



**Aboriginal
Health Council**
of Western Australia

Election **Priorities**



**We acknowledge
the Whadjuk people
of the Noongar Nation
as the custodians of the land
that AHCWA is located on
and we pay our respects
to all Elders, past, present,
and future.**

About AHCWA and the Aboriginal Community Controlled Health Sector

Governed by an Aboriginal¹ Board of Directors representing the seven regions of Western Australia, AHCWA promotes the ACCHS Model of Care, which focusses on the delivery of comprehensive, holistic, and culturally secure primary health care services to Aboriginal people. AHCWA exists to empower and build the capacity of Aboriginal communities to design and deliver holistic and culturally appropriate health care, by supporting its members - the 23 Aboriginal Community Controlled Health Services (ACCHS) located across WA.

WA ACCHS operate in diverse metropolitan, regional, remote and very remote locations. They deliver the most effective model of comprehensive primary health care for Aboriginal people, and identify and respond to the local cultural and health needs of Aboriginal people and their communities. AHCWA and the ACCHS sector are committed to ensuring that Aboriginal people across WA enjoy the same level of health and wellbeing as all Western Australians.

AHCWA advocates for improved Aboriginal health outcomes and to ensure co-design and partnerships with the health system. AHCWA also supports community capacity building through training programs and works with community to achieve collective goals.

Chair/CEO Introduction

As focus shifts away from the COVID-19 pandemic, the ACCHS sector remains strong and resilient, achieving the best outcomes for Aboriginal health, delivering quality wraparound healthcare to Aboriginal people and communities. Embedded in their communities, ACCHS are often the first port of call for diverse matters underpinning health and wellbeing.

AHCWA approaches the next State Election with hope that the incoming government will continue to recognise the critical work of the ACCHS sector, and the challenges that ACCHS operate within and work to overcome. Aboriginal health and the ACCHS sector continue to face issues in relation to sustainable funding, short-term program resourcing, workforce recruitment and retainment, alongside supporting communities through cost of living pressures, systemic racism and the aftermath of a disappointing Voice referendum.



This election offers the incoming government the opportunity to profoundly impact the lives of Aboriginal people in WA by embracing new ways of working in partnership and collaboration to achieve the Four Priority Reforms of the National Agreement on Closing the Gap (the National Agreement).

¹Throughout this submission, AHCWA uses the term 'Aboriginal' to respectfully refer to all Aboriginal and Torres Strait Islander people across Western Australia.

Election Priorities

This document calls on the incoming Western Australian (WA) Government to address key priority areas for the ACCHS sector and is an opportunity for the WA Government to act on commitments made under the National Agreement and associated policy and planning documents, such as the WA Aboriginal Empowerment Strategy,² the WA Closing the Gap Implementation Plan,³

the Closing the Gap Health Sector Strengthening Plan⁴ and the Closing the Gap Housing Sector Strengthening Plan.⁵

These Election Priorities also align with the WA Sustainable Health Review,⁶ the WA Aboriginal Health and Wellbeing Framework 2015-2030,⁷ the State Commissioning Strategy for Community Services 2022⁸ and the Department of Communities

Aboriginal Community Controlled Organisation Strategy 2022-2032.⁹

The Election Priorities outlined in this document also align with the recommendations outlined in AHCWA's Pre-Budget Submission 2025-2026 which focus on discrete funding asks to invest in preventative care and community health care closer to home.

Our key priorities are:

- 1 Culturally Safe Short-Stay Accommodation for Pregnant Women
- 2 Affordable and Appropriate Housing
- 3 Funding for the Aboriginal Environmental Health Model of Care and Community Capacity Building for Remote Maintenance
- 4 Free Dental Care for all Aboriginal people in WA
- 5 Social and Emotional Wellbeing and Family and Domestic and Sexual Violence Program Funding
- 6 Improved Child Development Services

²The Aboriginal Empowerment Strategy WA 2021-2029 (2021). <https://www.wa.gov.au/system/files/2021-09/Aboriginal-Empowerment-Strategy-POLICY%20GUIDE.pdf> (accessed 16 January 2025).

³Closing the Gap Jurisdictional Implementation Plan Western Australia. (2021). https://www.wa.gov.au/system/files/2021-09/Implementation%20Plan%20-%20CtG_1.pdf (accessed 16 January 2025).

