

# Acknowledgement of country

First Peoples Health Consulting (FPHC) acknowledges Aboriginal Peoples and Torres Strait Islander Peoples as the Traditional Custodians of the lands we now call Australia and we pay respects to their cultures, their ancestors and the Elders – past, present and emerging. We recognise that since time immemorial Aboriginal Peoples and Torres Strait Islander Peoples have nurtured communities of belonging and thriving and we work towards a future of healing and social justice. Sovereignty was never ceded.

First Peoples Health Consulting acknowledges the Traditional Custodians of the Lands upon which we work – the Kombumerri, Bullongin, Wanggeriburra, Birinburra, Mununjali and Minjungbal peoples and the wider Yugambeh language speaking group. We pay our respects to all Aboriginal and Torres Strait Islander Elders, past, present and emerging.

# Use of the term First Nations

First Peoples Health Consulting has chosen to use the term First Nations to refer to Aboriginal people and Torres Strait Islander people throughout this approach to market. The author recognises and respects the differing opinions held by Aboriginal people and Torres Strait Islander people about terminology used to describe their culture and has chosen the term First Nations for inclusivity.

First Peoples Health Consulting recognises the difference between Aboriginal Peoples and Torres Strait Islander People’s culture and the diversity within language groups, clans and tribes within Australia.

# Artwork

First Peoples Health Consulting acknowledges Aboriginal Artist Bundjalung Dreaming for the use of their artwork for the cover image, Healing on Country.



Image 1: Bundjalung Dreaming: Healing on Country

**ABOUT THE ARTIST**

Steven Bekue is a proud Bundjalung, Yuggera, and Bidjara man, born and raised on the Gold Coast by his mother alongside his two brothers and sister. He is now raising three children of his own on the Gold Coast. As a Saltwater man, Steven grew up on the coastal lands of the Bundjalung Nation, spending his childhood crabbing, fishing, and oystering with his uncles, brothers, and cousins. He feels a profound spiritual connection to the saltwater, which provides him with healing and peace.

Inspired by the incredible artwork created by his family, Steven began painting in 2017. Through his art, he tells stories of his culture and the land where he grew up. Art has not only been a way for him to express his deep passion for Aboriginal culture but also a means to cope with depression, offering healing and a creative outlet. Steven finds joy in teaching others about his culture, helping to keep it strong and alive.

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# First Nations Consultant Positionality – the author

This proposal was written by Ngunnawal Woman and founder of First Peoples Health Consulting (FPHC), Cas Nest.

About Cas Nest

I am a Ngunnawal women with connection to Yass, New South Wales. My apical ancestors provide links to one of the key families within the Ngunnawal Language group, via Namadgi Mary (Nananya Mary) and the Lewis line. I am a mother to two and a midwife by trade. I was born and raised on Bundjalung and Kombumerri Country of Northern NSW and the Gold Coast. My family are healers on both sides, and I come from a long line of Traditional Birth attendants and nurses.

My lived experience as a Ngunnawal woman and career in health provides me with a deep understanding of the cultural, social, and political factors that impact First Peoples health and wellbeing and provide the position and lens in which I dissect, digest and thematically analyse consumer feedback. My experience with yarning has accumulated over my life being immersed in yarning for sharing knowledge, stories and connection to place. I have over 16 years’ experience working in health and several years in education where I have focused on improving the health and wellbeing of Australia’s First Nations people and growing our workforce. Over the years my experience with yarning has grown from social and family yarns to embedding yarning philosophies in all that I do as I work to decolonise myself in place and space and stand true in my Sovereignty as a Ngunnawal woman. Introducing myself, my Country and my connections allows both First Nations and non-Indigenous people to explore connections and builds trust and rapport. But the practice of true yarning, sharing deep connections and exploring familial, kinship and place is limited to connecting with First Nations people and community.

My role is to empower First Nations people to give their community a voice. This is achieved by providing the means and resources for First Nations people to host community consultation sessions or yarning circles within their community to gather feedback that will then be de-identified to inform health services co-design and redesign and amplify their voices across the state.

# Executive Summary

Since time immemorial, Aboriginal Peoples and Torres Strait Islander Peoples have nurtured communities of belonging, with their cultures thriving despite the profound effects of colonisation. This report acknowledges the strengths and sovereignty of both Aboriginal Peoples and Torres Strait Islander Peoples, hereafter referred to as First Nations people, amplifying community voices to bring about social justice.

The Department of Health and Aged Care (The Department) is undertaking a comprehensive review of primary care after hours policies and programs as part of a suite of improvements (further referred to as “the Review)”. The Review will consider the need for primary care after hours services, the current state of after hours service provision and successful models of primary care after hours service provision.

The Review has arisen from several recent reforms and initiatives including the recommendations of the [Strengthening Medicare Taskforce](https://www.health.gov.au/committees-and-groups/strengthening-medicare-taskforce), the development of the [10 Year Primary Health Care Plan](https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032), and widespread changes to after hours services arising from the COVID pandemic.

As part of the Review, the Department is undertaking targeted engagement with a broad range of stakeholders, from peak bodies and colleges to service providers and consumers.

The Department acknowledge that for First Nations community consultations to best meet the needs of the First Nations community they must be led by First Nations people to ensure culturally safe engagement and protocols are maintained.

Four First Nations community facilitators hosted yarning circles in their own communities and gathered feedback on their communities’ experiences accessing after hours care, the drivers for help-seeking in the after hours period, the awareness of after hours primary care service options and their wants and needs for future after hours care services. A total of 43 consumers participated in the consultation.

The lived experiences shared emphasise the profound community spirit, resilience and strengths that are hallmarks of First Nations communities. These narratives vividly illustrate the disparities in equitable access to after hours care that First Nations communities experience and that the adverse impact of unaddressed needs is exacerbated for those who experience intersectionality in the social determinants of health, such as identifying as LGBTQI+, living with a chronic condition or experiencing co-morbidities.

The feedback reveals that after hours care does not adequately meet the needs of First Nations peoples, highlighting critical issues that conflict with the Australian Charter of Health Care Rights (the Charter, 2019). According to the Charter, individuals have the right to access healthcare that is respectful of their culture, ensures privacy, provides appropriate and timely care, and promotes health and wellbeing. However, many First Nations community members reported experiencing long waiting times, culturally unsafe care, and instability in the continuity of care providers. They also faced inadequate support for complex health needs, lack of person-centred care, and accessibility issues. Community feedback emphasised the absence of cultural responsiveness and sensitivity, with many feelings disrespected and misunderstood by healthcare providers. The lack of First Nations Health Workers after hours was particularly noted as a gap, exacerbating feelings of discrimination and fear. Additionally, LGBTQI+ community members reported facing homophobia and transphobia, further hindering their access to care. These barriers starkly contrast with the Charter's principles, which advocate for accessible, safe, and culturally competent healthcare for all Australians. Addressing these issues is essential to align after hours care services with the rights outlined in the Charter, ensuring equitable and respectful care for First Nations peoples.

The report highlights key themes identified by First Nations consumers and community-led solutions to overcome these themes:

Enhancing culturally safe care:

* We want culturally safe care.
* We want to be cared for by First Nations clinicians in First Nations specific services.
* We want LGBTQI+ affirming care.

Increasing accessibility and availability:

* We want equitable access to quality health care services regardless of our location.
* We want care in our own home.
* We want extended operating hours of primary health care clinics including Aboriginal Community Controlled Health Organisations

Ensuring Continuity and Quality of Care:

* We want individualised person-centred care and respectful care.
* We want continuity of care.
* We want First Nations specific support for Mental Health.

Improving Information Sharing and Awareness:

* We need to improve our health system so mob are empowered to seek medical advice.
* We need to empower mob through education.

Overall, the community desires a more empathetic, culturally aware, and accessible healthcare system co-designed with the local First Nations community and delivered in the community. Addressing these issues could lead to better health outcomes and satisfaction among First Nations community members contributing to closing the gap in health disparities.

# Purpose of this report

This report provides insights into how people from First Nations communities experience health care after hours, their wants and needs for future after hours primary care and includes consumer-led solutions to achieving equitable after hours primary care for First Nations people.

