

Torres and Cape Hospital and Health Service – Policy Evaluation

Policy	Fit for Purpose	ON APPLICATION			INTEGRATION			
		Potential result is that it disadvantages Aboriginal or Torres Strait Islander people or has the potential to result in racial discrimination	It aligns with the aim of improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples	Facilitates delivery of healthcare that understands and respects cultural differences and needs specifically those of Aboriginal and Torres Strait Islander peoples	Applies to all Aboriginal and Torres Strait Islander Health workers and Practitioners	The wording of a policy disadvantages Aboriginal or Torres Strait Islander people or has the potential to result in racial discrimination and/or institutional racism	Key considerations	Suggested recommendations
C44 Aboriginal and Torres Strait Islander health worker conditional advancement scheme	No. Policy has not been updated in line with the Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No. 1) 2019 (the Certified Agreement)	8.2. Criteria for assessment has the potential to disadvantage health workers, as the assessment options may not have been made available in the workplace for the applicant to demonstrate. Recognition areas and focus areas are not exhaustive and need to be broadened. They do not reflect the breadth of the position. The application process does not enable cultural based strengths to be assessed. Strict word limits, absence of contextual and cultural assessment and ranking of scores is discriminatory.	Sections 8.3 and 8.4 - The assessment and application processes are culturally unsafe and will not result in the capacity building of candidates. Must include a First Nations representative on the assessment panel.	Recognition of cultural equity needs to be built into the assessment process.	*Updates being made to career structure and progression of Aboriginal Health Workers (AHWs).	Sections 8.6 and 8.7 are provisions that do not acknowledge the power dynamic and imbalance between AHWs and the employer.	Part 4, Section 22 Aboriginal and Torres Strait Islander Health Worker Conditional Advancement Scheme 2020 Round of the Certified Agreement acknowledges the scheme will be reviewed as part of Phase 2 (current phase) LINK *Note new career structure in development - ref Aboriginal and Torres Strait Islander Health Worker Career Structure Review Final Report.	Suggest criteria for assessment and application process and outcomes (8.2-8.7) be re-written in line with learnings obtained from Aboriginal and Torres Strait Islander health worker project pilot and Advisory report.
C43 Aboriginal and Torres Strait Islander Health Worker Personal Progression Scheme	No. Policy needs to be rewritten in line with the Certified Agreement.	8.1 Unclear whether the Performance Appraisal and Development plan includes cultural metrics. 8.2 Assessment processes need to be rewritten with opportunities to evaluate cultural integrity and connection with community. Consider opportunities for alternatives to written application.	8.4 Must include a First Nations representative on the assessment panel.	Barriers in assessment process will lead to decreased participation rates.	*Updates being made to career structure and progression of AHWs.	Section 8, as per above policy is not written with a culturally inclusive lens, one that enables cultural equity to lead decision making.	As per above notes.	As per above recommendation, Performance Appraisal and Development plan to be assessed with cultural capability lens.
D5 Accommodation Assistance - Rural and Remote Incentive To be read in conjunction with below C31 and C15	No. Not fit for purpose in Torres and Cape location as not reflective of population need. Not culturally inclusive. Public Sector Act 2022	Under Eligibility, there is the potential for discrimination due to: a. Criteria to have been recruited from outside the locality, does not account for strong First Nations employees that are inside the locality but need to move to comply with job requirements. b. Queensland Health accommodation might not be appropriate due to power dynamic with government and expectations of community.	Eligibility criteria may reduce First Nations employment which will affect health outcomes for community.	New reframing legislation (Part 3 of <i>Public Sector Act 2022</i>) enables the Chief Executive or delegate to consider alternatives outside these criteria. Eligibility – bullet point 5 – does not include cultural leave.	Section 37 of <i>Public Service Directive 16/18 Locality Allowances</i> applies to all employees working on Mornington Island, Palm Island and the Torres Strait Islands in particular classifications.	Bullet point 5 – unpaid leave and no mention of cultural leave.	*Larger Aboriginal and Torres Strait Islander populations fed through specific disaggregated data relevant to local area need to factor in to local allowance considerations.	Suggest specific provisions expanding on Chief Executive 'reframing' capacity and the need for workforce to reflect local community be incorporated to enable flexibility in criteria.