⁴Aboriginal & Torres Strait Islander Housing Sector Strengthening Plan. (2021). https://www.closingthegap.gov.au/sites/default/files/2021-12/sector-strengthening-plan-health_0.pdf (accessed 16 January 2025).

⁵Aboriginal & Torres Strait Islander Housing Sector Strengthening Plan. (2022). <https://www.closingthegap.gov.au/sites/default/files/2022-08/housing-sector-strengthening-plan.pdf> (accessed 16 January 2025).

⁶Sustainable Health Review. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia. <https://www.health.wa.gov.au/~media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf> (accessed 16 January 2025).

⁷WA Department of Health (2015). WA Aboriginal Health and Wellbeing Framework 2015-2030. Department of Health, Western Australia. https://www.health.wa.gov.au/~media/Files/Corporate/general-documents/Aboriginal-health/PDF/12853_WA_Aboriginal_Health_and_Wellbeing_Framework.pdf (accessed 16 January 2025).

⁸WA Government (2022) State Commissioning Strategy for Community Services 2022. <https://www.wa.gov.au/system/files/2024-09/state-commissioning-strategy-for-community-services-2022.pdf> (accessed 16 January 2025).

⁹WA Department of Communities (2022) Aboriginal Community Controlled Organisation Strategy 2022-2032. Department of Communities, Western Australia. <https://www.wa.gov.au/system/files/2022-08/ACCO-Strategy-document-2022.pdf> (accessed 16 January 2025).

Culturally Safe Short-Stay Accommodation for Pregnant Women

Many pregnant women from regional and remote locations travel to larger regional centres or metro areas to give birth, or attend antenatal appointments, particularly if the pregnancy is classed as high-risk. This requires undertaking extensive travel and staying in short-term accommodation (possibly for a number of weeks) close to the hospital. However, many ACCHS have expressed concern regarding the environment and cultural safety in many of these short-stay facilities.

In the regions, there is a lack of maternity specific short-stay accommodation and women who travel when pregnant often end up staying in unisex hostels, alongside people experiencing a myriad of other issues. Many women cannot afford to stay in other accommodation which can be very expensive and Patient Assisted Travel Scheme (PATS) funding is inadequate to pay for more appropriate accommodation. Unisex hostels are not safe environments for pregnant women who may have travelled hundreds of kilometres and may feel vulnerable.

ACCHS have also raised concerns with short-stay accommodation in Perth, including the lack of available accommodation for children and families. Consequently, many women resort to accommodation at motels or hotels to enable partners and dependent children to

accompany them, yet this is often expensive with PATS only subsidising a small percentage of the cost.

There is a women-only short-stay accommodation facility close to the birthing hospital in Perth, however, there are number of major limitations with this facility, with a lack of staff support in the hostel and limited cooking space, which can be disempowering if staying in accommodation for a long time. Further, due to a lack of staff, the facility has a lock-out policy, in which women are not allowed to enter through the front entrance past 6pm. This accommodation is also not suitable for women facing mental health challenges or requiring additional assistance.

Other limited metropolitan short-stay accommodation is available to Aboriginal people including family-specific accommodation that is tailored to accommodate child-related health appointments, however this is non-Aboriginal specific, and only available to women after giving birth.

Literature identifies the impacts of women travelling for birth, away from family and connections to Country, explaining that this results in an isolated and lonely birth experience, compounding stress and lacking cultural safety.¹⁰ Ensuring that accommodation is safe and culturally secure for women

who need to travel to give birth will lessen mental health impacts and support women in an already stressful situation. It links in with Outcome 2 of the National Agreement – Aboriginal and Torres Strait Islander children are born healthy and strong¹¹. Supporting the safety and mental health of mothers will in turn ensure that babies are getting the best start to life.

With King Edward Memorial Hospital closing down and Fiona Stanley Hospital transitioning to become the main maternity hospital in the State, it is imperative that there is maternity specific and culturally safe accommodation located close to the hospital available to women who need to travel to give birth. As such, AHCWA suggests that the Government funds culturally safe short-stay accommodation specifically for pregnant Aboriginal women who need to travel to regional and metro centres to give birth.

1

Fund culturally safe short-stay accommodation specifically for pregnant Aboriginal women who need to travel to regional and metro centres to give birth.

