Application from:	**Institute for Urban Indigenous Health**
Subject:	**Persistent Pain Service: A Caring Pathway for Mob**
Awarded:	**Project Grant**
Amount:	**$30,000**
Reporting Period:	**FINAL REPORT – whole of project**

Please find below our Scientific Report (p1-3) followed by the requested Lay Summary (p4).

Scientific Report

1. Background

This study evaluated a persistent pain service developed in a collaboration between an Aboriginal and Torres Strait Islander community-controlled health service (ATSICCHS) and Queensland Health (QH) to improve accessibility and cultural safety for Indigenous peoples.

Using a mixed-methods approach grounded in Indigenous principles, this project had two key aims to 1) evaluate client experiences of the service, and 2) consider the effectiveness of the service in terms of access, acceptability and clinical outcomes

There were two methodologies used to address these aims

- Analysis of qualitative yarns with clients in 2 yarning circles instead of individual yarns (to address Aim 1)
- Quantitative analysis of routinely collected service data on access (travel distance/cost and waitlist times compared with a mainstream service), acceptability (attendance patterns benchmarked against a mainstream service), and clinical outcomes (pain questionnaire and oral morphine equivalent daily doses). This addressed Aim 2.

2. Project Progress

The project commenced in January 2025

- Established and finalised governance, procedures and processes
- Full ethical approval and site-specific approval
- Concluded its fortnightly operational and bimonthly CI meetings (Dec 2025)

Quantitative study (completed)

- Began in late May 2025 and concluded in early Dec 2025 as planned.
- We conducted a quantitative, predominantly descriptive study using fully informed, opt-in consent consistent with community guidance.

- Recruited 50 participants, this is lower than the anticipated 100 predicted but deemed sufficient by the CI team. The lower than anticipated number was largely due to a reduced flow of clients through the service due to staffing shortages.
- Quantitative analysis finalised – with results summarised below.

Qualitative study (in final stages of analysis)

- Data collection was delayed due to group availability
- 2 yarning circles (Sept and Nov 2025) – 14 participants
- Iterative analysis is in its final stages, with preliminary results presented below.

3. Key Findings

Quantitative:

The new, community-led, collaboratively delivered service enabled more timely, closer to home, lower cost, greater access and supported stable or improving clinical measures, demonstrating a practical model that aligns with community strengths and priorities. Findings indicate the service achieved its aims; similar approaches may be beneficial in other settings.

Access: Clients travelled significantly shorter distances to the pain service (mean 16.66 km, SD 11.71) compared with the mainstream clinic (mean 44.03 km, SD 14.06), and travel costs were substantially lower with all paired t-tests showing highly significant differences ($p<0.001$). Clients of the pain service were seen earlier than recommended (mean difference −87.6 days, SD 66.2; $p<0.001$). TCPRC mean days to care was 253.9 days (n=20). Timely access was higher at the pain service than the mainstream clinic.

Acceptability: Non-attendance rates were less than half those at the mainstream clinic (7.4% vs 16.8%).

Clinical outcomes: Clinical outcomes showed overall stability or improvement across pain, quality of life, and self efficacy; and oral morphine equivalent daily doses were stable or reduced for 73% of clients.

Qualitative:

The two yarning circles produced rich data. **Early** findings are presented below under four domains.

Being Seen, Stronger Together (and having a laugh)

- Clients felt recognised as whole people and supported with tools for self-management.
- Sharing knowledge and experiences at the service strengthened connections with peers and clinicians.

- Humour—an important cultural expression—helped create a supportive atmosphere even during heavy conversations.

Honouring the Journey

- Clients reported feeling heard, respected and not stereotyped by staff.
- Care was experienced as collaborative, with reciprocal learning between clients and clinicians.
- The approach generally felt like "walking together" rather than directive or clinician-driven.

Care that knows you

- Strong relationships with clinicians were critical for continuity of care, especially around medications.
- Staff turnover sometimes required clients to repeat their story, though the clinic helped navigate these challenges.
- Clients felt the clinic avoided negative stereotypes and responded well when issues arose.

Here when you need, how you need

- Clients valued flexible arrangements including transport support, telehealth, and timely prescriptions.
- Access to a multidisciplinary team and tailored care improved their ability to manage pain and daily life.
- Combined and flexible appointments reduced travel burden and improved convenience.

4. Dissemination

1. Yarn backs: Early dissemination occurred throughout the project to share preliminary results with the clinic and at the mainstream service. Yarn backs to community are planned for early 2026 at the first group sessions in the pain service.

2. Australian Pain Society Conference: Quantitative findings have been accepted for presentation at the APS's annual conference to be held in Adelaide in April 2026. The qualitative findings will be presented in 2027.

3. *Research Papers:* Two manuscripts are planned with the target journals being Pain Medicine and Pain – leading journals internationally.

Funding statement: This project was funded by Arthritis Australia.

Lay summary

What problems did you try to solve, or gaps in knowledge did you try to fill?

We wanted to understand whether a community-led persistent pain service could provide better access, more culturally grounded care, and better outcomes for Aboriginal and Torres Strait Islander peoples living with ongoing pain. There has been very little research looking at how pain services can be designed around Aboriginal and Torres Strait Islander priorities.

What did you discover during the course of the grant?

Clients told us they felt seen and respected as people, with strong relationships, shared learning, and humour playing an important part in navigating pain. Flexibility, timely support, and access to a multidisciplinary team all helped them manage their pain.

The quantitative results showed that the new service significantly improved access, was acceptable to clients and helped maintain or improve health outcomes. Overall, the service achieved its aims and aligned well with community strengths and priorities.

Have the findings of the research already benefited people with musculoskeletal disease?

Yes. The findings have already been used to refine the pain service, including improving continuity of care, strengthening communication, and supporting more flexible, culturally safe approaches. The improved access, lower non-attendance rates, and stable or improved clinical outcomes show that clients with persistent pain are already experiencing real benefits.

How might the findings inform further research to help sufferers in the future?

The results show that a community-led, closer-to-home model can improve access, reduce costs and travel burdens, and maintain or improve health outcomes. This provides a strong early evidence base for testing similar approaches in other Aboriginal community-controlled settings, and exploring how these models could strengthen care for a broader group of people with chronic musculoskeletal conditions.

Are you planning to continue the research?

Yes. There is strong interest in continuing this work to understand longer-term outcomes and to keep improving the model led by with community. We have recently received MRFF funding to explore how similar community-led pain services can be established in other parts of Australia. This next phase will help us test how the model adapts to different communities and support broader access to culturally grounded pain care.

Funding statement: This project was funded by Arthritis Australia.