As above: C31 Aboriginal	Yes. Adds Torres and Cape and additional locations as	To be read in conjunction with above.	As above	As above		As above		As above

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and Torres Strait Islander health workers - Special allowance as part of C15 HR Allowances	agreed to the existing Certified Agreement. HR Policy C31 is the extension of HR Policy C15 as it applies to Aboriginal and Torres Strait Islander health workers.				As above in addition to section 66 (4) of the Hospital and Health Boards Act 2011 .		Identify data sources and indicators for population demographics.	
E2 Anti-discrimination, Human Rights and Violation	No. Policy needs to be rewritten in line with the Certified Agreement - s.84 Workplace behaviour <i>Public Sector Act 2022</i> - Principles of Chapter 2, Part 1 - Equity, diversion, inclusion and respect. Reference Managing the risk of psychosocial hazards at work Code of Practice 2022 .	Consider the power dynamic for Aboriginal and Torres Strait Islander candidates making complaints – section 6. Is there an option to lodge concerns anonymously?	Needs to Articulate this clearly: Section 28 of the Human Rights Act 2019 says you have the right to live life as an Aboriginal or Torres Strait Islander person and to practice your culture, including: <ul style="list-style-type: none">maintaining and using Indigenous languagesmaintaining kinship tiesteaching cultural practices and educating childrenthe right to maintain distinctive spiritual, material, and economic relationships with land, water and other resources that there is a connection with under traditional laws and customs.	Call out the Certified Agreement with unions in relation to a recourse channel if any health workers experience bullying or victimisation. Reference Part 10 s.55 of the Certified Agreement - creation of Aboriginal and Torres Strait Islander Health Practitioner roles to provide culturally safe and appropriate health care.	s.84 of the Certified Agreement as per 'Fit for Purpose' commentary.	Call out right to practice cultural rights in a separate statement as per s.28 of the <i>Human Rights Act 2019</i> .	Cultural safety is a critical term, particularly within the health sector. Needs to be called out as part of anti-discrimination as a separate and distinct right for Aboriginal and Torres Strait Islander people.	Chapter 4: Cultural Safety and Security – Tools to address lateral violence – Social Justice Report 2011 ; Australian Human Rights Commission
B24 Appointments - Permanent and /or Fixed Term temporary – Commonwealth and/or State funded programs	Yes. However, needs to be updated in relation to <i>Public Sector Act 2022</i> - Chapter 2 and section 45.	Needs to be updated in line with Part 15 of the Certified Agreement.	Employment security as called out in Part 13 of the Certified Agreement needs to consider culturally safe workplaces free from threat of losing role.	As per <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i> Section 2 and <i>Work Health and Safety Act 2011</i> sections 47.48,49.	As per Part 15 of the Certified Agreement.	Nil	All reasonable steps must be taken to support and consult with Aboriginal and Torres Strait Islander staff in relation to ongoing role periods and the need for job security with a particular focus on retention as we try to build the Aboriginal and Torres Strait Islander workforce.	Aboriginal and Torres Strait Islander people in the health workforce 2023 ; Aboriginal and Torres Strait Islander Health Performance Framework ; NIAA
E1 Conflicts of Interest Guideline	Yes -with incorporated suggestions.	Need to articulate that a conflict of interest can occur in relation to Aboriginal and Torres Strait Islander familial and kinship connections, particularly across broader communities. Aboriginal and Torres Strait Islander people are at a disadvantage according to current scripting of 3.2 for the reasons listed.	Need to incorporate an example of familial or kinship connections in Attachment one.	A visual diagram explaining the conflict of interest that may occur in relation to Aboriginal and Torres Strait Islander family groups would be culturally safe and appropriate.	Yes	Incorporate visuals for ease.	The delivery of culturally safe health care within communities often relies on knowledge acquired through kinship and familial connections. This knowledge (data) is critical in providing culturally appropriate health care.	Acknowledge that Aboriginal health care is holistic. Aboriginal health does not just mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and must bring about the total wellbeing of their communities.