While this report accompanies the Department's targeted engagement with a wide range of stakeholders, including peak bodies, colleges, service providers, and consumers, FPHC acknowledges that it represents a very small sample of First Nations community voices. FPHC recommends ongoing, culturally responsive engagement and partnership with First Nations communities to maximize the success of the Review.

# Engagement methods and methodology

## Yarning Circles as a method and methodology for culturally safe engagement with First Nations people.

First Nations people have been holding yarning circles for thousands of years. They are integral to their ways of knowledge sharing, understanding, life learning and preservation of culture[[1]](#footnote-2).

As a **method**, yarning circles are a structured yet flexible way of conducting discussions. Yarning circles are a legitimate research and engagement method that allow the facilitator to position Aboriginal and Torres Strait Islander people at the forefront of research about them and for them and decolonise the way First Nations feedback is captured[[2]](#footnote-3). They are used to gather feedback, share stories, foster deep listening, and build relationships within a group. In a yarning circle, participants sit in a circle to promote equality and ensure everyone has an equal opportunity to contribute. This setup facilitates open communication and the sharing of knowledge and experiences in a respectful and inclusive manner.

As a **methodology**, yarning goes beyond just being a technique for gathering information. It embodies a philosophical and ethical approach that respects First Nations ways of knowing, being, and doing. Yarning circles celebrate the connectedness (relationality) of First Nations people to each other, to Country, to storylines, to knowledge systems and shared lived experiences to enable sensitive issues to emerge and be explored[[3]](#footnote-4). It seeks to create a space where knowledge can be shared and generated in a way that honours the cultural protocols, values, and wisdom of First Nations peoples.

The use of yarning circles as both a method and methodology highlight their significance in creating meaningful and culturally safe ways of engaging with First Nations communities. They offer an alternative to more conventional Western-centric methods of consultation and engagement, aligning with a decolonizing agenda that seeks to prioritize First Nations perspectives.

FPHC yarning circles blend traditional First Nations yarning circles with contemporary consultation topics. Yarning circles are held by First Nations facilitators who have strong connections to their local First Nations community and innately provide cultural safety to participants as they are grounded in First Nations ways of knowing, being and doing2.

FPHC supported yarning circles are community consultation sessions led by local people for local people at a time of day, and in a place, that suits them. The process enables First Nations people to lead consultations with their own community networks without the need for health professionals or external consultants to be in attendance. FPHC provides the information, training, guidance, and support needed for facilitators to run successful yarning circles with up to 10 community members. Participants are invited to attend yarning circles by the First Nations community facilitator.

Yarning Circle community-led facilitators encourage participants to share their lived experience which is collected, de-identified and provided back to FPHC lead consultant. FPHC lead Aboriginal consultant collates, understands, conceptualises, and thematically analyses the feedback and verifies themes with First Nations community facilitators to ensure the conversations' intentions were accurately understood.

FPHC aligns with [Consumer Health Forum Remuneration Policy](https://chf.org.au/guidelines-consumer-representatives/you-start/your-entitlements-consumer-representative) and believes that no consumer facilitator or participant of yarning circle consultations should be placed in a position where they will be financially disadvantaged by their desire to improve health care outcomes. First Nations community facilitators and participants were remunerated for their time and expertise.

## Key Questions

Three key questions were defined in the Statement of Requirement for consumer consultation:

* What First Nations people need and want from after hours primary care
* The drivers for First Nations people’s help-seeking in the after hours period (including the relative influence of factors such as self-assessment of clinical need, cost, accessibility and awareness of services, availability of allied services, wait time, cultural and language factors, health and digital literacy)
* First Nation People’s awareness of after hours primary health service options, and how consumers seek out information and navigate services.

The key questions were transformed into a series of yarning-style questions, complemented by additional prompts to facilitate deeper discussions led by First Nations community facilitators. Collaboration with community facilitators was undertaken to ensure the questions addressed their specific community’s needs, and their feedback was incorporated into the final draft questions for approval by the Department.

## Engagement Protocols

FPHC approach to engagement and consultation is grounded in our identity as an Aboriginal business. We conduct all engagement and consultation activities in a way that is culturally-considered, and we deeply value and actively incorporate methodologies that are grounded in First Nations ways of knowing, being, and doing.

At the heart of our engagement is a commitment to fostering genuine partnerships and accurately reflecting the stories and insights of First Nations communities. By weaving together innovative consumer consultation design methods with traditional First Nations approaches, we honour, uplift and amplify the experiences of First Nations health consumers and First Nations knowledge systems to identify community-led solutions. This approach effectively bridges dialogues across diverse sectors and stakeholders through dynamic, culturally respectful engagement practices.

Our philosophy is rooted in the understanding that transformative and enduring change is most effectively achieved when it is led by First Nations communities themselves, rather than imposed upon them. This recognition and respect for First Nations right to self-determination is fundamental to FPHC work and is now a fundamental principle that should underpin all engagement and research involving First Nations people in Australia (AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (the AIATSIS Code, 2020)). FPHC is a conduit to organisations supporting First Nations peoples rights to self-determination and sovereignty, accomplished through their broad experience engaging with a wide range of stakeholders from grass-roots First Nations communities, Aboriginal community controlled organisations, service providers, the non-government sector and Commonwealth, state and territory governments.

By intertwining the principles outlined in the AIATSIS Engagement Policy Snapshot 2020, the comprehensive ethical guidelines provided by the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (the AIATSIS Code, 2020), and adhering to the standards set forth in the Australian Code for the Responsible Conduct of Research and the Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (2018), FPHC ensures our work, although considered engagement and not research, not only respects but actively promotes First Nations self-determination, leadership, and sustained, meaningful impact.

FPHC is dedicated to a path that respects First Nations leadership, supports community-driven change, and acknowledges the profound importance of First Nations knowledge and wisdom in crafting solutions that are sustainable, equitable, and inclusive. Through respectful collaboration and unwavering support for First Nations rights and knowledge, we endeavour to contribute to a future where First Nations ways of knowing, being, and doing are at the forefront of creating holistic, impactful change.

The way we conduct our engagement and partnership is guided by our principles and values *(Image 2. First Peoples Health Consulting Values)*

**The image is a visual representation of key principles and values encircling the central concept of "Spirit & Integrity." The surrounding principles and values are displayed in individual circles, each connected to the central theme. They include:

- Respect
- Relationally
- Self Determination
- Cultural Responsibility
- Equity
- Reciprocity
- Sovereignty

The background features an Indigenous art style with intricate patterns and motifs, emphasizing the cultural context of these principles and values.**

## A note on the observer effect

Community-led consultations inherently mitigate the observer effect by placing the consumers or carers themselves in the role of the observer or facilitator. This approach assumes that when individuals or groups are being observed or consulted about services, products, or policies that directly affect them, the presence of an external observer—someone not part of their immediate community or with whom they do not share similar experiences—can alter how they act, respond, or share their perspectives.

## First Nations COmmunity Consultation Demographics

Four First Nations community facilitators were recruited to host a Yarning Circle in their own community.

43 First Nations community members attended and provided feedback on their experiences of accessing after hours care in their own community in the following locations.

Further information on community participant demographics can be found in [Appendix 2](#_Appendix_2:_First).

# Key Themes Discussed at Yarning Circles

We want culturally safe care.

Culturally safe care is defined by the individual. All yarning circle community members emphasised the significance of cultural safety in their healthcare experiences, noting that it encompasses various factors unique to each person and their community. Providing personalised care that respects the desires and needs of First Nations community members is a crucial theme in First Nations community members aspirations for after hours primary care.

“Our cultural ways were not understood or respected.” - First Nations Community Member

Community members want to feel understood and respected within the healthcare system. Key aspects of culturally safe care that emerged from yarns included: non-indigenous health care professionals having an understanding and respect for First Nations Peoples cultures, two-way communication that takes into consideration First Nations Peoples ways of knowing, being and doing (cultural protocols), access to continuity of health care professionals so they do not have to retell their stories, access to timely interpreters, care that is individualised and free from stigma, being listened too, heard and understood, and being treated with respect.