¹⁰Corcoran, P. M., Catling, C., & Homer, C. S. (2017) Models of midwifery care for Indigenous women and babies: a meta-synthesis. <https://doi.org/10.1016/j.wombi.2016.08.003> (accessed 13 January 2025).

¹¹National Agreement on Closing the Gap. (2020). <https://www.closingthegap.gov.au/national-agreement/targets> (accessed 16 January 2025)

Affordable and Appropriate Housing

The lack of affordable, safe and culturally appropriate housing continues to significantly affect Aboriginal people. Access to affordable, appropriate, safe, secure and good quality housing is crucial to ensuring positive outcomes across several areas, including health, social and emotional wellbeing, education and employment. The lack of culturally appropriate housing, insufficient housing stock, costly and inefficient housing maintenance processes, and lack of affordable housing options, result in many Aboriginal people living in unfit houses or becoming homeless. Compounding this is the current cost of living crisis, discrimination when applying for rental properties and challenges meeting criteria for rental properties. ACCHS report that this lack of available and affordable housing leads to a number of high risk populations, such as pregnant women and elderly people experiencing insecure housing or homelessness.

Housing issues are not isolated to Aboriginal people; a recent cost of living report published in September 2024 found that

the two most important issues facing WA residents were cost of living and housing, followed by health.¹² This is however greatly felt by Aboriginal people and communities who are more likely to experience financial stress¹³ and experience homelessness at 8.8 times the rates of non-Aboriginal people.¹⁴ The Closing the Gap Housing Sector Strengthening Plan notes that Aboriginal households renting 'in urban areas were almost twice as likely...to be paying more than 30% of household income on rent' compared to their non-urban renting counterparts,¹⁵ and that 'rental stress [for Aboriginal people] increased from 22% in 2001 to 39% in 2016'.¹⁶ This only continues to grow and Anglicare's Rental Affordability Snapshot 2024 highlights that rent has increased by 16-30 per cent across the state, alongside a decrease in available properties.¹⁷

Future housing planning and investment must respond to the needs of Aboriginal people and their communities. This includes sharing decision-making with Aboriginal

people regarding housing solutions, and identifying capacity building opportunities for Aboriginal community members to manage and maintain the dwellings in which they live. This is recognised in the National Agreement – Outcome 9 aims for Aboriginal people to 'secure appropriate, affordable housing that is aligned with their priorities and need'¹⁸ with the following target: 'By 2031, increase the proportion of Aboriginal people living in appropriately sized (not overcrowded) housing to 88 per cent'.¹⁹ The WA Closing the Gap Implementation Plan notes that 'to reach the 88 per cent target, further investment in affordable housing options will be required, as well as a more agile housing system that underpins individual, family and community wellbeing'.²⁰ It outlines key actions to achieve this outcome which includes 'strengthen[ing] the role of Aboriginal organisations and communities in co-designing and delivering culturally appropriate responses for Aboriginal people'.²¹

AHCWA calls on the incoming WA Government to work

¹²Talbot Mills Research (2024), Cost of Living Survey Report: Western Australia September 2024, Financial Counsellors' Association of Western Australia and WA Council of Social Service.

¹³Australian Institute of Health and Welfare (2023) Income and finance of First Nations people <https://www.aihw.gov.au/reports/australias-welfare/indigenous-income-and-finance> (accessed 13 January 2025).

¹⁴Australian Institute of Health and Welfare (2024) Aboriginal and Torres Strait Islander Health Performance Framework, 2.01 Housing. <https://www.indigenoushpf.gov.au/measures/2-01-housing> (accessed 13 January 2025).

¹⁵Aboriginal & Torres Strait Islander Housing Sector Strengthening Plan. (2022). <https://www.closingthegap.gov.au/sites/default/files/2022-08/housing-sector-strengthening-plan.pdf> (p.5) (accessed 14 January 2025).

¹⁶Australian Institute of Health and Welfare (2019). Aboriginal and Torres Strait Islander people: a focus report on housing and homelessness. <https://www.aihw.gov.au/getmedia/1654e011-dccb-49d4-bf5b-09c4607eccc8/aihw-hou-301.pdf.aspx> (p.v) (accessed 14 January 2025).

¹⁷Anglicare Australia (2024) Rental Affordability Snapshot Regional Reports 2024 (p.175).

