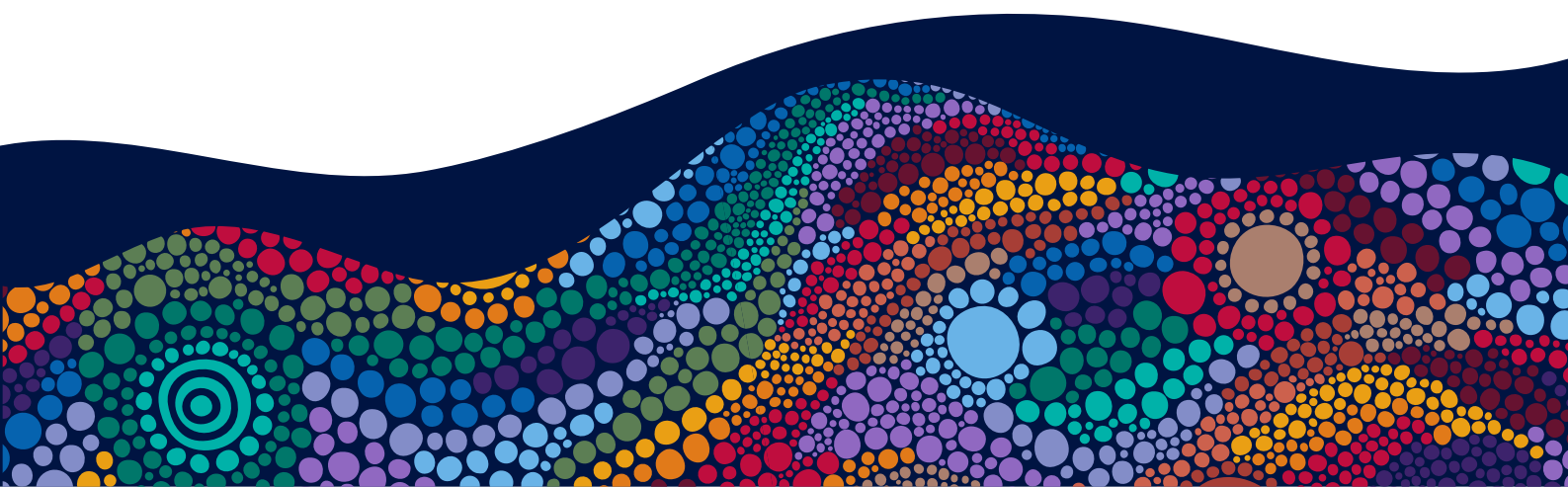


Special Rapporteur on the rights of Indigenous Peoples Country Visit to Australia

Submission to the UN Office of the High
Commissioner for Human Rights

March 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.

Enquiries about this submission should be directed to:

NACCHO

Level 5, 2 Constitution Avenue

Canberra City ACT 2601

Telephone: 02 6246 9300

Email: policy@naccho.org.au

Website: naccho.org.au

Acknowledgements

NACCHO welcomes the opportunity to provide a submission for the Call for Input on the Country Visit to Australia by the Special Rapporteur on the rights of Indigenous Peoples.

NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

Invitation to the Special Rapporteur on the rights of Indigenous Peoples

NACCHO extends an invitation to the Special Rapporteur on the rights of Indigenous Peoples to meet with our organisation's CEO, Dr Dawn Casey PSM FAHA, and Donnella Mills, NACCHO Chairperson and Lead Convenor of the Coalition of Peaks, and join them in a visit to one of our ACCHOs.

The importance of the ACCHO model of care

Rooted in self-determination, ACCHOs help overcome many of the barriers to access experienced by Aboriginal and Torres Strait Islander people. They were designed and established by Aboriginal and Torres Strait Islander people as a result of racism and lack of culturally appropriate healthcare.

Initially, ACCHOs began as fledgling services. Today, ACCHOs are a pivotal member of the primary health care architecture within Australia and have a national footprint across urban, regional, rural and remote settings. The oldest is 55 years. Underpinning this is their well-established comprehensive model of primary health care that is consistent with, yet predates, the definition of primary health care outlined in the 1978 Declaration of Alma Ata.

