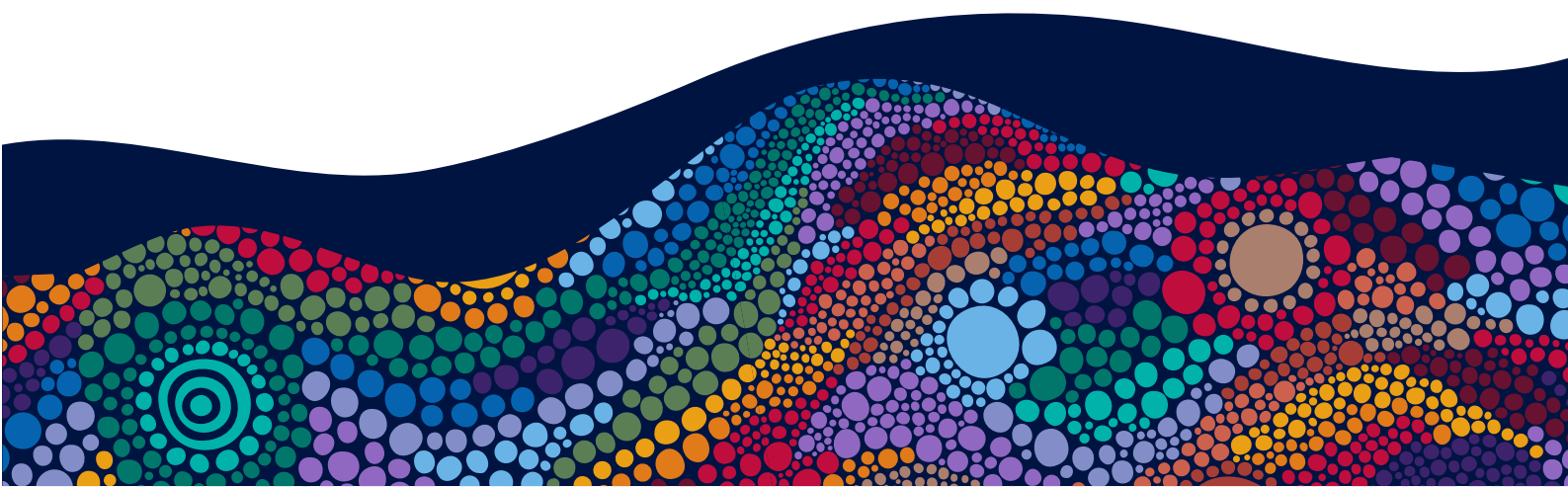


Our Ways First Action Plan targeted consultation

Submission to the Department of Social
Services

September 2026



About NACCHO

NACCHO is the national peak body representing 150 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 150 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

- 1 Any interventions to ensure safer and strong Aboriginal and Torres Strait Islander communities align with the National Agreement and its four Priority Reform Areas.
- 2 That the Action Plan explicitly recognise ACCHOs as core partners across prevention, early intervention, response, recovery and healing.
- 3 Further funding for ACCO led support, referral and behaviour change programs.
- 4 That governments provide dedicated funding for social workers and other relevant roles within ACCHOs to support case management, service coordination and linkage to support services for people experiencing or at risk of FDSV; and expand ACCHO-led FDSV support services across all jurisdictions, while continuing and expanding funding for the existing WA pilot sites.
- 5 That implementation of the Action Plan includes dedicated and sustainable investment in the Aboriginal and Torres Strait Islander health and FDSV workforce to strengthen the capacity of ACCHOs to prevent and respond to FDSV
- 6 That targeted, culturally appropriate FDSV training and capability development be provided to ACCHO staff to support safe, effective and culturally responsive responses to FDSV
- 7 That health services be explicitly included within the Action Plan's system reform and accountability arrangements
- 8 That implementation of the Action Plan aligns with the four Closing the Gap Priority Reforms, including commitment to strengthen the community-controlled sector
- 9 That clear accountability mechanisms be established for mainstream health-system transformation and sustained investment in the Aboriginal and Torres Strait Islander community-controlled health services
- 10 That the Action Plan explicitly demonstrate the relationship between FDSV, social and emotional wellbeing and suicide and support integrated, culturally grounded and community-controlled approaches to prevention, response and healing.
- 11 That implementation of the Action Plan provides dedicated funding for ACCO data, reporting and evaluation capability and embed Indigenous Data Sovereignty and community-defined outcomes

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Department of Social Services. NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately

delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’¹

NACCHO recommends any interventions to ensure safer and strong Aboriginal and Torres Strait Islander communities align with the National Agreement and its four Priority Reform Areas.

