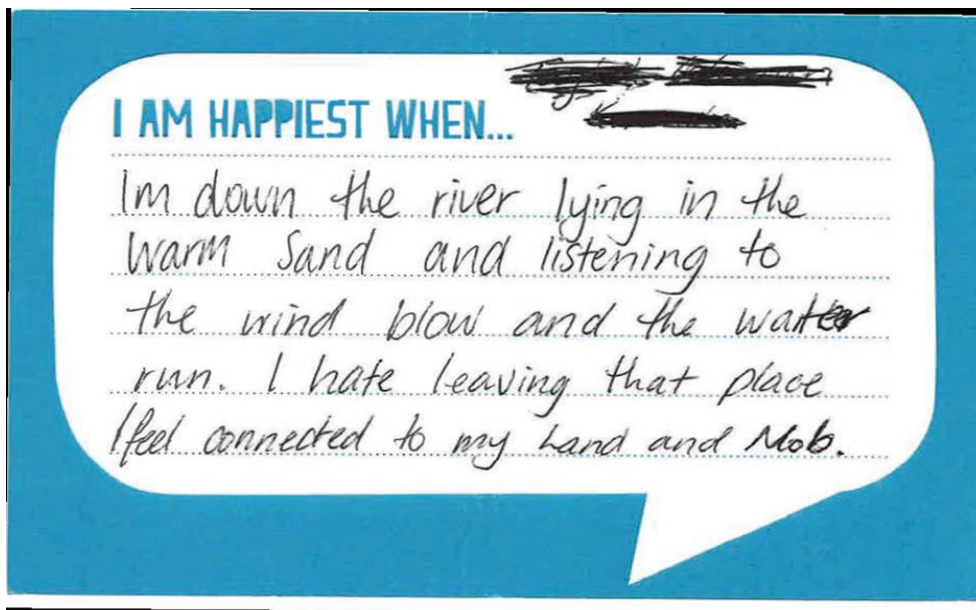


Figure 1: QAIHC Youth Health Summit 2019 participant

In QAIHC's view, a happy and strong community is based around a system that is fair and inclusive for an individual and the community. In this system, people:

- are empowered with an ability to exercise rights of self-determination in its fullest
- are comfortable and capable in fulfilling their cultural and other community roles
- do not experience any kind of discrimination in society based on their race, socio-economic status, gender, sexuality, age, physical/mental condition (ability) etc.
- are resilient, confident, determined and don't feel shame
- have strong community connection which provides support
- respect is given and received
- have the ability to celebrate their culture, tradition and strengths freely
- live in an environment of trust
- feel culturally, socially and economically safe
- have equitable access to education, health services, employment, housing, social justice system
- have strong family connections and the ability to partake in their community traditions
- are free from any kind of violence (individual, family and community)
- of all ages and ability have the opportunity to fulfil their potential and develop
- have a greater understanding and ability to exercise the mind-body-spirit connection concept of holistic healing
- are mentally, socially and emotionally well.

9. What changes are needed to enable healing in Queensland?

It is well documented that colonisation and forced removals disempowered Aboriginal and Torres Strait Islander peoples and trauma has further devastated social and economic community structures. Australia's devastating history is linked to ongoing discrimination, social and economic disadvantage and current systemic failures in education, health, justice and welfare.

QAIHC's view is that to fix the problem and enable healing in Queensland, the Australian Government, Queensland Government and non-government sectors must work collaboratively to influence generational social change and system reform to deliver trauma-informed policies and service delivery. The key changes must be to:

- A. Ensure Aboriginal and Torres Strait Islander peoples' right to self-determination, and that services for Aboriginal and Torres Strait Islander peoples where available, are designed and delivered by Aboriginal and Torres Strait Islander community controlled organisations.
- B. Australian Government agree to The Uluru Statement from the Heart - Voice, Treaty and Truth Telling and the Queensland Government agree to a Queensland Treaty/s.
- C. Eliminate racial discrimination including institutional racism in all health and social determinant systems.
- D. Address socio-economic determinants of health.
- E. Focus on developing ATSI/CCHO capability to improve access to a range of healing services in the community.
- F. Increase knowledge and use of traditional healing practices where appropriate and requested by the local community.
- G. Increase support for community cultural interventions.
- H. Establish National Indigenous Healing Fund for members of the Stolen Generation.
- I. Reparation and compensation for the Stolen Generations.
- J. Ensure recommendations on relevant past and current national and state inquiries are considered and implemented timely and effectively.

