



Aboriginal Health Council
of South Australia Ltd.

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

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

Date Created: May 2026



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Acknowledgement of Country

AHCSA acknowledges the Traditional Custodians of the lands and waters across Australia and pays respect to Elders past and present. AHCSA also extends this respect to all Aboriginal and Torres Strait Islander people whose knowledge, culture and leadership continues to guide and strengthen Aboriginal Community-Controlled health.

Executive Summary

The Aboriginal Health Council of South Australia (AHCSA) welcomes the opportunity to present this submission to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs. AHCSA is the peak body representing Aboriginal Community-Controlled Health Organisations (ACCHOs) in South Australia. Our eleven Member Services deliver culturally safe, holistic healthcare services to Aboriginal people across metropolitan, regional and remote areas of the State. A full list of our Member Services is available on our [website](#).

Racism, hate and violence directed at Aboriginal and Torres Strait Islander peoples and communities has occurred since the invasion of 1788, and continues through ongoing colonisation. These harms are not limited to a single setting; they affect Aboriginal people who live in remote communities, regional towns and in cities across Australia. Racism impacts Aboriginal children, families and communities at all stages of life, from pregnancy and early childhood, through to youth and adulthood and into older age.

The impacts of racism are felt across multiple systems including health, justice, child protection, workplaces and education, and are inseparable from historical and ongoing injustices, such as the disposition of land, Stolen Generations and stolen wages. Laws, policies and practices - from the *Aboriginal Orphans Act 1844* and the *Aborigines Act (S) 1911*, to the Suspension of the *Racial Discrimination Act* in 2007 - have allowed race-based laws to be imposed on Aboriginal communities.

Racism operates at both individual and systemic levels and can be experienced in both overt and covert ways. Greater accountability and stronger consequences for those who perpetrate harm is needed. While AHCSA's submission will focus on the impacts of racism on health, an acknowledgment of the broader systemic issues and a truth-telling process is imperative.

Racism, hate and violence are significant and ongoing contributors to the health inequities experienced by Aboriginal and Torres Strait Islander peoples. Extensive evidence demonstrates that racism harms physical health, mental health, access to healthcare services, workforce participation and overall wellbeing.

Our submission incorporates the lived experiences of our Member Services and their communities, and the impacts that have been shared with not just AHCSA, but with government, since time immemorial. In addition, we reference existing research, evidence, and policy analysis to articulate the **well-known** issues and impacts racism has on health. Rather than duplicating the extensive work already done in this space, we make targeted recommendations to support accountability, sustained reform, and structural and cultural transformations within governments and healthcare.

There is a need for urgent action.



This inquiry is an important opportunity for the ACCHO sector to advocate on behalf of our communities, highlighting the ongoing inequities across mainstream healthcare systems that are intrinsically linked to pervasive systemic and institutional racism. As the peak body in South Australia, this submission draws on lived experiences from the ACCHO sector, as well as feedback from some of AHCSA's Aboriginal staff members. However, it must also be acknowledged that asking Aboriginal people to speak to the harms of racism can by its very nature be deeply distressing and traumatic. Time and time again Aboriginal people are asked to give time, share knowledge and educate others - often to see no change, with suggestions ignored and patterns of harm continually perpetuated.

We implore that this time be different.

Recommendations

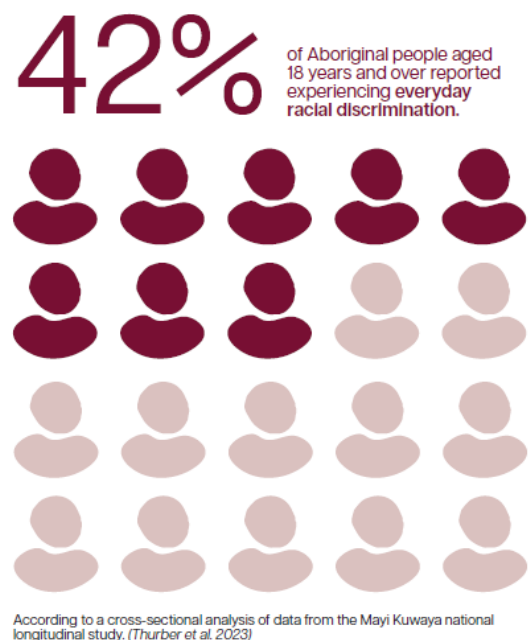
AHCSA recommends that the Australian Government:

- 1. Formally recognises racism as a structural determinant of health**, acknowledging its role in producing and sustaining health inequities for Aboriginal and Torres Strait Islander people across the life course, and integrate this recognition within health policy, funding and accountability frameworks.
- 2. Implement existing Australian Human Rights Commission anti-racism frameworks and recommendations**, outlined in the Australian Human Rights Commission [National Anti-Racism Framework](#) and [Anti-Racism Framework: Voices of First Nations People](#), particularly those related to cultural safety and anti-racism education. These frameworks should be across all health, disability, aged care and social service systems with clear accountability mechanisms.
- 3. Implement the UN Declaration on the Rights of Indigenous Peoples** [UN Declaration on the Rights of Indigenous Peoples](#), of which the Australian Government it is already a signatory.
- 4. Fund and support Aboriginal-led, community-driven anti-racism initiatives**, such as the [Call It Out First Nations Racism Register](#) and the [National Justice Project](#). Recognising that community-designed responses are essential to addressing racism in ways that are effective, culturally grounded and sustainable.
- 5. Mandate anti-racism education within healthcare systems across the Country** beyond one-off awareness programs. Specifically, include anti-racism education as a core component of clinical governance, workforce standards and system performance. This approach acknowledges that racism is embedded within institutional power structures and dominant cultural norms, and therefore requires systemic transformation of how knowledge, authority, and decision-making operate within healthcare systems (Moreton-Robinson, 2015).
- 6. Invest in data and reporting to monitor experiences of racism and complaints within healthcare systems.** This should be ongoing, Aboriginal-led data collection to monitor experiences of racism, health impacts, workforce wellbeing and progress over time, aligned with principles of Indigenous Data Sovereignty. There must be accountability.

7. **Commit to and implement ongoing support for Community-led truth-telling processes that confront historical and ongoing harms and link these processes to concrete policy and institutional accountability mechanisms.** These processes must be grounded in Aboriginal leadership and authority, ensuring that truth-telling is directed by those with lived experience of the impacts of colonisation and systemic racism. As part of this process, recognise the importance of current and past community activism in advancing justice and accountability, as well as the need to address ongoing resistance within settler-colonial systems to ethically engaging with already established truths (Dudgeon, 2020; *Barriers to Truth and Justice in Settler-Colonial Australia*, 2026).
8. **Commit to stronger consequences and accountability measures** to ensure that individuals, institutions, and online platforms are held responsible for discriminatory and racist practices, as well as strengthening legal protections for Aboriginal people against online hate.
9. **Commit to improving the standards of care experienced by Aboriginal and Torres Strait Islander children** by strengthening commitment to culturally safe services across health, education, child protection, and juvenile justice systems.
10. **Embed Aboriginal and Torres Strait Islander leadership, knowledge systems, and decision-making authority** across all anti-racism policy and service reform (Moreton-Robinson, 2015).

Introduction

Racism, discrimination, hate and violence are common experiences for Aboriginal and Torres Strait Islander people across Australia. According to the Australian Reconciliation Barometer, instances of racism experienced by Aboriginal people have increased significantly over the past decade, **rising from 39% in 2014 to 54% in 2024** (Reconciliation Australia, 2024). It is widely acknowledged that the 2023 Voice to Parliament referendum both normalised and amplified racist rhetoric and behavior towards Aboriginal people, with a noted increase in use of 13YARN, the national Aboriginal crisis support line (French & Vyver, 2023). Additionally, **the rise of social media has facilitated the spread of harmful misinformation, vilification and discrimination, perpetuating racist stereotypes and online abuse with no ramifications for perpetrators** (Cunneen, Coombes & Selcuk, 2025).





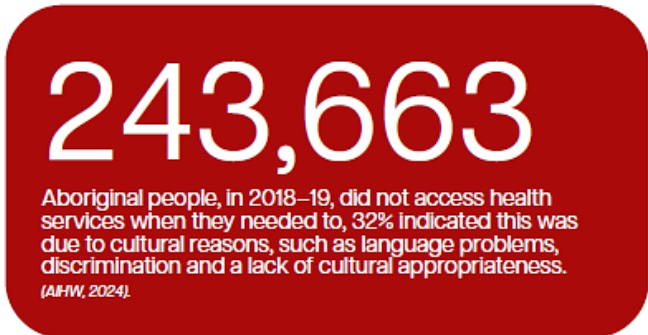
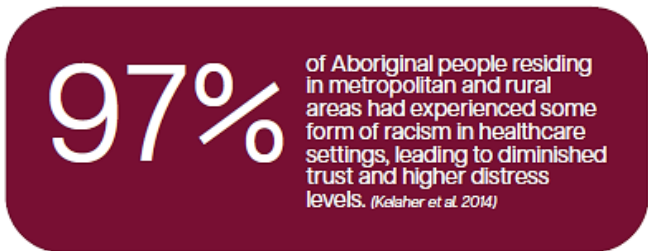
Experiences of racism have a profound negative impact on Aboriginal people’s health and wellbeing. Research has shown that racism is associated with an increased risk of hypertension and cardiovascular disease, alongside damaging health behaviours such as smoking and alcohol abuse (Stopforth, Kapadia, Nazroo & Becares, 2022). Prolonged stress due to a fear of racism and discrimination has also been linked to a higher likelihood of heart attacks and stroke, and elevated rates of inflammation (Reconciliation South Australia, 2025). Furthermore, experiences of racism have been strongly associated with poor mental health outcomes for Aboriginal people including depression, anxiety and psychological distress (Thurber et al., 2023). Rates of suicide for Aboriginal people