Background

Aboriginal and Torres Strait Islander people are more likely to experience family, domestic and sexual violence (FDSV) than other Australians.² More than simply a gap to be closed FDSV within Aboriginal and Torres Strait Islander communities needs to be understood as both a cause and effect of social disadvantage and intergenerational trauma.³

A history of dispossession, marginalisation, racism and the impact of Government policies since colonisation has resulted in profound inequity for Aboriginal and Torres Strait Islander people. This is reinforced and entrenched by ongoing experiences of structural and interpersonal racism, discrimination, dispossession of culture, land and language, and intergenerational trauma. We know that the circumstances in which people live both informs and influences behaviour. Aboriginal and Torres Strait Islander people experience poverty, overcrowding, insecure housing, homelessness and food security to a much higher degree than other Australians, as well as a higher burden of disease and mental health issues. Additionally, pervasive racism across response systems, including social and community services, police, justice and child protection, continue to marginalise and disempower those reporting violence or seeking support.

Aboriginal and Torres Strait Islander people face significant barriers to accessing support and to reporting. These include the stigma or shame associated with being a victim of FDSV, concerns that reporting may lead to the removal of children, poor relations with police, a pervasive lack of trust in the judicial system, and well-founded concerns for the safety of an Aboriginal and/or Torres Strait Islander partner/ex-partner in prison.

Aboriginal and Torres Strait Islander culture and self-determination are powerful protective factors. In the context of service delivery to Aboriginal and Torres Strait Islander people, provision of holistic, trauma-aware, healing informed wrap around support is crucial in order to create positive outcomes for survivors.

NACCHO welcomes the establishment of **Our Ways Strong Together: National Aboriginal and Torres Strait Islander Family, Domestic and Sexual Violence Peak**, a sector-led peak body providing national leadership and advocacy to address family, domestic and sexual violence affecting Aboriginal and Torres Strait Islander people.

¹ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

² Australian Institute of Health and Welfare (AIHW), Australia's Welfare: Indigenous Community Safety Snapshot, Sep 2023, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>.

³ AIHW, Australia's Welfare: Indigenous Community Safety Snapshot, Sep 2023, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>.

NACCHO acknowledges the leadership of the Peak and the National Aboriginal and Torres Strait Islander Family Safety Steering Committee in advancing a culturally appropriate, strengths-based response.

NACCHO also welcomes the draft *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence (Our Ways – Strong Ways – Our Voices)*, developed by SNAICC, and recognises the importance of ensuring Aboriginal and Torres Strait Islander voices and priorities are central to the Plan.

Priority areas

NACCHO considers that the priority areas identified in the *Our Ways First Action Plan* broadly align with the priorities of Aboriginal Community Controlled Health Organisations (ACCHOs) and the broader Aboriginal and Torres Strait Islander health sector.

For safer and stronger Aboriginal and Torres Strait Islander communities, NACCHO considers that there should be a strong focus on prevention, early identification and behaviour change, supported by self-determination, community control, culturally safe services and investment in the social and economic conditions that support health and wellbeing.

Prevention

Prevention must remain central to the Action Plan. FDSV prevention requires addressing the underlying social and structural factors that contribute to violence and undermine safety and wellbeing, while building on the strengths, culture, relationships and resilience of Aboriginal and Torres Strait Islander communities.

ACCHOs are well placed to contribute to prevention through holistic models of primary healthcare that connect physical, mental, social, emotional, and spiritual wellbeing. Through trusted and ongoing relationships with individuals and families, ACCHOs can provide health promotion, early support, education, and connection to other services before violence escalates.

Prevention should therefore be supported through sustained investment in Aboriginal community-controlled services and locally designed initiatives that reflect the priorities, strengths and circumstances of individual communities.