Further details on each change are provided below.

A. Ensure Aboriginal and Torres Strait Islander peoples' right to self-determination, and that services for Aboriginal and Torres Strait Islander peoples where available, are designed and delivered by Aboriginal and Torres Strait Islander community controlled organisations:

QAIHC believes Aboriginal and Torres Strait Islander peoples must have the ability to develop and determine any policy/program affecting them and administer such programs through their own institutions. When Aboriginal and Torres Strait Islander peoples take charge of developing their own strategies, they better reflect their interests, values, vision and concerns, increasing ownership and accountability⁷.

It is clearly understood that the Government's current the top-down approach still impacts on health and wellness outcomes for Aboriginal and Torres Strait Islander peoples in Australia. A community-led approach to policies and programs is the true reflection of self-determination, which will significantly contribute to reducing disparity in health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples.

⁷ Jumbunna Indigenous House of Learning, University of Technology Sydney. Self-Determination: Background Concepts. Scoping paper 1 prepared for the Victorian Department of Health and Human Services

The ATSIICCHO Model of Care embodies this principle of self-determination where health services are designed and delivered by the local Aboriginal and Torres Strait Islander community, formed of members from that community, and governed by a Board elected by the community.

The establishment and government endorsement of 'The Coalition of Peaks' to negotiate and agree with Australian governments about the refresh of the Closing the Gap framework is an important example of self-determination in action. The Coalition of Peaks are made up of some forty national and state/territory community controlled Aboriginal and Torres Strait Islander Peak Organisations.

Furthermore, the "Bringing Them Home" report emphasised the importance of self-determination for Aboriginal and Torres Strait Islander peoples and communities in overcoming the devastating legacy of forced removals from family and country. It recommended that local Aboriginal and Torres Strait Islander community-based services and organisations be supported to lead and develop their own healing responses to enable communities to overcome the trauma of removal and limit the intergenerational transfer of trauma. Only Aboriginal and Torres Strait Islander peoples themselves are able to comprehend the full extent of the effects of the removal policies. Services to redress these effects must be designed, provided and controlled by Aboriginal and Torres Strait Islander peoples themselves.⁸

B. Australian Government agree to The Uluru Statement from the Heart - Voice, Treaty and Truth Telling and the Queensland Government agree to a Queensland Treaty/s:

QAIHC supports 'The Uluru Statement from the Heart' which seeks the First Nations' Voice enshrined in the Constitution and the establishment of a Makarrata Commission to supervise a process of agreement-making between governments and First Nations peoples. The Makarrata Commission includes truth-telling about Aboriginal and Torres Strait Islander peoples' history, and recognises the significance of the adoption of truth telling across all levels of government and society, in Aboriginal and Torres Strait Islander peoples' holistic healing.

It is encouraging to note that Queensland Government has already started a treaty process-Path to Treaty. The Queensland Government have commenced a state-wide conversation on treaty and agreement-making with First Nations Queenslanders. QAIHC commend the Queensland Government's effort and believe that the government will ensure the voices of all Queenslanders are heard and agreed.

The truth telling process could provide opportunity for sharing experiences between Aboriginal and Torres Strait Islander peoples and other Australians. Stories about Aboriginal and Torres Strait Islander peoples', prior to colonisation by the British and the subsequent inter-generational impacts of colonisation, will enrich every Australian's ability to participate in the healing journey. QAIHC's view is that Aboriginal and Torres Strait Islander peoples' history should be incorporated in the Australian Curriculum in Queensland. This would provide all students an opportunity to learn and engage with the world's oldest continuous living culture through the Australian curriculum will broaden understanding and deepen knowledge about Aboriginal and Torres Strait Islander peoples' history and cultures.

