



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

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Aboriginal & Torres Strait Islander Action Plan

*National Plan to end Violence against
Women and their Children*

Submission to the Department
of Social Services

April 2023

ABOUT NACCHO

NACCHO is the national peak body representing 145 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 145 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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Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the Department of Social Services (DSS) on the Aboriginal and Torres Strait Islander Action Plan Framework for the National Plan to End Violence Against Women and their Children. We look forward to continuing our work on the development of the Action Plan in partnership with the Department.

NACCHO would like to acknowledge the valuable input received from our Affiliate, the Aboriginal Medical Services Alliance Northern Territory (AMSANT) in this submission. NACCHO supports the submission to the consultation made by AMSANT.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement. 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 fundamental shift in the way governments have been approaching efforts to close the gap. Chasing the targets (the approach thus far) is unlikely to achieve meaningful outcomes for our people in the long term without the structural changes that the Priority Reforms require.

Therefore, NACCHO does not support the Action Plan's singular focus on Target 13. We believe the focus on a single target will not achieve the structural reforms required to make meaningful change in this space. Nor does a focus on one Target reflect the complexity and multiplicity of factors that influence family, domestic and sexual violence, both of Aboriginal and Torres Strait Islander victim/survivors and perpetrators – from the ongoing impacts of colonisation, intergenerational trauma, interaction with the justice system and access to emergency and long-term, affordable housing. This is a complex issue that sits across multiple Targets and requires an integrated and holistic policy and program response if we are to make meaningful progress toward reducing violence against women and children.

Instead, **NACCHO recommends** the Aboriginal and Torres Strait Islander Action Plan Framework be *explicitly aligned* to the Priority Reforms of the National Agreement on Closing the Gap. This will ensure the Action Plan is supported by the renewed commitment of governments to embed the Priority Reforms across policy and program approaches. It also leverages a shared understanding across governments and the Aboriginal and Torres Strait Islander community controlled sector of the expectations and obligations these reforms place on all parties.

Beyond this, it is appropriate that the Aboriginal and Torres Strait Islander Action Plan be explicitly aligned with the Priority Reforms of the National Agreement, which offer a roadmap to meaningfully impact the system enablers and drivers of violence and disadvantage 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 to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

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

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve 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 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

Drivers of violence

Aboriginal and Torres Strait Islander women and children are more likely to experience family, domestic and sexual (FDSV) violence than other Australians.¹ However, more than simply a gap to be closed, FDSV within Aboriginal and Torres Strait Islander communities needs to be understood as both a cause and effect of social disadvantage and intergenerational trauma.²

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

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

In 2018–19, Indigenous Australians were 3.7 times as likely to be living in overcrowded conditions as non-Indigenous Australians.³

Inadequate housing is a key indicator and driver of poverty and a critical social determinant of health. It has also been identified as a catalyst of FDSV particularly for Aboriginal and Torres Strait Islander people. A recent study from the ANU sought to determine what it would take to effectively address

¹ AIHW Indigenous Community Safety Snapshot 2019, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>

² AIHW Indigenous Community Safety Snapshot 2019, <https://www.aihw.gov.au/reports/australias-welfare/indigenous-community-safety>

³ AIHW, 2.01 Housing <https://www.indigenoushpf.gov.au/measures/2-01-housing#implications>

family and community violence in Aboriginal and Torres Strait Islander communities. The study found that housing shortages were interconnected with other community issues, including violence⁴. It further identified that having stable housing and living conditions that were not overcrowded were significantly associated with a lower prevalence of FDSV⁵.

Aboriginal and Torres Strait Islander children continue to be taken from their families at alarming rates. At 30 June 2021, 1 in 17 Indigenous children (around 19,500) were in out-of-home care, around 11 times the rate for non-Indigenous children. Aboriginal and Torres Strait Islander children on care and protection orders at 30 June 2021 increased from about 19,700 in 2017 to about 24,200 in 2021.⁶

Deep systemic change is required to address longstanding drivers of violence, poverty, marginalisation and disadvantage for Aboriginal and Torres Strait Islander people. Systems reform is also needed to address issues of racism, deficit approaches and assumptions about culture that are entrenched in the way governments and mainstream services develop policy and deliver programs and services to Aboriginal and Torres Strait Islander communities.