Early detection

Early identification provides an important opportunity to support individuals and families before violence escalates or becomes entrenched. ACCHOs are often trusted points of contact and may be among the first services to identify changes in a person's health, wellbeing or circumstances.

With appropriate funding, training and referral pathways, ACCHO health workers and other staff can play a stronger role in identifying families at risk of FDSV, providing early preventive support and connecting people with appropriate health, social, legal and specialist FDSV services.

Early identification must be undertaken in culturally safe ways that build trust and do not create additional risks for Aboriginal and Torres Strait Islander people and families. This includes ensuring that people can seek support without fear that engagement with services will automatically result in punitive responses or family separation.

Behaviour change

Preventing and reducing FDSV also requires sustained efforts to support behaviour change, including addressing the drivers and impacts of violence and supporting people who use violence to change their behaviour.

Behaviour change responses should be culturally safe, trauma informed, and connected with broader health and wellbeing services, including social and emotional wellbeing, alcohol and other drug services and healing programs.

ACCHOs can contribute to behaviour change through trusted relationships, holistic care and connections to culturally appropriate services. This requires appropriate investment in Aboriginal-led approaches that recognise culture, identity, community connection and self-determination as important foundations for safer and stronger families and communities.

NACCHO supports the Action Plan's focus on prevention, early intervention and behaviour change and emphasises that these priorities will be most effective when they are Aboriginal-led, community-controlled, culturally safe and adequately resourced.

ACCHOs and FDSV

Health care, particularly primary health care, plays an important role in preventing, identifying and responding to family, domestic and sexual violence (FDSV) and supporting recovery. NACCHO notes that, while the draft *Our Ways – Strong Ways – Our Voices* Plan acknowledges the mental health impacts of FDSV, the broader and interconnected impacts on health and wellbeing could be more clearly recognised.

This is particularly important to the implementation of an Aboriginal and Torres Strait Islander Action Plan, given the central role of culturally safe, holistic and community-controlled services in supporting safety, healing and recovery. ACCHOs are uniquely placed to contribute through:

- Providing first responder and follow-up health care, including treatment of wounds and injuries.
- Providing culturally safe testing and treatment for sexually transmitted infections and blood borne viruses as an essential component of sexual violence follow-up care.
- Providing culturally safe identification, treatment and support for Aboriginal and Torres Strait Islander people who have sustained a traumatic brain injury as a result of FDSV.
- Using their cultural, community and clinical expertise to prevent and respond to FDSV.
- Providing referrals to trusted support services and helping people navigate complex health and support systems.

ACCHOs are well placed to undertake this work because they provide holistic models of care that connect physical, mental, social, emotional and spiritual dimensions of health and wellbeing, with a strong focus on prevention and early intervention. They also provide 'joined-up' services, coordinating health care and connecting people with legal, social and other supports as required. This aligns with the Action Plan's focus on culturally appropriate, strengths-based and community-led responses that support safety, healing and long-term wellbeing.

NACCHO therefore supports the inclusion of ACCHOs as core partners in Community Safety and Healing Hubs and other place-based models. This also aligns with the Domestic, Family and Sexual Violence Commission's recommendation that governments leverage broader workforces, including health and allied health workforces, to prevent and respond to FDSV, supported by appropriate training and capability development. The Commission's 2026 recommendation to invest strategically in the conditions that enable people to achieve safety and recover from FDSV further reinforces the importance of accessible, culturally safe and integrated health services.

Health should not simply be another referral pathway within these models. Consistent with the intent of the Aboriginal and Torres Strait Islander Action Plan, ACCHOs should be appropriately resourced as core partners in the design and delivery of integrated responses, drawing on their existing community relationships, cultural knowledge and holistic models of care. This will help ensure that responses to FDSV are connected to broader health, safety, healing and recovery needs and are grounded in Aboriginal and Torres Strait Islander community priorities.

NACCHO recommends that the Action Plan explicitly recognise ACCHOs as core partners across prevention, early intervention, response, recovery and healing.

