

Input for submission

System Policy Branch

Dear Secretariat of National Aboriginal and Islander Child Care (SNAICC),

Re: Feedback to the *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Family Safety Plan* Public Submissions

Thank you for the opportunity to review the *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Family Safety Plan* (Safety plan) and provide feedback. Please find feedback below.

Alignment between the Safety Plan and key Queensland Government strategies

Women's Health Policy

- The aim and partnership approach to develop the Family Safety plan aligns closely with the [Queensland Women and Girls' Health Strategy | Queensland Health \(QWGHS\)](#), particularly the Priority health action area 'Health response to DFV and sexual violence' and First Nations women and girls being identified as a priority community.

LGBTQIA+ Health Policy

- The Family Safety plan aligns with elements of the [Pride in our Communities 2024-2032 \(dsdsatsip.qld.gov.au\)](#) Queensland's plan for supporting LGBTQIA+ communities to shine (Pride Strategy) and Action Plan that identify the intersectional needs of First Nations LGBTQIA+ Queenslanders.

Question 1: *What are the key priorities and actions the Family Safety plan should focus on to create real and sustainable change for Aboriginal and Torres Strait Islander families?*

The key principles the Safety plan should focus on could include:

Building the capacity of the health workforce to respond safely and sensitively to Domestic Family and Sexual Violence (DFSV)

- Health workers play a crucial role in identifying and responding to DFSV, as they come into contact with individuals who have experienced or are experiencing violence, as well as people who use violence. Health workers and clinicians play an essential role in keeping victim-survivors and their children safe, as well as helping to hold people who use violence against their partners and families to account.
- It's critical that doctors, nurses, and social workers who provide care to victim-survivors are properly equipped to understand, recognise and appropriately respond to DFSV, including coercive control, in a trauma-informed and culturally safe way. Building the capacity of the health workforce to respond safely and sensitively to domestic and family violence is essential to ensure the provision of trauma-informed care.

Women's Health Policy

- It is suggested that a focus of the Safety plan could be to reduce the numbers of First Nations women hospitalised due to DFSV. This suggestion arises from the evidence and consultation for the QWGHs as follows:
 - Aboriginal and Torres Strait Islander women are 32 times more likely to be hospitalised due to family violence than non-Indigenous women¹
 - In 2019-20, Aboriginal and Torres Strait Islander peoples accounted for 6.1 per cent of total hospitalisations across all Queensland hospitals²
 - Aboriginal and Torres Strait Islander females are 6.5 times more likely to report an assault than a non-Indigenous female (p. 21)³
- The Safety plan could usefully consider how it can facilitate, resource, and support culturally safe and appropriate services delivered by a culturally safe workforce. Examples of what First Nations women and girls have asked under the QWGHs include:
 - utilising women and girls in policy/program design to ensure inclusive and effective policy/design⁴;
 - culturally-appropriate resources⁵; and
 - providing a range of mechanisms to deliver information, such as storytelling⁶

LGBTQIA+ Health Policy

- The Safety plan could usefully incorporate an intersectional approach for First Nations LGBTQIA+ people who are impacted by DFSV. This would include considering how higher rates of domestic and family violence in LGBTQIA+ communities and a lack of, or perceived lack of, acceptance for First Nations LGBTQIA+ people in their communities can exacerbate DFSV and increase isolation particularly as it relates to seeking help.
- Evidence to support the need for an intersectional approach includes:
 - more than 60 per cent of LGBTQIA+ people have experience family or intimate partner violence and abuse in their lifetime⁷, and;
 - 21 per cent of LGBTQIA+ First Nations people did not feel accepted by their community. This number was greater for young people, with 35.5 per cent not feeling accepted by members of their extended family⁸.

Question 2: *If there were no barriers, how would your community address FDSV?*

It is noted that this response is provided by Queensland Health, from a government, not community perspective and considers what has been heard through consultation for the QWGHs and health policy for LGBTQIA+ communities.

¹ [QWGHs Strategy A4 Digital.pdf \(health.qld.gov.au\)](#)

² [QWGHs Strategy A4 Digital.pdf \(health.qld.gov.au\)](#)

³ [Evidence Review: Queensland Women and Girls' Health](#)

⁴ [Consultation Outcomes Report](#), p14

⁵ [Consultation Outcomes Report](#), p14

⁶ [Consultation Outcomes Report](#), p14

⁷ [Home LGBTQ Domestic Violence Awareness Foundation | LGBTQ Domestic Violence Awareness Foundation \(dvafoundation.org\)](#)

⁸ [Pride in our Communities 2024-2032 \(dsdsatsip.qld.gov.au\)](#), page 19

Women's Health Policy

- The QWGHS identified the need for a health response to DFSV as a priority health action area. In terms of enablers, the QWGHS identifies that women and girls want:
 - culturally safe, trauma-informed, and responsive mental health care for all women but particularly for those from First Nations, LGBTQIA+ (and culturally and linguistically diverse) communities (p. 36);
 - access to integrated mental health care, especially as it relates to DFSV services, perinatal health, termination of pregnancy, and school-based programs (p. 36);
 - equitable access to support for those affected by DFSV, especially in rural and remote areas (p. 38);
 - improved information and education about DFSV – for victim-survivors and for health professionals (p. 38); and
 - safe, supportive, and informed care and guidance following an experience of DFSV (p. 38).
- To reduce barriers, the Safety plan could consider the use of principles similar to those in the QWGHS (p. 24) as this will enable initiatives, services, and programs to be community-led, designed and delivered by First Nations organisations and/or in partnership with First Nations organisations.

