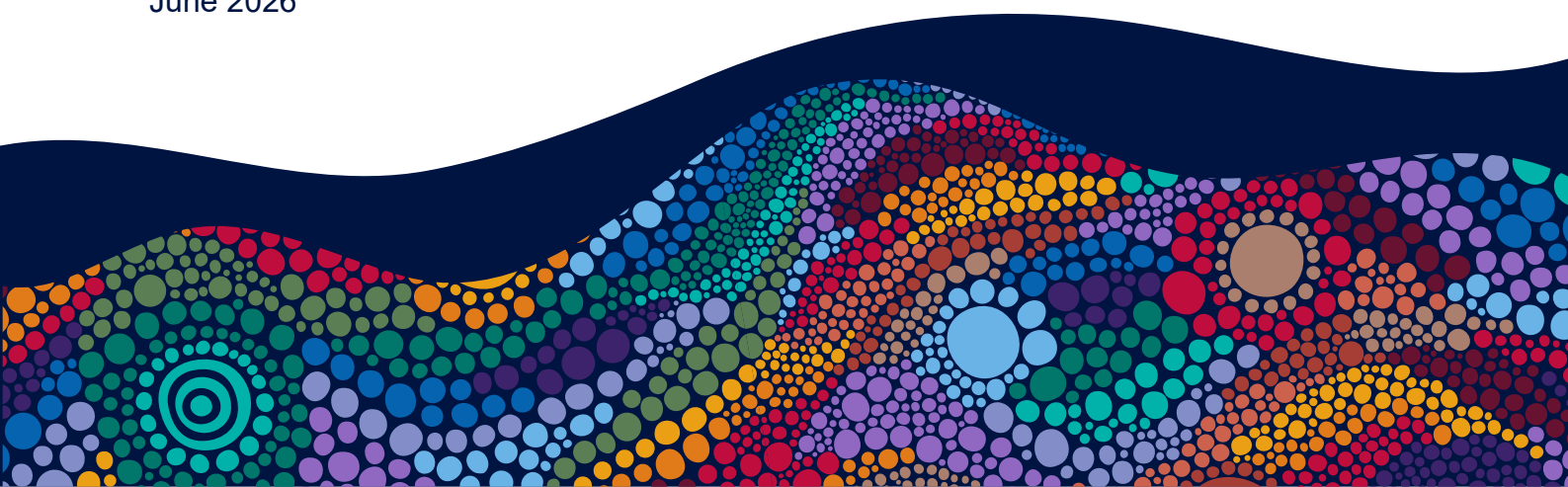


Consultation on draft models of care for headspace Plus and Youth Specialist Care Centres

Submission to Department of Health,
Disability and Ageing

June 2026



About NACCHO

NACCHO is the national peak body representing 148 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 148 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 address mental health services align with the National Agreement and its four Priority Reform Areas.
- 2 Explicit incorporation of the Social and Emotional Wellbeing (SEWB) model within the YSCC model of care.
- 3 Enhancing formal partnerships and shared decision-making to improve system integration. This includes partnership with ACCHOs to deliver the YSCCs.
- 4 Prioritising investment to strengthen the Aboriginal and Torres Strait Islander mental health workforce to ensure it remains responsive to complex community needs and addresses workforce gaps, especially in regional and remote areas.
- 5 Clarification on YSCC service location, opening hours, and age eligibility.
- 6 Clarification about the tender and funding processes to ensure alignment with Priority Reform 2.
- 7 The YSCC model address digital infrastructure, technology and capability gaps.
- 8 Explicit alignment with the principles of Indigenous Data Sovereignty as part of the YSCC model.
- 9 Explicit mention of headspace Plus services developing formal partnerships with local ACCHOs to improve service delivery.
- 10 Further clarification as to how the headspace Plus model of care will intersect with the YSCC model of care.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Department of Health, Disability and Ageing. 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.

Target 14, the significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero, directly relates to the scope of this consultation. The target is not on track, with Aboriginal and Torres Strait Islander mortality due to suicide rising between 2018 and 2024.¹ This target was one of those in scope for the Senate's Select Committee on Measuring Outcomes for First Nations Communities inquiry in 2025. The Interim Report coming out of this inquiry notes the importance of social and emotional wellbeing in a strengths-based approach.²

The 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

¹ Productivity Commission, Closing the Gap Information Repository: Socio-economic outcome area 14 – Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing, <https://www.pc.gov.au/closing-the-gap-data/dashboard/outcome-area/social-and-emotional-wellbeing/>.