Highlighting Waminda and KWY Aboriginal Corporation

Waminda

Waminda is a NACCHO member ACCHO located on the lands of the Wandj Wandandian, Jerrinja, Cullunghutti, Wodi Wodi people in the South Coast of NSW, specialising in providing services for women and their Aboriginal families of all ages. Waminda provides health and wellbeing services, maternity services, as well as client support services and cultural programs. Culture is at the foundation of their work, and Aboriginal families are at the core of their model of care.⁴

The case management team at Waminda provides support and advocacy both internally and externally for Aboriginal families who are facing a range of challenges in their lives. The team combine specialist skills and a collaborative approach whereby each case worker is able to offer expertise in a particular area, i.e. domestic family and sexual violence and social and emotional wellbeing or justice health. They work together as required with other case workers, clinic staff, healing and wellbeing practitioners to ensure the delivery of a holistic, seamless and wrap around support for women and their families.⁵

KWY Aboriginal Corporation

KWY stands for Kornar Winmil Yunti, or 'men working together' in Ngarrindjeri. KWY is an Aboriginal Community Controlled Organisation (ACCO) that initially focussed on men's behaviour change around domestic, family and sexual violence but has since expanded to incorporate working holistically with women, children and community.⁶

Aboriginal culture is at the heart of KWY services and considered a protective factor for Aboriginal people. At KWY, services recognise, and are centered on, the diversity, vibrancy and wisdom of Aboriginal cultures. With offices in Adelaide, Berri, Port Lincoln, Mount Gambier, and Port Augusta, KWY supports more than 1,900 people each year through their wide range of programs.⁷

NACCHO recommends further funding for ACCO led support, referral and behaviour change programs.

Community-controlled funding and case management

Community control is an effective mechanism for ensuring culturally safe and appropriate FDSV services. ACCOs are accountable to their communities through governance structures led by Aboriginal and Torres Strait Islander people. This creates strong mechanisms for local accountability and ensures services can respond to community priorities, relationships and cultural contexts.

However, ACCHOs cannot take on additional FDSV responsibilities without appropriate funding. While some ACCHOs, such as Waminda, are able to provide case management and specialist FDSV support, most ACCHOs are not funded to undertake the service coordination, case management and service linkage required to support people experiencing or at risk of FDSV.

There is an opportunity to build this capability through dedicated funding for social workers and other relevant roles embedded within ACCHOs. These roles could support case management, service coordination and linkage

⁴ Waminda South Coast, Grandmother's Heartbeat – Waminda Model of Care 2024, <https://www.youtube.com/watch?v=Jilm42dc6m4>.

⁵ Waminda, Client Support Services at Waminda, <https://waminda.org.au/support/#case-management>.

⁶ KWY, Kornar Winmil Yunti (KWY): About Us, <https://www.kwy.org.au/about-us>.

⁷ KWY, New KWY General Brochure, https://www.kwy.org.au/_files/ugd/2897af_af2f4cb9dd5347409105ef4374fd2f94.pdf.

to health, legal, housing, family support and specialist FDSV services, strengthening the ability of ACCHOs to provide holistic and joined-up responses.

There is evidence that locating FDSV support within ACCHOs can provide significant benefits. In Western Australia, the State Government funded the Aboriginal Health Council of Western Australia (AHCWA) to undertake a pilot of FDSV support services across six ACCHOs⁸. The pilot supported ACCHOs to provide culturally appropriate support, engage with Aboriginal families, respond to family violence and its impacts, connect families with support services, and undertake community awareness raising and conversations about family violence. These community engagement activities provided an important opportunity to raise awareness, encourage conversations about violence and promote prevention within Aboriginal and Torres Strait Islander communities. An interim evaluation highlighted the importance of locating the program within ACCHOs, enabling families to access culturally safe, holistic and trauma-informed services. This demonstrates the value of investing in and expanding ACCHO-led FDSV programs that combine individual and family support with community-level prevention and awareness.

The experience of the WA pilot demonstrates the value of building FDSV capability within existing community-controlled health services, where services can draw on established relationships, local knowledge and culturally grounded approaches to healing and support.

NACCHO recommends that governments provide dedicated funding for social workers and other relevant roles within ACCHOs to support case management, service coordination and linkage to support services for people experiencing or at risk of FDSV; and expand ACCHO-led FDSV support services across all jurisdictions, while continuing and expanding funding for the existing WA pilot sites.