ACCHOs are governed and run by communities, for communities - this is community control. The ACCHO model of care, outlined in NACCHO's Core Services and Outcomes Framework,¹ is recognised as the most effective health service delivery model to prevent, diagnose and manage health conditions for Aboriginal and Torres Strait Islander people and for Closing the Gap. ACCHOs achieve this through delivering a holistic model of care, which:

- Underscores the importance of connecting the physical, mental, social, emotional and spiritual dimensions of health and wellbeing to promote preventive and comprehensive care, with a strong focus on prevention not solely through focusing on treatment.
- Prioritises the values of community, culture and the deep connection to the land as integral elements of overall wellness.
- Recognises the significance of traditional healing methods, cultural protocols and community-driven initiatives in fostering the wellbeing of Aboriginal and/or Torres Strait Islander communities.
- Integrates the concept of 'joined up services', to ensure that healthcare services are coordinated and work together seamlessly to provide comprehensive support for individuals and communities.

ACCHOs are highly visible in Aboriginal and Torres Strait Islander communities with research showing they are best placed to respond to the social and cultural determinants of health.² Cultural determinants of health are anchored in Aboriginal and Torres Strait Islander ways of knowing, being and doing; these encompass a holistic understanding of health and wellbeing. Culture is central to this understanding and shapes relationships across self, country, kin, community and spirituality. As the health system becomes more complex, the role of community-controlled primary health care as an act of self-determination becomes even more critical.

There is also a clear preference for Aboriginal and Torres Strait Islander people to access community-controlled services. Many will bypass mainstream services to access one where they are confident their cultural safety is guaranteed.³

¹ NACCHO Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation, Canberra, ACT: June 2021.

² 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.

³ As above.

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.

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. However, despite some gains and successes, there are still challenges and disparities in health outcomes.

Aboriginal and Torres Strait Islander people experience significant barriers to accessing support. There can be difficulties navigating complex health, care, legal and welfare systems. A lack of local providers may require a person to move away from family and Country to access appropriate services. A lack of culturally appropriate, trauma informed care, experiences of systemic and interpersonal racism, and distrust of institutional care can lead to unequal, sub-optimal or inappropriate health-service provision.⁴ It can also lead to misdiagnosis and the dismissal of symptoms.⁵ This can mean Aboriginal and Torres Strait Islander people may be less likely to seek care and it can contribute to higher rates of early discharge from services.⁶

For decades, government policy seeking to improve health and socio-economic outcomes for Aboriginal and Torres Strait Islander people have not had the desired impact. Responses have been largely programmatic - focussing on individual behavioural change rather than the kind of structural transformation that might better engender more meaningful outcomes.⁷ And few if any have been based on equal partnerships with Aboriginal and Torres Strait Islander people. Without genuine engagement, without self-determined approaches, such programs are unlikely to achieve their aims.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap on 27 July 2020 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 Priority Reforms and the 19 national socio-economic 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. Targets measure how governments are tracking against its objectives and outcomes across areas such as education, employment, health and wellbeing, justice, safety, housing, land and waters, and Aboriginal and Torres Strait Islander languages.⁸ Governments at all levels have committed

⁴ S Artuso, M Cargo, A Brown, M Daniel. 'Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study. BMC Health Serv Res. 2013;13.

⁵ M Coory, W Walsh. 'Rates of percutaneous coronary interventions and bypass surgery after acute myocardial infarction in Indigenous patients. Med J Aust. 2005;182:507–12.

⁶ C Shaw. An evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients. Deeble Inst Issues Br. 2016;14.

⁷ Baum F, Fisher M. Why behavioural health promotion endures despite its failure to reduce health inequities. Sociol Health Illn. 2014 Feb;36(2):213-25. doi: 10.1111/1467-9566.12112. PMID: 24528303.

⁸ Coalition of Peaks (2023). National Agreement on Closing the Gap. <https://www.coalitionofpeaks.org.au/national-agreement-on-closing-the-gap>.



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 Productivity 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’⁹

The Aboriginal and Torres Strait Islander 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 on Closing the Gap has enabled NACCHO to significantly expand funding to the ACCHO sector to support capacity building, operational needs, infrastructure, system reform and program implementation.

⁹ 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>.

Coalition of Peaks

The Coalition of Peaks is made up of more than 80 Aboriginal and Torres Strait Islander community-controlled peak and member organisations across Australia, that represent around 800 organisations. Members have their own unique histories, needs and priorities, and share a commitment to community-controlled representation of our communities on matters that are important to Aboriginal and Torres Strait Islander people.

The Coalition came together as an act of self-determination to work in partnership with Australian governments on Closing the Gap, and to change the way Australian governments work with Aboriginal and Torres Strait Islander people.

