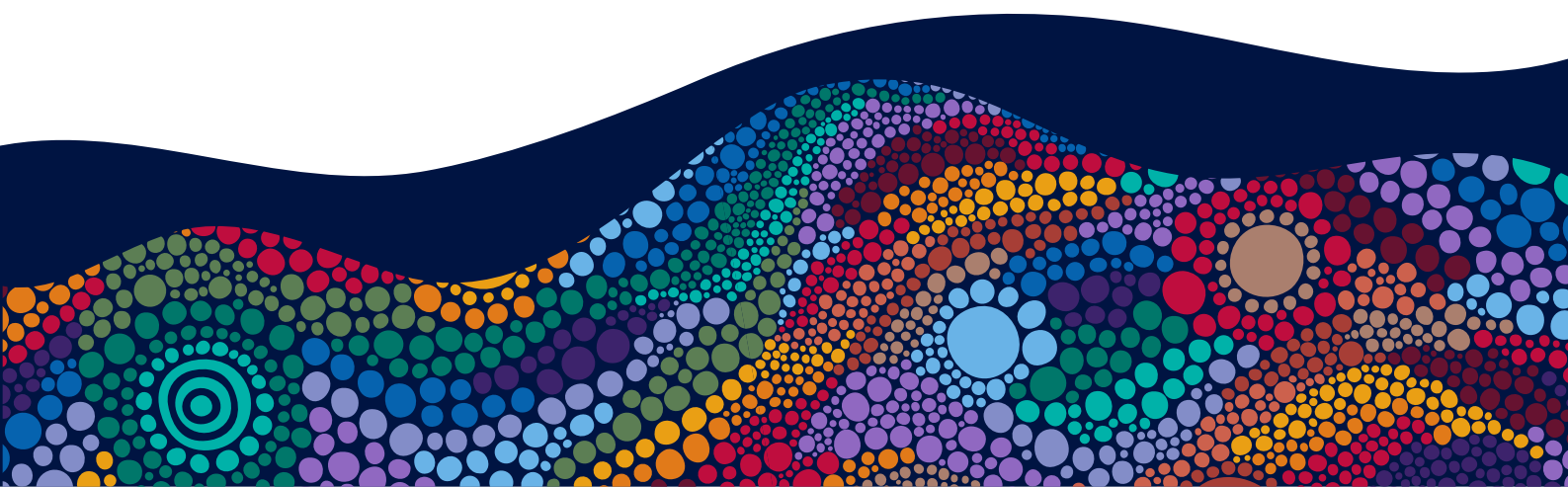


Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people

Submission to the Joint Standing Committee
on Aboriginal and Torres Strait Islander Affairs

May 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** Government urgently actions recommendations of previous reviews and inquiries, and formally endorses, funds and implements the National Anti-Racism Framework.
- 2** Any interventions to address racism, hate and violence directed at Aboriginal and Torres Strait Islander people align with the National Agreement and its four Priority Reform Areas.
- 3** The Australian Government establish a Makarrata Commission in consultation and partnership with Aboriginal and Torres Strait Islander people and representative organisations, including the Coalition of Peaks, to oversee truth telling and treaty.
- 4** Regarding national processes:
 - a** strengthen future national processes by embedding anti-racism risk assessments, clear standards for political leadership, and strong monitoring and accountability mechanisms.
 - b** invest in ongoing funding to sustain and expand Aboriginal community-controlled social and emotional wellbeing programs and services.
- 5** Regarding accountability:
 - a** The development and implementation of a coordinated, whole of government action plan outlining short-, medium- and long-term government activities for addressing hate and violence directed at Aboriginal and Torres Strait Islander people.
 - b** Government works in partnership with the Coalition of Peaks to establish an independent oversight mechanism to ensure accountability.
- 6** Regarding policy design:
 - a** Targeted engagement with Aboriginal and Torres Strait Islander people, communities, and organisations in all phases of policy design and implementation, and
 - b** Formal partnership mechanisms established to support accountability and collaboration.
- 7** Regarding social media:
 - a** Government strengthens regulation of social media platforms to i) mandate rapid removal and effective reporting of racist content, and ii) ensure users and content owners have controls to block harmful content, limit engagement, and close comments.
 - b** Government implementation of mandatory enforcement mechanisms, such as i) financial penalties for users that create or share harmful, racist, or violent content, and ii) banning anonymous accounts.
- 8** Commonwealth, State and Territory Government increase health expenditure for Aboriginal and Torres Strait Islander people to a level in proportion with the burden of disease.
- 9** In line with Clause 64 of the National Agreement:
 - a** Direct, dedicated funding for emergency planning, surge staffing, and recovery support within ACCHOs.
 - b** Embedded roles for the ACCHO sector at emergency response meetings at the federal, state, territory and local level.
- 10** Regarding justice reform:
 - a** Aboriginal and Torres Strait Islander-led independent oversight bodies to investigate law enforcement misconduct.

- b** An accountability mechanism to ensure jurisdictional government decision-making aligns with their commitments nationally as intended through the Justice Policy Partnership.
 - c** Investment in Aboriginal-led, culturally safe, trauma-informed early support, justice health, and diversionary and rehabilitation programs and care services for Aboriginal and Torres Strait Islander youth and families.
- 11** Needs-based funding for the expansion of Aboriginal community-controlled health services, and sector workforce, in line with the government's commitment to Priority Reform 2 of the National Agreement.
- 12** Governments provide adequate long-term funding and support for the development and implementation of Aboriginal and Torres Strait Islander-led:
 - a** Community-based strategies and initiatives to address racism, hate and violence directed at Aboriginal and Torres Strait Islander people.
 - b** Public campaigns to reduce racism against Aboriginal and Torres Strait Islander people.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs on their Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people.

NACCHO would like to acknowledge the valuable input received from Waminda South Coast Women's Health & Wellbeing Aboriginal Corporation for this submission.

NACCHO supports the submissions to this consultation made by the Coalition of Peaks, NACCHO Members and Affiliates.

We would also like to thank NACCHO staff for their generosity in sharing their experiences with us to inform this submission. It is greatly appreciated.

Ongoing impacts of racism

Racial discrimination is an important social determinant of health, and accounts in large part for the disparity in health outcomes between Aboriginal and Torres Strait Islander people and other Australians. This disparity is the result of systemic racism that has been experienced by Aboriginal and Torres Strait Islander people over many generations, beginning with colonisation and dispossession of land and culture. While Aboriginal and Torres Strait Islander culture is increasingly valued and recognised, this has not translated into national land rights, recognition in Australia's Constitution, or meaningful negotiations on a treaty or declaration of reconciliation. A cultural shift towards greater inclusiveness is needed, away from a single narrative, and towards a reassessment of the place of Indigenous people within settler societies.¹ Anti-racist legislation must be led by principles of Aboriginal and Torres Strait Islander sovereignty, self-determination, social equity and truth-telling. Truth-telling is needed for racism to be fully understood and eliminated, and is a pre-requisite for reconciliation and healing to take place.

The Australian Institute of Health and Welfare (AIHW) notes that the links between socioeconomic disadvantages such as poverty, social dysfunction and exclusion, stress, racism and poor health are well established.² This is true across urban, regional and remote areas. The consequent disparity in health outcomes between Aboriginal and Torres Strait Islander people and other Australians remains significant – 34 per cent of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians is attributable to social determinant factors.³

Racism has a daily, ongoing impact on our member services, our staff, their families and their communities that has long-lasting consequences. It is something that Aboriginal and Torres Strait Islander people are exposed to on multiple levels: structural racism embedded in policy and institutional design, institutional racism embedded in organisational practice and accountability systems, and interpersonal racism experienced in everyday interactions. There is a tendency to forget that not only are there wide reaching, systemic issues of racism that need to be addressed, there is also the personal damage and harm caused to Aboriginal and Torres Strait Islander people that requires recompense. These forms of racism are interconnected, not separate and require a holistic governmental approach to address.

Government action on previous inquiries

Direct, indirect and structural racism has always affected Aboriginal and Torres Strait Islander communities. It seems however, that recently, racist voices, and behaviour are more prominent, more tolerated and increasingly legitimised in public discourse. We know the racist incidents that directly impact communities have increased both in number and severity. Still, year after year, after every incident, we have the same conversation, highlighting the same issues faced by our communities.

¹ D Casey. Culture wars: museums, politics and controversy. Open Museums J. 2003;6.

² AIHW, 2.09 Index of disadvantage <https://www.indigenoushpf.gov.au/measures/2-09-index-disadvantage>

³ Australian Institute of Health and Welfare. Determinants of health for Indigenous Australians 2022 [Available from: <https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health>].

NACCHO recommends that in considering the impact of racism on Aboriginal and Torres Strait Islander people, the discussion and recommendations of the following inquiries and consultations need to be taken into account:

- Royal Commission into Aboriginal Deaths in Custody⁴
- Bringing them Home - Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families⁵
- Social Justice Report 2005⁶
- Unfinished business: Indigenous stolen wages⁷
- Our Land Our Languages - Inquiry into language learning in Indigenous communities⁸
- Strengthening Multiculturalism⁹
- Pathways to Justice – Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples¹⁰
- Don't take it as read: Inquiry into adult literacy and its importance¹¹
- Multicultural Framework Review¹²
- National Anti-Racism Framework¹³

These reviews and inquiries have been done multiple times over, and yet Government has been slow to respond. Findings remain the same - Aboriginal and Torres Strait Islander peoples continue to experience both systemic and everyday racism, which has intensified over the last few years. Despite the government commissioning the development of the National Anti-Racism Framework in 2024, there has yet to be any tangible progress. Immediate action from Government is needed.

NACCHO recommends government urgently actions recommendations of previous reviews and inquiries, and formally endorses, funds and implements the National Anti-Racism Framework.