“It is very important to have a partnership from patient/carer and with the nurse, General Practitioner and Health Workers to get a good health care, understanding and quality service… but basically good care comes from having good relationships and respect for each other, mentally and physically health and wellbeing.” - First Nations Community Member

Community members discussed how the lack of culturally safe care led to feelings of shame, distrust, and in some cases, delays in treatment or avoidance of medical care. They shared experiences of having to retell their stories to different health professionals, breaches of privacy, disrespectful care and not having access to gender-specific healthcare providers, which contributed to their sense of shame. While culturally unsafe care was universally seen as a barrier to accessing healthcare, most community members indicated it would not prevent them from seeking life-saving treatment.

“Shame is a common factor for [First Nations Peoples] through culture, language or just in nature. They don’t want to keep explaining their condition to different health professionals every time they access the after hours, anxious, nerves take over, so they just go through the pain and wait for the open business hours as well as fear the unexpected, and they don’t have the options for a male or female health care professionals.” - First Nations Community Member

Language barriers and communication difficulties hindered community members from accessing after hours care. Many community members expressed that they avoid seeking medical care after hours to avoid the shame of not being able to communicate or understand healthcare professionals. This issue was significant in communities where English is a second language and in situations involving medical terminology. Several community members also shared that they avoid calling an ambulance in a medical emergency and accessing telehealth services for the same reason.

“Lore people don’t have their needs met…language ways. Different language…they use big words and we use simple words.” - First Nations Community Member

We want to be cared for by First Nations clinicians in First Nations specific services.

There is a clear necessity for after hours services that are specifically tailored for First Nations Peoples. This includes having First Nations workers who can better understand and cater to First Nations communities unique and holistic view of health care. The consultation indicates a strong desire for services that are co-designed with First Nations Peoples to help bridge the gap in standard healthcare services.

“After hours we don’t have access to an Aboriginal Liaison Officer or any cultural supports. Even like a phone call would be good.”

First Nations Health Workers and/or Practitioners were seen to provide the community with innate cultural understanding that contributed to a feeling of belonging, understanding and positive health care experiences. Their role was considered to extend beyond the general role of a health worker and into all aspects of advocacy for First Nations communities. Community members yarned that a commitment to growing the First Nations workforce would overcome identified barriers and enable equitable access to after hours care.

“Need people that understand us…especially our people. After hours Aboriginal and Torres Strait Islander Health Care Worker. Especially in our community. I suppose some of our people feel comfortable only speaking to our people. They would understand what we want.”

Not feeling heard and understood were stated as a core reasons for First Nations community members avoiding medical care when it was needed.

We want LGBTQI+ affirming care.

The adverse impact of unaddressed after-hours service needs on First Nations people’s health and wellbeing is exacerbated for those who experience intersectionality in the social determinants of health, such as identifying as LGBTQI+. Many First Nations community members who identify as LGBTQI+ have faced homophobia or transphobia when seeking after hours care outside their usual supportive channels. This has led to self-preservation behaviours or non-disclosure of their identities to avoid discrimination. Community members of the LGBTQI+ Brotha Boy and Sista Girl community identified that training for health care professionals should include specific guidance on the intersectionality of identifying as First Nations LGBTQI+, emphasising the importance of using correct pronouns and acronym.

“I want the government to know how judgmental they can be – if they say the wrong words, it hurts someone. They need training, including pronouns and use of acronyms.”

We want equitable access to quality healthcare services regardless of our location.

First Nations community members shared frustration over the limited after hours healthcare options available in regional and remote areas, highlighting a demand for equitable access to after hours services comparable to those in metropolitan areas. Community members emphasised that remote communities should not be disadvantaged in accessing quality healthcare resources and service delivery. The consultation revealed that many community members have no choice but to turn to emergency departments for any urgent, but not emergency, care needs during after hours periods. Several community members revealed the risky practice of delaying essential medical care until they can see their regular GP during business hours to avoid accessing emergency departments.

“I'm going to say that for me, the priority is that people in regional areas should have the same access to services that people in metropolitan areas do.” First Nations Community Member

The cost associated with accessing after hours care was also a significant barrier for many First Nations people. This includes the cost of ambulance services and transportation like taxis, which can be prohibitive, especially for those without personal transport. Financial constraints often deter individuals from seeking necessary medical care during after hours periods.

“You can’t get a taxi late at night here to get to the emergency department.” First Nations Community Member

We want care in our own home.

Geographic isolation and the need to travel significant distances for hospital care are critical challenges for First Nations community members. Many remote communities do not have local healthcare facilities open after hours, forcing individuals to travel long distances to access necessary care. Additionally, being a carer presents unique challenges when accessing after hours care, for some, the absence of a supportive family system often means waking the entire family if one child is sick after hours and requires treatment. Community members shared that after hours home visiting General Practitioners would overcome many of the barriers faced in regard to equitable access.

“Care in your home, after hours home visiting doctors would overcome so many of the things that contribute to bad experiences accessing care for mob.” - First Nations Community Member

We want extended operating hours of primary health care clinics including Aboriginal Community Controlled Health Organisations.

There were a number of key drivers in First Nations community members accessing after hours services identified in yarning circle consultations (discussed in further detail within the report). The most prevalent of these factors were because the individual or someone they care for became sick outside of business hours or because of the unavailability of access to the community members regular Aboriginal Community Controlled Health Organisation (ACCHO) or General Practitioner, and long wait times within business hours for emergent illness. Long wait times led to medical avoidance or community members leaving before receiving treatment.

“I [was] not happy with the wait time and just left before getting treated. I made a complaint the next day during business hours and got treated then.” - First Nations Community Member

Many community members expressed the need for extended operating hours at existing ACCHO’s to overcome this barrier.

"I wish I could just go to the [ACCHO] but they close at 5pm."

We want individualised person-centred care and respectful care.

Many First Nations community members feel that after hours medical services do not offer individualised care, leading to dissatisfaction and an avoidance in engagement in care.

There is a sentiment that consultations are handled mechanically rather than in a health consumer or person-centred manner. Community members shared feeling unheard and neglected, leading to frustration and a sense of inadequacy in the care provided. Examples include feelings of being rushed through consultations, not having their specific symptoms or situations adequately considered and a reliance on a quick fix of the emergent problem, regularly with medications, rather than taking a holistic view of health.

“… an Aboriginal Liaison Officer contacted me after my child went to A&E with a burn – made me cry because someone cared.” - First Nations Community Member

For First Nations peoples their view of health extends beyond a biomedical wellness model and is defined as “Health includes physical, social, emotional, spiritual, and ecological wellbeing, for the individual and the community[[4]](#footnote-5)”. A number of First Nations community members shared that they were less likely to share their holistic health care wants and needs during an after hours appointment based off prior experiences of not feeling heard and respected, and to avoid further complicating already existing care plans and/or recommendations from their regular General Practitioner. This posed significant issues for First Nations people who experience intersectional health care challenges or chronic conditions, as their co-morbidities were often overlooked. Consequently, they were frequently referred to tertiary care after hours because their medical histories were deemed too complex. Additionally, community members with histories of drug use and those with mental health conditions also experiences stigma when being treated which was associated with misdiagnosis and negative experiences. A priority for the First Nations community is fostering positive attitudes among health practitioners to ensure they provide person-centred and non-judgmental care to all people.

“They are very quick to judge – you should be able to comfortably tell them stuff – It’s STIGMA” - First Nations Community Member

We want continuity of care.

First Nations community members want access to continuity of carer to minimise the risk of shame and improve health and wellbeing outcomes. Community members emphasised the need for consistent and ongoing relationships with healthcare providers to build trust, rapport and comfort. Frequent changes in medical staff and the lack of stable, familiar healthcare providers lead to dissatisfaction with care.

"Shame is a common factor for [my] people through culture, language or just in nature. They don’t want to keep explaining their condition to different health professionals every time they access the after hours."

“Continuity of care is important. I don’t want to tell my story over and over again.”

We want First Nations specific support for Mental Health.