As community-controlled organisations, the Coalition of Peaks work for and are accountable to Aboriginal and Torres Strait Islander communities, not governments. The Peaks share a belief that Aboriginal and Torres Strait Islander people should have a meaningful say on policies and programs that impact them through formal partnerships with all levels of Australian governments, because they know how to best advance their own lives.

The National Agreement on Closing the Gap, which came into effect on 27 July 2020, sets out how governments and the Coalition of Peaks will work together to improve the lives of Aboriginal and Torres Strait Islander people.

The Coalition of Peaks:

- Consists of national, state and territory non-government Aboriginal and Torres Strait Islander peak bodies and independent statutory authorities that have responsibility for policies, programs and services related to Closing the Gap.
- Has governing boards elected by Aboriginal and Torres Strait Islander communities and/or organisations that are accountable to that membership.
- Supports the vision for a genuine partnership between Aboriginal and Torres Strait Islander people and National Cabinet in developing and implementing efforts to close the gap.

There are other Aboriginal and Torres Strait Islander community-controlled organisations that are not members of the Coalition of Peaks. That is why the Coalition of Peaks is committed to talking to a broad range of Aboriginal and Torres Strait Islander organisations, regional governance bodies, representatives, and community members in each state and territory and nationally. Peaks also want governments to talk with Aboriginal and Torres Strait Islander organisations, regional governance bodies, representatives and community members in the implementation of local and regional Closing the Gap strategies and programs.¹⁰

Policies and mechanisms for Aboriginal and Torres Strait Islander participation in decision-making

Government implementation of the National Agreement

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.

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, ACCOs 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

¹⁰ Coalition of Peaks (2023). <https://www.coalitionofpeaks.org.au/>.



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.

There is limited systemic action that seeks to change the structures of government to ensure systems work for, and not against Aboriginal and Torres Strait Islander stakeholders.

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.¹¹

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.

At all levels, NACCHO continues to foster relationships with departments and agencies to build shared understanding of how we can work differently together to deliver robust health and care, wellbeing and social outcomes for Aboriginal and Torres Strait Islander communities. We base our advice on the needs of our members and prioritise the Priority Reforms in all our advocacy. NACCHO works to ensure departments and agencies have a clear understanding of the Priority Reforms and of our expectation that the work of government aligns with commitments to the National Agreement.

Over time, NACCHO's advocacy has seen slow, but often significant change in the approach taken by different divisions, departments and agencies, and in system reform.

The First Nations Health Division in the Department of Health, Disability and Aging (DHDA) is leading the way for the Commonwealth in implementing the Priority Reforms of the National Agreement. A good, in-practice example of the strong partnership with DHDA is the provision of infrastructure funding to the ACCHO sector. Following the announcement in August 2021 of \$254.4 million to address deteriorating /non-existent health infrastructure for the sector, DHDA approached NACCHO to co-design the implementation of this program on behalf of the ACCHO sector.

Working in partnership, NACCHO and DHDA:

- established the program parameters and structure
- developed and approved the GOGs and Assessment Plans
- co-chaired the assessment committees
- jointly approved grant outcomes as decision-makers and
- collaborated in the feedback process to unsuccessful applicants.

NACCHO and DHDA also developed a package of communication and support for ACCHOs, including:

- fact sheets for both grant opportunities emailed to all eligible ACCHOs
- two webinars hosted by NACCHO to provide an opportunity for ACCHOs to ask questions about the program parameters and process, and
- funding for NACCHO to support ACCHOs that would not normally write competitive grant applications or EOI, provided through a panel arrangement established by NACCHO.

The division has also established a First Nations Governance Group which is co-chaired by the Secretary of the Department to oversight the implementation of the National Agreement.

Co-design has involved incorporating NACCHO into decision-making and approval processes, and in some cases, changing departmental processes. This has been supported by engaging an external probity advisor who oversees processes and assists in managing any conflicts of interest. Feedback from ACCHOs has

¹¹ 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

been overwhelmingly positive – particularly of DHDA's willingness to listen and learn when there have been issues. The results to date have been a robust grants process that has been well supported by the ACCHO sector.

While progress towards understanding and implementing the Priority Reforms across other divisions has been less consistent, the department as a whole has implemented robust processes and governance mechanisms to support implementation of the Priority Reforms across its work, including the First Nations Health Funding Transition Advisory Group and associated program.¹²

Under the First Nations Health Funding Transition Program, DHDA in partnership with NACCHO and other key peaks, has identified 32 Aboriginal and Torres Strait Islander health programs, that would be better delivered by Aboriginal and Torres Strait Islander community-controlled organisations. The Puggy Hunter Memorial Scholarship Scheme was the first program to transition on 1 July 2024, with remaining programs to transfer by 30 June 2027.