This extends to assumptions about who the perpetrators of DFSV are as experienced by Aboriginal and Torres Strait Islander women and children. Violence against Aboriginal and Torres Strait Islander women and their children is not exclusively perpetrated by Aboriginal and Torres Strait Islander men. Equally, Aboriginal and Torres Strait Islander male perpetrators do not act solely against Aboriginal and Torres Strait Islander women. It is important to recognise that Aboriginal and Torres Strait Islander women experience family violence from both Aboriginal and Torres Strait Islander men and non-Aboriginal and Torres Strait Islander men.⁷ The Australian Domestic and Family Violence Death Review Network Data Report notes that this is borne out in the data, where one in 10 (13.6%) of Aboriginal and/or Torres Strait Islander women were killed by a male intimate partner who did not identify as Aboriginal and/or Torres Strait Islander.⁸

Action Plan vision statement

NACCHO supports the vision statement.

Reform Areas

NACCHO broadly supports the reform areas, and makes some specific suggestions below to strengthen these. Of particular concern is the lack of explicit alignment across the reform areas to the Priority Reforms of the National Agreement on Closing the Gap.

⁴ Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study Report, 2020, pg. 47: <https://nceph.anu.edu.au/files/CHM200082%20TAWTBWMC1%20v9%20WEB.pdf#overlay-context=research/projects/facts-study>

⁵ Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study Report, 2020, pg. 48.

⁶ AIHW, Child protection Australia 2020–21, <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/contents/about>

⁷ Our Watch (2018) Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children, Our Watch, Melbourne. <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/05233003/Changing-the-picture-AA-3.pdf>

⁸ Australian Domestic and Family Violence Death Review Network Data Report, Intimate partner violence homicides 2010–2018, Second edition, 2022 <https://anrowsdev.wordpress.com/wp-content/uploads/2022/02/ADFVDRN-ANROWS-Data-Report-Update.pdf>

Voice, self-determination, agency. *This reflects the need for our national policy response to include shared decision-making with government in genuine partnership with Aboriginal and Torres Strait Islander peoples, be community-led and for Aboriginal and Torres Strait Islander women and children to be front and centre of design and delivery.*

NACCHO support explicit alignment of this reform area with Priority Reforms 1 and 2 of the National Agreement on Closing the Gap. The Priority Reforms offer a shared understanding of how decision-making and partnership must work in order to be effective. Critically, this also needs to be led by the community controlled sector.

For decades, government policy approaches 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 and piecemeal approaches rather than the kind of structural transformation that might better engender more meaningful outcomes.⁹ Few, if any, have been based on equal partnerships with Aboriginal and Torres Strait Islander people. Without genuine engagement, without self-determined approaches, future programs are unlikely to achieve their aims. As response systems become more complex, the role of community controlled services becomes even more critical as an act of self-determination and to ensure a holistic response to FDSV experienced by Aboriginal and Torres Strait Islander women and children.

The over-representation of Aboriginal and Torres Strait Islander people and communities impacted by FDSV can only be addressed with responses that are Aboriginal and Torres Strait Islander-led and engage the community controlled sector in the design, implementation, delivery and evaluation of all efforts.

Wuchopperen Health Justice Partnership (HJP) and Law Yarn is a unique project led by Wuchopperen Health Service in Cairns and community legal services. The project provides two full-day, on-site clinics per week to Wuchopperen clients, delivering legal casework for civil (non-criminal) legal needs, together with training for health staff and community legal education for the community. Evaluation of the project found that, *Culturally-specific barriers to accessing justice experienced by Aboriginal and Torres Strait Islander communities were addressed by establishing an HJP at an Aboriginal Community Controlled Health Organisation (ACCHO). The HJP appears to be unique in Australia for having both Aboriginal community-controlled health and legal service providers involved.*¹