⁴ Royal Commission into Aboriginal Deaths in Custody, 1991, <http://www.austlii.edu.au/au/other/IndigLRes/rciadic/>

⁵ Bringing them Home report, April 1997, <https://humanrights.gov.au/our-work/bringing-them-home-report-1997>

⁶ Human Rights & Equal Opportunity Commission, Social Justice Report 2005
https://humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sjreport05/pdf/SocialJustice2005.pdf

⁷ Parliament of Australia, Inquiry into Indigenous Stolen Wages, 2006
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/Completed_inquiries/2004-07/stolen_wages/report/index

⁸ Parliament of Australia, Inquiry into language learning in Indigenous communities, 2012,
https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=/atsia/languages2/report.htm

⁹ Parliament of Australia, Strengthening Multiculturalism, 2016,
https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Strengthening_Multiculturalism/Multiculturalism

¹⁰ Parliament of Australia, Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples, 2018,
<https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/>

¹¹ Parliament of Australia, Inquiry into adult literacy and its importance, 2022
https://www.aph.gov.au/Parliamentary_Business/Committees/House/Employment_Education_and_Training/Adultliteracy/Report

¹² Department of Home Affairs, Multicultural Framework Review, 2023, <https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-framework-review>

¹³ Australian Human Rights Commission, National Anti-Racism Framework, 2024 <https://humanrights.gov.au/resource-hub/by-resource-type/reports/race/anti-racism-framework>

Honouring commitments made to Aboriginal and Torres Strait Islander people

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’.¹⁴

Government implementation of the National Agreement

Some progress has been made by governments towards implementing the National Agreement. However, if Australian governments are serious about addressing racism, hate and violence directed at Aboriginal and Torres Strait Islander people, it is important to urgently address the findings and recommendations of the Productivity Commission’s *Closing the Gap Annual Data Compilation Report*,^{15,16} and the Jumbunna Institute’s *Closing the Gap Independent Aboriginal and Torres Strait Islander Led Review*.¹⁷

Overall, there has been some improvement in working in partnership with NACCHO across government. Some departments excel at this, and others are making good progress. However, many have some way to go in terms of sharing power and decision-making with Aboriginal and Torres Strait Islander stakeholders. This has led to inaction and constraints due to the reluctance of some state governments to reassess and change their approach in how they work with Aboriginal and Torres Strait Islander people.

There is increasing awareness of the National Agreement and its Priority Reforms, however, there remains limited effort to develop a shared understanding of the issues at hand, and to work together to develop solutions. There is an imbalance of responsibilities and resourcing where the Peaks, community-controlled organisations and communities are doing the heavy lifting while being under-resourced compared with governments. Fundamentally, there is a very poor understanding of community-controlled ways of working, which significantly hampers effective implementation. Too often we see advice provided being reshaped to fit departmental understandings or expectations, or set in stone, allowing no room for flexibility to changing circumstances or local contexts. The business-as-usual approaches governments are employing are inconsistent with their commitments under the National Agreement. This approach is hindering widespread impact, and governments have yet to commence any genuine transformative work.

Departments and agencies have enacted changes around internal working, such as ensuring that Aboriginal and Torres Strait Islander staff are better supported, and non-Indigenous staff are more culturally responsive. However, there is limited systemic action that seeks to change the structures of government to ensure that the inherently racist systems are transformed to work for, and not against Aboriginal and Torres Strait Islander stakeholders to align with Priority Reform 3.

We know the targets that are succeeding are those where community control is in place, further demonstrating the effectiveness of community control which has long been highlighted by Aboriginal and Torres Strait Islander people and organisations.¹⁸

Robust, independent accountability mechanisms are needed to meet Closing the Gap targets for all governments. It is essential for governments to implement structural reforms, improvements and power shifts to meet targets and improve outcomes for Aboriginal and Torres Strait Islander people.

¹⁴ 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>.

¹⁵ Productivity Commission Closing the Gap, Annual Data Compilation Report, 30 July 2025, <https://www.pc.gov.au/closing-the-gap-data/annual-data-report>

¹⁶ Productivity Commission, Review of the National Agreement on Closing the Gap, Study report Volume 1, January 2024, <https://assets.pc.gov.au/inquiries/completed/closing-the-gap-review/report/closing-the-gap-review-report.pdf>

¹⁷ Jumbunna Institute for Indigenous Education and Research, UTS, Closing the Gap Independent Aboriginal and Torres Strait Islander Led Review, Sydney, June 2025, <https://www.coalitionofpeaks.org.au/s/Closing-The-Gap-Review.pdf>.

¹⁸ Kathryn S Panaretto, Mark Wenitong, Selwyn Button and Ian T Ring, Aboriginal community controlled health services: leading the way in primary care, *Med J Aust* 2014; 200 (11): 649-652. doi: 10.5694/mja13.00005

NACCHO recommends any interventions to address racism, hate and violence directed at Aboriginal and Torres Strait Islander people align with the National Agreement and its four Priority Reform Areas.

Makarrata Commission

NACCHO reaffirms its support for the three pillars of the Uluru Statement from the Heart – Voice, Treaty, Truth. NACCHO reiterates its recommendation for a Makarrata Commission to be established in consultation and partnership with Aboriginal and Torres Strait Islander people and representative organisations, including the Coalition of Peaks. Truth-telling about the history and impacts of colonisation, dispossession, and systemic racism on Aboriginal and Torres Strait Islander people will raise public awareness and understanding, and advance reconciliation, justice and healing.

The Makarrata Commission should align with the Priority Reform Areas of the National Agreement and be established in the spirit of the Uluru Statement from the Heart.¹⁹ A Makarrata Commission should be established through community consultation and be Aboriginal and Torres Strait Islander-led to ensure respect for Aboriginal ways of knowing and doing. It is critical to ensure continued Aboriginal and Torres Strait Islander ownership, control and determination of how cultural and community knowledge is treated and protected. The Commission must ensure culturally safe processes, self-determination, and Indigenous data sovereignty, and support a rebuilding process.

In Australia, the need for truth telling is exacerbated by the absence of treaties. It is key to understanding the extent and impact of racism, hate and violence across generations, and how it continues to have an influence on every aspect of Aboriginal and Torres Strait Islander people's lives. NACCHO commends the work some jurisdictions have undertaken towards treaties and truth telling, however, it is still important for the Commonwealth to take the lead in driving the Treaty process, rather than leaving this up to the states and territories. The Commonwealth has a moral obligation to deliver a national treaty as first promised by the Hawke Government in 1988. Truth telling establishes a common ground on which to establish a genuine treaty.

Examples where lessons may be learned about truth telling, reconciliation and reparations, include:

- **Aotearoa New Zealand's Waitangi Tribunal** (1975): a standing commission of inquiry that makes recommendations on claims brought by Māori relating to legislation, policies, actions or omissions of the Crown that are alleged to breach the promises made in the Treaty of Waitangi.²⁰
- the **South African Truth and Reconciliation Commission** (1995): which investigated human rights violations under apartheid,²¹
- the **Canadian Truth and Reconciliation Commission** (2007): which addressed the legacy of Indian Residential Schools,²²
- the **Victorian Yoorrook Justice Commission** (2021): Australia's first formal truth-telling inquiry into historic and ongoing systemic injustices perpetrated against Aboriginal and Torres Strait Islander people through colonisation. The final report, *Yoorrook Truth be Told* was tabled in Victorian Parliament on 1 July 2025,²³ and Australia's first Treaty with First Peoples was signed on November 13, 2025.²⁴

¹⁹ The Uluru Statement. (2017, May 26). *Uluru Statement from the Heart*. The Uluru Statement. <https://ulurustatement.org/the-statement/view-the-statement/>.

²⁰ The Waitangi Tribunal, <https://www.waitangitribunal.govt.nz/en>.

²¹ Department of Justice and Constitutional Development, Truth and Reconciliation Commission. <https://www.justice.gov.za/trc/index.html>.

²² Government of Canada, Truth and Reconciliation Commission of Canada. <https://www.rcaanc-cirnac.gc.ca/eng/1450124405592/1529106060525>.

²³ Yoorrook Justice Commission. <https://yoorrookjusticecommission.org.au/>

²⁴ Australia's first Treaty signed in Victoria, Nov 13, 2025. <https://firstpeoplesvic.org/news/australias-first-treaty-signed-in-victoria/>

NACCHO recommends the Australian Government establish a Makarrata Commission in consultation and partnership with Aboriginal and Torres Strait Islander people and representative organisations, including the Coalition of Peaks, to oversee truth telling and treaty.

The Voice to Parliament referendum

Case Study | Mental health and wellbeing during and after the Voice referendum

During the lead-up to, during, and after the Voice referendum, Aboriginal and Torres Strait Islander communities experienced a significant increase in distress, racism and discrimination. As the debate increased on social media, racist comments became more visible on platforms, mainstream media and everyday spaces. For many people, this created feelings of grief, anger, anxiety and exhaustion. The impact was not only affected individuals and families, but whole communities along with Aboriginal health workforce were affected. It is important to recognise that the distress continued well after the referendum ended.

Many people reported being unable to escape racist or harmful content, even when they were not actively engaging on anything online. Young people were particularly impacted due to the constant nature of social media and digital spaces. This ongoing exposure added to emotional burden, placing additional pressure on Aboriginal Community Controlled Health Organisations.

In response, NACCHO and the Aboriginal community controlled sector focused on providing culturally safe, mental health and social and emotional wellbeing supports. The approach was not about promoting a Yes or No vote, but about supporting people through the harm they were experiencing throughout this time. Funding enabled ACCHOs and other community-controlled organisations to deliver flexible, place based responses that reflected local needs. This included counselling and trauma support, staff wellbeing and debriefing, community-led healing activities, and supports that strengthened connection and collective care.

At a national level, NACCHO worked with partners such as HealthInfoNet and the Healing Foundation to make wellbeing resources easily accessible. These resources acknowledged the reality of racism and distress, helping people feel seen and supported, rather than minimising their experiences.

In the context of limited broader government responses to the mental health impacts of racism during national debates, the Aboriginal community-controlled sector played a critical role in reducing harm. The experience highlighted that racism has real and lasting mental health impacts on Aboriginal and Torres Strait Islander people and communities. Also that Aboriginal-led, culturally grounded responses are essential not only during moments of crisis, but across a long-term support.