Several yarning circle community members discussed the critical need for after hours mental health support services. Addressing the high rates of mental health issues and suicides in First Nations communities requires dedicated services that are readily accessible during after hours periods and include more than dedicated hotlines. The lack of such services was seen to lead to increased dependence on emergency departments, which are often not equipped to handle mental health crises effectively. Community members within a metropolitan yarning circle utilised 24-hour telehealth or dedicated phone services and suicide hotlines for mental health support after hours, highlighting the differences in the knowledge and acceptability of these services between individual communities.

“We have a lot of deaths here in this town…especially suicide and there is no other option but the emergency department where people have to wait for long hours in waiting room with other people. There’s no one here for them. Not only for our sick but for our mental sickness too.” - First Nations Community Member

We need to improve our health system so mob are empowered to seek medical advice.

A small number of community members expressed high confidence in their ability to determine when urgent medical care is needed, stemming from personal experience or professional backgrounds. Where most community members expressed that they do not feel confident and rely on either informal community supports or services like Health Direct when they are uncertain about the urgency of their condition.

Many individuals rely on advice and support from community networks to determine whether to seek medical attention. Responses emphasised the strengths and robust sense of trust within First Nations communities in supporting one another. However, this same reliance on community support can present a risk, as it may result in avoidable hospitalisations due to a reluctance or delay in seeking care from medical professionals.

“I needed to go to the clinic after hours so I talked to some family members who had visited the Health Clinic after hours service when they were feeling unwell. Because they had experienced a couple of times that the nurse was not helpful and told them it was not an emergency, I didn’t go.”

We need to empower mob through education.

Most community members demonstrate some level of awareness about local after hours services, but this awareness is generally limited to well-known options like local after hours clinics, telehealth services and "13 Health". Significant gaps exist in awareness of other available services, especially among those in more remote areas. People in metropolitan areas are more likely to use digital solutions, driven by both greater knowledge and better access to reliable internet or data sources. There were varied opinions on if these services meet community members needs.

“We have no access. Any time I have called 13Health they just tell you to go to the ED.”

The consultation noted significant disparities exist in service availability between urban and remote areas. Community members from urban areas tend to have more positive experiences and greater awareness of available services compared to those in remote communities. This discrepancy highlights the need for equitable access to after hours services across different regions.

“It’s not working; there needs to be more training – they (health care policy makers) are not reaching out to the community to work out how to fix the problem, we don’t want lives lost over it. We need a good health system and we don’t have one at the moment.”

# First Nations Community-led recommendations and aspirations

Increasing Accessibility and Availability

Telehealth and Call Lines: Increase awareness and improve the quality of telehealth services and mental health support lines, ensuring they are more personalized and reliable.

Home Doctor Visits: Expand home visit services by General Practitioners, particularly in regional and remote areas.

General Practitioner Availability: Improve access to General Practitioner appointments during the day and extend hours at Aboriginal Medical Services (ACCHO’s) to reduce the need for after hours care.

Emergency Department Utilisation: Develop more accessible after hours care alternatives to reduce reliance on emergency department for non-emergency situations.

Wait Times: Implement strategies to reduce long wait times for both General Practitioner appointments and emergency department visits.

Enhancing Culturally Safe Care

First Nations Health Workers: Employ more First Nations Health Workers and Practitioners after hours to ensure culturally safe care and build trust within the community.

\* While a community-led solution involves the recruitment, retention, and employment of more First Nations staff, FPHC strongly urges The Department to recognize that delivering culturally safe care is everyone's responsibility, not just that of the First Nations workforce.

Cultural Protocols: Adhere to cultural protocols, such as men’s and women’s business, and provide access to gender-specific healthcare providers.

LGBTQI Affirming Care: Train healthcare staff to provide LGBTQI+ affirming care, addressing issues of transphobia and homophobia.

Person-Centred Care: Prioritize person-centred care that treats community members as individuals, ensuring they feel heard and respected.

Ensuring Continuity and Quality of Care

Continuity of Care: Maintain stability and continuity in care providers to build trust and minimize the need for repeated explanations of medical histories.

Follow-Up Care: Establish protocols for follow-up care post-discharge to ensure ongoing support and health management.

Support for Complex Health Needs: Provide sufficient support for disabilities, chronic conditions, and other complex health needs after hours.

Improving Information Sharing and Awareness

Community Awareness: Increase advertising and information sharing about available after hours services within primary care settings and through a centralised, government-maintained website.

Cultural Dissemination: Engage First Nations health workers to proactively distribute information and provide **continuous community engagement.**

Addressing Barriers to Access

Cost and Transport: Address financial barriers associated with accessing after hours care, such as ambulance services and transportation costs.

Privacy Concerns: Ensure privacy in treatment spaces to encourage people to seek care without feeling exposed.

Past Negative Experiences: Work to improve the overall experience in after hours care to reduce health avoidance behaviours due to past traumas and dissatisfaction.

Leveraging Technology and Virtual Health Options

High-Quality Virtual Health Services: Enhance virtual health services to complement in-person care without replacing it, ensuring these services are accessible and reliable.

Internet Infrastructure: Improve internet infrastructure to support the availability and reliability of virtual health services in remote and rural areas.

Community-Driven Solutions

Extended Hours at ACCHO’s: Extend operating hours at Aboriginal Medical Services to provide more comprehensive care.

More Community Consultation: Engage in continuous community consultation to understand and address local healthcare needs effectively.

Training Local Health Workforce: Increase training opportunities for local health staff and support them to work within their communities, growing a sustainable First Nations healthcare workforce.

Modified Triage System for Mental Health

Supportive Triage for Mental Health: Implement a more supportive and expedited triage system for mental health conditions, addressing high suicide rates and ensuring timely care.

# Summary

Yarns from First Nations consumers revealed their aspirations for after hours services to uphold the Australian Commission on Safety and Quality in Health Care – [*Charter for Health Care Rights.*](https://www.safetyandquality.gov.au/sites/default/files/2022-08/ns08887r-e_my_healthcare_rights_aboriginal_and_torres_strait_islander_a4._final.pdf)First Nations Peoples experiences of and access to after hours care are impacted by extrinsic factors (access and availability of services) and intrinsic factors (racism, discrimination and culturally unsafe care). The adverse impact of unaddressed after hours service needs on First Nations people’s health and wellbeing is exacerbated for people who experience intersectionality’s in the social determinants of health such as identifying as LGBTQI+.

Many community members experience long waiting times, culturally unsafe care, and lack of continuity in care providers. Additionally, there's insufficient support for complex health needs, lack of person-centred care, and accessibility issues. The absence of First Nations Health Workers and LGBTQI+ affirming care exacerbates feelings of discrimination and fear. To align with the Charter, it is essential to enhance cultural safety, accessibility, continuity, and quality of care, empowering the community through better information sharing and education.

By addressing community-led solutions, The Department can develop a more equitable, accessible, and culturally safe after hours primary care system, improving health outcomes and satisfaction among First Nations People and contributing to closing the gap in health disparities.

This report provides a significant foundation for understanding the various experiences and needs of First Nations communities nationwide regarding after hours primary health care. However, further consultation is essential. To ensure a comprehensive approach to the Review, FPHC recommends additional engagement with First Nations communities to capture the feedback from community members whose voices were not sufficiently represented in these yarning circles. This includes, but is not limited to, people living with disabilities, their carers, and First Nations individuals residing in urban and metropolitan areas. Ongoing engagement and consultation will lead to a more inclusive and effective primary health care system that addresses the diverse needs of all First Nations communities.

FPHC recommends that the Department carefully consider the visibility of this report to the public and ensure its dissemination within their sphere of influence to address the broader implications of the feedback raised by the First Nations community that extends beyond the immediate scope of the Review.

# Appendix 1: Themed Consumer responses by question: de-identified

## Question 1: Could you please share a time you have needed to get health care outside of business hours in your community that was not for an emergency (where you would need to go to hospital)?

There were notable differences in the use of after hours services between metropolitan and rural/remote yarning circle participants. Consumers in metropolitan areas had significantly greater access to after hours service options and were more likely to utilise telehealth or 24-hour phone services. In contrast, rural and remote consumers did not use these services or were often unaware of their existence. Rural and remote consumers limited access to after hours General Practitioners increased demand on public hospital emergency departments as the only option for after hours medical care.