Strength, resilience, therapeutic healing. *This reflects the need for solutions to be trauma-aware, healing-informed, culturally-safe and kinship-centred, and for cultural responses to be used to address harmful behaviours.*

ACCHOs are highly trusted services in Aboriginal and Torres Strait Islander communities, with research showing they are best placed to respond to the social and cultural determinants of health. They are deeply embedded in their communities. Relationships with other services such as police, education and community services enable an ACCHO to be aware of non-medical pressures and events that have

⁹ Baum F, Fisher M. Why behavioural health promotion endures despite its failure to reduce health inequities. *Social Health Illn.* 2014 Feb;36(2):213-25. doi: 10.1111/1467-9566.12112. PMID: 24528303.

an impact on individuals and communities. ACCHOs also recognise that Aboriginal and Torres Strait Islander peoples are more likely to be experiencing trauma.¹⁰

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.

Primary prevention approaches have a demonstrated ability to deliver sustainable local solutions that not only reduce FDSV violence but contribute to positive life outcomes for Aboriginal and Torres Strait Islander people.¹¹ These local solutions can incorporate traditional knowledge and cultural elements to strengthen their effectiveness.

To help our communities we need far greater integration across the service system so that it can respond to the whole family in a way that avoids disruption and further trauma. We need Aboriginal and Torres Strait Islander led, whole of community solutions that are enabled to focus on primary prevention at the community level if we are to lower the rates of FDSV. Building a service system around existing trusted relationships such as with ACCHOs and ACCOs amplifies the opportunity and reach of programs.

A focus on prevention and early intervention is critical – without this, the problem will only get worse. Services for perpetrators are essential and can support prevention, as can awareness-raising in school-aged children and young people. We must make room for Aboriginal and Torres Strait Islander perpetrators to be part of the solutions and to empower them to advocate for change. Consideration should also be given to consulting past perpetrators.

Reforming institutions and systems. *This reflects the need to address systemic bias and structural racism, to strengthen and build capacity in the Aboriginal and Torres Strait Islander workforce, and to recognise the need for urgent law and legislation reform.*

Again, NACCHO strongly recommends *explicit alignment* with Priority Reform 3 of the National Agreement. This would make it clearer that reforming institutions and systems is about changing the way government, and government funded agencies work with Aboriginal and Torres Strait Islander communities.

Systemic change is needed in particular in terms of the accessibility of justice responses and the support services available to Aboriginal and Torres Strait Islander people experiencing FDSV. Aboriginal and Torres Strait Islander people face significant barriers to accessing support and to reporting, including the stigma or shame associated with being a victim of FDSV, concerns that reporting may lead to the removal of children, poor relations with police, a pervasive lack of trust in the judicial system, and well-founded concerns for the safety of an Aboriginal and/or Torres Strait Islander partner/ex-partner in prison. Holistic community justice responses that address the needs of victims are critical, as is dealing with perpetrators of DFSV within a framework of justice that involves community.

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

¹¹ Our Watch (2018) Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children, Our Watch, Melbourne. <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/05233003/Changing-the-picture-AA-3.pdf>

Systems reform should prioritise comprehensive approaches that are led by Aboriginal and Torres Strait Islander communities, which involve ACCHOs/ACCOs (like the HJP example above), which respond to victims holistically, and which take a restorative and rehabilitative approach to offenders. FDSV affects whole families and communities – to assist healing a holistic response is needed.

Eliminating racism and embedding cultural safety, improving engagement and partnership with Aboriginal and Torres Strait Islander people and communities is essential to ensure accessibility to and engagement with services.

While necessary, it is not sufficient to focus solely on strengthening and building capacity in the Aboriginal and Torres Strait Islander workforce to ensure cultural safety. This risks placing the burden for delivering cultural safety on those who also require it.

The provision of culturally safety services must be an on-going commitment by government agencies and mainstream service providers. Cultural safety is the responsibility of *everyone* in an organisation, as well as the commissioning body. It must be embedded in organisational culture in order to develop and support culturally safe practice and environments. Without a supportive organisational leadership and culture, training for client-facing staff alone is unlikely to deliver culturally safe care.