LGBTQIA+ Health Policy

- Barriers for LGBTQIA+ people experiencing DFSV that impact their ability to access services (that were identified through consultation to develop the *Pride in Our Community Strategy*) include:
 - many LGBTQIA+ people have faced painful confrontations with their families around their identity for many reasons including cultural conflicts, prejudice, or lack of understanding and awareness; and
 - these concerns were especially shared by LGBTQIA+ young people, people living in regional and remote communities, Aboriginal and Torres Strait Islander people, people living with disability, and people who are culturally and linguistically diverse.
- For LGBTQIA+ communities, the delivery of health services to support LGBTQIA+ First Nations people experiencing DFSV would usefully be through a service model that accounts for the intersecting barriers above.

Question 3: *What does culturally appropriate and holistic service provision look and feel like?*

Women's Health Policy

- In the QWGHS System Reform Goals (p. 28-29) holistic and culturally service provision and care are identified to include:
 - Enhancing the health of priority communities (noting First Nations women and girls were one of the QWGHS priority communities) – provision of culturally safe care and co-design of services to address barriers to access, eliminate discrimination and institutional racism and ultimately achieve health equity; and
 - Continual development of an informed and trusted workforce, including First Nations health workers, nurses and midwives, doctors and other practitioners, to provide quality care that is grounded in self-determination, and which is culturally safe, gender-informed, and represents, respects and responds to diverse needs and groups of women and girls.
- Holistic and culturally appropriate initiatives and processes that the QWGHS promotes, which could be considered for the Safety plan include:

- provision of services by culturally appropriate service providers such as Aboriginal Community Controlled Health, LGBTQIA+ support organisations, First Nations DFV providers, and/or in partnership with First Nations service providers;
- physical service 'centres' or buildings that are culturally appropriate and welcoming to First Nations communities – for example, the design, fit-out and art work of/for the buildings and the location of the service in places where First Nations communities live and frequent;
- one-stop shops or centres offering a range of services in one location; and
- a pilot of integrated women's health hub in community-based locations, including a First Nations designed and led service in North Queensland, that will provide accessible, quality, culturally-safe, gender-informed and trauma-informed support for health and social issues.

LGBTQIA+ Health Policy

- The Safety plan would usefully consider how service delivery for LGBTQIA+ First Nations people can be community-led to ensure service provision is culturally appropriate and holistic. The Pride Strategy includes a recognition that LGBTQIA+ communities are experts in their own local needs and challenges, and that community-led responses deliver the best possible outcomes.

Question 4: *How can governments and mainstream services best support Aboriginal and Torres Strait Islander people (including workforce and clients), services and solutions?*

Women's Health Policy

- Consultation for the QWGHS identified the following ways in which women and girls indicated governments and mainstream services can support First Nations people, services, and solutions:
 - listen to the diversity of First Nations' voices – create opportunities for active participation of First Nations people in the design of policies, programs and decision-making;
 - support, facilitate and resource First Nations services and solutions;
 - increase cultural competence and understanding of First Nations communities across the workforce – all cultural competence and awareness training should be developed by First Nations staff, supported by those with relevant expertise; and
 - partner with First Nations organisations rather than lead the work.

LGBTQIA+ Health Policy

- Queensland's Pride Strategy includes examples of how governments can best support First Nations LGBTQIA+ people including:
 - establishing Pride networks by seeking to build the capacity of emerging local groups and organisations that advocate for and support local LGBTQIA+ communities;
 - partnering with accredited organisations, networks and services that provide culturally appropriate services for First Nations LGBTQIA+ people, Sistergirls and Brotherboys that honour spiritual connection and are trusted by communities;
 - service delivery development that is community-led; and
 - delivery of appropriate training - The Pride in our Communities Action Plan 2024-26 (dsdsatsip.qld.gov.au) includes an action for Queensland Health to develop and roll out LGBTQIA+ domestic and family violence training for health workers. This training is publicly available at Homepage - See Hear Believe (health.qld.gov.au).

- Visible Pride organisations, networks and groups can increase the likelihood that a person experience domestic and family violence will seek support when they otherwise may not.

Question 5: *How should the service system respond to the intersectional needs of Aboriginal and Torres Strait Islander people and communities?*

Women's Health Policy

- The Safety plan could acknowledge intersectionality and build this into the Safety plan and actions. For example, the QWGHS (p. 18) identifies priority communities, including First Nations women and girls, as having greater barriers to achieving better health outcomes compared to the general population and recognises that some women and girls may belong to more than one priority community and/or face multiple barriers (for example, one individual may have a disability, belong to LGBTQIA+ community, belong to First Nations community, have limited transport, and not have English as a first language).

LGBTQIA+ Health Policy

- The response to Questions 1 and 2 includes examples of ways in which the Family Safety plan can respond to intersectional needs of First Nations communities.