¹⁸National Agreement on Closing the Gap. (2020). https://www.closingthegap.gov.au/sites/default/files/2021-05/ctg-national-agreement_apr-21.pdf (p.30) (accessed 16 January 2025).

¹⁹IBID

²⁰Closing the Gap Jurisdictional Implementation Plan Western Australia. (2021). https://www.wa.gov.au/system/files/2021-09/Implementation%20Plan%20-%20CtG_1.pdf (p.68) (accessed 16 January 2025).

²¹IBID.

Affordable and Appropriate Housing

with Aboriginal Community Controlled housing organisations to reserve housing in metro areas specifically for Aboriginal people. There is also a need to undertake a comprehensive analysis of Aboriginal housing needs in metropolitan, regional and remote WA communities, as well as an audit of the existing housing stock in Aboriginal communities to determine the improvements needed to extend the life of existing assets and ensure they are safe and of a high quality. An audit to analyse Aboriginal housing needs and increased investment in Aboriginal housing aligns with the State Government's responsibility under the Closing the Gap Housing Sector Strengthening Plan to 'develop strategies to meet housing need in Aboriginal and Torres Strait Islander communities through increased and improved Aboriginal and Torres Strait Islander housing stock'.²²



2

Work with Aboriginal Community Controlled housing organisations to reserve housing in metro areas specifically for Aboriginal people. Undertake in partnership with the Aboriginal Community Controlled Sector a comprehensive analysis of Aboriginal housing needs in metropolitan, regional and remote WA communities, as well as an audit of existing housing stock in Aboriginal communities.

²²Aboriginal & Torres Strait Islander Housing Sector Strengthening Plan. (2022). <https://www.closingthegap.gov.au/sites/default/files/2022-08/housing-sector-strengthening-plan.pdf> (p.19) (accessed 14 January 2025).

Funding for the Aboriginal Environmental Health Model of Care and Community Capacity Building for Remote Maintenance

In Western Australia, rates of preventable diseases due to poor living conditions are higher among Aboriginal people than non-Aboriginal people. This is due to factors such as community remoteness and limited access to services, overcrowding, lack of adequate housing and home health hardware, lack of access to tradespeople and repairs, and the cost of infrastructure maintenance.

Improving environmental health conditions for Aboriginal communities will have a positive impact on disease prevention and overall health outcomes. Poor environmental health conditions have a detrimental impact on the burden of disease for Aboriginal people, contributing to diseases such as gastroenteritis, scabies and other skin conditions, acute rheumatic fever and rheumatic heart disease, trachoma/ trichiasis and otitis media. Poor environmental health conditions also negatively affect social and emotional wellbeing and general quality of life, which in turn impact chronic disease. Addressing poor environmental health conditions must be considered a priority to reduce the burden of disease that disproportionately impacts Aboriginal people.

A new Model of Care for Aboriginal Environmental Health has been co-designed between the Community Controlled Sector and the WA Department of Health, following a review into the WA Aboriginal Environmental Health Program. The WA Department of Health is in the process of designing a Business

Case for the Department of Treasury and AHCWA recommends that this Business Case is approved, with adequate funding provided for the implementation of the new Aboriginal Environmental Health Model of Care.

However, there is still a need for community capacity building in relation to environmental health. Currently, there is a reliance on fly-in-fly-out maintenance providers which can lead to significant delays in repairs, resulting in further building and hardware deterioration. It also adds significantly to costs, with much being spent on unnecessary travel. The ACCHS sector recommends upskilling community members to undertake minor essential repairs in the community rather than waiting, often a long time, for non-local contractors to attend community to fix hardware. This impacts on hardware such as taps, showers and white goods, which are necessary for the health of the community.

Transitioning asset maintenance to community would enable a preventative approach to maintenance, rather than the current reactive approach. This has also been supported by the Department of Communities Review into Housing Maintenance Contract

and Service Delivery that 'identifies the need to increase the capability and capacity of Aboriginal Businesses, Aboriginal Community Controlled Organisations and local community members to deliver maintenance services to remote and town based Aboriginal communities in support of Aboriginal empowerment and self-determination'.²³ It is also in line with the WA Aboriginal Empowerment Strategy in relation to ensuring that work should be undertaken by local people on country.²⁴ This would support Aboriginal people to enter and remain in the workforce by ensuring employment in regional and remote communities, whilst simultaneously saving money for Government by reducing travel costs, tendering costs and contract costs.