C. Eliminate racial discrimination including institutional racism in all health and social determinant systems:

Racism continues to be prevalent amongst Australian society and it continues to be a part of everyday lived experience for many Aboriginal and Torres Strait Islander peoples. The existence of racial discrimination has significant impact on Aboriginal and Torres Strait Islander peoples' overall healing. It is experienced through direct and institutional racism.

(a) Direct racism:

On 26 March 2020 the Australian Indigenous Doctors Association (AIDA) reported on direct racism within hospitals in response to the COVID-19 pandemic:

⁸ Commonwealth of Australia 1997, Human Rights and Equal Opportunity Commission. Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families

“...in a New South Wales regional hospital, a patient who identified as an Aboriginal person was denied testing because priority treatment would only be offered to “real Aborigines”. AIDA has also received a message that in a Western Australian hospital, a comment was made that Aboriginal and Torres Strait Islander patients “...only get it [COVID-19] because they don’t wash their hands”.”⁹

A study of 2019 found that Aboriginal and Torres Strait Islander peoples in Victoria were four times more likely to experience racism than their non-Indigenous counterparts.¹⁰ Racism in Australia is not new, in 1991 the Report of the National Inquiry into Racial Violence in Australia stated:

“In the process of colonising Australia and making use of the land, the colonists committed brutal acts of violence against Aborigines and Torres Strait Islanders. Aboriginal people were ‘removed’ from the land by a systematic process of physical violence, enacted in small-scale and localised conflicts, and later by policies of segregation and assimilation.”¹¹

“As the evidence to the Inquiry clearly shows, the climate of racist violence against Aboriginal people permeates Australian social life.”¹²

Racism today can also be evidenced through public misconceptions around Aboriginal and Torres Strait Islander peoples. Pederson et al. published a study in 2006 that found one third of respondents reported a negative view of Aboriginal and Torres Strait Islander peoples.¹³ Many respondents’ answers involved *“the belief that Indigenous people are advantaged through handouts, through educational assistance, through special treatment in the legal system, and through housing.”* The authors referred to these as “false beliefs” and identified a direct correlation between individuals who held false beliefs and negative attitudes towards Aboriginal and Torres Strait Islander peoples.

(b) Institutional racism:

Institutional, or structural, racism is evident in the Australian system and has a profound impact on the health and wellbeing outcomes of Aboriginal and Torres Strait Islander peoples. Institutional racism greatly influences Aboriginal and Torres Strait Islander peoples’ access to health care as well as limits individuals from receiving the same quality of healthcare services available for non-Indigenous Australians.¹⁴

Institutional racism is a confronting and complex concept that is different to personal direct racism. It can be covert and passive, almost invisible, as the beliefs and misconceptions are embedded in policies, structures, attitudes, hierarchies and perspectives of organisations. Institutional racism can be entrenched within the fabric of an organisation. Institutional racism may appear in different forms within the system. It is characterised as the absence or insufficiencies of appropriate considerations intentionally or unintentionally which leads to racial disadvantages.^{15,16}

Because of this, institutional racism is difficult to identify, monitor and report on which makes it a complex form of racism to dismantle. Institutional racism can be so entrenched

⁹ AIDA (2020), “Indigenous Doctors warn that racism will cost lives”, 26 March 2020. <https://www.aida.org.au/wp-content/uploads/2020/03/Indigenous-Doctors-warn-that-racism-will-cost-lives-MEDIA-RELEASE.pdf>

¹⁰ Markwick, A., Ansari, Z., Clinch, D. et al. Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: a cross-sectional population-based study. *BMC Public Health* **19**, 309 (2019). <https://doi.org/10.1186/s12889-019-6614-7>

¹¹ <https://www.humanrights.gov.au/sites/default/files/document/publication/NIRV.pdf> page 54

¹² <https://www.humanrights.gov.au/sites/default/files/document/publication/NIRV.pdf> Page 77