Harm and health impacts

The escalation of racism during the Voice referendum was clear and immediate. Our member services reported increases in racist behaviour toward Aboriginal and Torres Strait Islander people during the campaign, which has only intensified further following the result.^{25,26} This continues to be seen across interpersonal interactions, in the media and in institutional settings. The referendum acted as a catalyst for the blatant expression of racist attitudes that already existed within Australian society.²⁷

²⁵ Saxby K, Aitken Z, Burchill L et al. Community attitudes and Indigenous health disparities: evidence from Australia's Voice referendum. *The Lancet Regional Health – Western Pacific*, 2024; 50 - [Community attitudes and Indigenous health disparities: evidence from Australia's Voice referendum - The Lancet Regional Health – Western Pacific](#)

²⁶ Anderson I, Paradies Y, Langton M et al. Racism and the 2023 Australian constitutional referendum. *The Lancet*, 2023; 402, 1400-1403 - [Racism and the 2023 Australian constitutional referendum - The Lancet](#)

²⁷ Mikele Syron, 2025, Report finds Voice referendum normalised racism and increased hostility toward First Nations People - [Report finds Voice referendum normalised racism and increased hostility toward First Nations People | SBS NITV](#)

Monitoring through the *Call It Out* First Nations Racism Register²⁸ reflected what ACCHOs were reporting locally: a sharp rise in incidents of racism, many explicitly referencing the referendum or its outcome. Reports included verbal abuse, stereotyping, online harassment and intimidation across public spaces, workplaces and digital platforms. At the same time, ACCHOs experienced an increase in the number of people seeking support due to the distress caused by what they were hearing, seeing and experiencing during the public debate.²⁹

The harm was felt across everyday life, and the widespread public, political and media debate around the vote created conditions where racist attitudes were expressed more openly and circulated more widely. This increased their impact and compounded harm for Aboriginal and Torres Strait Islander people.

Failure of political leadership and institutional impacts

There was a clear failure of political leadership at both national and local levels. Throughout the campaign period, inflammatory and dismissive rhetoric from some federal parliamentarians, prominent political figures and local mayors and councillors seemed to legitimise racist narratives. This included public statements that questioned Aboriginal and Torres Strait Islander sovereignty, minimised or denied historical and ongoing violence, and mischaracterised Aboriginal and Torres Strait Islander recognition as divisive or illegitimate.³⁰ When expressed by national and local leaders, this racist narrative had a disproportionate influence, emboldening hate speech, amplifying misinformation, and signalling that racist discourse was acceptable within mainstream political debate without meaningful consequence.

In South Australia, we know that Aboriginal and Torres Strait Islander people experienced direct barriers to democratic participation. Some people reported being turned away, delayed, or subjected to intense scrutiny when attempting to vote, and interactions left them feeling targeted or discriminated against by electoral staff. Members of South Australia's First Nations Voice reported that these experiences seriously undermined confidence in the safety, accessibility and fairness of the electoral process, compounding the broader harms caused by hostile political discourse and eroding trust in democratic institutions.³¹

Accountability mechanisms for national processes

There were systemic failures in the design, conduct and governance of the Voice referendum process implemented by government. Insufficient attention was given to the foreseeable risks of racial harm, despite longstanding evidence that national debates relating to Aboriginal and Torres Strait Islander recognition can trigger racism, discrimination and significant psychological distress for Aboriginal and Torres Strait Islander people.³² The escalation of harm during and after the referendum shows that there were no safeguards in place within government, media and civic institutions to prevent racism from being perceived as acceptable or from spreading more widely. These failures were also identified by the Australian Human Rights Commission in its *Mapping government anti-racism programs and policies* report:³³

²⁸ [Jumbunna-Call-It-Out-Annual-Report-2023-2024-Final.pdf](#)

²⁹ Dechlan Brennan. Voice referendum led to increase in hostile levels of racism – report. 2025 - [Voice referendum led to increase in hostile levels ... | National Indigenous Times](#)

³⁰ Olivia Sanders, Failure of Voice gives 'green light' to councils to roll back Indigenous rights, 2025. [Failure of Voice gives 'green light' to councils to roll back Indigenous rights - ABC News](#)

³¹ ABC News. SA Voice members say some First Nations voters felt 'judged racially' by electoral staff during the referendum. South Australia reporting. [SA Voice members say some First Nations voters felt 'judged racially' by electoral staff - ABC News](#)

³² Dechlan Brennan. Voice referendum led to increase in hostile levels of racism – report. 2025 - [Voice referendum led to increase in hostile levels ... | National Indigenous Times](#)

³³ Australian Human Rights Commission: Mapping government anti-racism programs and policies July 2024 humanrights.gov.au/?a=47256

Government approaches to addressing racism across all levels are fragmented, reactive and insufficiently resourced, with a consistent reluctance to explicitly name and counter racism.

The Commission noted a lack of coordinated leadership, limited accountability mechanisms, and inadequate monitoring and evaluation of anti-racism initiatives conditions that allow racism to escalate during high-profile national processes.³⁴ Government must examine the conditions that allowed racism to escalate so visibly during the referendum and identify how future national processes can be designed to prevent similar harm. Implementation of the Commission's recommendations is a key first step. This should include a whole-of-government approach to anti-racism, clear and consistent leadership, shared definitions of racism, meaningful engagement with Aboriginal and Torres Strait Islander communities, and enforceable accountability mechanisms for public institutions.

Consistent with the Commission's recommendations, government must:

- embed anti-racism risk assessment and mitigation into the design of national policy and civic processes;
- establish clear standards for political leadership and public communication during national debates;
- strengthen monitoring, reporting and evaluation of racism and its impacts on health and wellbeing; and
- support Aboriginal-led, culturally grounded responses as core infrastructure, rather than time-limited crisis measures.

Without robust accountability mechanisms, future debates on Aboriginal and Torres Strait Islander recognition or parliamentary reform risk repeating the structural failures that enabled racism to escalate during the Voice referendum, again causing avoidable harm to Aboriginal and Torres Strait Islander people.

NACCHO recommends

- a) strengthen future national processes by embedding anti-racism risk assessments, clear standards for political leadership and public communication, and strong monitoring and accountability mechanisms.
- b) invest in ongoing funding to sustain and expand Aboriginal community-controlled social and emotional wellbeing programs and services.

³⁴Australia Human Rights Commission: Mapping government anti-racism programs and policies [Mapping government anti-racism programs and policies | Australian Human Rights Commission](#)

Case study | Waminda's Decolonisation Workshops – Push Back Programs

Waminda has been delivering Decolonisation Workshops for over 10 years. These workshops are truth telling shared through life experiences of local community women. They invite you to see history through an Aboriginal lens, on a journey through true Australian history and the impacts of colonisation.

These workshops were developed in response to local services seeking cultural awareness and competency training. Knowing that this type of training itself is not sufficient, Waminda developed their own approach and ran two-day cultural immersions. The first day focused on cultural immersion out in Country, and the second day on truth-telling.

Interest in these workshops continued to grow, and offered as a paid service for external groups requesting to attend. People's interests seemed to grow in attending for the first day 'pretty experiences' rather than for the hard conversations that are needed to effect change in behaviour and understanding.

Following the Voice referendum, cultural immersions were renamed to Decolonisation Workshops. This was a stand against the 'No' referendum outcome with knowing that learning our Cultural Knowledge is not enough to change systemic racism.

Now, Decolonisation Workshops are held over one day, where the focus is only on truth telling. Waminda does not share culture anymore, and honest, uncomfortable conversations are had now instead with imperfect allies.

Waminda's Decolonisation Workshops are open to individuals, families, organisations, businesses, government departments and not-for-profit companies.

The aim is to educate non-Indigenous Australians on the systematic racism and colonial structures that affect the everyday lives of Aboriginal and Torres Strait Islander peoples, while addressing outdated stereotypes, white privilege and white fragility.

Waminda facilitates discussions that support imperfect allies to build the skills and insight needed to develop and practise Cultural Humility. Waminda CEOs and Senior Leaders take time out of their regular workload to share their time, stories, and experiences, and have the difficult conversations with people.

There have been personal impacts on Waminda's Leaders – they are exposed to racism during the workshops, and need to ensure that they slow down, replan, and debrief with each other the next day. In the first few years that workshops were running, they were extremely draining. However, they have become stronger and more resilient over the years, and they have seen the positive impacts of the workshops in their region.

Workshops have led to many good relationships with government departments and agencies, universities, and institutes. There have also been many local outcomes. For example, in Berry NSW, where Waminda has held Decolonisation Workshops, there was a strong "yes" vote, and imperfect ally groups have sprung up after workshops due to people taking action.

The workshops are a part of Waminda's Push Back Programs – pushing up against racism and the system, bringing you along on the journey together through teaching and guiding, and inviting you to push back as well. Other Push Back Programs include the Change the Date movement, where for the last 8 years, Waminda continues to work on the public holiday on January 26. This has led to increased visibility in their community, and has motivated local businesses to Pay the Rent, where earnings made by those local businesses on January 26 are donated to Waminda.

Waminda practices decolonisation and anti-racism in everything they do at their service. It is reflected in the model of care, cultural framework, social enterprises and research. Decolonisation and anti-racism aim to stop causing harm against people, understanding that the system is the problem and needs fixing, and about educating yourself.

Disparities in how violence against Aboriginal and Torres Strait people are addressed

Following the terrorist attack in Boorloo Perth, it was clear that the government and law enforcement agencies did not treat this incident with the same urgency and seriousness as other recent incidents. Warnings that targeted, racist attacks could happen, especially given similar incidents such as the neo-Nazi attack on Camp Sovereignty in Naarm Melbourne, were ignored. In the days following the attack, the public response from police lacked any acknowledgement of hate and terror, and there was a late reaction to label it a terrorist attack – 9 days.³⁵ We have heard from Aboriginal and Torres Strait Islander peak bodies that there was no opportunity provided for ACCHOs and ACCOs to send immediate, culturally safe trauma treatment and support for community, and there has been no access to state resources or support. No mention has been made of a recovery process for community, or any accountability measures, or a Royal Commission on racism, hate and violence directed at Aboriginal and Torres Strait Islander people.

Political environment

The current political environment does not instil confidence that direct action will be taken in order to address the impacts of racism, hate and violence on Aboriginal and Torres Strait Islander people. Increasingly public or official events, and local councils are refusing to do Welcome to and Acknowledgement of Country, and no longer flying Aboriginal and Torres Strait Islander flags, framing them as “divisive and offensive to the 97 per cent of Australians not of Aboriginal heritage.”³⁶ When they are delivered, it is becoming more common for it to be met with blatant racism and disrespect.^{37,38} Over the last year, Acknowledgements of Country have not been delivered by the President of the National Press Club of Australia while facilitating addresses, noting however that most speakers have done so.

Accountability

There seems to be greater tolerance from the government to allow the gradual stripping away of small, hard fought for wins for Aboriginal and Torres Strait Islander people, and it feels like things are moving backwards.