Given the development of a new Aboriginal Environmental Health Model of Care, this is an opportune time to work with Environmental Health Aboriginal Community Controlled Organisations and community in relation to capacity building projects which empower communities to undertake minor repairs themselves, rather than relying on non-local contractors.

3

Fund the implementation of the Environmental Health Model of Care and work with Environmental Health Aboriginal Community Controlled Organisations and community in relation to capacity building projects which empower communities to undertake minor repairs themselves, rather than relying on non-local contractors.

²³WA Department of Communities (2023) Housing Maintenance Contract and Service Delivery Review Program Overview.
²⁴The Aboriginal Empowerment Strategy WA 2021-2029 (2021). <https://www.wa.gov.au/system/files/2021-09/Aboriginal-Empowerment-Strategy-POLICY%20GUIDE.pdf> (p.39) (accessed 16 January 2025)

Free Dental Care for all Aboriginal people in WA

The ACCHS sector has repeatedly raised issues with dental care provision in WA. Most dental conditions can be easily avoided with appropriate preventative care, however high levels of demand, lack of access to services and government funding constraints in WA has led to public dental services focusing on acute dental care rather than preventative care.

Aboriginal people have dental disease at up to three times the rate of non-Aboriginal people across metro, regional and remote areas.²⁵ The majority of this burden of disease due to oral health issues is caused by dental caries (63 per cent), followed by periodontal (gum) disease (22 per cent) and severe tooth loss (15 per cent).²⁶ Dental caries are also the third leading cause of total disease burden for children aged 5-14 years, after asthma and mental health disorders.²⁷ Moreover, poor dental health also contributes to oral cancer, which is the eighth most common cancer in Australia. It is more common among older age groups, men and Aboriginal people (three times higher than the rest of the Australian population).²⁸

Poor oral health disproportionately impacts Aboriginal people, people from lower socioeconomic areas, and people living in regional and remote areas. As a result, these three cohorts have been identified as priority populations in both the WA State Oral Health Plan²⁹ and the National Oral Health Plan.³⁰ Poor oral health also impacts more broadly on overall health, and exacerbates many chronic health conditions, including Rheumatic Heart Disease. Ensuring access to prophylactic community dental is necessary to support Outcome 1 of the National Agreement – Aboriginal people enjoy long and health lives.³¹

ACCCHS report that barriers to dental treatment include cost, shame, lack of access to services and long waiting lists. Lack of accessibility to services is the most significant factor contributing to the current gap between the oral health of Aboriginal and non-Aboriginal people. Over 22 per cent of Aboriginal people live in regional WA and 40 per cent live in remote areas of WA, with limited local dental services (often reliant on visiting services) and transport options.³²

The National Oral Health Plan reports that more than 40 per cent of Aboriginal people over the age of 15 years defer or avoid dental care due to cost.³³ This is an exorbitant figure when compared with 12.2 per cent who delayed or did not attend a GP due to cost.³⁴ This Plan was drafted in 2015, however it can be assumed that both these figures are now higher given the increased cost of living. The National Oral Health Plan also states that Aboriginal 15-year-olds have 50 per cent more tooth decay than non-Aboriginal people of the same age, demonstrating the disparity in dental care and the need to focus on free dental health services for Aboriginal people.³⁵

Dental care for Aboriginal people is fragmented across the State with a reliance in regional and remote areas on a mix of visiting services from the Royal Flying Doctor Service, the WA Dental Health Service (DHS) and in the Kimberley, philanthropic dental organisations. In some regions, both DHS and RFDS partner with and operate out of ACCCHS; working together to ensure Aboriginal people are receiving culturally safe dental care.

²⁵Australian Medical Association (2019) AMA Report Card on Indigenous Health: No More Decay: Addressing the Oral Health Needs of Aboriginal and Torres Strait Islander Australians. <https://www.ama.com.au/article/2019-ama-report-card-indigenous-health-no-more-decay-addressing-oral-health-needs-aboriginal>. (accessed 13 January 2025).

²⁶IBID.

²⁷Santiago PHR, Milosevic M, Ju X, Cheung, W, Haag D, Jamieson L (2022) A network psychometric validation of the Children Oral Health-Related Quality of Life (COHQoL) questionnaire among Aboriginal and/or Torres Strait Islander children. PLoS ONE 17(8): e0273373.