National Health Reform Agreement

The 2020-25 National Health Reform Agreement (NHRA) seeks to align the Commonwealth, states and territories under a unified vision for hospitals. The recent Addendum to the NHRA outlines revised funding for the period 1 July 2025 to 30 June 2026.¹³ As part of this addendum, NACCHO is working with its state and territory Affiliates to develop a comprehensive framework (the Framework) for a new Aboriginal and Torres Strait Islander-led monitoring and accountability group for the NHRA and its inaugural Aboriginal and Torres Strait Islander Schedule (the Schedule). This Schedule was drafted in recognition of the need for increased involvement of the community-controlled sector within the NHRA.

The NHRA monitoring and accountability group is intended to monitor and support the implementation of the Schedule and other reforms across the NHRA that impact Aboriginal and Torres Strait Islander people. The Framework will outline the structure and responsibilities of this group, and support the group to commence operations alongside the next Addendum to the NHRA. As part of developing the Framework, NACCHO is leading and facilitating a co-design process, which will inform the Framework's content.

Over the past year, NACCHO has been leading a group to progress this work, without funding. The short timeframe for the project length did not accommodate the organisation's many competing priorities, and the demanding schedules of high-level decision makers across the sector. It has also become apparent through this process that there was a lack of shared understanding of co-design, with fully drafted documents being presented without prior consultation. Despite these challenges that needed to be worked through, the Schedule has now been agreed on.

National Skills Agreement

The National Skills Agreement (NSA), a 5-year joint agreement between the Commonwealth and states and territories to strengthen the Vocational Education and Training (VET) sector, was the first bilateral funding agreement that explicitly referenced the National Agreement. It has also led to a commitment from the Commonwealth government that the National Agreement will be embedded in all intergovernmental agreements from now on.

It has created huge changes in the sector by increasing the number of qualified trainers and assessors in Aboriginal Community Controlled Registered Training Organisations (ACCRTOs), and the expansion of the NACCHO-led ACCRTO Community of Practice to include all First Nations-led RTOs.

ACCRTOs are a pivotal part of expanding the Aboriginal and Torres Strait Islander health workforce because of the culturally appropriate wrap around training they provide. This innovative training model has resulted in the First Nations Health Worker Traineeship Program, seeing much higher Aboriginal and Torres Strait Islander enrolment and completion rates than other VET providers. The program has supported over 500 enrolments

¹² Australian Government, Department of Health and Aged Care, First Nations Health Funding Transition Advisory Group, <https://www.health.gov.au/committees-and-groups/first-nations-health-funding-transition-advisory-group-fnhftag>.

¹³ Federal Financial Relations, The National Health Reform Agreement, <https://federalfinancialrelations.gov.au/agreements/national-health-reform-agreement>.

of Aboriginal Health Workers or Health Practitioner trainees with over 200 completions in less than 3 years to grow the workforce in the Primary Health Care sector.

The implementation of the NSA, however, has been irregular. The Closing the Gap funding under the NSA is distributed both federally and jurisdictionally. We have seen varying levels of commitment to engagement with ACCRTOs by jurisdictions, and at the Commonwealth level, implementation of endorsed approaches has been slow. Given the commitment of governments at all levels both to the National Agreement and the NSA, progress toward working in genuine partnership with the sector has been disappointing.

Current issues for the community-controlled sector

Justice reform

Despite a commitment from all levels of government, jurisdictions continue to implement policies that are politically motivated which are not based in evidence, 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).¹⁴

Despite this, in late 2024, after this most recent data, the Northern Territory lowered the age of criminal responsibility,¹⁵ and Queensland has recently done the same. Such decisions directly impact Aboriginal and Torres Strait Islander children and will slow progress toward Target 11 and by extension Target 10 (adult incarceration).^{16,17}

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.¹⁸

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. There is no mechanism however 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

¹⁴ 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>.

¹⁵ Northern Territory Government, Reduce crime - new laws introduced, October 2024, <https://nt.gov.au/news/2024/reduce-crime-new-laws-introduced>.

¹⁶ 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

¹⁷ 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>

¹⁸ 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.

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, ensuring Aboriginal and Torres Strait Islander detainees are provided 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.¹⁹ Central Australian Aboriginal Congress runs several services such as Jaila Wanti, COMMIT program, and Back on Track.²⁰

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.