We have seen the failures of organisational culture and piecemeal approaches to cultural awareness play out time and again in policing responses.¹² However, blanket approaches are often no more effective. While cultural awareness training is mandatory for public sector employees in WA, it comprises a 30 minute online learning module. This is profoundly insufficient, neither does it reflect the diversity of WA's Aboriginal communities.¹³ Face to face training delivered and contextualised by local communities is required. This may mean that staff receive different training to colleagues in other locations. This is appropriate. Critical to cultural safety is the understanding that *only the person who is recipient of a service or interaction can determine whether it is culturally safe*.¹⁴

Inclusion and intersectionality. *This reflects the need for diverse experiences and needs to be acknowledged, including those of women, girls, men, boys, Elders, Stolen Generations, people living remotely, people with disability, and LGBTIQ+, Sistergirl and Brotherboy people.*

NACCHO recognises the intersectionality of both victims and perpetrators, who are not only those in heterosexual relationships, nor only those in a physical relationship. NACCHO strongly supports an intersectional approach. Pivotal to this is the need for the representation of the lived experience and agency of these groups. This needs to be more than a simple acknowledgement, but must also be embedded in governance structures, policy reform and program delivery. Moreover, from the Aboriginal and Torres Strait Islander context, place based approaches, led by the community controlled sector, are critical to ensure genuine cultural safety of local communities. NACCHO has been able to successfully deliver national programs that embed the flexibility for place based context, for example the Enhanced Syphilis Response.¹⁵

¹² <https://www.sbs.com.au/nitv/article/qld-police-admit-gaps-in-cultural-awareness-training-for-new-recruits/jwnf0nnpe>

¹³ Government of Western Australia, <https://www.wa.gov.au/service/human-resource-management/training-and-development/aboriginal-and-torres-strait-islander-cultural-awareness-training>

¹⁴ Refer to the Aboriginal and Torres Strait Islander Health Performance Framework - summary report 2020. <https://www.indigenoushpf.gov.au/>

¹⁵ Blueprint for the Future: Evaluation of NACCHO's role under the Enhanced Syphilis Response, February 2021, <https://f.hubspotusercontent10.net/hubfs/5328468/NACCHO%20ESR%20Report%20-%20February%202021.pdf>

Evidence and data eco-systems - Understanding our stories. *This reflects the need for a local, culturally-informed data and evidence eco-system to be created and curated by Aboriginal and Torres Strait Islander peoples that will inform decision-making at both the community level and within governments.*

NACCHO recommends explicit alignment with Priority Reform 4 of the National Agreement which provides a shared understanding of what data collection and sharing should look like for government and for Aboriginal and Torres Strait Islander communities and organisations.

Outcomes

Addressing immediate safety needs

Justice and equitable outcomes - *Uphold human rights and enhance understanding of legal rights, including access to legal assistance. Investment in strengthening positive change/leadership/cultural connection programs.*

Education about rights is important, however, we must be careful not to place the burden of 'understanding' on victim/survivors or those seeking support. It is incumbent on police and justice responders to ensure a client's rights are upheld, regardless of their level of 'understanding'.

This means focussing on systemic change is critical. The pervasive negation of Aboriginal and Torres Strait Islander women and children's experiences of FDSV by police forces and the justice system is well-documented and will require specific and urgent actions.

Community controlled refuges for women and children must be adequately resourced to ensure safety needs can be met. Under-resourcing has led to overcrowding in some areas which has created additional barriers to access as services seek to prioritise support to those most urgently in need. Some services require women to have filed a police report before they are able to access support. There are many reasons why a woman may not file a report – including an increased risk to her safety should she do so. There is also the very real fear of child protection services being engaged and children being removed – Aboriginal and Torres Strait Islander children are in out-of-home care at around 11 times the rate for non-Indigenous children.