²⁸COAG Health Council (2015) Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024.

²⁹WA Department of Health (2016). State Oral Health Plan 2016–2020. Perth: Office of the Chief Dental Officer, Clinical Services and Research, Department of Health.

³⁰COAG Health Council (2015) Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024.

³¹National Agreement on Closing the Gap. (2020). <https://www.closingthegap.gov.au/national-agreement/targets> (accessed 16 January 2025)

³²WA Department of Health (2016). State Oral Health Plan 2016–2020. Perth: Office of the Chief Dental Officer, Clinical Services and Research, Department of Health.

³³COAG Health Council (2015) Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024.

³⁴IBID.

³⁵IBID.

Free Dental Care for all Aboriginal people in WA

Currently DHS only supports people that have a current health care card or pension concession card,³⁶ with treatment subsidised by the WA Government up to a maximum of 75 per cent of the cost, with the level of dental subsidy based upon a person's Centrelink income, which is assessed by DHS. In contrast, South Australia provides free priority and emergency dental care to Aboriginal adults that have a current Centrelink card.³⁷

There is a great need for dental reform across the State and for both State and Commonwealth Governments to invest in new and sustainable approaches to dental care for Aboriginal people, particularly those on low incomes and in regional and remote areas. AHCWA also advises that dental treatment should be available free of charge to all Aboriginal people across the State and people on low incomes.

4

Amend Dental Health Service criteria to provide dental treatment free of charge to all Aboriginal people across WA.



Photo by Angela Roma

³⁶<https://www.dental.wa.gov.au/Dental-Services/General-Dental-Service/> (accessed 13 January 2025).

³⁷<https://www.dental.sa.gov.au/professionals/programs/aohp> (accessed 16 January 2025).

Social and Emotional Wellbeing and Family and Domestic and Sexual Violence Program Funding

In 2018, work was undertaken to explore the development of a Social and Emotional Wellbeing (SEWB) service model. It was found that all of AHCWA's Member Services offered programs and services related to SEWB. Following this AHCWA and the ACCHS sector developed the SEWB service model (the Model) and received funding from the Mental Health Commission to pilot this Model across five ACCHS. The pilot commenced in 2022 and funding was disseminated to the five pilot sites to develop SEWB teams to deliver services as detailed in the Model. An evaluation was also funded. The evaluation is currently ongoing, however preliminary findings show compelling SEWB outcomes for both clients and the broader community, but that sustainable long-term funding is needed to ensure the SEWB program meets its full potential and for the SEWB workforce to feel adequately equipped.³⁸

AHCWA's Member Services also support the continued funding for SEWB services and an extension of the Pilot Program into other ACCHS and areas of WA. This ensures culturally safe and community led supports alongside interventions and programs to address intergenerational trauma and support healing.

Violence against women is a significant issue throughout society and disproportionately affects Aboriginal communities and specifically Aboriginal women and children, with Aboriginal women 33 times more likely to be hospitalised due to family violence.³⁹ However, ACCHS are well placed to deliver programs that are place based and culturally secure and safe. Preventing and responding to violence in communities has a significant impact on mental health, suicide risk and SEWB, as well as on overall health – reducing chronic conditions and the life expectancy gap.

In 2022, The WA Government recognised the need to address violence in communities providing funding for ACCHS across WA to develop and deliver programs to address Family, Domestic and Sexual Violence (FDSV). This is currently underway at six pilot sites, and despite this being a challenging space to work in, the pilot sites have made significant progress in engaging with their communities and shifting the experiences of violence. However, there is a need for continued, sustainable funding to continue the work started in these pilot sites and to expand to other Member Services.

Given that a number of ACCHS are already partaking in the SEWB and FDSV pilot programs, and can demonstrate the success of these programs, AHCWA proposes that the Government provides sustainable funding to continue and expand these programs. This aligns with Priority Reform 2 – Building the Community Controlled Sector,⁴⁰ and will help to progress towards Targets 13 (reducing family abuse and violence by 50% by 2031) and Target 14 (reducing suicide towards zero) of the National Agreement.⁴¹

5

Provide sustainable funding for the continuation and expansion of ACCHS Social and Emotional Wellbeing and Family, Domestic and Sexual Violence programs.

³⁸University of WA (2023) Evaluation of the Aboriginal Health Council of Western Australia's ACCHS Social and Emotional Wellbeing Service Model: Interim Evaluation Report.