The silence from government, and the hesitation to name racism for what it is and act immediately is keenly felt, and perpetuates the harm caused. The political will and leadership to champion Aboriginal and Torres Strait Islander people is not apparent, and there is no clarity of what the government is doing to resolve long-standing issues in this current environment. A consistent, firm stance on addressing structural, institutional and interpersonal racism, hate and violence directed at Aboriginal and Torres Strait Islander people is needed, with clear direction setting from government. There is a lack of clear legislative and accountability mechanisms available to Aboriginal and Torres Strait Islander communities when racism or discrimination is experienced at a government or institutional level, and limited pathways to escalate issues or seek effective redress through oversight bodies at the individual, community or organisational levels.

We know that systemic racism within federal and state governments is a significant issue. Indirect and structural racism, and unconscious bias within institutions continues to influence decision-making and outcomes. Blanket approaches in policy design and service delivery dismiss community diversity and local decision-making, and time and time again this has proved inadequate. Yet both staffing and funding cuts to Aboriginal and Torres Strait Islander programs continue hindering progress.

³⁵ National Indigenous Times, 5 February 2026. Breaking: Suspect in January 26 attack charged with terrorism. <https://nit.com.au/05-02-2026/22505/breaking-suspect-in-january-26-attack-charged-with-terrorism>.

³⁶ National Indigenous Times, 29 April 2026. Tasmanian Council rejects committee's request to end Acknowledgement of Country statements. <https://nit.com.au/29-04-2026/23971/tasmanian-council-rejects-committees-request-to-end-acknowledgement-of-country-statements>.

³⁷ Professor Andrew Gunstone, 2 February 2024. When racism and white fragility prevented me from delivering my invited speech. <https://nit.com.au/02-02-2024/9591/when-racism-and-white-fragility-prevented-me-from-delivering-my-invited-speech>.

³⁸ National Indigenous Times, 25 April 2026. Hecklers disrupt Welcome to Country at dawn services across Australia. <https://nit.com.au/25-04-2026/23899/hecklers-disrupt-welcome-to-country-at-dawn-services-across-australia>.

Aboriginal and Torres Strait Islander people are often sidelined in policy and strategy development and are not adequately resourced to lead or deliver solutions that will work for their communities. Consultation with Aboriginal and Torres Strait Islander people is often a checkbox exercise, and usually an afterthought, with no real engagement. To close the gap in outcomes for Aboriginal and Torres Strait Islander people, ensuring personal, community and organisational self-determination is fundamental. In line with the National Agreement, jurisdictions must work towards recognising Aboriginal and Torres Strait Islander people's rights to self-determination, participation in decision-making, respect for and promotion of culture, equality and non-discrimination.

There are challenges in supporting self-determination and building the capacity of the community-control sector while essentially still working within the same, unchanged government systems. There is a reluctance from government to enact change, and limited accountability mechanisms to ensure that governments are honouring their commitments to Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander led, independent governance mechanisms to address racism, hate and violence are needed. It is essential that government works with the Coalition of Peaks to ensure that Aboriginal and Torres Strait Islander experience, needs and priorities are reflected.

NACCHO recommends

- a) the development and implementation of a coordinated, whole of government action plan outlining short-, medium- and long-term government activities for addressing hate and violence directed at Aboriginal and Torres Strait Islander people.
- b) government works in partnership with the Coalition of Peaks to establish an independent oversight mechanism to ensure accountability.

Co-design of policy with the community-controlled sector

Government co-design and engagement processes with Aboriginal and Torres Strait Islander organisations, communities and people can be significantly strengthened and is a key step forward in ensuring that structural, institutional, and interpersonal racism are addressed. This should include involving Aboriginal and Torres Strait Islander people, communities, and organisations in all phases of policy design and implementation ensuring ongoing communication throughout development, and appropriate timeframes to allow for meaningful feedback. Formal partnership mechanisms should be established to support accountability and collaboration. We often see government using the correct language around partnership, collaboration and co-design without genuinely acting on it. Consultation is not co-design. Co-design must incorporate Aboriginal and Torres Strait Islander leadership, respect, community benefit, culturally grounded approaches, inclusive partnerships, and transparency and evaluation.³⁹ This will ensure that ineffective and harmful policies are replaced by community-led, place-based solutions that reflect the needs and priorities of Aboriginal and Torres Strait Islander people.

NACCHO recommends:

- a) targeted engagement with Aboriginal and Torres Strait Islander people, communities, and organisations in all phases of policy design and implementation, and
- b) formal partnership mechanisms established to support accountability and collaboration.

Racism on social media

For many Aboriginal and Torres Strait Islander people, going online means entering platforms saturated with relentless racism that is growing more hostile by the year, particularly on social media. The Call It Out

³⁹ Butler T, Anderson K, Black O, Gall A, Ngampromwongse K, Murray R, Mitchell L, Wilkinson K, Heris C, Whop LJ. Co-design Versus Faux-design of Aboriginal and Torres Strait Islander Health Policy: A Critical Review, Lowitja Institute, June 2025. <https://www.lowitja.org.au/resource/co-design-versus-faux-design-of-aboriginal-and-torres-strait-islander-health-policy-a-critical-review/>.

Racism Register 2024-2025 reported that social media and online platforms were the most common locations for incidents of racism (22%) overall across all ages. There was rise in the number of racist incidents targeting Aboriginal and Torres Strait Islander children and young people, with most of these occurring in media, social media and online locations (31%).⁴⁰ The harm is unmistakable and relentless: slurs, attacks on identity, mocking memes, harmful stereotypes and direct threats of violence. On many local crime-focused and community social media pages, these comments are not just visible, they are tolerated without consequences. Racism directed at Aboriginal and Torres Strait Islander people is allowed to grow in plain sight, largely unchallenged and increasingly emboldened.

The abuse spikes during moments when Aboriginal and Torres Strait Islander identity, culture or rights are in the public spotlight, particularly around 26 January⁴¹ and during national debates such as the 2023 Voice to Parliament referendum. At these times, Aboriginal and Torres Strait Islander people and organisations report waves of hostility, coordinated pile-ons, aggressive commentary and direct threats that flood feeds and inboxes.

This hostility does not stay contained on screens. For many Aboriginal and Torres Strait Islander people, what happens online drives real fear, anger, anxiety and deep distress in everyday life. Online racism effects how safe people feel in the real world, and makes them more wary about leaving their homes, moving through public spaces, or simply being seen. We know that many people pull back, log off, delete posts or abandon platforms altogether as an act of self-protection. But this retreat can have a negative impact as well. Stepping away can mean losing visibility, missing vital information, weakening community connections and being shut out of public conversations altogether. It creates a vacuum where racist narratives go unchallenged.

Racism is not treated as a serious harm by online platforms. It is built into governance systems that downplay, overlook or misclassify racial abuse, leaving Aboriginal and Torres Strait Islander people exposed while harmful content remains online.⁴² Reporting racism online is often exhausting and futile. Complaints processes are slow, confusing and frequently ineffective, allowing racist content to stay up for days or weeks, sometimes indefinitely. In some cases, the harm is compounded when platforms remove posts that call out or challenge racism, while leaving the original racist content untouched. This response sends a clear message that speaking up is punished, racism is tolerated, and the burden of harm is carried by the people targeted.⁴³

Policy and regulation have not kept pace with the harm Aboriginal and Torres Strait Islander people are experiencing online. We commend the measures in place to protect children online, however, adult Aboriginal and Torres Strait Islander users are left exposed to relentless abuse as well, particularly those in public facing, advocacy and professional roles. We have heard from Aboriginal and Torres Strait Islander community-controlled peak bodies that they are seeing an increase of racism online in their spaces. Social media attacks often arrive without warning, posts about Aboriginal and Torres Strait Islander children are lifted from community spaces and shared into overtly political online environments, triggering sudden waves of hostility. Our sector staff who are responsible for keeping communities safe are themselves subjected to abuse, and threats, raising serious concerns about wellbeing and safety while they continue to carry the weight of protecting others.

Current laws and platform rules offer little protection. The Cyber Security Act 2024⁴⁴ for example enables platforms to rely on blunt, automated moderation systems that fail to understand context, deflect responsibility and avoid meaningful accountability.

⁴⁰ Allison, F., Cunneen, C., Whyman, A., Lewis, B. and Selcuk, A. (2025) 'Everywhere I go no matter where, if it's around non-Indigenous people I feel a hate vibe. It feels like I'm being watched'. The Call It Out Racism Register 2024-2025, Sydney: Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney. <https://callitout.com.au/resources/>.

⁴¹The Guardian • Issue #2131. (2025) [Invasion Day Report - CPA](#)

⁴² Noble, S.U., Roberts, S.T., Bui, M., Brock, A., Snow, O. (2025). Structural Racism in Tech: Social Media Platforms, Algorithmic Bias, and Racist Tech. In: Christakis, D.A., Hale, L. (eds) Handbook of Children and Screens. Springer, Cham. https://doi.org/10.1007/978-3-031-69362-5_37 -

⁴³ Center for Countering Digital Hate Inc (US). 2022. [X Content Moderation Failure — Center for Countering Digital Hate | CCDH](#)

⁴⁴ Australian Government. Cyber Security Act 2024No. 98, 2024. [Cyber Security Act 2024 - Federal Register of Legislation](#)

NACCHO's experience

Online engagement is a key component in how NACCHO and our member services build trust and visibility with community, share information, and advocate for wellbeing. To keep our platforms safe, we have to maintain a list of more than 700 racist and abusive terms, which is rapidly growing, designed to block and eliminate harmful language before it can be posted (Attachment A). Even with this strategy in place, it is a struggle to keep pace with the volume of abuse. As soon as one set of words is filtered out, new variations appear that are misspelled, coded or subtly reworked to evade moderation, making it clear that this behaviour is deliberate, adaptive and intended to cause harm.

The design of major platforms is often a barrier to online safety. Hard limits on the number of blocked terms that can be used, narrow muting options and rigid moderation tools mean that racism is rarely stopped in any lasting way and instead must be addressed repeatedly, and reactively by our staff. Abuse continues to surface regardless of how closely content is monitored. Anonymity intensifies the problem, creating a space in which people feel free to say things they would never say in person, reassured by distance and the absence of meaningful consequences.