² The Senate, Select Committee on Measuring Outcomes for First Nations Communities: Interim Report, April 2025, https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/RB000599/toc_pdf/SelectCommitteeonMeasuringOutcomesforFirstNationsCommunities.pdf.

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’³

NACCHO recommends any interventions to address mental health services align with the National Agreement and its four Priority Reform Areas.

Background

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.⁴

Aboriginal and Torres Strait Islander people face significant barriers to accessing support. These include the stigma or shame associated with seeking help for mental health.^{5,6} Pervasive racism across systems, including social and community services, police, justice and child protection, continue to marginalise and disempower those seeking support.⁷ There are concerns that seeking help may lead to the removal of children.

³ 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>.

⁴ Australian Institute of Health and Welfare (AIHW) and National Indigenous Australians Agency (NIAA), 2.09 Index of disadvantage <https://www.indigenoushpf.gov.au/measures/2-09-index-disadvantage>.

⁵ Meyer S., Stambe R-M., Indigenous women's experiences of domestic and family violence, help-seeking and recovery in regional Queensland. *Aust J Soc Issues*. 2021; 56: 443–458, <https://onlinelibrary.wiley.com/doi/abs/10.1002/ajs4.128>.

⁶ Satyen, L. and Sharda, A., National Roundtable on Healing and Recovery from Domestic, Family and Sexual Violence Report, Deakin University, <https://static1.squarespace.com/static/6264acf4316c1162bd074e29/t/671adf86f5a0a972a9e10d90/1729814411394/Healing+and+Recovery+Roundtable+Report+-+Full+Length.pdf>.

⁷ AIHW and NIAA, Aboriginal and Torres Strait Islander Health Performance Framework 2025 summary report, June 2025, <https://www.indigenoushpf.gov.au/report-overview/overview/summary-report>.

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 culturally safe, positive outcomes for survivors.⁸ Eliminating racism, embedding cultural safety, and improving engagement and partnership with Aboriginal and Torres Strait Islander people and communities is essential to ensure accessibility to and engagement with services.

Culture Care Connect program

The Culture Care Connect program, coordinated through NACCHO and carried out in ACCHOs across the country, integrates suicide prevention and holistic aftercare with cultural sensitivity and community empowerment. It prioritises preserving and celebrating the diverse cultures of Aboriginal and Torres Strait Islander peoples while providing essential care and support to recipients and providers of our services. Culture is at the heart of the program.

The Culture Care Connect program operates out of more than 30 ACCHOs and employs up to 100 people from their respective local communities to support local suicide prevention activities. The program offers choice and control, empowering communities to customise suicide prevention plans and access localised aftercare.

By fostering a trauma-aware and healing-informed environment, it aims to provide individuals receiving and delivering services and support with the care they need and want. Developed in alignment with the National Agreement on Closing the Gap, Culture Care Connect sets a new standard in community-driven healthcare. For more information see [Culture Care Connect](#).

Youth Specialist Care Centres

The Youth Specialist Care Centre (YSCC) model of care has several strengths. The model allows flexibility for local adaptation, supporting community-specific implementation. It promotes continuity of care through key clinician roles, step-up/step-down pathways, and streamlined re-entry processes, and emphasises family-inclusive and culturally responsive care. Multidisciplinary care is central, including attention to physical health and family-inclusive practice. A place based, culturally appropriate, multidisciplinary model of care strongly aligns with the ACCHO model of care.

YSCCs support young people whose needs fall between primary care and tertiary services, addressing the “missing middle.” The ability for young people to self-refer increases accessibility and reduces barriers to care. However, there are opportunities to improve the YSCC model.

Social and Emotional Wellbeing model

Social and emotional wellbeing (SEWB) is a concept that was developed by Aboriginal and Torres Strait Islander people to describe the holistic wellbeing of a person.⁹ It is a strengths-based concept that encapsulates social, historical, political and cultural determinants – as well as connection to culture, Country, self, community, spirituality and ancestors.

The YSCC model shares several similarities with SEWB, including its holistic and multidisciplinary orientation, family-centred focus, adaptability, and emphasis on more than diagnosis alone. It also recognises the importance of functional and psychosocial recovery, physical health, employment, and alcohol and other drug concerns.