¹³ Pedersen et al. (2006) “Attitudes toward Indigenous Australians: The issue of “special treatment””, *Australian Psychologist*, July 2006; 41(2): 85 – 94, <https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Racism-Report.pdf>

¹⁴ Purdie, Nola; Dudgeon, Pat; and Walker, Roz, “Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (First Edition)” (2010). https://research.acer.edu.au/indigenous_education/24

¹⁵ Australian Indigenous Doctors’ Association (AIDA). Policy Statement https://www.aida.org.au/wp-content/uploads/2017/08/Racism-in-Australias-health-system-AIDA-policy-statement_v1.pdf

¹⁶ Institutional racism in Australian healthcare: a plea for decency. Barbara R Henry, Shane Houston and Gavin H Mooney. *MJA* Vol 180 17 May 2004

in an organisations culture that it is often occurring without malicious intent and perpetrators are often unaware of the impact it is having.

Examples of institutional racism include: a lack of consideration for Aboriginal and Torres Strait Islander peoples' needs when designing policy; an assumption that the norm will apply and be suitable to Aboriginal and Torres Strait Islander clients (e.g. requirements to travel off country to a major city to give birth); an assumption that equal treatment of Aboriginal and Torres Strait Islander peoples is fair (e.g. with waiting lists).

Marrie and Marrie undertook a study of Queensland's Hospital and Health Services (HHSs) and the extent of institutional racism. They developed a tool, known as the Matrix, to provide a set of data based on publicly available information, against which progress could be measured¹⁷. In 2017 the Matrix was used to assess all 16 HHSs in Queensland and the results highlighted high levels of institutional racism within Queensland Health.

Racism directly impacts Aboriginal and Torres Strait Islander peoples' health. Impacts can include re-affirmation of inter-generational trauma, poor mental health, low self-esteem and sense of value, and it can lead to "internalised racism" where individuals start to see themselves as in-superior and wanting to be the other race.¹⁸

An example of this is the direct correlation between health and social determinants and members of the stolen generation. It is understood that the Stolen Generation population experience a range of adverse health, cultural and socioeconomic outcomes at a rate higher than the Aboriginal and Torres Strait Islander population that had not been removed. The adverse outcomes included a higher likelihood of being incarcerated in the last five years (3.3 times), being formally charged by police in their lifetime (2.2 times), having government payments as their main income source (1.8 times), not being a home owner (1.7 times) and being more likely to have poor general health based on a composite measure (1.6 times).¹⁹

The inter-generational impact of racist policies on individuals is also evidenced through the study which showed the descendants of stolen generations consistently were more likely to have adverse health, socioeconomic and cultural outcomes compared with a reference group of Aboriginal and Torres Strait Islander peoples who were not removed and who were not descendants of the stolen generation²⁰.

The historical impact of racism on Aboriginal and Torres Strait Islander peoples' health was also highlighted in a Lowitja Institute's Racism Report that stated "*It is also clear that the disadvantage suffered by Indigenous peoples is associated with both historical and contemporary racism, colonisation and oppression.*"²¹

Price Waterhouse Cooper identified racism as a direct underlying cause to high incarceration rates for Aboriginal and Torres Strait Islander peoples. In their national study on incarceration they found:

*"Many Indigenous people are reluctant to obtain essential services from mainstream providers, often due to limited cultural competence and experiences of racism within mainstream service providers. A lack of knowledge of Indigenous culture or lack of training concerning cultural sensitivity can result in Indigenous people feeling misunderstood or embarrassed after experiences with mainstream service providers. These experiences can lead to future and continued avoidance of mainstream service providers."*²²

¹⁷ Marrie, A., & Marrie, H. (2014). A Matrix for Identifying, Measuring and Monitoring Institutional Racism within Public Hospitals and Health Services.

¹⁸ Jones, C. (2000). "Levels of Racism: A Theoretic Framework and a Gardener's Tale" American Journal of Public Health, August 2000, Vol. 90, No. 8.

¹⁹ Australian Institute of Health and Welfare 2018. Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Cat. no. IHW 195. Canberra: AIHW. Page viii.