Workforce development

A capable and supported Aboriginal and Torres Strait Islander workforce is critical to the implementation of the Action Plan. NACCHO notes the opportunity for the proposed *Family, Domestic and Sexual Violence Aboriginal and Torres Strait Islander Workforce Strategy*⁹ to include targeted training on how best to respond to FDSV for ACCHO staff, particularly Aboriginal Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.

With additional training, ACCHO primary health care workers could play a stronger role in identifying families at risk of FDSV, implementing early preventive supports, and identifying and supporting people affected by FDSV. This is particularly important given the trusted relationships ACCHO staff have with individuals, families and communities and the holistic models of care provided through ACCHOs.

Training should be developed and delivered through ACCOs, or in partnership with Aboriginal Community Controlled Registered Training Organisations (ACCRTOs), to ensure it is culturally appropriate, relevant to local contexts and grounded in community-controlled practice.

Workforce investment must also recognise the importance of cultural and clinical supervision, staff wellbeing, ongoing professional development and sufficient time for community engagement and relationship-based care.

⁸ Scrine, C., McAullay, D., White, T., & Strobel, N. (2024), *Evaluation of the Family, Domestic and Sexual Violence Pilot Program in Aboriginal Community Controlled Health Services in Western Australia: Interim Evaluation Report*, Aboriginal Health Council of Western Australia. <https://www.ahcwa.org.au/wp-content/uploads/2022/11/AHCWA-FDSV-Interim-Evaluation-Report-18Sept2024.pdf>

⁹ National Aboriginal Community Controlled Health Organisation (NACCHO), *Our Ways – Strong Ways – Our Voices: National Aboriginal and Torres Strait Islander Plan to End Family, Domestic, and Sexual Violence – Submission to the Department of Social Services*, February 2025. https://www.naccho.org.au/wp-content/uploads/2025/05/NACCHO_Our-Ways-Strong-Ways-Our-Voices.pdf

NACCHO recommends that implementation of the Action Plan include dedicated and sustainable investment in the Aboriginal and Torres Strait Islander health and FDSV workforce to strengthen the capacity of ACCHOs to prevent and respond to FDSV

NACCHO recommends that targeted, culturally appropriate FDSV training and capability development be provided to ACCHO staff to support safe, effective and culturally responsive responses to FDSV

Health System reform

NACCHO supports the Action Plan's focus on transforming mainstream systems and considers this essential to achieving safer and stronger Aboriginal and Torres Strait Islander communities. Health services, including hospitals and primary health care, must be explicitly included in this reform.

Work to transform government should be grounded in the **four Priority Reforms of the National Agreement on Closing the Gap**, particularly:

- **Priority Reform 1 – Formal partnerships and shared decision-making**, ensuring Aboriginal and Torres Strait Islander people and organisations have a genuine role in decisions about the design, implementation and evaluation of health and FDSV responses;
- **Priority Reform 2 – Building the community-controlled sector**, recognising and appropriately resourcing ACCHOs as trusted, culturally safe providers and core partners in FDSV prevention, early intervention, response and healing;
- **Priority Reform 3 – Transforming government organisations**, requiring mainstream health services to address institutional racism, embed cultural safety and change the way they work with Aboriginal and Torres Strait Islander people; and
- **Priority Reform 4 – Shared access to data and information**, ensuring Aboriginal and Torres Strait Islander organisations and communities have access to relevant data to support decision-making, evaluation and accountability.

Aboriginal and Torres Strait Islander people may need to access health services following violence, injury or sexual assault, or when seeking support for mental health, pregnancy, chronic disease or other health needs. These encounters provide important opportunities for early intervention and support.

However, mainstream health responses can also create additional risks where services are not culturally safe or where people fear that seeking help will result in child removal or other adverse consequences. System reform must therefore ensure that health services are safe, trusted and responsive to Aboriginal and Torres Strait Islander people and communities.

Health-system reform should include:

- culturally safe FDSV pathways in hospitals and primary health services;
- genuine Aboriginal and Torres Strait Islander participation in the design and governance of these pathways;
- Aboriginal liaison and family safety roles within mainstream health services;
- appropriate training and accountability for health professionals;
- strong referral pathways between mainstream health services, ACCHOs and specialist FDSV services; and
- culturally safe approaches to mandatory reporting and child and family safety.