⁸ NACCHO, Core Services and Outcomes Framework, June 2021, <https://csof.naccho.org.au/wp-content/uploads/2022/10/Core-Services-Outcomes-Framework-full-document.pdf>.

⁹ Dudgeon, P., Gibson, C., Walker, R., Bray, A., Agung-Igusti, R., Derry, K., Gray, P., McPhee, R., Sutherland, S. & Gee, G. 2025. Social and Emotional Wellbeing: a Review, Lowitja Institute, DOI: 10.48455/4f9e-3v29, https://www.lowitja.org.au/wp-content/uploads/2025/02/SocialandEmotionalWellbeing_aReview.pdf

However, the YSCC model reflects a predominantly mainstream framework and uses language that does not translate easily within SEWB or across Aboriginal and Torres Strait Islander communities. This presents a risk of inadvertently disempowering our sector. SEWB should be incorporated throughout the model of care (i.e., during client assessment).

There is mention of cultural safety and programs should support cultural connectivity; however, this can be strengthened within the model. Aboriginal Health Practitioners should be explicitly included as an example of a “key clinician”, providing culturally safe, person-centred care and case coordination that addresses the holistic components of the SEWB model.

NACCHO recommends explicit incorporation of the Social and Emotional Wellbeing (SEWB) model within the YSCC model of care.

Partnership

Partnerships across the service system are mentioned. However, there appears to be no accompanying accountability mechanism to ensure that formalised partnerships are established and sustained among key sector partners. For the system to be joined up and provide seamless care across tertiary and primary healthcare, it is vital that formal partnerships are established with responsibilities and roles outlined, and clear guidance on how patient data can be shared.

Many proposed YSCC functions mirror existing ACCHO practices (e.g., outreach, AOD care, person-centred holistic care). ACCHOs are well positioned to provide cultural psychosocial support, and with appropriate governance structures in place, could co-manage care with mainstream YSCC service providers. They can respond to the complexity of care experienced by Aboriginal and Torres Strait Islander clients due to legacy of colonisation, the Stolen Generations, ongoing trauma and trans-generational poverty. This would ensure culturally safe services for Aboriginal and Torres Strait Islander clients and facilitates stepping down when they are ready.

ACCHO sector expertise and the holistic multi-disciplinary delivery of care they are already providing should be leveraged to ensure smooth operation of YSCC. Without formal partnerships being established, adding another step in the care continuum could cause further fragmentation.

NACCHO recommends enhancing formal partnerships and shared decision-making to improve system integration. This includes partnership with ACCHOs to deliver the YSCCs.

Workforce

The draft model of care document has outlined workforce development, capability and sustainability as an enabler. It also notes that workforce planning must align with the National Aboriginal and Torres Strait Islander Health Workforce Strategy.¹⁰

Workforce shortages remain a major systemic barrier for our sector. A strong multidisciplinary model cannot function without adequate staffing. ACCHOs – particularly those in remote and very remote areas – have existing issues with staff recruitment and retention. This has meant they have become increasingly reliant on a fly-in-fly-out workforce, which requires additional housing that is often not available. Burnout is common.

Training in mental health, counselling and social and emotional wellbeing was the most common high-priority training need identified by 66% of ACCHOs that responded to NACCHO's 2024 workforce census. Sector-led work is underway to strengthen entry-level SEWB training and explore the development of Certificate-level pathways. However, further investment is needed to fully address workforce gaps.

¹⁰ Department of Health, Disability and Ageing, National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031, March 2022, <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031?language=en>.

NACCHO recommends prioritising investment to strengthen the Aboriginal and Torres Strait Islander mental health workforce to ensure it remains responsive to complex community needs and addresses workforce gaps, especially in regional and remote areas.

Location and access

It remains unclear where YSCCs will be located, including how rural and remote communities and Aboriginal and Torres Strait Islander clients (who experience the highest levels of unmet need) will be prioritised in site selection. Clear criteria are needed to ensure equitable access, particularly for communities with limited existing mental health infrastructure. NACCHO is willing to assist Department of Health, Disability and Ageing in this task by providing site selection methodology used for the Culture Care Connect program.

The expected service opening hours are also unclear. Extending the service to operate outside standard business hours, including evenings and weekends, would address a current service gap, ensuring that young people can access immediate support when many other services are unavailable.