²⁰ Australian Institute of Health and Welfare 2018. Aboriginal and Torres Strait Islander Stolen Generations and descendants: numbers, demographic characteristics and selected outcomes. Cat. no. IHW 195. Canberra: AIHW. Page viii.

²¹ Lowitja Institute 2008. The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda. <https://www.lowitja.org.au/content/Document/Lowitja-Publishing/Racism-Report.pdf> page 1.

²² [pwc.com.au/indigenous-consulting/assets/indigenous-incarceration-may17.pdf](https://www.pwc.com.au/indigenous-consulting/assets/indigenous-incarceration-may17.pdf)

Racism must be eliminated. A multi-departmental response is required from Government to eliminate racism, which must include a public facing campaign (education, awareness and tolerance) along with an internal campaign to address institutional racism.

Case study: Queensland government legislating to reduce institutional racism

In December 2019 a Bill that paves the way for the elimination of institutional racism in Queensland's HHSs was introduced by the Labor government into Queensland Parliament. If passed, the Bill will make a number of the recommendations that QAIHC has been calling for legally binding on HHSs. The Health Legislation Amendment Bill 2019 recommends that the Hospital and Health Boards Act 2011 should be updated in three ways:

- 1) Guiding principles will be embedded into the foundation of the Act:
 - a) “a commitment to achieving health equity for Aboriginal and people and Torres Strait Islander people”
 - b) “a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people”
- 2) All HHSs will be required to develop and publish a “Health Equity Strategy” – a plan to ensure that equitable health services are provided to Aboriginal and Torres Strait Islander peoples. The legislation states that the strategies must be developed through consultation with Aboriginal and Torres Strait Islander peoples.
- 3) All HHS Boards must have one or more members who are Aboriginal and Torres Strait Islander peoples.

D. Address socio-economic determinants of health:

Disparities in health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples are impacted by socio-economic determinants of health. While all levels of government recognise the importance of supporting socio-economic determinants of health to advance Aboriginal and Torres Strait Islander health and wellbeing, very little cross-government innovation has emerged.

QAIHC recognise Aboriginal and Torres Strait Islander peoples' holistic healing must move beyond the health portfolio towards a coordinated effort across all arms of government. To achieve this the Australian Government at each level (federal, state and local) must work collaboratively to address broader socio-economic determinants of Aboriginal and Torres Strait Islander peoples' holistic healing.

E. Focus on developing ATSIICHO capability to improve access to a range of healing services in the community:

QAIHC's ATSIICHO sector has grown from a need for holistic, comprehensive and culturally safe healthcare. ATSIICHOs are governed by an Aboriginal and Torres Strait Islander board that is elected by members of the local community and they deliver services that build, strengthen and enable self-determination for Aboriginal and Torres Strait Islander communities and peoples. ATSIICHOs have reduced barriers of access and institutional racism which has led to improved health outcomes for Aboriginal and Torres Strait Islander peoples.

ATSIICHOs have a broad experience and deep understanding of what works best to address local health and wellbeing needs, based on mutually trusted working relationships with community. This sets ATSIICHOs in a unique position and enables them to work with the community and deliver best possible holistic healing services.

QAIHC's view is that the government must acknowledge and constantly support ATSIICHOs' capability with the development and sustainability to improve Aboriginal and Torres Strait Islander peoples' access to range of services for holistic healing. Support could be through the provision of Aboriginal and Torres Strait Islander specific funding be available to ATSIICHOs through either a restrictive selection process or a non-competitive restrictive selection process.

F. Increase knowledge and use of traditional healing practices where appropriate and requested by the local community.:

Traditional healing practices may vary across cultures, people and nations, but there are common elements²³. Traditional healing practices within Aboriginal and Torres Strait Islander cultures in Australia encompass a holistic world view. Prior to colonisation, traditional forms of healing such as the use of traditional healers, healing songs and bush medicines were the only form of primary health care.²⁴ Thus, QAIHC's recommendation is that increasing knowledge and use of traditional healing practices such as traditional healers, yarning circles, mens and womens groups, rangers' group, healing circles etc. have potential to support Aboriginal and Torres Strait Islander peoples' healing.