Most commonly community members utilised after hours services for treatment or advice on illness that arose or worsened outside of regular business hours and was not an emergency. Several community members reported using after hours services because they were unable to secure a daytime appointment with their General Practitioner due to long wait times.

“I use after hours when I can’t get into my own dr. But I don’t like doing it because I have to tell my whole story again.”

### Telehealth and Call Lines

Telehealth services and various call lines are used by some community members. However, experiences with these services vary, with some finding them helpful while others express dissatisfaction, particularly with mental health support lines.

"I normally go on health engine and see if there’s anything available, mainly for telehealth. If telehealth says go to hospital, I go to hospital."

"I’ve had to call several lifeline, kids help line, home doctor, and 13yarns. Out of those, I would only recommend calling 13yarns... others are not helpful."

### Lack of Personalised Care

Many respondents expressed frustration with the impersonal nature of after hours medical care services. They felt that the services were not tailored to their specific needs, and there was a lack of proper consultation and understanding of their medical issues.

"They’re a waste of space – I’ve had my child screaming in the background with inflamed legs... they ask why you didn’t see a doctor today – moblink says there’s no one available to see, but they do send a script straight away."

"Moblink don’t ask you symptoms, they just ask you is there anything else you want/need. We wouldn’t do it/misuse it – but others might. Not personalized."

### Reliance on Emergency Department (ED)

A significant number of respondents indicated that they resort to the emergency department as it is the only available option for after hours care, even for non-emergency situations. This reliance on emergency departments reflects the lack of accessible alternative after hours care options.

"I go to ED at the hospital because there is no other place to go to here in if you are sick after hours."

"I use ED cos there is nowhere else to go if you’re sick here at night on the weekend."

### Medical Care Avoidance

Some individuals disclosed avoiding seeking care after hours and instead wait until the next business day or until they can see their own General Practitioner. Indicating an urgent need for more accessible after hours care services that meet the First Nations communities needs.

"I’d wait for the next business day."

### Home Doctor Visits

There is a desire for home visits by General Practitioners, particularly in regional areas where such services are limited. This was noted as a significant gap compared to metropolitan areas where home visits are more readily available.

"I use to live in a bigger city and I would use the Doctor that would visit my home at night. They’ve had that for a long time but there’s nothing like that here…"

"There should be more doctors who are a part of 13Sick after hours home visits in regional towns."

### Long Wait Times

Long wait times were frequently mentioned for both General Practitioner appointments and in the Emergency Department when accessing care after hours.

"I get terrible chest infections and I know that if I go up to the hospital I will be waiting an hour and a half, so I try and go to the after hours doctors."

"I use after hours because my GP wait time is too long and I don’t plan on getting sick, by the time I get in to see them I’m not sick anymore."

### Accessibility and Availability of Services

There is a clear need for more accessible after hours medical services, especially in regional areas. This includes the need for more doctors and better availability of telehealth and urgent care services.

"In (local bigger city) they have access to 13Sick which is after hours care, but we don’t have GPs that do that after hours home visits here. So we are disadvantaged."

"I’ve used instant scripts online with telehealth."

## Question 2: If you or someone you care for needed to see a doctor outside of business hours, how would you choose where to go?

Yarning circle community feedback indicates that choices for after hours healthcare are heavily influenced by word of mouth and recommendations, with associated costs also being a significant factor.

"Word of mouth, someone recommends, cost."

"Family arrangement for the benefit of the child (grandchild pension card under mother, wouldn’t get this if under the grandparents)."

Most community members indicate that their decisions about seeking after hours care change when they are responsible for someone else, particularly an Elder or a young child. In these situations, they prioritise urgent care more highly.

Many community members highlighted that the choice is made for them as there is a lack of available options for after hours primary health care in their communities.

"No choice. I always call the health clinic directly because the community has only one on-call registered nurse."

"We don’t have many options here, so there isn’t much to choose from."

“We either go to ED or the after hours clinic and just wait”

"The community doesn’t have a pharmacy or a hospital, and if I would need to go to a hospital, I would have to travel in a plane to another [area] which is the nearest Hospital."

The heavy reliance on public hospital emergency departments was highlighted in other communities with no access to after hours care.

"There’s nowhere else to go but the hospital."

"The only place here is the hospital…ED. That’s the only option for the community."

With community expressing frustration with the long wait times and overall experience in emergency departments.

"I’m sad to say but it’s (ED) a draining option cos you waiting there for hours."

"Only the hospital…sometimes you go there to see a GP and then leave cos you’re waiting so long only to end up back there in the morning."

A community-led solution highlighted was the desire for extended hours at ACCHO’s.

"I wish I could just go to the Aboriginal Medical Service but they close at 5pm."

## Question 3: How confident are you that you would know when your condition, or the condition of someone you cared for was getting worse and they needed to be seen urgently?

First Nations community members expressed varying levels of confidence in recognising when their own or a loved one's condition was worsening and required urgent medical attention. Those with high confidence often attributed it to past caregiving experience or medical training.

“I would call an ambulance if I needed to. I am pretty confident I would know when I needed to.”

“I am a nurse, so I am confident that I would know when I or someone I cared for needed to be seen urgently.”

Many community members felt more confident in acknowledging the need for care for others rather than themselves.

“I don’t waste time. I’ve been a carer for my wife before and I would just take her to ED.”

“When my son is unwell – not confident, go into panic…”

“If it’s somebody else, we’re not going to put their lives at risk…we will just take them before they get worse.”

A significant number of community members lacked confidence in identifying emergencies or handling health crises without additional support and guidance. They often sought support from family, friends, and health hotlines to confirm the need for urgent care.

“I have rung up family before to talk about whether to go or not to ED.”

“I’ve called people I know to help me.”

“I have called Health Direct before to help me make a decision.”

This health-seeking behaviour highlights the strengths within First Nations communities to support each other but also reveals health avoidance behaviours. Negative experiences and culturally unsafe care impacted not just individuals but the entire community. Community members shared their experiences of avoiding hospitals due to past traumas, feelings of not being heard, or the lack of culturally safe care, exacerbated by a lack of continuity of care. This avoidance stems from a lack of trust and dissatisfaction with current healthcare services, underscoring the need for improvements in consumer-centred care, communication, and culturally sensitive care.

“There [is] a high number of people who avoid the local hospital because they do not feel heard when they access care, or because care is not culturally safe.”

"I refuse to get any medical help whatsoever because I’ve been let down."

"I won’t go to the hospital unless I’m on death’s door. I don’t feel heard, so I don’t go."

“Yeah I’m not confident, but I won’t call an ambulance.”

“I don’t ring an ambulance for anyone, if I get sick I go to bed and hope it just goes away after a couple of days of sleep.”

For many community members, the decision to seek support was complicated by access issues such as long travel times, wait times, and the logistics of being carers for others. Language barriers, minimal access to interpreters, and poor internet or mobile coverage were also significant barriers to using telehealth services to support decision-making when needed.

"The community did not use telehealth or services like 13Health because of language barriers and minimal access to interpreters, especially after hours."

"Sometimes I google and internet search for answers concerning health symptoms but internet coverage does not always work or is slow to download."

Community-led solutions for improving First Nations people's access to care included more First Nations staff and doctors who are locally trained and supported to work within their own communities to support access to culturally safe care from a known carer.

“We don’t train our own Doctors [in the local area] and therefore there is this community knowledge that the current Doctors do not care and do not listen, so people avoid seeking medical help. Same goes for after hours services

## Question 4: Were you aware that these services are available to access after hours?

Each community facilitator provided participants with a list of after hours services available in their local community and to them virtually. Community responses indicated some level of awareness regarding after hours services with people living in metropolitan areas having a greater awareness. There was a general lack of awareness about the variety of virtual or telehealth after hours care services available from rural and remote consumers.

"I’m aware of other services but not all of those options are available to us except for Health Direct."