The racism is more apparent on Facebook. NACCHO uses paid advertising to reach community with critical public health messages. We have found that as the comments on paid advertisements cannot be disabled, the racist abuse is unavoidable and effectively built into the system itself. Every campaign that we deliver to support the health and wellbeing of our communities therefore also unintentionally opens a public space in which harm is possible due to the actions of abhorrent people who intent to cause deliberate harm.

The *Strong Born*⁴⁵ campaign is an example of where we have seen overwhelming racist comments that required constant monitoring to prevent escalation. The campaign aims to bring a strength-based approach to addressing Fetal Alcohol Spectrum Disorder (FASD), which make the racist response particularly hurtful. More recently, NACCHO's Video Competition for World Immunisation Week followed the same pattern, with messages designed to protect lives instead becoming focal points for hostility and abuse.

To reduce exposure to racist abuse, staff often need to make compromises that can negatively impact campaign reach and engagement. During the *This Day, My Way* campaign, the team was more deliberate about limiting hashtag use and being selective about tagging accounts, specifically to avoid attracting racist behaviour and coordinated abuse. This campaign is designed to take back control of the January 26 narrative, however because of expected racist responses, we are unable to do so. While this approach slightly reduced overt racism in comment sections, it also had a negative impact on engagement and visibility, including reduced reach among the very audiences the campaign was designed to support. Similar caution is now routinely applied across campaigns, prioritising safety over greatest reach.

Our staff are routinely confronted with racist slurs, dehumanising language and threats as part of their everyday work, and we have concerns about how this harm will compound over time.

Over time, a dangerous normalisation sets in. Racist abuse comes to be expected, not because it is acceptable, but because it is constant and unresolved. What should be treated as an urgent and systemic failure is instead absorbed into day-to-day communications work. Responsibility shifts away from the platforms that enable this harm and unfittingly settles on the people and organisations forced to manage it.

This burden does not end when the workday does. Staff have said they feel the need to step in after hours if abuse is brought to their attention while on personal social media accounts, which prompts them to intervene on our organisational accounts.

There is a constant psychological and cultural load that is increasing, deeply damaging and ultimately unsustainable. Responding to this harm will require far more than increasing improvements to moderation tools. It demands accountability mechanisms for online platforms and regulators that centre Aboriginal and Torres Strait Islander people and has genuine authority to define safety, and determine effective responses.

⁴⁵NACCHO 2023: [‘Strong Born’ a new campaign supporting Aboriginal and Torres Strait Islander communities to yarn about FASD - NACCHO](#)

Without that shift, our sector will continue absorbing racism on behalf of systems that refuse to take responsibility.

NACCHO recommends:

- a) government strengthens regulation of social media platforms to i) mandate rapid removal and effective reporting of racist content, and ii) ensure users and content owners have controls to block harmful content, limit engagement, and close comments.
- b) government implementation of mandatory enforcement mechanisms, such as i) financial penalties for users that create or share harmful, racist, or violent content, and ii) banning anonymous accounts.

Impact of racism on health

There is a wealth of research showing the negative impact that racism has on health for Aboriginal and Torres Strait Islander people.^{46,47,48,49,50} Up to half of the total burden of psychological distress among Aboriginal and Torres Strait Islander adults may be due to everyday discrimination, and this is most likely an underestimation as people may under-report experiences of racism.⁵¹ Racism has also been acknowledged as contributing to the cause of death in many coronial inquests.⁵² Racism experienced by Aboriginal and Torres Strait Islander children and young people can cause mental health issues such as depression, anxiety, behaviour problems and can lead to an increased risk of suicide. Behavioural and psychological impacts include hypervigilance, rumination, heightened threat perception and sleep disturbances. Racism also has a negative impact on children's physical health, their immune and inflammatory systems, increasing their risk for chronic diseases later in life such as obesity, diabetes, stroke and heart disease.^{53,54,55}

Life expectancy for Aboriginal and Torres Strait Islander people is still significantly lower than for the non-Indigenous population. In the latest available information, the burden of disease (i.e., the impact of living with illness and injury and of dying prematurely) was 2.3 times higher for Aboriginal and Torres Strait Islander people than for other Australians.⁵⁶ Mental health and substance use disorders, injuries and chronic diseases such as cardiovascular disease, cancer, musculoskeletal conditions and respiratory disease are

⁴⁶ Carter RT, Johnson VE, Kirkinis K, Roberson K, Muchow C, Galgay C. A Meta-Analytic Review of Racial Discrimination: Relationships to Health and Culture. *Race and Social Problems* 2019; 11(1): 15-32.

⁴⁷ Paradies Y, Ben J, Denson N, et al. Racism as a determinant of health: a systematic review and meta-analysis. *PLoS One* 2015; 10(9): e0138511.

⁴⁸ Pascoe EA, Smart Richman L. Perceived discrimination and health: a meta-analytic review. *Psychological bulletin* 2009; 135(4): 531.

⁴⁹ Kairuz CA, Casanelia LM, Bennett-Brook K, Coombes J, Yadav UN. Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait islander peoples living in Australia: a systematic scoping review. *BMC Public Health* 2021; 21(1): 1302.

⁵⁰ Thurber KA, Colonna E, Jones R, et al. Prevalence of Everyday Discrimination and Relation with Wellbeing among Aboriginal and Torres Strait Islander Adults in Australia. *International Journal of Environmental Research and Public Health* 2021; 18(12): 6577.

⁵¹ Thurber KA, Brinkley M-M, Jones R, Evans O, Nichols K, Priest N, Guo S, Williams DR, Gilgert CG, Joshy G, Banks E, Thandrayen J, Baffour B, Mohamed J, Calma T, Lovett R. Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to Indigenous–non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study. *The Lancet*. 2022;400(10368):2084–94.

⁵² Avelina Tarrago, Ella Veit-Prince, Claire E Brolan (2024). "Simply put: systems failed": lessons from the Coroner's inquest into the rheumatic heart disease Doomadgee cluster. *Med J Aust* 2024; 221 (1): 13-16. <https://www.mja.com.au/journal/2024/221/1/simply-put-systems-failed-lessons-coroners-inquest-rheumatic-heart-disease>.

⁵³ Priest N, Williams DR. Racial Discrimination and Racial Disparities in Health. In: Major B, Dovidio J, Link B, eds. *The Oxford Handbook of Stigma, Discrimination, and Health*; 2017: 163.

⁵⁴ Shepherd CCJ, Li J, Cooper MN, Hopkins KD, Farrant BM. The impact of racial discrimination on the health of Australian Indigenous children aged 5–10 years: analysis of national longitudinal data. *International Journal for Equity in Health* 2017; 16(1): 116.

⁵⁵ Priest N, Truong M, Chong S, et al. Experiences of racial discrimination and cardiometabolic risk among Australian children. *Brain, Behavior, and Immunity* 2020.

⁵⁶ AIHW (2025), Aboriginal and Torres Strait Islander Health Performance Framework - Summary report, Leading causes of disease burden and mortality. <https://www.indigenoushpf.gov.au/Report-overview/Overview/Summary-report/4-Tier-1-%E2%80%93Health-status-and-outcomes/Leading-causes-of-disease-burden-and-mortality>.

leading contributors to this burden of disease,⁵⁷ and chronic conditions tend to develop earlier for Aboriginal and Torres Strait Islander people.⁵⁸

Yet, there remains a large and persistent gap in expenditure on health care for Aboriginal and Torres Strait Islander people given the additional need. A NACCHO and Equity Economics report released in 2022, found the gap in total recurrent health expenditure was estimated at \$4.4 billion, including Commonwealth, State and Territory Government and non-government expenditure. The gap in Commonwealth Government expenditure in 2019-20 was estimated to be \$2.6 billion. Health expenditure for Aboriginal and Torres Strait Islander people needs to be to a level that is in proportion with the burden of disease for Aboriginal and Torres Strait Islander people to receive the same level of services as the general population. It is important to recognise this overall gap for Commonwealth, State and Territory Governments to fill this shortfall and work with the ACCHO sector and other key partners to address it.⁵⁹

NACCHO recommends Commonwealth, State and Territory Government increase health expenditure for Aboriginal and Torres Strait Islander people to a level in proportion with the burden of disease.

Access barriers to appropriate services

Some member services have shared feedback about government interference in access to services for Aboriginal and Torres Strait Islander people, with increasing weight given to the voices of people who are not Aboriginal and Torres Strait Islander. When these concerns have been raised, community members have reported feeling silenced, and interactions with human rights bodies have contributed to this feeling. Aboriginal and Torres Strait Islander identity is being weaponised against them, which is causing harm and division. We have heard of Aboriginal and Torres Strait Islander people needing to “prove” their Indigenous status in order to access services and supports, and how comments are made about “looking” Aboriginal. This structural and interpersonal racism has a greater harmful impact for Aboriginal and Torres Strait Islander people because of a lack of connection due to the Stolen Generation.

There are also concerns around how the fly in fly out (FIFO) model has an impact on services. Some services, particularly those in remote and very remote areas, have no choice to rely on this model due to capacity, resourcing, and staffing challenges. While engaging non-Aboriginal and FIFO workforce is often necessary to fill critical skills shortages, this should not be relied on as a long-term strategy. The use of FIFO workers exacerbates housing shortages, limits continuity of care and cultural safety, and does little to empower communities or create local career opportunities. There is an increased risk of the exposure to racist behaviour from external staff that are not familiar with communities and have not had appropriate cultural safety training. ACCHOs have also reported instances of mainstream providers dismissing Aboriginal Health Workers (AHWs) and Aboriginal Health Practitioners (AHPs) as key members of the health care team and telling them the wrong times for clinics making it difficult to attend appointments to support and ensure cultural safety for clients.

Hospitalisations

In 2019-21, 91,703 hospitalisations of Aboriginal and Torres Strait Islander people were potentially preventable, increasing by 13% from 2013-14. Aboriginal and Torres Strait Islander people were hospitalised for potentially preventable conditions at 3 times the rate of non-Indigenous Australians.⁶⁰

⁵⁷ AIHW (2025), Aboriginal and Torres Strait Islander Health Performance Framework - Summary report, How First Nations people are faring. <https://www.indigenoushpf.gov.au/Report-overview/Overview/Summary-report/3-How-First-Nations-people-are-faring>.

⁵⁸ AIHW (2024), Older Australians, Older Aboriginal and Torres Strait Islander people. <https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/indigenous-australians>.