G. Increase support for community cultural interventions:

Cultural interventions and activities are powerful and empowering healing tools that engage people in a process of recovery and reconnection with their culture, language, history, spirituality, traditions and ceremonies to reinforce self-esteem and a positive cultural identity²². More support for ATSI CCHOs to facilitate cultural interventions is required to enable ATSI CCHOs to better support Aboriginal and Torres Strait Islander peoples' healing in Queensland.

Cultural interventions could include Elder and young generation connection programs, youth cultural camps supported by Elders, language preservation and restoration programs, Link-Up programs that help Stolen Generation members reunite with their family and culture etc.

H. Establish National Indigenous Healing Fund for members of the Stolen Generation:

QAIHC's view is that the Australian government must establish Aboriginal and Torres Strait Islander peoples' healing as a national priority and extend the scope of the federal government's 'Closing the Gap' initiative by establishing a National Indigenous Healing Fund to provide funding for health, housing, ageing, funerals, and other family support services for members of the Stolen Generations as a matter of priority in line with the Senate Legal and Constitutional Affairs Committee's final report on the Inquiry into the Stolen Generations Compensation Bill 2008 in 2009.²⁵

I. Reparation and compensation for the Stolen Generations:

There is a clear link between the process of healing and forms of acknowledgement of wrong doing through apology and compensation. The Bringing Them Home report recommended monetary compensation to achieve reparation and healing for the Stolen Generations, their families and communities.²⁶

The Australian Human Rights Commission made a submission and gave evidence in favour of monetary compensation at the Inquiry into the Stolen Generation Compensation Bill 2008. It argued that *"the failure to adequately compensate Indigenous people who were removed from their families and communities remains a significant human rights issue in Australia."* At the same time the submission cautioned that *"healing programs should in no way be construed as an alternative to mechanisms for financial compensation"*.²⁷

²³ L Archibald, Final Report of the Aboriginal Healing Foundation, [Volume III: Promising Healing Practices in Aboriginal Communities](#), Aboriginal Healing Foundation (2006) (Accessed on 28/04/2020)

²⁴ Australian Indigenous Health Info Net. [Traditional healing and medicine](#). (Accessed on 28/04/2020)

²⁵ Senate Standing Committee on Legal and Constitutional Affairs, Parliament of Australia, [Inquiry](#) into the Stolen Generation Compensation Bill 2008 (2008) par 3.131.

²⁶ Commonwealth of Australia 1997, Human Rights and Equal Opportunity Commission. Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families

²⁷ Human Rights and Equal Opportunity Commission, [Submission to the Senate](#) Legal and Constitutional Affairs Committee on the Inquiry into the Stolen Generation Compensation Bill 2008 (Accessed on 01/05/2020)

J. Ensure recommendations on relevant past and current national and state inquiries are considered and implemented timely and effectively:

There have been a number of key reports and inquiries conducted over the years in response to the disparities in health, wellbeing and socio-economic outcomes of Aboriginal and Torres Strait Islander peoples. Significant expertise and sector feedback has been provided, sharing the necessary steps to resolve these issues. It is imperative that this work is not lost or overlooked and that their findings are considered alongside any new initiatives or recommendations received through this consultation.

Key relevant inquiries/reports include: Deaths in Custody, Bringing Them Home, The Royal Commission into Institutional Responses to Child Sexual Abuse, Carmody Report and the Ford Report, Mental Health Productivity Commission Report, Queensland Productivity Commission Inquiry into Imprisonment and Recidivism Report, Queensland Productivity Commission Inquiry into Service Delivery in Queensland's Remote and Discrete Indigenous Communities.