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E1 Workplace Conduct and Ethics	Yes – with new <i>Managing Psychosocial Hazards in the Workplace – Code of Practice 2022</i> to be incorporated.	Incorporate the consideration of Health Equity Plans in Section 2 to ensure principles are kept front and centre.	2.1 – ‘Critical and regular self-assessment’ to be incorporated under ethical decision making. 2.2 – ‘Acknowledging the dynamics of power and hierarchy paradigms and the legacy of historically unjust policy, which can contribute to inequity in relationships’. This has had lasting impact on levels of confidence for Aboriginal and Torres Strait Employees in turn affecting the progression of professional development opportunities and pathways.	Under Section 3 – Manager obligations to ensure health equity is understood at every level of the division/branch and that recognition of the need for cultural and psychological safety includes the need for regular training and education and critical self-reflection.	Yes	With incorporated recommendations.	Under Definitions – Conflict of interest – recognition of the balance needed to manage familial and kinship relationships and obligations particularly within community.	Importance of cultural family and kinship obligations (Fair Work Australia)
G2 Diversity and Inclusion	Yes – with incorporated suggestions.	Under Section 1 – need to call out Health Equity Plans and the need for a representative workforce for the community it services. Provisions of the <i>Public Sector Act 2022 – Part 3 Reframing the Relationship</i> and Chapter 2 – Equity, diversity, respect, and inclusion.	Important to call out that there are separate expectations and diversity requirements for Aboriginal and Torres Strait Islander employees. This must be seen as a separate area – to ensure its criticality is not subsumed under Diversity and Inclusion more broadly.	<i>Managing the risk of psychosocial hazards at work Code of Practice 2022.</i>	Yes	No – but call Health Equity Plans and legislation out as an additional feature of Diversity and Inclusion specifically relating to Aboriginal and Torres Strait Islander people.	Principles around collective leadership and encouraging cultural safety through regular self-reflection would be good.	Cultural Safety Self-Evaluation Tool
B52 Conversion of Temporary employees to Permanent Status	Yes – with incorporated suggestions.	Policy to reflect the <i>Public Sector Act 2022</i> and <i>Code of Conduct for the Queensland Public Service</i> . Wherever possible attempts should be made to facilitate permanent employment for Aboriginal and Torres Strait Islander employees – particularly where service to community has occurred over a number of years.	Section 1.1 Burden of disease, health equity planning and facilitating delivery of models of care to be incorporated as a reason to consider employment arrangements.	Flexibility to be used in employment arrangements to ensure service delivery is not impacted by restrictive human resources practices.	Yes	As per incorporated suggestions.	Call out the need for increased participation of Aboriginal and Torres Strait Islander employees at all levels and therefore the need to adopt policies which aim to keep the worker in the system utilising their skills and knowledge as a principle. This will influence behaviours at a local level - to engage in better discussion about strategic priorities and retention of workers to suit forecasted investment.	Health Equity plan relevant to the local area to be incorporated.
B25 Fixed term temporary employment	Yes	Policy to reflect the <i>Public Sector Act 2022</i> and <i>Code of Conduct for the Queensland Public Service</i> . Wherever possible, attempts should be made to facilitate permanent employment for Aboriginal and Torres Strait Islander employees – particularly where service to community has occurred over a number of years as per above.	In the interest of continuity of care and providing support to contemporary models of care within the HHS environment – discretion should be used to ensure Aboriginal and Torres Strait Islander employees have opportunities to be engaged in a manner that works for their families and the wider community.	Section 2 – Method of employment and engagement should also consider depending on burden of disease and the need for localised, flexible workforces.	Yes	As per incorporated suggestions.	This policy speaks to security of employment, and it is essential Aboriginal and Torres Strait Islander employees can trust the systems which ensures their continued employment to continue serving the health needs of community to full capacity.	Incorporate Health Equity Plans and priorities within the policy and appointment letters. Clear demonstration of cultural safety.

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B30 Higher Duties	Yes	Need inclusion of cultural leave – Higher pay to continue during this period (<i>HR Policy C7 – Special leave</i>).	Sorry business and caring for family is a critical element in restoring health outcomes and needs to be augmented with employer support.	Reference section 42 of the Certified Agreement although not explicit re: 'following leave or termination'.	2.1 – note (loses right to leave at higher pay if taking an ADO first) seems unfair?	4.1 – Opportunity for discretion in recognition of need to build health equity?	Enhancing models of care which is fundamental to health equity including making sure Aboriginal and Torres Strait Islander Health workers and health practitioners operate to their full scope, requires flexibility in decision making regarding higher duties pay and associated leave.	A general acknowledgement that the challenges experienced in community which may lead to leave, at times remains a result of prior poor government policy and decision-making. Such is the overarching intent of ensuring flexibility in operational policy to work towards greater health equity.