Housing and homelessness

Access to culturally safe housing is a key social determinant of health. Stronger housing and homelessness policies can have far-reaching benefits and better health outcomes for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people are significantly more likely to live in overcrowded, poorly maintained housing than other Australians. Inadequate housing is a key indicator and driver of poverty and a critical social determinant of health.^{21,22} Research demonstrates strong links between housing and health outcomes in Aboriginal and Torres Strait Islander communities.²³

In the context of Aboriginal and Torres Strait Islander housing, there are two priority concerns:

- Addressing overcrowding and ensuring access to safe and affordable housing is key to reducing the burdens of disease and poverty, and
- Adequate, safe and environmentally fit for purpose housing is fundamental to preventing poor health.²⁴

Improved hygiene facilities, water infrastructure and living conditions support prevention of communicable diseases including scabies, trachoma and otitis media.

Overcrowding and poor sanitary conditions are the primary reason for significantly higher rates of acute rheumatic fever and rheumatic heart disease among Aboriginal and Torres Strait Islander people.²⁵ The burden of these diseases can last a lifetime and include complications such as atrial fibrillation, endocarditis, heart failure and stroke.

Living in overcrowded housing with poor sanitary conditions increases the likelihood of several chronic health conditions. For example, Australia remains the only developed country in the world where trachoma still exists in endemic proportions, primarily in Aboriginal and Torres Strait Islander populations. Aboriginal and Torres Strait Islander children are more susceptible to acute or chronic ear infections such as otitis media, due to the difficulty in preventing middle-ear infections without proper washing facilities. Similarly, skin

¹⁹ Winnunga Nimmityjah Aboriginal Health and Community Services, Social Health, <https://winnunga.org.au/social/>.

²⁰ Central Australian Aboriginal Congress Aboriginal Corporation, Programs, <https://www.caac.org.au/programs/>.

²¹ Australian National Audit Office. Indigenous Housing Initiatives: the Fixing Houses for Better Health program. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs ; 2010.

²² Baker E, Mason K, Bentley R. Exploring the bi-directional relationship between health and housing in Australia. Urban policy and research. 2014;71–84.

²³ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 Study Report - Closing the Gap review - Productivity Commission (pc.gov.au).

²⁴ National Aboriginal Community Controlled Health Organisation. (2021, January 12). NACCHO Policy Position Paper: Aboriginal Housing for Aboriginal Health. NACCHO. <https://www.naccho.org.au/naccho-policy-position-paper-aboriginalhousing-for-aboriginal-health/>.

²⁵ AIHW, Acute rheumatic fever and rheumatic heart disease, <https://www.indigenoushpf.gov.au/measures/1-06-arf-rhd>

infections such as scabies can quickly spread through crowded households, also due to limited or non-existent washing facilities.

Overcrowding also made it extremely difficult to isolate or quarantine during COVID-19 outbreaks. Throughout the pandemic, there were reports of Aboriginal and Torres Strait Islander people struggling to isolate to avoid spreading COVID to family members.^{26,27}

Addressing overcrowding and ensuring Aboriginal and Torres Strait Islander people have access to safe and affordable housing is key to reducing the burden of disease borne by Aboriginal and Torres Strait Islander communities.

There is a need for housing and homelessness initiatives developed in consultation with local communities and organisations to ensure their unique cultural and social needs and priorities are considered – a one size fits all approach will not work. Governments should prioritise housing projects that support local community development and economic growth through accredited construction and maintenance training, and employment opportunities for local Aboriginal and Torres Strait Islander people that will support health and wealth outcomes for communities.

When housing developers engage with and partner with local Aboriginal and Torres Strait Islander communities they can benefit from local knowledge of land, climate and cultural requirements. These partnerships can also support training and workforce development to build community capacity and support young people to remain in communities.

Despite a decline in homelessness in recent years, Aboriginal and Torres Strait Islander people currently experience homelessness at 8.8 times the rate of non-Indigenous Australians, and access specialist homelessness services 11 times more often than non-Indigenous Australians.

Many Aboriginal and Torres Strait Islander people, particularly in rural and remote communities are highly transient, driven primarily by kinship. There is a need to provide flexible, temporary housing solutions that support high frequency visits to regional centres; most commonly, visits are for a few days.

Community-led and integrated approaches between ACCHOs, housing and environmental health organisations are crucial to address poor health outcomes for families and individuals. Environmental health programs and ongoing maintenance of housing stock must be community controlled.