A lack of safe houses is a critical issue in remote and regional areas.¹⁶ There are higher rates of FDSV in these areas, and isolation, distance, a lack of local services or police presence and concerns about privacy makes leaving situations of FDSV even more difficult. Appropriate investment in local solutions, including safe housing must be a priority of this Framework.

Funding and investment - *Build knowledge of expenditure across governments and reform relevant key components to align with Closing the Gap. Create opportunities for shared decision-making around funding allocations, including for housing.*

The estimated economic (not human) cost of FDSV is \$13.6 billion per year across health, justice and social/community services.

¹⁶ ABC News, 31 March 2023 <https://www.abc.net.au/news/2023-03-31/womens-shelter-unable-to-provide-refuge-security-risks/102168042>

NACCHO is pleased to note Government's recent commitment to continued funding of \$68.6 million over two years for Family Violence and Prevention Legal Service providers to deliver legal and non-legal support to women and children experiencing family, domestic and sexual violence. And a further \$21.9 million over five years to Support Families impacted by family violence and at risk of engaging in the child protection system, through delivery of seven place-based, trauma-aware and culturally responsive healing programs aimed at early intervention and recovery, and keeping families together.¹⁷

We note however, that Commonwealth funding envelopes for FDV responses currently sit across the Department of Social Services (DSS), the Attorney General's Department (AGD), the Department of Health and Ageing (DoHA) and the National Indigenous Australians Agency (NIAA). Policy is driven by the Office for Women (OfW) which sits with the Department of Prime Minister and Cabinet (PM&C). This does not include jurisdictional approaches which add additional layers of complexity. This fractured, siloed approach to policymaking, funding and program implementation does not reflect the holistic way policy and services need to be developed and delivered across jurisdictions.

NACCHO recommends a more streamlined approach to funding, including returning funding held by NIAA to the Department or agency that holds the relevant expertise.

NACCHO recommends the enactment of a national governance structure to ensure the complexity of policy-making and funding arrangements can be approached more holistically.

Reform in the way services and initiatives are funded is also urgently required. Funding must be indexed to ensure services are able to meet increasing costs. A focus on early intervention is critical – currently, funding is predominantly focussed on acute responses.

Funding for services to Aboriginal and Torres Strait Islander communities must prioritise community controlled organisations. NACCHO strongly advocates that funding be delivered direct to the community controlled sector.

Further, government must also hold mainstream organisations accountable, through their service agreements, KPIs and reporting, for providing culturally safe, trauma informed services. Mainstream organisations seeking funding to deliver to Aboriginal and Torres Strait Islander communities must be able to demonstrate their ability to deliver culturally safe care. This should include letters of support from community and local community controlled organisations that the mainstream provider is best placed to deliver these services to the community. Where mainstream providers are delivering into community, there must be a requirement for co-designed cultural governance structures. A cultural governance group should include local, representative community members.

Sector capacity building - *Building the capacity of the Aboriginal and Torres Strait Islander community-controlled sector and workforces, with targeted focus on the needs of all groups in community.*

NACCHO recommends explicit alignment with Priority Reform 2 of the National Agreement.

Aboriginal and Torres Strait Islander people experience significant barriers to accessing support. These include but are not limited to: difficulty navigating complex health, care, legal and welfare systems, a

¹⁷ 2023 Commonwealth Closing the Gap Implementation Plan, <https://www.niaa.gov.au/resource-centre/indigenous-affairs/commonwealth-closing-gap-implementation-plan-2023>

lack of local providers which may require a person to move away from family and Country to access appropriate services, a lack of culturally appropriate and/or trauma informed provision of care, experiences of systemic and interpersonal racism, and distrust of institutional care as a result of both personal and historical experiences. Aboriginal and Torres Strait Islander women who experience intimate partner violence also experience complex barriers to accessing and receiving help. For example, the literature highlights that poor or discriminatory practices from frontline services, such as the police or child protection services, can result in poor outcomes for victims and survivors and a mistrust of these services.¹⁸ Threats of homelessness, and fear of isolation from family and community may present additional barriers to reporting.