I1 Fatigue Risk Management	Yes - with incorporated suggestions.	No mention of 'cultural load' in document. Must be acknowledged as a key risk for Aboriginal and Torres Strait Islander staff.	Recognition of cultural load is culturally responsive and incorporation enables greater health outcomes for community.	Cultural load is connection to inter-generational trauma as evidenced in the work the health system needs to do to address inequity in health outcomes.	Part 17 of the Certified Agreement.	Incorporate a holistic well-being diagram which includes an understanding of social and emotional health and wellbeing.	Opportunities to reconnect with land and culture are central components in acknowledging First Nations healing; and also, the conflict working within highly institutionalised health system environments.	Risk management will need to involve elders and communities.
B37 Indigenous Cadetship Program	No. Refer to review of HR Policy' B1 on best practice recruitment and selection and incorporate suggestions.	8.2 - pursue a full study program each semester. Too prescriptive. Does not account for family or cultural obligations. Nor does it demonstrate consideration for numeracy and literacy barriers.	Section 10 - Termination of cadetship. All counselling sessions need to be conducted with an Aboriginal or Torres Strait Islander cultural advisor. Section needs a provision stating, 'all necessary adjustments to cater for the cadetship and prevent premature termination of performance'.	Section 8.3 - consider internal options to provide cultural support and scaffolding to the cadet through the course of their cadetship. Support Part 10.58 of the Certified Agreement.	Nil - New Aboriginal and Torres Strait Islander health workers and practitioners will be defined as 'trainees' for the purposes of the new pilot.	Change to Aboriginal and Torres Strait Islander peoples.	The new pilot will develop course education and content to support the trainees. This could be incorporated into a new policy once completed.	Consideration of Aboriginal and Torres Strait Islander cadetships and trainees within the organisation will enable and assist in optimising the workforce and development of culturally safe environments. Creates parity with Part 10 of the Certified Agreement.
B29 Job Evaluation - Roles covered by the classification and remuneration system	No. Does not incorporate the need for recognition of cultural equity.	7- 'Work value' does not recognise knowledge therefore excludes Aboriginal and Torres Strait Islander ways of knowing, doing and being.	As the formal JEMS evaluation methodology is only one dimensional it does not contribute to the social, and emotional well-being of Aboriginal and Torres Strait Islander people as intrinsic cultural value is not recognised.	Right delivery of healthcare at the right time by the right people depends on appropriate classifications - current classifying system does not incorporate cultural considerations of equity and traditional knowledge	Refer to <i>HR Policy B68 - Job evaluation – Health practitioner positions</i> .	JEMS is a process that can result in institutional racism due to the lack of cultural awareness and respect for cultural equity in role design and evaluation.	Opportunity for Queensland Health to create provisions for cultural assessment into role design and evaluation?	8.2.5 should be amended to incorporate a First Nations evaluator for all roles at TCHHS.
050:2019 - Patient Travel Subsidy Scheme Health Service Directive and Guideline	No.	Scheme is discriminatory as it does not account for high priority health related issues for Aboriginal and Torres Strait Islander people, not the priority of access to health care services.	No. All sections are manifestly divorced from the reality of accessing healthcare particularly in regional and remote locations.	Policy needs to be rewritten in line with Queensland Health Equity Plans and specific health needs of the local population - in line with Closing the Gap.	No - needs to be re-written.	Disadvantages in the prescriptive timeframes and costs.	Access to health services by Aboriginal and Torres Strait Islander people is a key priority in health equity and the <i>National Aboriginal and Torres Strait Islander Health Plan 2021-2031</i> in addition to closing the gap reforms.	Policy needs to be rewritten in line with Health Equity Plans.