“I didn’t know about those phone or online things to get health information to help me...and that’s the thing, we just don’t know about other options”

"No. I didn’t know about those other ways to get help."

A few respondents highlighted that their knowledge is limited to what is available in their immediate vicinity, which was often just the local hospital.

"I wasn’t really aware about all those services because we been living here all this time and all we have is the hospital."

Community members who had travelled and lived both in metropolitan areas and rural and remote noted a significant difference in service availability, with metropolitan areas offering more comprehensive after hours care options, including house call General Practitioners and medication delivery.

"I use to live in [metropolitan area] and I know they have good options for after hours General Practitioner care to access but we have none of that here."

The feedback underscores a critical need for better information sharing regarding available after hours care services to ensure the community is well-informed about their options.

Community-led solutions for improving the First Nations Peoples knowledge of services included greater advertising within primary care services and a centralised, government-maintained website to provide up-to-date information on available services.

“There should be more advertising at local General Practitioners for after hours services."

"A government identified page instead of a hundred different after hours GP websites that are all out of date. The website could have a page that has your post code and current after hours services available in the area where you live."

The importance of culturally safe dissemination of information and the integral role of First Nations health workers in this information sharing was highlighted by one remote community yarning circle.

"The health workers need to be proactive to distribute information to the community and continuous engagement in the community with changes and update. For example, what nurse is on call, which Doctor will be visiting, what is Telehealth and how does it work because there’s no General Practitioner living in the Community."

## Question 5: How do you generally get information about the health services that are available to you?

Community members generally obtain information about available health services through a combination of online resources, personal interactions, and community networks. Many rely on Google and social media, while others turn to community workers, First Nations Health Workers, and healthcare professionals, such as General Practitioners at ACCHO. Word of mouth within the community, including family members and local Elders, plays a significant role. Additionally, some individuals mentioned specific clinics and supportive services, such as gender clinics and the Queensland Positive People worker, as valuable sources of information.

## Question 6 and 7 combined: Did the after hours health care you used meet your needs? & what didn’t work so well?

For most First Nations community members, after hours care did not meet their needs. Feedback highlighted several critical issues in after hours care services, including long waiting times, lack of cultural responsive and sensitive care, instability of continuity of care providers, insufficient support for complex health needs, lack of person-centred care and accessibility issues.

### Long Waiting Times

Community members frequently identified long waiting times as a major concern when seeking after hours care. Previous responses indicate that this issue stems from a lack of alternative after hours care options outside of emergency departments, particularly in rural and remote communities.

"The waiting was too long."

"If they take too long mob just walk out.”

"The waiting time is very long. Especially on the weekend."

“I am not happy with the wait time and just left before getting treated. I made a complaint the next day during business hours and got treated then.”

The long waiting times often resulted in individuals delaying their care, sometimes suffering at home for hours to avoid busy periods, and even leaving without receiving treatment.

“Depends what time you go there…me I had some few issues with my health and I would suffer till about 2 or 4 o’clock in the morning cos I know not many would be there and I would get pushed straight through. I would suffer for a couple of hours at home knowing that when I get there at 2-4am I wouldn’t be sitting there too long.”

### Culturally Unsafe Care

“Our cultural ways were not understood or respected.”

“Lore people don’t have their needs met…language ways. Different language…they use big words and we use simple words.

Many community members felt that the after hours care services lacked cultural safety and understanding of their unique health backgrounds.

"Did not meet my cultural needs. They don’t understand."

"I don’t feel culturally safe accessing services here and I have had to put in complaints a number of times about how staff have treated me and the kids when we have been in the hospital."

The need for more First Nations Health Workers after hours was emphasised as a solution to address culturally unsafe care. Identified First Nations Health Workers were seen to significantly reduce the communities fear of discrimination and enhance their sense of trust and safety within the healthcare setting.

"There was no cultural help after hours…only during the day."

"We need Health Workers employed after hours that understand our people."

“I’ve been disrespected by staff at the emergency department and I just needed some help. I asked them to not speak to me in that way. It was disrespectful and culturally inappropriate."

“No. There are no supports from Aboriginal and Torres Strait Islander Health workers after hours.”

One community member shared a positive experience of having their needs met when a First Nations health worker provided follow-up care after an after hours visit to the local hospital, emphasising how culturally safe care can improve First Nations peoples experiences of accessing care.

“Aboriginal Liaison Officer contacted me after my child went to (emergency department) with a burn – made me cry because someone cared."

One community Elder emphasised their role in advocating for First Nations community members to voice complaints about culturally unsafe care. They shared the importance of having clear, concise, and culturally safe methods for these community members to raise concerns and provide feedback.

“I don’t feel safe and most mob don’t either. But also, mob don’t know how to make complaints. That’s one thing I get called all the time about. To support people to put in formal complaints.”

### Transphobia and Homophobia

First Nations LGBTQI+ Brotha Boy and Sista Girl community members disclosed they had all experienced transphobia and homophobia when accessing care after hours. Assumption of gender, staff attitudes and lack of awareness were contributing factors.

“We are often assumed to be a mum/dad family because my partner is masculine presenting – my partner is often called dad in relation to our child, but they are non-binary and don’t go by Dad.”

There were frequent misidentifications and disrespect towards individuals' gender identities, especially when physical appearance or medical history was involved.

"Every time I have to go to the hospital, as soon as I take off my shirt, pronouns of she/her come out, even though my file says the opposite. They call she/her once they see the scars even though file says he/him."

Many participants experienced or feared experiencing homophobia or transphobia, leading to nondisclosure of their identities.

“Everyone agrees that they experience homophobia or transphobia when accessing care outside usual channels, or they don’t disclose because they don’t trust they won’t."

### Privacy Concerns

Privacy concerns were prominent, particularly around the disclosure of personal information in public settings.

"Privacy is an issue at the hospital and also at the doctor’s. Like when you go to ED they ask you over a speaker thing, name, phone number, address, what are you here for. It's shame."

"I have escaped domestic violence and then in the waiting room everyone knows your address after you speak to the admin."

### Lack of Continuity of Care and Stability in Care

Participants highlighted the instability and lack of continuity in care, with frequent changes in medical staff and inadequate support for ongoing health needs after hours. The frequent turnover of healthcare providers hindered the development of trust and effective communication, leading to repeated explanations of medical conditions and overall dissatisfaction with care.

“We have no stability here and there isn’t one person to build community rapport and no continuity of care. After 3 weeks we get a new person."

"The registered nurse always travels (FIFO) and there’s no stability, most times he would have to explain his condition if the Local Health worker is not available to assist with language interpretation."

### Insufficient After hours Services and Support

There was a consensus that after hours services were limited and often did not meet the needs of the community, especially for those with complex health conditions or disabilities. Participants expressed frustration with the reliance on telehealth and hotlines, which often resulted in referrals to hospitals instead of providing direct assistance, and felt that there was a lack of specialised support for disabilities and chronic conditions.

"No, it doesn’t, because we only have access to after hours care through telehealth services or hotlines and the emergency department now."

"We have no access. Any time I have called 13Health they just tell you to go to the emergency department."

"No, they don’t support the needs of my children with a disability. I even feel like we are discriminated against because of this and how regular we have to use services after hours and I have to bring all the kids."

### No Follow-Up Care

A lack of follow-up care post-discharge was highlighted as a significant gap in service delivery.

"My partner had no follow up after many presentations to ED …no plan for his health afterwards. No one was chasing him up."

"There was no follow up with after discharge and did not know who is responsible for the follow up patient or GP, nurse or Local Health Worker."

### Accessibility Issues for Complex Health Needs

Participants noted that after hours services were not well-equipped to handle specific health needs, such as certain medications or chronic conditions leading to frustration and inadequate treatment.

"I didn’t realise my medications when I accessed telehealth, I needed S100 and then they informed me of that, so had to book into General Practitioner that is licensed to give out that medication (HIV medication)."

"I have tried to use the instant scripts hotline before when I was feeling unwell and knew what was wrong with me but because I had other co-morbidities they said, 'sorry lady, I can’t help you, you need to go to the hospital.'"