9. Who needs to be involved in the changes needed to enable healing in Queensland and what role do they have?

The healing process is a complex process and requires multi-level collaboration and cooperation. No single authority can create healing in isolation. The change process must involve:

- A. Aboriginal and Torres Strait Islander peoples:** Every individual Aboriginal and Torres Strait Islander person has individual responsibility for their own health and wellbeing, including healing.
- B. All Aboriginal and Torres Strait Islander community controlled organisations and their representative bodies (peak bodies):** A community-led approach to policy and program design and implementation is the true reflection of self-determination and it will significantly contribute to achieving optimal healing outcomes for Aboriginal and Torres Strait Islander peoples in Queensland. Thus, QAIHC's view is that Aboriginal and Torres Strait Islander peoples living in Queensland (family, mobs, community, Elders and community leaders) through their organisations (community controlled including ATSI CCHOs) and peak representative bodies (e.g. QAIHC, NACCHO) must lead, co-design and implement healing initiatives of national significance.
- C. All governments (federal, state and local levels):** Australian Governments (federal, state and local) can play a significant role on taking several collaborative steps to address the structural, strategic and service delivery level issues that has impact on Aboriginal and Torres Strait Islander peoples' healing. Considering the factors influencing Aboriginal and Torres Strait Islander peoples' healing are not limited to the health portfolio; these changes must occur across portfolios including housing, education, employment, social welfare, justice, police, workforce, community development etc. In QAIHC's view, the Australian government can play important role by recognising Aboriginal and Torres Strait Islander peoples' healing on the 'national agenda' and taking timely steps to address issues such as institutional racism and a lack of self-determination.
- D. Researchers and academic institutions:** Researchers and academic institutions have a key role in Aboriginal and Torres Strait Islander peoples' healing through: creating an evidence base on the efficacy of healing programs; informing and developing evidence-based measures to support Government and policy makers in the decision-making process; and through developing supporting tools such as quality measures, educational materials and tools, clinical practice guidelines, research agendas etc.
- E. The wider Australian society:** Trust and respectful relationships between Aboriginal and Torres Strait Islander peoples and the wider Australian in society is important for holistic and sustainable healing. A lack of trust and respect in relationships is often based on a lack of awareness, knowledge and understanding. Thus, it is important that the wider Australian society are involved in, and support, Aboriginal and Torres Strait Islander peoples' healing journey by understanding and accepting Aboriginal and Torres Strait Islander peoples' histories, cultures and the profound intergenerational impacts of colonisation.

- F. Mainstream media:** In QAIHC's view mainstream press/media can play an important role in Aboriginal and Torres Strait Islander peoples' healing by meaningfully enhancing broader awareness of Aboriginal and Torres Strait Islander peoples' perspective by eliminating subtle biases and prejudices embedded within the society.

10. What would you do first – what are your community's biggest priorities?

Make Aboriginal and Torres Strait Islander peoples' healing a national priority through cross-governmental collaboration in partnership with Community (similar to the CTG Refresh). This entity must have a shared recognition and understanding of healing and of the necessary steps to improve health and wellbeing such as truth-telling, treaty, institutional racism, self-determination and the other solutions identified in response to question nine.

11. What would you like to see included in the Queensland Aboriginal and Torres Strait Islander Healing Strategy?

QAIHC would like the Queensland Aboriginal and Torres Strait Islander Healing Strategy to recognise the vital role of the ATSICCHOs sector and the unique ATSICCHO Model of Care in Aboriginal and Torres Strait Islander peoples' holistic healing. This recognition needs to be supported by:

- the formulation of structures and strategies that strengthen collaboration between government and non-government sectors
- funding structures that ensure there is specific Aboriginal and Torres Strait Islander funding and that the funding is awarded to Aboriginal and Torres Strait Islander community controlled organisations to ensure best possible outcomes conducted in a culturally appropriate manner.

Furthermore, the Queensland Aboriginal and Torres Strait Islander Healing Strategy should include:

- strategic actions that recognise and address the impact of intergenerational trauma (truth telling and healing process), racial discrimination and which foster Aboriginal and Torres Strait Islander peoples' right to self-determination
- a coordinated approach (all government) to Aboriginal and Torres Strait Islander community healing based around a principles-based policy approach for government to understand why, and how to support healing
- increased funding and better coordination of funding to support community-driven healing programs for Aboriginal and Torres Strait Islander peoples, such as those listed in section 7
- strategies that has focus on family reunion
- adherence to the Aboriginal and Torres Strait Islander Child Placement Principle and recognition of the importance of connections to family, community, culture and country.