Patient Travel Subsidy Scheme – Repatriation of Deceased patients FAQ's	Yes	An additional principle should be added- 'Culturally safe and respectful' 'the PTSS is applied in a manner that is consistent with culturally safe care and respect of community'.	Yes	Under 'are cultural sensitivities considered' – the words 'is encouraged to' should be replaced with 'must', in line with health equity standards and the <i>Public Sector Act 2022</i> .	Yes	Amend as suggested.	Consider HHS specific working groups at each HHS site – to pull together localised policies in relation to deaths of community, particularly of elders when in the care of Queensland Health.	Critical this policy is operationalised at a local level.

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Patient Travel Subsidy Scheme – Repatriation of Deceased patients Eligibility Guide	Yes	The last 3 points under section 1 PTSS eligibility all disadvantage First Nations people by not recognising that locality and eligibility may have been impacted by living condition and socio-economic circumstances. The use of telehealth may be completely inappropriate for certain conditions and should be utilised as a criteria of eligibility for this scheme. Also, the patient may require tertiary health services and therefore the proximity of primary health services is irrelevant?	As per comments.	Also need to determine what 'eligible referral' means in terms of the PTSS criteria. What if a community member can't access an appropriate referral for a myriad of reasons, including financial and geographic considerations.	Yes	Amend as suggested.	Access is the gateway for equity therefore eligibility criteria for PTSS needs to be reconsidered in line with recommendations.	As detailed.
Patient Travel Subsidy Scheme – Repatriation of deceased patients	Yes	Section 4 – Cultural Safety is incremental – does not need to be called out as separate under principles.	Section 6 – Page 3 – Aboriginal and Torres Strait Islander considerations. Would be significant to add a perspective around truth-telling in that repatriation also acknowledges the impact of colonisation and dispossession of land and culture for First Nations people, and the restorative action, in part, of returning deceased First Nations people to their rightful homeland.	As suggested.	Yes	On page 5 – unclear why the mainstream definition of family has been bolded – particularly when the family section goes on to acknowledge 'family' as a different concept and perspective in First Nations circles.	All three policies, guide and FAQs to be read together.	As detailed.
G9 Performance and Development	Yes	Section 3 needs to incorporate place-based opportunities for engagement in recognition of employee connection to land and the greater likelihood for open, honest conversations that appropriately measure the power dynamic.	Recognising social and emotional health and wellbeing would incorporate an addition to Section 4 - incorporate discussion around impact of community expectations or familial obligations and opportunities to provide greater support.	Building in connections and safe working spaces with Aboriginal and Torres Strait Islander people will have a direct impact on the social and emotional connection with patients, optimising service delivery.	Yes	Acknowledging the power laden dynamics of performance management in writing - focus on strengths based with the design of the policy.	In line with optimising the workforce - all priorities need to focus on creating culturally safe and welcoming environments that encourage a growth mind-set and break down, wherever possible, the dynamics involved in hierarchy and institutionalised structures.	Consider what are the opportunities to develop mentoring circles within broader performance and development i.e. communities of best practice.
G10 Study and Research Scheme	Yes	Table One: SARAs leave assistance could discriminate against Aboriginal and Torres Strait Islander students where additional cultural leave may be required, and familial and kinship obligations.	Table one is too prescriptive and needs to be more responsive to individual cases.	Recognising cultural obligations must be incorporated if provisions are to be culturally inclusive.	Utilise language and intent of <i>Public Sector Act 2022</i> - provisions around Equity and Diversity, in addition to the "Reframing Legislation".	s.1.1 - bullet point 4 - extenuating circumstances could be 'community or family obligations which may impact the capacity of the employee to study or complete the subject.	As with the current Aboriginal and Torres Strait Islander Health Worker and Health Practitioner qualification pilot program - specific training and educational blocks are being developed at the trainee level. As the qualification develops this may impact the professional learning environment of Aboriginal and Torres Strait Islander health workers and the requirements for Study Leave.	Keep abreast of developments as the Certified Agreement Part 10- as Phase 2 rolls out.