## Question 8: Is there anything that would stop you from accessing care after hours if you needed to in an emergency?

### Access

Many community members identified the cost associated with accessing after hours care as a significant barrier. This includes the cost of ambulance services and transportation like taxis, which can be prohibitive, especially for those without personal transport.

"Cost…ambulance cost too much to get to ED. Not all our mob have transport."

"Paying a big bill for an ambulance cos all we have is ED."

"Can’t get a taxi late at night here to get to ED."

### Experiences of culturally unsafe care, racism, homophobia, transphobia and discrimination were disclosed by community members in each yarning circle.

Fear of discrimination, anxiety about unfamiliar healthcare providers, not feeling heard and listened to and shame were significant factors that led to the avoidance of after hours care.

"Fear of my family and me being discriminated against causes me anxiety when I have to access care after hours that’s not my regular General Practitioner."

"Shame is a common factor for [my] people through culture, language or just in nature. They don’t want to keep explaining their condition to different health professionals every time they access the after hours."

The lack of interpreters, was an additional barrier. However, when local health workers who could interpret were available, it provided some relief and confidence in accessing care.

*"*I was caring for a family member who does not understand English very well and I visited the afterhours and was confident because there was a local Health worker available to interpret."

Concerns about privacy due to limited treatment space were raised, particularly when sensitive issues were involved. This lack of privacy could deter people from seeking care unless it was an absolute emergency.

"There is only one treatment room, and you don’t get to have any privacy. This stops me. But if it was an emergency I guess it would be different."

### Cultural Protocols

Traditionally, First Nations men and women maintained distinct gendered realities, which were significantly altered by colonization and the introduction of the patriarchal system, cumulatively and continuously impacting First Nations men’s and women’s health and wellbeing[[5]](#footnote-6)

A recent literature review on gendered First Nations health provides a succinct explanation on the differences between women’s and men’s business.

“ Indigenous women’s business was (and is) the customs, cultural practices and laws shared among women and taught to young women by their Elders; this business is shared among women and not always shared with men. In the same way, Indigenous men’s business was (and is) the knowledge and activities that are shared among men and not always shared with women.” (Fredericks et al, 2017, p.11)

Not adhering to cultural protocols of men's and women's business and having access to gender-specific healthcare providers, were important factors considered by some community members when seeking care after hours.

"It depends. Not having a female health professional. I need to see a female for women’s health issues. I would just wait."

Some respondents highlighted experiences of discrimination based on sexual orientation or gender identity, which deterred them from seeking after hours care. This included both verbal abuse and refusal of service.

“…The woman we spoke to was homophobic and my partner had a gender-neutral name. I kept saying ‘he’ ‘he’ to make it obvious – she said “Sorry we don’t do that, we don’t look after you people?”"

"When we called the ambulance, 3 of them showed up and one of them refused to walk in the door because of my partner...he was like “we’ll deal with him”. He was telling the person to quit it, that they are patients, they need help."

Past negative experiences with after hours services influenced decisions to avoid these services in the future. This reluctance extended to recommendations made by family members who had similarly negative experiences.

"For myself yes, I look at my previous experiences and if I have had a bad experience I won’t go back to that place."

"I needed to go to the clinic after hours so I talked to some family members...because they had experienced a couple of times that the nurse was not helpful and told them it was not an emergency, I didn’t go."

Some community members emphasised that despite the barriers, they would access care because the health and safety of their loved ones are paramount. They expressed a willingness to endure any inconvenience to ensure the wellbeing of their family members.

"No. I just go because we have no other choice."

"Everyone agreed that they make decisions for people in their care differently to how they make decisions about themselves, and they take into considerations other family members when making those decisions too – Like waking other kids up and taking them into the emergency department."

## Question 9: What does good care look like to you?

For this question, community facilitators were instructed to discuss the "My Healthcare Rights" consumer leaflet from the Australian Commission of Safety and Quality in Health Care (2019)[[6]](#footnote-7). Safety and Quality Commission. Community members' feedback indicated that they were unaware of this document. They also noted that if all the outlined rights were upheld, it would ensure that the care provided meets the needs of the First Nations community.

Overall the community desires a more empathetic, culturally aware, and accessible healthcare system. Key themes such as person-centred care, non-judgmental care, and continuity of care reflect the need for a respectful and supportive healthcare environment. Providing culturally responsive and safe care, enhancing LGBTQI+ affirming care, reducing wait times and improving access to after hours services are crucial steps to meet the community's needs.

### Culturally Safe Care

The community highlighted the need for care that meets their cultural needs, stressing the importance of receiving services from professionals who understand their unique cultural context and health challenges. Good after hours care was described as including access to more First Nations Health Workers and Practitioners who innately understand First Nations peoples wants, needs and health challenges and can advocate for culturally safe care.

"Need people that understand us…especially our people.”

“Access to after hours Aboriginal and Torres Strait Islander Health Care Worker."

"GPs don’t know about Aboriginal issues. It’s exhausting having to advocate for yourself all the time."

“I suppose some of our people feel comfortable only speaking to our people. They would understand what we want.”

### Person-Centred Care

The importance of person-centred care was a recurrent theme within yarning circles, with community members wanting to feel heard and respected by healthcare providers. They highlighted the value of being treated as individuals rather than just patients.

"Having someone who listens to you and helps you out if you need it."

Community members emphasised the need for non-judgmental care, highlighting the detrimental impact of stigma, especially regarding drug use and mental health issues. They expressed frustration with healthcare providers who make assumptions and fail to recognise and treat underlying trauma.

"They are very quick to judge – you should be able to comfortably tell them stuff – It’s STIGMA”

"As soon as you mention drug/alcohol they decide this is why you have mental health issues. They don’t see that it’s trauma… This is why people refuse to show up for help, especially those who have done drugs or have been drinking, everything just gets assumed as that.”

### Continuity of Care

Participants stressed the need for continuity of care to avoid repeatedly sharing their medical history with different providers. Familiarity with healthcare providers builds trust and comfort and minimises the risk of shame for First Nations people.

"Continuity of care is important. I don’t want to tell my story over and over again."

"Seeing the same person each time so they know your story."

### LGBTQI affirming care

Participants called for a more LGBTQI-friendly healthcare system, free from judgment and assumptions about their identity and health needs.

"The system to be more LGBTQI friendly – no judgement, not assuming."

### Access

Addressing previously described issues regarding why after hours care did not meet the community's needs (question 6), what didn’t work well (question 7), and the barriers to accessing emergency care (question 8) were reiterated in the discussions for this question. Community members emphasised the need for equitable access to after hours care, regardless of location. Community members identified good care as reducing long wait times, offering various care options, and providing access to home-visiting General Practitioners.

"No long waiting time would be nice."

"If you have a child in your care who is needing assessing, it takes so long and so many hoops to have an assessment, follow up etc; wait times for anyone is ridiculous."

Participants expressed a desire for accessible after hours GP services and pharmacies to address urgent health needs outside regular hours.

"Afterhours General Practitioners and chemist."

Home visiting services were also seen as beneficial, especially for children and those who feel safer receiving care at home.

"It would be nice to have a home visiting General Practitioner, especially for our kids."

"Care in your home, after hours home visiting doctors would overcome so many of the things that contribute to bad experiences accessing care for mob."

There was a desire for individualised care to consider community members psychosocial and family situations and offer additional supports to people who need to access after hours care but experience barriers navigating support systems as carers.

"Like maybe a support worker for people that are single parents."

### Virtual Health Options

Telehealth was recognised for offering valuable advice, but participants felt it was inadequate for situations needing a General Practitioner's physical presence and should not replace in-person care.

"The phone services offer good advice but not if you need to see a General Practitioner."

High-quality virtual health options should complement access to after hours care and not replace them.

"Good care is not just telehealth appointments."

### Preventative Care and Health Literacy

One community member recognised the importance of preventative care to reduce the reliance on after hours services, suggesting a focus on promoting health and preventing chronic diseases.

"Promotion to prevent chronic disease and decrease the need for after hours care."

## Question 10: A message directly from First Nations community members: What do you think the priorities should be for this review? What do you want the government to know or to think about?