12. What would you like the Aboriginal and Torres Strait Islander Healing Strategy to achieve in Queensland?

QAIHC and its Member Services would like to see the Queensland Aboriginal and Torres Strait Islander Healing Strategy:

- Ensure Aboriginal and Torres Strait Islander peoples' healing be recognised as a priority area for community-driven action
- Establish strong partnerships between government and non-government sectors, in particular the ATSICCHO sector, and a joint commitment to make a sustainable impact
- Ensure Aboriginal and Torres Strait Islander peoples' right to self-determination
- Ensure community ownership, so that all healing initiatives are co-designed and delivered by the community to ensure local tailored responses for effective engagement and outcomes.
- Be a driving force for positive changes (improved access, coordination and integration)
- Achieve measurable improvements in wellbeing (measured in a culturally appropriate way)

- Ensure accountability – keeping everyone accountable (accountability frameworks)
- Recognise and promote value of our spiritual healers
- Identify gaps and invest in innovation
- Drive the use of cultural and traditional healing methods in conjunction with western medicine
- Achieve World Health Organisation endorsement
- Achieve Coalition of Peaks endorsement and support

13. Are there any Australian or international healing initiatives, research, case studies or evaluations that you would like to highlight for The Healing Foundation's consideration or review when developing the strategy?

The following key documents could inform the healing strategy to ensure the development and implementation of Queensland Aboriginal and Torres Strait Islander Healing Strategy is effective:

- Bringing Them Home, [Report](#)
- Canadian Governments [Aboriginal Healing Foundation](#). Final Report of the Aboriginal Healing Foundation. [Volume III](#)

14. Is there anything more you want to add that should be considered as the Queensland Healing Strategy is developed?

In addition, QAIHC would like to see the following matters considered in the development of the Queensland Aboriginal and Torres Strait Islander Healing Strategy.

- The unique Queensland-specific assimilation policies and political history which have led to significant past and ongoing trauma (child removals, slavery, massacres, Deed of Grant in Trust (DOGIT) towns resulting in many clans forced to move off country and live with clans and skin groups that are wrong lore, and resulting in the loss of cultural knowledge, practice, distress and conflict.
- The impact of incarceration of adults and children that has resulted from the mismanagement and misidentification of health and healing issues, such as hearing loss, behaviour stemming from grief and loss, learning disabilities, experience of trauma (childhood and adult), racism, access barriers to education and resources, poverty, discrimination in schools, training authorities and employers, potentially preventable trauma.
- The inclusion of culturally safe health services within youth detention facilities and prisons and alternative therapeutic approaches to rehabilitation in the justice system (such as Norway's approach).
- Prioritisation of reducing high rate of suicide especially among young peoples.
- The engagement of youth representation in the design and delivery of the Strategy.
- The specific needs of women and marginalised groups, and specific strategies to ensure equity.
- The impact of the harmful use of drugs on individuals and communities, and culturally safe and proven ways to support people.
- The role the Queensland Police Service had in historical trauma as well as current institutional racism that needs to be resolved.
- The lessons that can be learnt from post-conflict resolution, and the Department of Foreign Affairs and Trade's policies for international development, that should be adhered to in Australia (such as their international development approaches of community-driven change).
- How intergenerational trauma caused by government and church groups policies and treatment result in the current health issues that has been defined as social or criminal issues further compounding trauma. These issues should be reassessed and treated as health issues (e.g. public intoxication and homelessness).
- The impact and resolution for violence including domestic violence, family violence and lateral violence.

Contact details and use of your responses:

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Can we contact you to discuss your responses further? Yes No

Do you agree to your comments being published in a report on these consultations? Yes No

Do you agree to your responses being attributed to your organisation in the report? Yes No



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