Consequently, there is a clear preference for Aboriginal and Torres Strait Islander people to access community-controlled services. Indeed, many will bypass mainstream services to access one where they are confident their cultural safety is guaranteed. Rooted in self-determination, ACCHOs and ACCOs help overcome many of the barriers to accessing support and services experienced by Aboriginal and Torres Strait Islander people.

ACCHOs provide a “no wrong door” approach. The HJP example above demonstrates this amply - 97% of clients were connected to the legal service by health staff. This is possible due to the deep levels of trust communities have in their ACCHO. ACCHOs can also improve client literacy about FDSV through mums and bubs, men’s and youth programs, as well as deliver health and SEWB responses by clinical, non-clinical and cultural staff. The holistic, person-centred model of care delivered by ACCHOs also supports the development of new referral pathways into other key services.

NACCHO recommends the development of a national community controlled justice-health response led by the ACCHO sector.

Initiatives must include capacity building and workforce development to ensure existing services can effectively grow to meet demand. The development of new services is also critical, both to fill immediate service gaps, but also to provide adjacent services such as AOD and SEWB to ensure the possibility of localised, holistic solutions.

Investment in after-hours services is also essential. Often police are the only after hours support available – which may mean some women are not willing to seek help at all, or are if they do, are subjected to punitive rather than trauma-informed responses, which can further exacerbate experiences of trauma and distrust in police.

In line with the recommendations of the *Aboriginal and Torres Strait Islander Health Plan 2021-2031* and the *National Aboriginal and Torres Strait Islander Health Workforce Framework and Implementation Plan 2021-2031*, the need to increase the proportion of Aboriginal and Torres Strait Islander people in the health and care workforce should be acknowledged.

Attention must be given to the development of training and career pathways, including the need to include Vocational, Education and Training (VET) courses in skills considerations. VET training provides important entry-level pathways and skill-set development for local people, particularly in Aboriginal and Torres Strait Islander communities. To effectively support growing demand, there is a need to draw from local communities to build a strong workforce that includes cultural expertise. Up-skilling,

¹⁸ Family and Community Safety for Aboriginal and Torres Strait Islander Peoples Study Report, 2020, pg. 47: <https://nceph.anu.edu.au/files/CHM200082%20TAWTBWMC1%20v9%20WEB.pdf#overlay-context=research/projects/facts-study>

re-training and utilising the existing workforce and creating pathways to build capacity is key to success.

Foundations for long-term structural change

Peak body

NACCHO strongly supports re-establishment of an Aboriginal and Torres Strait Islander family, domestic and sexual violence peak body as a critical step to strengthening the sector. NACCHO notes that the National Family Violence Prevention and Legal Services Forum (NFVPLS) was de-funded in 2020 under the previous Government.¹⁹ The re-establishment of a peak body is welcome and will help ensure the voices of Aboriginal and Torres Strait Islander people and communities are represented, and that there are coordinated responses and sector input into government policy and funding approaches.

However, it must be stated that the implementation of the Action Plan and work toward Target 13 are the responsibility of Government. While a peak body can seek to hold Government to account for implementation of the Action Plan, the responsibility for implementation cannot be abrogated to the peak body.

Commissioner

The intersection of a Commissioner role at the Federal level with response systems that are state-based (police, justice, education etc) will require consideration.

The role of the Social Justice Commissioner in this work should also be considered given there is or may be considerable overlap of these Commissions. Consideration should be given to incorporating the Commissioner for Family Safety into the office of the Social Justice Commissioner.

The Plan must also clarify linkages and alignment to the important policy partnership work currently taking place at Joint Council.

Building the evidence base

Again, alignment to the Priority Reforms of the National Agreement is critical here, specifically to Priority Reform 4 and principles of Indigenous Data Sovereignty. The National Agreement offers a shared understanding of what data collection and sharing should look like for government and for Aboriginal and Torres Strait Islander communities and organisations. It would be advantageous to leverage this shared understanding.

¹⁹ ABC News, 06 Dec 2019, <https://www.abc.net.au/news/2019-12-06/aboriginal-domestic-violence-survivors-peak-body-defunded/11773066>