Community feedback collected from participants highlights their priorities for the review of after hours health services, with a strong emphasis on addressing specific needs within First Nations communities, improving accessibility, and ensuring quality care.

### Culturally Appropriate After Hours Services

Community members emphasised their priority for after hours services that are culturally appropriate and tailored to the unique needs of First Nations communities including:

### Dedicated First Nations Health Workers and Practitioners

Ensuring that after hours services have First Nations health workers who can understand and address the specific cultural and health needs of their communities. As outlined in previous question responses the presence of Identified Health Workers significantly reduces the communities fear of discrimination and enhances the sense of trust and safety within the healthcare setting.

"It would be good if we could have an afterhours service and after hours Aboriginal and Torres Strait Islander worker that will understand our people and our service and what we need."

### Support for First Nations Families After Hours

Providing additional support for First Nations families during after hours care is crucial. Many community members have reported experiences of discrimination when accessing the only available after hours service, which is typically the Emergency Department (ED).

"More support for Aboriginal families after hours. We are discriminated against when we access after hours services, which are only the ED here now."

### Person-Centred and Non-Judgemental Care

The adverse impact of unaddressed after-hours service needs on First Nations people’s health and wellbeing is exacerbated for those who experience intersectionality in the social determinants of health, such as identifying as LGBTQI+. A priority for the First Nations community is fostering positive attitudes among health practitioners to ensure they provide person-centred and non-judgmental care to all people.

First Nations community members want health practitioners to be trained in cultural competency, with a focus on understanding the historical and social contexts that affect the health of First Nations people. This training should aim to dismantle biases and promote empathetic, respectful interactions with all patients.

Additionally the LGBTQI+ Brotha Boy and Sista Girl community identified that training should include specific guidance on the intersectionality of identifying as LGBTQI+, emphasising the importance of using correct pronouns and acronyms.

“I want the government to know how judgmental they can be – if they say the wrong words, it hurts someone. They need training, including pronouns and use of acronyms.”

### Growing the First Nations Workforce

Training and graduating more First Nations doctors and health care workers who can work in their own communities was highlighted as a long-term solution and priority. Until this workforce is developed, digital and virtual health solutions were suggested as an interim measure for increasing access, this is discussed further below.

"We really need to be growing and graduating more Aboriginal doctors who can come back and work at home on Country."

Increasing training opportunities for local health staff to become nurses and remain in their communities with their families was also emphasised as a crucial step and priority. This would help build a sustainable local healthcare workforce that understands and addresses the specific needs of First Nations communities.

“More training for our own Local Health Staff to access and become nurses and live in the Community with their families.”

### Increasing Access

A key priority for the after hours review is to increase daytime General Practitioner availability and extend hours at ACCHO’s, aiming to reduce the need for non-urgent after hours care. This focus addresses access issues and ensures more comprehensive daytime coverage.

"Focus on increasing daytime access to services so we do not need to use outside hours services for non-urgent after hours care."

"[ACCHO] is the only Bulk Billing service in town and if the [ACCHO] General Practitioners are booked out we have no other option than to present to the emergency department."

Participants from regional areas expressed frustration over the lack of after hours services, emphasising their right to the same level of care as those in metropolitan areas.

"I'm going to say that for me, the priority is that people in regional areas should have the same access to services that people in metropolitan areas do."

"Just because we are remote, [this] should not disqualify remote communities from accessing quality resources and service delivery."

Community members proposed various innovative solutions to overcome access difficulties, reflecting the unique needs of diverse communities. While telehealth emerged as a significant tool, it was clear that it could not entirely replace face-to-face interactions. Many consumers emphasised the necessity for access to doctors after hours, highlighting the disparity in healthcare availability between metropolitan and rural areas.

To ensure equitable healthcare access, particularly for those without nearby clinics, community members suggested leveraging technology for high-quality after hours services is essential.

“We need access to doctors after hours and have the same healthcare rights as people in metropolitan areas. There has to be another way to provide great after hours services with technology to people who do not have after hours clinics.”

However, inadequate internet infrastructure remains a significant barrier.

"Internet coverage is a barrier for community to access online after hours services availability."

Improving internet infrastructure is crucial to support the availability and reliability of virtual health services in remote and rural areas. Addressing this will enable all communities to benefit from advancements in virtual healthcare.

Another proposal was for General Practitioners to dedicate at least one or two nights per week in the community, ensuring that residents could access healthcare beyond standard business hours.

“General Practitioners should spend at least one or two nights in the community so community members can access them and not only have appointments within business hours.”

### Continuity of Care and a Coordinated Response

There is a need for stability and continuity of care in staffing and a more coordinated approach to healthcare delivery, especially in remote communities.

"Stability with having on ground nurse and not high turnover of Staff, nurse (FIFO) issues in remote communities."

### Modified Triage System for Mental Health Conditions

The need for a more supportive and expedited triage system for community members with mental health issues was highlighted as a priority, especially to address the high rates of suicide in certain communities.

"We have a lot of deaths here in this town…especially suicide and there is no other option but emergency department, where people have to wait for long hours in waiting room with other people."

### More Community Consultation

Participants called for more effective community consultation and training for healthcare providers to better understand and address local needs.

"It’s not working; needs to be more training – they are not reaching out to the community to work out how to fix the problem."

# Appendix 2: First Nations Community Member Demographics

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# Appendix 3: Abbreviations, acronyms and glossary of terms

## Abbreviations and acronyms

ACCHO Aboriginal Community Controlled Health Organisation

FPHC First Peoples Health Consulting

GP General Practitioner

LGBTQI+ Lesbian Gay Bisexual Transexual Queer Intersex (+) Acknowledges the existence of other identities and orientations that are not explicitly included in the acronym, such as asexual, pansexual, and more.

## Glossary of terms

| Definition | Description |
| --- | --- |
| Aboriginal Community Controlled Health Organisation | Primary healthcare service established and operated by a local First Nations community through a locally elected Board of Management. |
| Aboriginal Liaison Officer | An Aboriginal Health Worker is a professional who provides culturally appropriate healthcare services to Aboriginal and Torres Strait Islander communities, bridging the gap between these communities and mainstream health services. They offer clinical care, health education, and support, often serving as a vital link in promoting health and well-being within their communities.  They primarily work in a hospital setting. |
| Aboriginal and Torres Strait Islander Health Worker or Practitioner | An Aboriginal Health Worker is a professional who provides culturally appropriate healthcare services to Aboriginal and Torres Strait Islander communities, bridging the gap between these communities and mainstream health services. They offer clinical care, health education, and support, often serving as a vital link in promoting health and well-being within their communities.  They primarily work in a community setting. |
| After Hours | After Hours services are defined by the current RACGP Standard for general practices as a service that provides care outside the normal opening hours of a general practice. It does not matter if that service deputises for other general practices, or if it provides the care within or outside of the clinic. |
| Gender | Characteristics of people that are socially constructed. |
| Gender Identity | A person’s internal sense of their own gender. This internal identity may or may not align with the sex assigned at birth. |
| Lived Experience | "Lived experience" refers to the knowledge, understanding, and insights gained through direct, personal involvement in life events or circumstances. This concept emphasizes the value of personal narratives and perspectives in understanding complex issues, often highlighting the importance of subjective experiences over theoretical or second-hand accounts. |
| Lore | Lore refers to the Traditional Knowledge, customs, and practices passed down through generations of Aboriginal people. It encompasses their laws, stories, rituals, and cultural practices that guide social behaviour, community responsibilities, and spiritual beliefs. Lore is integral to the identity and heritage of Aboriginal communities, preserving their unique worldviews and connection to the land.  When referring to First Nations people as “Lore people”, it is in reference to their practice of upholding Traditional Lore’s. |
| Sex | Biologically determined. |
| Shame | The concept of shame used by First Nations people is broader than the non-Indigenous use of the word. The meaning of shame extends to include embarrassment in certain situations and is often due to attention or circumstances rather than as the result of an action by oneself. The feeling of shame can totally overwhelm and disempower a First Nations person. - [Indigenous Voices | shame and support (cdu.edu.au)](http://indigenousvoices.cdu.edu.au/support.html) |

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