Solutions should be developed and implemented in consultation with the National Aboriginal and Torres Strait Islander Housing Authority (NATSIHA), the Housing Policy Partnership, and corresponding jurisdictional peak bodies. It is also necessary for equitable pathways to be in place to improve access to housing assistance, functional housing, and assistance to progress towards home ownership.

Domestic, family and sexual violence

Aboriginal and Torres Strait Islander people are more likely to experience domestic family and sexual violence (DFSV) than other Australians.²⁸ More than simply a gap to be closed, DFSV within Aboriginal and Torres Strait Islander communities needs to be understood as both a cause and effect of social disadvantage and intergenerational trauma.²⁹

A history of dispossession, marginalisation, racism and the impact of Government policies since colonisation has resulted in profound inequity for Aboriginal and Torres Strait Islander people. This is reinforced and entrenched by ongoing experiences of structural and interpersonal racism, discrimination, dispossession of culture, land and language, and intergenerational trauma. We know that the circumstances in which people

²⁶ SBS, Wilcannia families struggling to isolate, 24 Aug 2021 <https://www.sbs.com.au/nitv/the-point/article/wilcannia-families-struggling-to-isolate-in-overcrowded-housing/cjhm066sd>

²⁷ ABC, Rising COVID-19 cases and overcrowded housing, 27 March 2022, <https://www.abc.net.au/news/2022-03-27/remote-communities-wa-covid-19-cases-rise-overcrowding-isolation/100942312>

²⁸ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 Study Report - Closing the Gap review - Productivity Commission (pc.gov.au).

²⁹ AIHW, Australia's Welfare: Indigenous Community Safety Snapshot, Sep 2023, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>.

live informs and influences behaviour. Aboriginal and Torres Strait Islander people experience poverty, overcrowding, insecure housing, homelessness and food security to a much higher degree than other Australians, as well as a higher burden of disease and mental health issues. Additionally, pervasive racism across response systems, including social and community services, police, justice, and child protection, continue to marginalise and disempower those reporting violence or seeking support.

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

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

Once again, ACCHOs play a key role in helping to address the impacts of DFSV, and are at the front line in both the prevention and the response to DFSV. As first responders, particularly for unreported incidents, and through a holistic care approach which provides opportunities for prevention support, referral to support services and wrap-around services that ACCHOs provide. In the NACCHO Core Services and Outcomes Framework, *Individual and family health promotion* (integration of vertical health promotion programs to individuals and families such as violence – lateral, family, domestic, and social), and *Other social determinants of health* (ensuring social circumstances affecting the health and wellbeing of individuals and families are understood and incorporated in service-delivery models such as transgenerational trauma, violence and homelessness) are included as core services of the ACCHO model of care.³⁰

Examples of how this is implemented in practice include:

- Providing first responder and follow-up health care (e.g., treating wounds and injuries),
- Providing a safe space for testing and treatment of STIs and BBVs as an essential component of sexual violence follow up care,
- Providing culturally safe identification, treatment and support for Aboriginal and Torres Strait Islander people who have sustained a traumatic brain injury as a result of DFSV,
- Using their cultural, community and clinical expertise to prevent and respond to DFSV.

With additional training, ACCHO primary health care workers, including Aboriginal and Torres Strait Islander Health Workers (AHWs) and Practitioners (AHPs) could play a stronger role in identifying families at risk of DFSV, implementing early preventive supports, and identifying and supporting those affected by DFSV. A client-centred approach to workforce development is essential to ensuring all clients are well-supported throughout their experience, no matter which sector they are engaging with at the time (health, legal, justice, social services etc). This will lead to continuity of care. The establishment of the new National Aboriginal and Torres Strait Islander Peak Body to address Family, Domestic and Sexual Violence,³¹ and the implementation of the Our Ways – Strong Ways – Our Voices, National Aboriginal and Torres Strait Islander Plan to End Family, Domestic and Sexual Violence 2026–2036 will further support ACCHOs to increase the safety and wellbeing of Aboriginal and Torres Strait Islander women and children.³²

³⁰ NACCHO. Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation, Canberra, ACT: June 2021.

³¹ Coalition of Peaks (2023). Establishing a National Aboriginal and Torres Strait Islander Peak Body to address Family, Domestic and Sexual Violence. <https://www.coalitionofpeaks.org.au/family-domestic-and-sexual-violence-peak-body>.

³² SNAICC – National Voice for our Children (2026). Our Ways – Strong Ways – Our Voices. <https://www.snaicc.org.au/our-work/our-ways-strong-ways-our-voices/>.