⁵⁹ NACCHO and Equity Economics (2022), Measuring the Gap in Health Expenditure: Aboriginal and Torres Strait Islander Australians. https://www.naccho.org.au/app/uploads/2022/05/NACCHO-and-Equity-Economics-Report-Measuring-the-Gap-in-Health-Expenditure_FINAL.pdf.

⁶⁰ Australian Institute of Health and Welfare & National Indigenous Australians Agency (2024) Measure 3.07 Selected potentially preventable hospital admissions, Aboriginal and Torres Strait Islander Health Performance Framework website, AIHW, Australian Government. <https://www.indigenoushpf.gov.au/measures/3-07-potentially-preventable-hospital-admissions>.

As well as entering hospital more frequently, Aboriginal and Torres Strait Islander people are more likely than non-Indigenous Australians to leave hospital without completing treatment. This is often due to a lack of culturally safe care. People who take their own leave from hospital are more likely to re-present to emergency departments and have higher mortality rates.⁶¹ Due to the complex health impacts of a legacy of colonisation and intergenerational trauma, Aboriginal and Torres Strait Islander people are at risk of poorer health outcomes than non-Indigenous Australians.⁶² Many chronic diseases are more prevalent among Aboriginal and Torres Strait Islander people than non-Indigenous Australians, appear earlier in life, and have a greater risk of developing end-stage chronic disease,⁶³ and yet they are less likely than to receive a medical or surgical procedure than non-Indigenous Australians while in hospital. Multiple barriers exist for Aboriginal and Torres Strait Islander people in accessing appropriate treatment such as the lack of culturally safe care, lower access to specialist services and elective surgery, and poorer surgical outcomes (due to factors such as presenting at more advanced stages of disease).^{64, 65}

We also know of issues highlighted by our member services of instances where patients are referred to hospitals for treatment in relation to experiencing domestic violence and there are racist assumptions made by clinicians which influences how Aboriginal and Torres Strait Islander people are treated and what medical care they receive. When Aboriginal and Torres Strait Islander people are hospitalised for mental health concerns, there is a tendency for this to be conflated with alcohol or drug issues, and the only support hospitals are willing to provide are drug and alcohol support rather than treatment and care for the presenting condition. It is also common for Aboriginal and Torres Strait Islander people to avoid care due to fears of unwarranted repercussion by the correctional services or child protection services.

People will not go to the hospital if they don't feel safe and know that is likely that their concerns won't be taken seriously or ignored. Unconscious and implicit bias and racism in the hospital system are the cause of inadequate care and treatment, and can lead to deaths that could have been preventable. We have seen many of these cases in recent years.^{66, 67, 68, 69}

Case study | Inadequate care and treatment in the hospital

Illness can cause fatigue and irritability. Add on the possibility of racist assumptions directed at Aboriginal and Torres Strait Islander people on top of their illness, and this can be detrimental to the timeliness of their healthcare.

We have heard of an occasion where an Aboriginal Health Worker (AHW) was called to support Emergency Department (ED) staff with an Aboriginal patient being transferred to their care, as the

⁶¹ Australian Institute of Health and Welfare & National Indigenous Australians Agency (2024) Measure 3.09 Self-discharge from hospital, Aboriginal and Torres Strait Islander Health Performance Framework website, AIHW, Australian Government. <https://www.indigenoushpf.gov.au/measures/3-09-self-discharge-from-hospital>.

⁶² Australian Institute of Health and Welfare (AIHW), Australia's Health: Determinants of health for First Nations people, 2 Jul 2024, <https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health>.

⁶³ AIHW, Health and wellbeing of First Nations people, July 2024, <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>.

⁶⁴ Australian Institute of Health and Welfare & National Indigenous Australians Agency (2024) Measure 3.06 Access to hospital procedures, Aboriginal and Torres Strait Islander Health Performance Framework website, AIHW, Australian Government. <https://www.indigenoushpf.gov.au/measures/3-06-access-to-hospital-procedures>.

⁶⁵ Doran J, Canty D, Dempsey K, et al. Surgery for rheumatic heart disease in the Northern Territory, Australia, 1997–2016: what have we gained? *BMJ Global Health* 2023;8:e011763. doi:10.1136/bmjgh-2023-011763.

⁶⁶ ABC News, 21 March 2026. Coroner finds Worimi woman's death at Lightning Ridge hospital was preventable. <https://www.abc.net.au/news/2026-03-21/coroner-finds-first-nations-woman-death-preventable/106467298>.

⁶⁷ ABC News, 31 August 2021. Racial bias concerns re-emerge at Tumut Hospital, two years after Naomi Williams inquest. <https://www.abc.net.au/news/2021-08-31/naomi-williams-mother-calls-out-ongoing-indigenous-bias-health/100417522>.

⁶⁸ Human Rights Watch, 25 August 2020. Indigenous Australian Boy's Death and Inadequate Health Care. <https://www.hrw.org/news/2020/08/25/indigenous-australian-boys-death-and-inadequate-health-care>.

⁶⁹ NACCHO, The Rheumatic Fever Strategy, First Nations Leadership and Community Led Action, Keynote address to Australian pre-World Congress on RHD meeting, 7 August 2023, Dawn Casey. <https://www.naccho.org.au/the-rheumatic-fever-strategy-first-nations-leadership-and-community-led-action/>.

patient was being “aggressive.” When the patient arrived however, they were found to be pleasant and cooperative, indicating that ED staff had been discriminatory against this patient.

Although the AHW was requested to support the staff and their safety, the AHW stayed to support the patient and ensure safe and responsive care was provided for the patient.

The ED was not the area within the hospital which this AHW was assigned to support, however, they were the only Aboriginal worker available at the hospital to provide cultural support. The AHW also stayed longer than working hours to ensure the patient was safe in the care provided by hospital staff.

Improving the cultural safety of hospital environments is key to improving health outcomes for Aboriginal and Torres Strait Islander people, as they are more likely to seek access to health care and have better outcomes if there are culturally safe and respectful services.⁷⁰

Acute Rheumatic Fever and Rheumatic Heart Disease

ARF and RHD are entirely preventable conditions and are only seen in places where the social and cultural determinants of health are not equitably addressed. While ARF and RHD were eradicated in the non-Indigenous population in Australia in the 1960s, Aboriginal and Torres Strait Islander people live with some of the highest known rates of RHD in the world.

WA and QLD coroners’ reports on the deaths of four young Aboriginal people from complications associated with RHD provide clear and objective evidence of the health system deficiencies that fail Aboriginal and Torres Strait Islander people, and the consequences of these failures.^{71 72,73,74}

The QLD Coronial Inquest⁷⁵ and an investigation by the QLD Health Ombudsman⁷⁶ identified underlying institutionalised racism as a root cause of systematic failures including cultural safety concerns, inappropriate record-keeping, failures of communication, and siloed and fragmented approaches to health care.

In the WA case, the family emphasised the importance of culturally safe care and family support and indicated health concerns may have been discussed more readily, and taken more seriously if Aboriginal doctors and nurses or an Aboriginal Health Worker or liaison officer were available.

Sadly, these are not uncommon occurrences. In all cases, there were compounding issues of systemic deficiencies at the mainstream health services which included i) subpar policies, procedures and clinical incident management; ii) insufficient staffing and training, including cultural awareness and cultural considerations; iii) communication and engagement issues; and iv) limitations in provision of care. It is clear that institutional racism contributes to the grossly disproportionate burden of ARF and RHD in Aboriginal and Torres Strait Islander people.

ACCHOs therefore play a key role in delivering ARF and RHD activities, and a more strategic and coordinated approach to ending RHD in Aboriginal and Torres Strait Islander communities. Member services

⁷⁰ Australian Institute of Health and Welfare & National Indigenous Australians Agency (2024) Measure 3.06 Access to hospital procedures, Aboriginal and Torres Strait Islander Health Performance Framework website, AIHW, Australian Government. <https://www.indigenoushpf.gov.au/measures/3-06-access-to-hospital-procedures>.

⁷¹ Coroner’s Court of Western Australia, Record of Investigation into Death, delivered 20 July 2022. File number CORC 6 of 2018. [2022] WACOR 33.

⁷² ABC News, 3 May 2023. Scathing report into Doomadgee Rural Hospital following First Nations woman’s death reveals clinical failures. <https://www.abc.net.au/news/2023-05-03/four-corners-doomadgee-rural-hospital-report-findings-released/102298830>.

⁷³ Avelina Tarrago, Ella Veit-Prince, Claire E Brolan (2024). “Simply put: systems failed”: lessons from the Coroner’s inquest into the rheumatic heart disease Doomadgee cluster. *Med J Aust* 2024; 221 (1): 13-16. <https://www.mja.com.au/journal/2024/221/1/simply-put-systems-failed-lessons-coroners-inquest-rheumatic-heart-disease>.

⁷⁴ The Guardian, 30 June 2023. Institutional racism contributed to deaths of three Indigenous women, Queensland coroner finds. <https://www.theguardian.com/australia-news/2023/jun/30/institutional-racism-contributed-to-deaths-of-three-indigenous-women-queensland-coroner-finds>.

⁷⁵ Coroners Court of Queensland, Findings of Inquest, delivered on 30 June 2023. File numbers 2019/4445; 2020/2244; 2020/3951.

⁷⁶ Office of the Health Ombudsman, 2 May 2023, Investigation report: Systemic investigation into the health care provided to Miss Sandy at Doomadgee Rural Hospital.

across the sector have however shared that this is not without its challenges and frustrations. When dealing with mainstream primary healthcare providers and hospitals, there is often an unwillingness for clinicians to recognise symptoms or take symptoms seriously for Aboriginal and Torres Strait Islander patients. There continue to be disparities in access to care and treatment.

To improve care for people and communities living with RHD, mainstream health service providers must overcome cultural inappropriateness and institutional racism, and the focus must shift so that services are flexible, culturally safe, adaptive to local context and community-led. This must be done in partnership with the ACCHO sector to address the root causes of ARF and RHD in line with Priority Reform 3 of the National Agreement.

Antenatal care and child protection

Aboriginal and Torres Strait Islander children continue to be disproportionately removed from their families, even for reasons such as fleeing domestic violence.⁷⁷

Mandatory reporting laws, which differ across jurisdictions, mean that suspected use of drugs and alcohol, or exposure to family violence could be reported by teachers, medical practitioners, religious ministers, or, in the Northern Territory, any adult regardless of occupation.⁷⁸ While mandatory reporting in situations of genuine need is not an issue, there are increasing numbers of stories of mandatory reporting adversely affecting Aboriginal and Torres Strait Islander women and families.