The target age range for YSCC is listed as 12–25 years, but it is not specified whether services will accept new referrals up to age 25, or whether people accessing YSCC services who age out will be transitioned to other services. Greater clarity is required to ensure smooth transitions, avoid service gaps, and prevent young people from being excluded due to rigid age cut-offs.

NACCHO recommends clarification on YSCC service location, opening hours, and age eligibility.

Commissioning

ACCHOs are well placed to deliver on YSCC models of care. However, there needs to be appropriate tender processes to support growth of the ACCHOs to deliver YSCC models of care. This includes alignment with the *SEWB Policy Partnership Principles for Commissioning Framework*:

- Aboriginal and Torres Strait Islander governance and leadership,
- Holistic approach and application of SEWB,
- Culturally safe and responsive framework and system.

For successful recipients, there needs to be adequate time periods for ACCHOs to design and plan the rollout of the YSCC model of care, as well as adequate resourcing for this planning period. Where YSCC are awarded to mainstream organisations that are providing care to Aboriginal and Torres Strait Islander communities, there needs to be pathways to support transition to community control.

NACCHO recommends clarification about the tender and funding processes to ensure alignment with Priority Reform 2.

Digital infrastructure

One of the service objectives of YSCC is to operate as a Learning Health System – through monitoring outcomes and continuous quality improvement. Digital capability is critical for YSCCs for this function. However, current infrastructure and interoperability issues across the sector make this difficult to achieve.

Barriers include incompatible patient information management systems, reluctance to share data, and challenges around client consent. This hinders the continuity of care between services. Solutions to this issue need to be resourced to ensure digital systems support integration rather than create additional burden.

NACCHO recommends the YSCC model address digital infrastructure, technology and capability gaps.

Indigenous Data Sovereignty and Indigenous Data Governance

Priority Reform 4 of the National Agreement is to have shared access to data and information at a regional level – in order to support Aboriginal and Torres Strait Islander communities and organisations. Key to the implementation of this reform area is the involvement of Aboriginal and Torres Strait Islander people, through partnership and collaboration.

Indigenous Data Sovereignty (IDS) and Indigenous Data Governance (IDG) frameworks have allowed Aboriginal and Torres Strait Islander people to assert control on how data about them is used, by who and under what conditions. Aboriginal and Torres Strait Islander organisations, particularly Maïam nayri Wingara, provide a blueprint of what is needed to enact IDS and IDG, and now provide training for organisations to ensure their data governance is appropriate.¹¹ The Framework for Governance of Indigenous data¹² provides a roadmap for government agencies to implement key data governance processes.

Throughout the YSCC model of care, there needs to be explicit alignment with the principles of IDS and IDG. This includes clear processes for how data will be governed, who owns it, and how communities will benefit from it.

NACCHO recommends explicit alignment with the principles of Indigenous Data Sovereignty as part of the YSCC model.

headspace Plus

The headspace Plus draft model of care suggests that they will employ more First Nations/SEWB and bicultural workers. It also notes the intention to strengthen cultural governance arrangements, enhance capacity for culturally safe and responsive care, culturally responsive service offerings. However, the model of care does not detail how this will be established. Partnerships are mentioned often, but there is no mention of formal agreements with the ACCHO sector, or how this could be operationalised.

There are existing examples of strong partnerships between headspace and ACCHOs, specifically when ACCHOs are the lead agency. For example, Headspace partners with the Central Australian Aboriginal Congress in Alice Springs and Kimberley Aboriginal Medical Services in Broome. Better outcomes are achieved for community as a result of these partnerships.

For such models to work, there needs to be clear and appropriate governance structures. This includes flexible headspace governance structures to align with and support local Aboriginal and Torres Strait Islander governance structures, as well as culturally appropriate models of care.

NACCHO recommends explicit mention of headspace Plus services developing formal partnerships with local ACCHOs to improve service delivery.

The *Overview of the position of headspace Plus and Youth Specialist Care Centres* figure (page 6 on the headspace Plus model of care document) lists the two programs as separate. However, both provide high intensity care. It is unclear how these two separate programs will intersect and/or work together, and how patients will be allocated to each service.

NACCHO recommends further clarification as to how the headspace Plus model of care will intersect with the YSCC model of care.

¹¹ Maïam nayri Wingara, Training and Education, <https://www.maïamnayriwingara.org/training-and-education>.

¹² National Indigenous Australians Agency, Framework for Governance of Indigenous Data, 30 May 2024, <https://www.niaa.gov.au/resource-centre/framework-governance-indigenous-data>.