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D4 Transfer and Appointment Expenses	Yes	Consider the socio-economic barriers to meaningful employment and the need to build the Aboriginal and Torres Strait Islander health workforce, by being flexible with timeframes and amounts.	Contributing to broader community health outcomes requires flexibility for communities and families particularly where the worker may be the primary income earner.	Flexibility in timeframes and payments is at the discretion of the CE - can rely on new provisions of reframing under the <i>Public Sector Act 2022</i> .	Does not mention the Certified Agreement.	As stated.	Increasing workforce participation through access and opportunity, requires employers to be flexible with attraction and retention measures.	Key actions that support and enable a new employee to support their family or kinship group will make a significant difference to their sense of loyalty and trust they build.
B3 Work Experience Program and Placements	No	Policy will disadvantage unless a cultural safety audit has been completed - Attachment 1 -Section 1.	Culturally safe workplaces support <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i> .and create inclusive workplaces under Equity, Diversity and Inclusion within Chapter 2 of the <i>Public Sector Act 2022</i> .	Will open up opportunities to Aboriginal and Torres Strait Islander students to experience the opportunities in health care.	No. Work placements not under enterprise agreement.	Under Policy Statement 1 - bullet point 7 - include carer or kinship family member.	Centring cultural safety and inclusion as a 'risk' element of work placements to be assessed at the commencement enables sustainable practice.	Resource: Cultural Safety Framework - National Aboriginal and Torres Strait Islander Health Workers Associations.
E12 Individual Employee Grievances	No	Power dynamics involved in formally making a complaint are not factored in here, in relation to Aboriginal and Torres Strait Islander candidates.	Lack of cultural safety incorporated into provisions does not contribute to the safety and wellbeing of Aboriginal and Torres Strait Islander people.	Lack of cultural safety in the management of complaints can have far-reaching effects on the level of cultural safety for all Aboriginal and Torres Strait Islander employees. It also tends to affect performance in terms of ongoing trust in the wider corporate environment.	Does not mention the Certified Agreement.	Although 'grievance' is acceptable language - explore the potential to use the word interpersonal conflict where required.	Making an individual grievance particularly where a supervisor is involved does not account for the power dynamic experienced by Aboriginal and Torres Strait Islander employees particularly where management is concerned.	Consider the opportunity to incorporate a culturally safe network of advisors to support Aboriginal and Torres Strait Islander employees in their work environment. Include the need for cultural acknowledgement and respect wherever possible and the inclusion of culturally safe and trained interviewers during the review, appeal process.
C73 Support for employees affected by domestic and family violence	Yes	Lack of recognition of trauma informed care and inter-generational trauma incorporated into policy wording could potentially disadvantage Aboriginal and Torres Strait Islander employees.	Similar to the preceding criteria the policy, does not call out the holistic nature of health and social and emotional wellbeing.	Section 2.3 needs to incorporate options for a culturally appropriate and safe employee assistance service.	Yes	As per point one.	Domestic and family violence has compounded effects for Aboriginal and Torres Strait Islander people. Need to recognise intergenerational trauma and the effects of making disclosures to non-Indigenous leaders in the workplace.	Develop resource guide for Aboriginal and Torres Strait Islander employees which is incorporated into resource packs i.e. contact numbers for employee assistance services.

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TCHHS Localised policy - Employee Accommodation	Yes	4.3 ineligibility criteria - bullet point 3 - either they or their de facto partner may own a private dwelling within 50 kilometres of the employment centre or facility does not account for the socio-economic barriers experienced in community over generations. This could disadvantage an Aboriginal and/or Torres Strait Islander employee who through familial obligations or separation does not have access to the property or it may not be possible for them to work at the TCHHS and reside there. Also, page 4 - there is no mention of the notice the Department must give to the employee should the employee be required to leave or relocate. Would need to include measures on understanding the impact to the employee, the family or the broader community might suffer if a key employee is moved. Also - must be a notice period incorporated with opportunity to review.	Under 4.3 - eligibility should within reason not restrict an employee who, although they may initially choose to reside at their home, circumstances may result in their needing to source accommodation in order to retain position. Although the policy calls out the TCHHS Chief Executive discretion possibility - case examples and/or appropriate wording in relation to the impact of socio-economic legacies on the continued health and wellbeing of Aboriginal and Torres Strait Islander peoples is particularly evident when it comes to housing. Need to call out the <i>Public Sector Act 2022</i> - Part 3 - Reframing the Relationship.	