Aboriginal and Torres Strait Islander women have reported experiencing racism and sub-standard care in maternity wards.⁷⁹ We have heard reports of threats to involve child protection when women are rightly seeking health care and support for their child when experiencing health concerns.

Another example of this racism is the number of unborn child notifications. Unborn child notifications occur when medical practitioners providing antenatal care to pregnant women identify potential issues such as domestic violence. Unborn child notifications have resulted in babies being removed at birth, and, due to the effects of systemic racism and lack of cultural knowledge, Aboriginal and Torres Strait Islander newborns are vastly overrepresented in unborn child notifications.⁸⁰ In 2021-22, 5.4% of Aboriginal and Torres Strait Islander children who were the subject of substantiations of notifications in the child protection system were unborn. This accounts for 736 unborn Aboriginal and Torres Strait Islander children.

Additional funding for programs to support mothers experiencing violence to stay with their children could be a potential remedy to address this.

Emergency preparedness and response

Over the last few months, we have seen pressing food security and fuel shortage issues impacting the communities our member services support. There has been a severe impact on our communities due to successive and ongoing natural disasters, and the conflict in the Middle East. The consequences will be felt in our communities for many months to come.

While ACCHOs are best placed to lead local responses, they are routinely excluded from emergency planning processes, which are dominated by government departments with limited on-the-ground presence. As a result, health services often only hear about activation protocols after a crisis has already begun, if at all. ACCHOs lead a front-line response to disasters and emergencies, and yet there is no direct funding to

⁷⁷ Human Rights Watch, Australia: Disproportionate Removal of Aboriginal Children, March 2025, <https://www.hrw.org/news/2025/03/26/australia-disproportionate-removal-aboriginal-children>.

⁷⁸ Australian Institute of Family Studies, Mandatory reporting of child abuse and neglect, August 2023, <https://aifs.gov.au/resources/resource-sheets/mandatory-reporting-child-abuse-and-neglect>.

⁷⁹ Sarah Collard, Bobbi was denied access to an Aboriginal midwifery program in her last pregnancy – and nearly lost her life, The Guardian, June 2025, <https://www.theguardian.com/australia-news/2025/jun/17/bobbi-lockyer-says-there-was-nothing-high-risk-about-her-last-pregnancy-other-than-the-fact-that-she-is-aboriginal-ntwnfb>

⁸⁰ Collard, S. Birth alerts are meant to help children at risk of abuse. They are routinely used against Aboriginal mothers, The Guardian, June 2025, <https://www.theguardian.com/australia-news/2025/jun/18/birth-alerts-are-meant-to-help-children-at-risk-of-abuse-they-are-routinely-used-against-aboriginal-mothers>.

support this. From floods and cyclones to bushfires and prolonged heatwaves, ACCHOs are filling the gap left by formal emergency systems, often with no warning, additional funding, or access to essential infrastructure. Funding meanwhile is directed to PHNs, factored into their total Core HSI funding to address emergency preparedness. Similar equitable funding is needed for ACCHOs to provide a strengthened emergency response for communities and allow for future emergency preparedness planning.

There have been discriminatory response efforts, a lack of coordinated planning, and reactive rather than proactive solutions. This has led to reduced community confidence during evacuations, ACCHOs responding without structured support, funding or recovery time, and providing housing, food distribution, trauma care, and logistics coordination in the absence of other agencies. Recently, we have heard of how local community-controlled services were denied access to support evacuated communities. This included the local Aboriginal MP, Marion Scrymgour being denied access to speak to evacuees.

There have been countless stories reported in the media about how Aboriginal and Torres Strait Islander communities have been left behind in disaster response,^{81,82} had limited or no access to relief payments,⁸³ and evacuated to inappropriate, substandard and makeshift conditions.⁸⁴ Levels of support have been inconsistent for different communities. Urgent structural change is needed to ensure ACCHOs are resourced and formally included in emergency planning and preparedness systems. We know that this is happening at a national level, but the commitment has not filtered down through jurisdictions and local government. Without this reform, ACCHOs will remain both underprepared and over-relied upon.

There is limited visibility of how Government is managing the food security and fuel shortage issues that affect Aboriginal and Torres Strait Islander communities. An urgent, targeted response is needed to ensure communities are adequately supported in line with the National Agreement and Clause 64 where governments have committed to engaging with Aboriginal and Torres Strait Islander representatives before, during, and after emergencies.

NACCHO recommends in line with Clause 64 of the National Agreement:

- a) direct, dedicated funding for emergency planning, surge staffing, and recovery support within ACCHOs.
- b) embedded roles for the ACCHO sector at emergency response meetings at the federal, state, territory and local level.

Justice responses

Institutional racism in the justice system

Institutional racism in the justice system has consistently been raised by members as a significant concern, that has far-reaching impacts. Systemic racism, implicit biases and inadequate cultural sensitivity and de-escalation training within the policing system leads to racial profiling, the over-policing of Aboriginal and Torres Strait Islander communities and excessive use of force. Minor offences often result in heightened police scrutiny of Aboriginal Torres Strait Islander children and young people, perpetuating cycles of criminalisation. Aboriginal and Torres Strait Islander victim-survivors of domestic and family violence are often not recognised or treated as victims, with policing practices reinforcing stereotypes and contributing to

⁸¹ Bhiamie Williamson and Alexander Perlinski, 20 March 2026, Indigenous Australians always come off worst in disasters. This needs to stop. <https://theconversation.com/indigenous-australians-always-come-off-worst-in-disasters-this-needs-to-stop-278071>.

⁸² NITV, 11 March 2026. 'Patchwork' disaster response criticised as Aboriginal communities submerged in rising floodwaters. <https://www.sbs.com.au/nitv/article/patchwork-disaster-response-criticised-as-aboriginal-communities-escape-rising-flood-levels/uv2vesjdf>.

⁸³ National Indigenous Times, 20 March 2026. Northern Land Council slams reduced flood payments for remote NT community. <https://nit.com.au/20-03-2026/23291/nlc-criticises-reduced-flood-payments-to-remote-nt-community>.

⁸⁴ The Guardian, 29 April 2026. Evacuees from flooded remote Indigenous areas in NT housed in compound likened to 'a prison camp'. <https://www.theguardian.com/australia-news/2026/apr/29/evacuees-from-flooded-remote-indigenous-areas-in-nt-housed-in-compound-likened-to-a-prison-camp-ntwnfb>.

pathways into child removal systems. We have heard countless stories of women being handcuffed during labour, and concerns about the lack of access to Medicare and issues with access to medicines in prison.^{85,86} There are many cases that have been made public about police brutality and violence against Aboriginal and Torres Strait Islander people and yet there is still a lack of accountability for police misconduct.⁸⁷

Conviction of criminal police officers remains an exception rather than the rule. Most cases of overt racism, excessive force, reports of deaths in custody do not lead to charges against officers with many continuing to work in law enforcement, fostering a culture of impunity. There are a number of socioeconomic factors such as poverty and housing instability, which contributes to increased police interactions with Aboriginal and Torres Strait Islander communities, and the effects of intergenerational trauma create distrust towards law enforcement.⁸⁸

There is an urgent need for reform and accountability in the policing system, as Aboriginal and Torres Strait Islander people continue to seek justice for their loved ones lost to systemic violence. This requires a comprehensive approach that includes the establishment of Aboriginal and Torres Strait Islander-led independent oversight bodies to investigate police misconduct, de-escalation training for officers and diversionary programs that focus on rehabilitation to reduce incarceration rates, and community-led initiatives.⁸⁹

Disappointingly, despite a commitment from all levels of government, jurisdictions in particular continue to implement policies that are politically motivated which are not based in evidence, which increase and perpetuate systemic racism, and significantly undermine progress toward the Targets outlined under the National Agreement.

The rate of Aboriginal and Torres Strait Islander young people in detention (Target 11) in the Northern Territory has doubled in four years between 2019-20 and 2022-23 (20.7 per 10,000 to 42.9 per 10,000).⁹⁰

However, in late 2024, after this most recent data point, the Northern Territory lowered the age of criminal responsibility.⁹¹ The Queensland government has also lowered the age of criminal responsibility. Such decisions directly impact Aboriginal and Torres Strait Islander children and will slow progress toward Target 11 and by extension Target 10 (adult incarceration).^{92,93}

⁸⁵ ABC News, 28 August 2026. Australian prisons a 'blind spot' for mothers and children, advocates warn. <https://www.abc.net.au/news/2023-08-28/women-mothers-jail-prison-children-experts-concerned/102754550>.

⁸⁶ Nous Group for the Department of Health, Disability and Aged Care. National Review of First Nations Health Care in Prisons: Final Report, 11 July 2024. <https://www.health.gov.au/sites/default/files/2024-12/the-national-review-of-first-nations-health-care-in-prisons-2023-24.pdf>.

⁸⁷ Blak and Black (2025). Systemic Racism, Police Violence and Indigenous Representation in Australia. <https://blakandblack.com/2025/07/11/systemic-racism-police-violence-and-indigenous-representation-in-australia/>.

⁸⁸ As above.

⁸⁹ Holland L, Lee C, Toombs M, Smirnov A, Reid N. Resisting the incarceration of Aboriginal and Torres Strait Islander children: A scoping review to determine the cultural responsiveness of diversion programs. First Nations Health and Wellbeing - The Lowitja Journal, 2024; 2. [https://www.lowitjajournal.org.au/article/S2949-8406\(24\)00014-7/fulltext](https://www.lowitjajournal.org.au/article/S2949-8406(24)00014-7/fulltext).

⁹⁰ Productivity Commission, Socio-economic area 11: Aboriginal and Torres Strait Islander young people are not overrepresented in the criminal justice system, <https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area11>.

⁹¹ Northern Territory Government, Reduce crime - new laws introduced, October 2024, <https://nt.gov.au/news/2024/reduce-crime-new-laws-introduced>.