These reforms should also align with the 2026–2031 National Health Reform Agreement (NHRA) Addendum, including Schedule B – Better Health Outcomes for Aboriginal and Torres Strait Islander People¹⁰. Schedule B embeds commitments to culturally safe, trauma-aware and responsive health care free from racism; Aboriginal and Torres Strait Islander participation and leadership in health governance and decision-making; and greater transparency and accountability across the health system. It also recognises that Aboriginal and Torres Strait Islander people are affected by all health policies and practices, requiring their needs and experiences to be considered across health-system reform.

Where mandatory reporting is required, health services should ensure Aboriginal Liaison Officers or other appropriate Aboriginal cultural authorities are available to support, while maintaining the safety of children and families.

Importantly, transforming mainstream systems should not mean shifting responsibility for reform onto ACCOs and ACCHOs. Governments must invest in the capability of mainstream services to meet their responsibilities under the Closing the Gap Priority Reforms, while simultaneously building the capacity of the community-controlled sector.

The objective should be to ensure that seeking health care is a pathway to safety, support and healing, rather than creating additional fear or risk for Aboriginal and Torres Strait Islander families.

NACCHO recommends that health services be explicitly included within the Action Plan's system reform and accountability arrangements

NACCHO recommends that implementation of the Action Plan align with the four Closing the Gap Priority Reforms, including commitment to strengthen the community-controlled sector

NACCHO recommends that clear accountability mechanisms be established for mainstream health-system transformation and sustained investment in the Aboriginal and Torres Strait Islander community-controlled health services

Social and emotional wellbeing, suicide and healing

FDSV, social and emotional wellbeing and suicide cannot be considered in isolation.

Experiences of violence and trauma can have profound impacts on individuals, families and communities. Conversely, the social and structural conditions associated with poor health and wellbeing can increase vulnerability to violence and compound its impacts.

NACCHO's recent work on the relationship between FDSV and suicide has highlighted the need for culturally safe, holistic and community-controlled approaches.

The Action Plan should therefore ensure that FDSV responses are connected with Aboriginal social and emotional wellbeing, suicide prevention, alcohol and other drug services, healing and broader primary health care.

¹⁰ Federal Financial Relations (2026), *National Health Reform Agreement Addendum 2026–2031: Schedule B – Better Health Outcomes for Aboriginal and Torres Strait Islander Peoples*, Australian Government.
<https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2026-03/nhra-2026-31-schedule-b.pdf>

Aboriginal culture, identity, community connection and self-determination are important protective factors. Services that build on these strengths are more likely to support long-term healing than responses focused only on crisis intervention.

NACCHO recommends that the Action Plan explicitly demonstrate the relationship between FDSV, social and emotional wellbeing and suicide and support integrated, culturally grounded and community-controlled approaches to prevention, response and healing.

Data, evaluation and accountability

NACCHO supports the Action Plan's focus on Indigenous Data Sovereignty, community-defined outcomes and improved data.

Implementation should ensure that Aboriginal and Torres Strait Islander communities and organisations have access to the data required to understand local needs, determine priorities and evaluate outcomes.

ACCHOs should be supported to develop their own data and evaluation capability. Data requirements should not become an unfunded burden on community-controlled organisations.

Evaluation should also recognise that success cannot be measured only through mainstream service utilisation or justice indicators. Community-defined measures of safety, trust, cultural safety, wellbeing, family connection, healing and service accessibility are important indicators of meaningful change.

NACCHO recommends that implementation of the Action Plan provide dedicated funding for ACCO data, reporting and evaluation capability and embed Indigenous Data Sovereignty and community-defined outcomes.

Support

The **Our Ways – Strong Ways – Our Voices** Action Plan is a strong foundation, and its aims are ambitious. In order to operationalise it, an implementation plan, with attached funding, is necessary. This includes, as mentioned above, upskilling of ACCHO staff and other workforce development activities, funding for case management in ACCOs and ACCHOs and increasing the number of community controlled behavioural change programs.

As part of implementing the Plan, there is an important role for many Aboriginal Community Controlled Organisations and Peaks. It is important that there is also funding for opportunities to bring this expertise in order to continue the work of the plan, and overcome any emerging issues.