³⁹Anglicare Australia (2024) Rental Affordability Snapshot Regional Reports 2024 (p.168).

⁴⁰National Agreement on Closing the Gap. (2020). <https://www.closingthegap.gov.au/national-agreement/priority-reforms> (accessed 16 January 2025).

⁴¹National Agreement on Closing the Gap. (2020). <https://www.closingthegap.gov.au/national-agreement/targets> (accessed 16 January 2025).

Improved Child Development Services

The first five years of a child's life are critical for positive life outcomes. Children experience the greatest rate of development at this time and it is a critically important time in brain development.⁴² During this time children build the foundations for lifelong learning, health, and wellbeing. Given the critical development that occurs during early childhood, this is the most effective time to support the wellbeing of children to prevent or lessen problems in later childhood, adolescence and adulthood.

Biological and environmental factors impact on a child's development, including low birth weight, birth injury, vision and hearing impairment, or chronic illness. Environmental risk factors such as parental trauma, social isolation, poverty, poor housing, poor quality services and lack of access to services can also impact a child's development. Social determinants, and the impact of political and historical factors, can put Aboriginal children at a higher risk of experiencing developmental issues in childhood and into adulthood.⁴³ As such, a critical component of improving Aboriginal people's health and wellbeing is to ensure Aboriginal children are assessed for health and

development issues and, where necessary, referred to high quality, culturally safe services as early as possible.

However, Aboriginal children are slipping between widening gaps. Recent data released by the Productivity Commission reflects the shortfall in the 10-year Closing the Gap target of having 55 per cent of Aboriginal and Torres Strait Islander children meeting national early development goals, with just 34.3 per cent of Aboriginal children meeting the threshold in 2021, down from 35.2 per cent in 2018.⁴⁴ In WA, only 31.3 per cent of Aboriginal children were assessed as developmentally on track across all five domains in 2021, a decrease of 0.1 per cent from 2018.⁴⁵

ACCHS are well placed to provide initial primary care level developmental screening for Aboriginal children. The model of care is comprehensive, community centred, collaborative and culturally safe. Screening does not rely solely on attendance at scheduled visits but can be undertaken opportunistically when families attend for other reasons. Perhaps most importantly, children and their families feel safe in an environment where they have trusted and established

relationships with the staff. However, ACCHS child health service provision is variable across the State due to inadequate and sporadic funding. There is often inconsistent or inadequate access to paediatricians and allied health services, long wait times or poor referral pathways, delayed diagnoses or no access to diagnostic services, and a lack of developmental paediatric assessments for Foetal Alcohol Spectrum Disorder and Autism Spectrum Disorder. These issues continue even once a child receives a diagnosis, with further barriers to receiving supports as access to child development services is variable.

The area of paediatric services needs to be adequately funded and resourced to address the varying needs of children throughout WA and give them the best possible start to life. The recent Select Committee into Child Development Services Inquiry found that wait times for services across the State urgently needed to be improved, and identified a need for the expanded provision of child development services.⁴⁶ Recommendations further advised that additional funding be directed to increase and improve child development services.⁴⁷

⁴²<https://raisingchildren.net.au/guides/first-1000-days/development/development-first-five-years#about-early-child-development-nav-title> (accessed 14 January 2025).

⁴³Wise S (2013), Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level, Closing the Gap Clearing House, Australian Institute of Health and Welfare (AIHW).

⁴⁴Closing the Gap Information Repository <https://www.pc.gov.au/closing-the-gap-data/dashboard/se/outcome-area4> (accessed 14 January 2025).

⁴⁵IBID.

⁴⁶Select Committee into Child Development Services (2024) Child Development Services in WA: Valuing our children and their needs (p.ii).

⁴⁷IBID.

Improved Child Development Services

For Aboriginal children to have the best start in life there must be a commitment for child development services to partner with ACCHS to ensure the culturally safe provision of services and programs to support children and families. This is in line with Priority Reform One of the National Agreement – formal partnerships and sharing decision-making with Aboriginal organisations and communities and Priority Reform Two – building the Aboriginal Community Controlled sectors to deliver services to support Closing the Gap.

6

Adequately fund and resource child development services in order to reduce wait times and expand service provision. Child development services to partner with ACCHS to deliver culturally safe services and programs.





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