⁹² Judicial Commission of New South Wales (2024), Children's Court of NSW Resource Handbook, [2-3000] Cross-over kids: introduction, https://www.judcom.nsw.gov.au/publications/benchbks/children/cpm_cross-over_kids.html

⁹³ Law Council of Australia (2024), Australia's youth justice and incarceration system, Submission to the Senate Legal and Constitutional Affairs References Committee October 2024, <https://lawcouncil.au/publicassets/d2f05c83-b895-ef11-94ab-005056be13b5/4609%20-%20S%20-%20Australias%20youth%20justice%20and%20incarceration%20system.pdf>

Research suggests that the links between these systems [child protection, juvenile justice and adult incarceration] is so strong that child removal into out-of-home care and juvenile detention could be considered as key drivers of adult incarceration.⁹⁴

The Justice Policy Partnership, established under the National Agreement, is intended to ensure progress toward justice Targets, accountability of relevant agencies to work together in a way that aligns with the Priority Reforms, and deliver integrated solutions. However, there is no mechanism to hold governments accountable when their decision-making at the jurisdictional level does not align with their commitments nationally.

The disproportionately high rates of incarceration of Aboriginal and Torres Strait Islander people must be addressed. This must be done through policy and legislative reform, and investment in Aboriginal-led, culturally safe, trauma-informed early support, justice health, and diversionary and rehabilitation programs and care services for Aboriginal and Torres Strait Islander youth and families. This is key to meet youth justice and child protection targets under the National Agreement. Given the high proportion of Aboriginal and Torres Strait Islander young people in juvenile detention, it is essential that health services in juvenile facilities accommodate the unique needs of young Aboriginal and Torres Strait Islander people. The increasing prevalence of young people being detained in adult prison facilities must also be addressed.

Some ACCHOs already provide social and emotional wellbeing services and/or health services in adult or youth detention centres, improving access for Aboriginal and Torres Strait Islander detainees with culturally safe care. For example, Winnunga Nimmityjah Aboriginal Health and Community Services provides care at the Bimberi Youth Justice Centre and the Alexander Maconochie Centre in the ACT.⁹⁵ Central Australian Aboriginal Congress runs several services such as Jaila Wanti, COMMIT program, and Back on Track.⁹⁶

ACCHOs are best placed to provide the care that Aboriginal and Torres Strait Islander people need and should be funded universally to provide that care in all custodial settings. NACCHO is currently working to develop a national model of care that can be tailored at the local level i) during incarceration and in planning for release, ii) post-release health service coordination, and family and community reintegration strategies, and iii) through providing early family, and other intervention strategies. This allows for continuity of care and services for patients.

NACCHO recommends:

- a) Aboriginal and Torres Strait Islander-led independent oversight bodies to investigate law enforcement misconduct.
- b) an accountability mechanism to ensure jurisdictional government decision-making aligns with their commitments nationally as intended through the Justice Policy Partnership.
- c) investment in Aboriginal-led, culturally safe, trauma-informed early support, justice health, and diversionary and rehabilitation programs and care services for Aboriginal and Torres Strait Islander youth and families.

⁹⁴ Australian Law Reform Commission (2018), Pathways to Justice—Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander Peoples (ALRC Report 133) / 15. Child Protection and Adult Incarceration, https://www.alrc.gov.au/wp-content/uploads/2019/08/fr133_15_child_protection_and_adult_incarceration.pdf.

⁹⁵ Winnunga Nimmityjah Aboriginal Health and Community Services, Social Health, <https://winnunga.org.au/social/>.

⁹⁶ Central Australian Aboriginal Congress Aboriginal Corporation, Programs, <https://www.caac.org.au/programs/>.

Effective initiatives

Building the community-controlled sector

The ACCHO model of care provides a key exemplar of achieving health equity through holistic care, self-determination, and Aboriginal and Torres Strait Islander-led solutions.

The community-controlled sector is unique in Australia and continues to be effective in providing culturally safe, integrated care, even if it is often severely under-resourced. The National Agreement has enabled NACCHO to significantly expand funding to the ACCHO sector to support capacity building, operational needs, infrastructure, system reform and program implementation.

Programs delivered through ACCHOs support governance, disease screening, health worker training, specific programs delivered across the life course (from babies to Elders), and sector strengthening activities. Many program initiatives however continue to be based on short-term funding, which makes it difficult for our services to undertake long-term planning and retain valued staff to adequately support the needs of communities.

NACCHO recommends needs-based funding for the expansion of Aboriginal community-controlled health services, and sector workforce, in line with the government's commitment to Priority Reform 2 of the National Agreement.

Aboriginal and Torres Strait Islander-led initiatives

- **Waminda Birthing on Country:**⁹⁷ Birthing on Country is a continuation of thousands of years of knowledge and practice for Aboriginal women. Waminda's Birthing on Country program is about women from community, led by community Elders and Aunties, taking back control for mother to birth healthy babies in a safe space centred around culture. Waminda provides holistic, wrap-around maternal and child and family healthcare for women and their families, embedding cultural integrity and safety in the care provided to women during pregnancy, labour, birth and the postnatal period. Waminda also continues to provide life course health and wellbeing support for both mother and child.
- **Kimberley Mum's Mood Scale (KMMS):**^{98,99} KMMS is a holistic and culturally appropriate perinatal mental health screening tool developed for and by Kimberley Aboriginal women with researchers from the Rural Clinical School of WA and Kimberley Aboriginal Medical Services (KAMS). The tool aims to help health professionals better understand a perinatal woman's context and what supportive protective factors exist for her. It builds a profile that explores a woman's strengths and resiliency alongside her perinatal mental health risks.
- **Replanting the Birthing Trees:**¹⁰⁰ This project aims to support and strengthen parents in achieving their hopes and dreams for a strong, happy, safe and healthy family. Transforming compounding cycles of intergenerational trauma and harm to positively reinforcing cycles of nurturing and recovery. Replanting the Birthing Trees focuses on the critical life course transition of a baby's first 2000 days. The resource hub collates trusted resources for community, clinicians and researchers to foster culturally responsive care and strengthen support systems during the early years of childhood. Resources are appropriate, accessible, strength-based and trauma-aware, healing-informed which are responsive to the experiences and needs of Aboriginal and Torres Strait Islander families.

⁹⁷ Waminda, Birthing on Country, Model Of Care. <https://waminda.org.au/maternity/birthing-on-country/>.

⁹⁸ Kimberley Aboriginal Health Planning Forum (KAHPF). Kimberley Mum's Mood Scale (KMMS). <https://kahpf.org.au/kmms>.

⁹⁹ The University of Western Australia (2026). KMMS among the best. <https://www.uwa.edu.au/news/article/2026/april/kmms-among-the-best>.

¹⁰⁰ University of Melbourne, Replanting the Birthing Trees. <https://rbtresourcehub.com.au/pages/about>.

- **Warriorship in the face of Racism project:**¹⁰¹ The ARC Centre of Excellence Indigenous Futures Centre, University of Queensland and Boom Centre, UWA is developing a toolkit for people to deal with racism. The goal is to create resources to help people navigate and understand racist experience in real life, and to empower Aboriginal and Torres Strait Islander peoples to act as 'warriors' against racism - acting honourably and with strength in the face of adversity and protecting and caring for others.
- **Australian Anti-Racism Kit:**¹⁰² Anti-racism resources for Australian high school students that are actionable. This kit is a collection of strategies, resources, and guides that offers tangible strategies to reduce racism in individuals, schools and society. The aim is to allow for learning about anti-racism more deeply before being able to act to improve your community and society.
- **Ending racism Check Up:**¹⁰³ Yardhura Walani's Mayi Kuwayu study has led to the development of a tool to help track what we are doing and what more we could be doing to help eliminate racism against Aboriginal and Torres Strait Islander peoples. It is a series of prompts either for individuals of organisations to help guide and track our ongoing efforts to eliminate racism.
- **Bukal Institutional Racism Matrix:**¹⁰⁴ The first tool to be developed globally that can be used to externally and objectively identify, measure and monitor institutional racism within the public health system. It aims to measure Australian federal and state/territory Closing the Gap measures in Aboriginal and Torres Strait Islander health policy implementation and accountability. The matrix can be used to rate and compare hospital and health services/local health districts in any Australian jurisdiction, and can be adapted to assess other forms of institutional discrimination (gender, age, religion, disability, etc). The tool gives health facilities a score based on five measures: i) inclusion of Aboriginal and Torres Strait Islander in governance; ii) implementation of relevant policies; iii) rates of Indigenous employment; iv) service delivery; and v) financial accountability for Indigenous funding.
- **Call It Out First Nations Racism Register:**¹⁰⁵ The Call It Out First Nations Racism Register was developed by the Jumbunna Institute for Indigenous Education and Research in partnership with the National Justice Project. The register provides a simple and secure way for people to report or 'call out' incidents of racism and discrimination toward Aboriginal and Torres Strait Islander people. These reports are collected, held securely and analysed by Jumbunna Research to inform annual reports to raise awareness and drive systematic change. The aim is to build an evidence base to combat the ongoing denial of the existence and negative impacts of racism on all aspects of people's lives, including social and emotional wellbeing. The register collects information on racism, how it is experienced, how often it is occurring and the impact it is having on individuals and communities.

NACCHO recommends governments provide adequate long-term funding and support for the development and implementation of Aboriginal and Torres Strait Islander-led:

- a) community-based strategies and initiatives to address racism, hate and violence directed at Aboriginal and Torres Strait Islander people.
- b) public campaigns to reduce racism against Aboriginal and Torres Strait Islander people.

¹⁰¹ Tegan Scheffe, The Koori Mail, 14 January 2026. Warriorship in the face of Racism: a new toolkit for mob. <https://cbpatsisp.com.au/wp-content/uploads/2026/01/CBPATSIISP-in-the-Koori-Mail-26-01-14-Warriorship-in-the-face-of-Racism-a-new-toolkit-for-Mob.pdf>.

¹⁰² Anti-racism kit, <https://www.antiracismkit.com.au>.

¹⁰³ Australian National University, Engaged ANU, Ending racism Check Up. <https://mk-engaged.anu.edu.au/ending-racism/>.

¹⁰⁴ Marrie, Henrietta (2014). A matrix for identifying, measuring and monitoring institutional racism within public hospitals and health services. CQUniversity. Report. <https://hdl.handle.net/10018/1254540>.

¹⁰⁵ Jumbunna Institute for Indigenous Education and Research and the National Justice Project (2022). Call It Out. <https://callitout.com.au/about-us/>.

Attachments

Attachment A: NACCHO Social Media Blocked Words List

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