Page 4 - Key allocation principles: Add - To acknowledge Part 3 of the <i>Public Sector Act 2022</i> Division 2 Responsibilities 2 (f) 'to ensure the workforce and leadership of the entities are reflective of the community they serve ' and the option for discretion in approval processes by the Chief Executive.	In question whether policy will apply to Aboriginal and Torres Strait Islander health workers and health practitioners as policy entitlement does not occur until A06 level?	Okay.	<ol style="list-style-type: none"> 1. Eligibility from A06 and above disadvantages community, as principle removed from socio-economic realities for community and does not support the 'Reframing Legislation'; workforce to be reflective of the community it serves. 2. Continuity or cessation of accommodation for those retiring - loss of cultural respect and knowledge transfer. 3. Policy needs to enable Queensland Health to respond to health needs of the community by minimising the barriers to getting the 'right staff on board in the right places in the right way'. 	<p>Consider joint ventures and strategic partnerships with other government departments.</p> <p><i>Queensland Housing Strategy Action Plan - 2021-2025.</i></p> <p><i>Aboriginal and Torres Strait Islander Housing Action Plan 2029-2023.</i></p> <p><i>Our Place - A First Nations Housing and Homelessness Action Plan 2024-2027 - Department of Housing</i></p>
TCCHS Employee Accommodation Localised procedure	Yes	3.1 is the procedural element of 4.3 of the Employee Accommodation Localised procedure articulate above and therefore the same comments apply 3.1.1 - What is the capacity for discretion for subsidised accommodation after the 17 months? 3.2.1 Process - Principles do not include 'familial and kinship ties within Aboriginal and Torres Strait Islander culture and lore that may prevent two employees from sharing accommodation must be honoured' 3.2.7 - Due to remoteness of regions and potential barriers in communication - a timeframe of 7 days of receiving a Form 15 seems unreasonable. What other attempts to make contact will be integrated?	7.2 - If furniture is not damaged and is still in good condition, what is the reason for a request to replace furniture?	With amendments suggested.	Yes	Ok	Maximising the opportunity to build a larger Aboriginal and Torres Strait Islander health workforce will require a specific project focus on accommodation and a willingness to try a new approach.	As per the above point (under suggested recommendations - within the review of TCHHS Localised policy - Employee Accommodation) consideration of wider partnerships that directly address regional housing needs to be incorporated.

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Housing Allocation	Yes	2. Principles - add 'to ensure the workforce is reflective of the community it serves'.	4.1.1 - call out the need to increase the Aboriginal and Torres Strait Islander workforce as part of broader health equity and the TCHHS equity plan.	Add a principle to Page 5 - 'cultural protocols and lore to be considered in determining allocations'.	Why aren't health workers included in the eligibility stream on page 3?	Ok	As per above notes.	As per above notes.
D2 Travelling, relieving, and living expenses	Yes	Section 4 – Where long distances are involved – 8 hours travel time should not be the maximum. Additionally, some employees may not be comfortable with air travel. Flexibility and discretion to be employed in decision making.	As per comments.	Attracting and retaining Aboriginal and Torres Strait Islander employees requires that additional resources be invested in supporting socio-economic and living standards. This policy is one in which Queensland Health can demonstrate clear health equity intent with support around living costs where required. The impact and the resulting cultural safety will yield loyalty and create a greater value proposition for Health.	As per comments.	Ok	As per notes.	Creating access and dropping any barriers to continued employment and retention.
C9 Carers Leave	Yes	Could disadvantage an Aboriginal and Torres Strait Islander employee as sorry business is not incorporated into this policy.	Should not be a differentiation for immediate family member or household under definition as it fails to recognise all those who contribute to holistic social and emotional wellbeing as part of extended family.	Policy needs to recognise kinship and broader community and familial structures.	Yes - needs to reference certified agreements.	Extend definitions as per key points indicated.	Broader kinship and familial structures are inherent to Aboriginal and Torres Strait Islander communities and ways of life. It is a collectivist approach that must be acknowledged within any policy that enables paid or unpaid leave to care for others of significance.	
B38 Graduate Nurse employment	Nil commentary - Administrative only							
QH-POL - Health, safety and wellbeing policy and guideline	As a guideline only - suggest creating a specific policy on cultural safety and social and emotional well-being in line with individual HHS Health Equity Plans							