are much higher when compared to non-Aboriginal people, with Aboriginal men dying by suicide at 2.9 times the rate than non-Aboriginal men, and Aboriginal women dying by suicide at 2.6 times the rate than non-Aboriginal women (AIHW, 2025). Additionally, Aboriginal people engage in self-harm at significantly higher rates than non-Aboriginal people, particularly within the 15 – 24 age group (ABS, 2019).



Education, a recognised fundamental human right, has the potential to offer young people stability, care, and essential life skills, yet this potential is diminished when racism is present in learning spaces. A recent Productivity Commission review found that many school environments are not consistently culturally safe for Aboriginal and Torres Strait Islander students, families, and staff, and that limited cultural understanding among some educators continues to contribute to discriminatory attitudes (Lowitja Institute, 2026b). Racism is not a momentary harm; it is carried in how children come to see themselves, shaping belonging, self-worth, and engagement with learning. Education must therefore be understood not only as a site of knowledge, but as a space that can either wound or nurture with lifelong impact. Protecting children from racism is not only about preventing harm, but about creating the conditions for joy, belonging, and feeling proud in themselves (Lowitja Institute, 2026a).

Experiences of racism within a healthcare setting lead to a deep mistrust of healthcare services and professionals. As a result, many Aboriginal people delay seeking the care they need – or avoid it altogether – further exacerbating poor health outcomes and contributing to chronic illnesses and premature death (Australian Human Rights Commission, 2025). For many pregnant Aboriginal women, a fear of child removal and culturally unsafe care can result in non-attendance at antenatal appointments; this is often used to justify inappropriate notifications to child protection services, further triggering trauma-responses and a mistrust in mainstream healthcare services (Chamberlain et al., 2022).





AHCSA Member Services and Community experiences

AHCSA's Member Services have long reported the ongoing, pervasive and damaging impacts of racism on their communities, particularly for health and wellbeing. As well as the individuals and communities, it is the ACCHOs who bear the brunt of often culturally unsafe Local Health Networks (LHNs) - with a 2020 audit reporting 'very high' levels of institutional racism across all 9 of South Australia's LHNs (Health Performance Council, 2020). A 2025 report by the National Community Controlled Health Organisation (NACCHO) shows that 16% of Aboriginal people want to receive care from an ACCHO but do not have a service accessible to where they live, and for communities where ACCHOs do exist, those services are delivering more episodes of care than mainstream practices with significantly less funding (National Aboriginal Community Controlled Health Organisation, 2025). **ACCHOs cannot continue to wear the burden for the shortfalls of mainstream healthcare – mainstream services simply must do better.**

However, currently in many regions, community feedback shows that many Aboriginal people continue to feel unsafe and unsupported when accessing care at mainstream health services, due to experiences including:

- Disrespectful or culturally dismissive treatment
- A lack of recognition and respect for cultural identity and practices
- Communication breakdowns and lack of culturally appropriate care
- Limited access to Aboriginal liaison or support roles
- An absence of safe, accessible avenues to raise concerns about mistreatment - resulting in community's lack of confidence in complaints mechanisms

As a fundamental component of equitable, rights-based healthcare, cultural safety is embedded within the National Safety and Quality Health Service (NSQHS) Standards, the Closing the Gap commitments of all government agencies, and the professional obligations of clinicians registered with the Australian Health Practitioner Regulation Agency (AHPRA). Ensuring cultural safety—and being held accountable for it—is a clear and shared responsibility. Yet in practice, it is too often reduced to an arbitrary 'tick-box' exercise, limiting its capacity to drive meaningful, systemic change within healthcare systems and services.

One Member Service reported long-standing concerns spanning more than two decades regarding racism by the local public health service. In a small, remote community, the service regularly encounters inexperienced agency staff with no cultural safety awareness or experience working with Aboriginal people. Clients have been subjected to offensive and discriminatory language, dismissive treatment and receive immediate referrals back to community health clinics without appropriate clinical assessment or care. However it is not just clients; community-controlled healthcare services also experience a lack of acknowledgement for their Aboriginal staff, who are often turned away from supporting Aboriginal clients at the local hospital. These experiences have ongoing consequences for patient wellbeing, staff safety and trust in the healthcare system, and reinforce the need for stronger accountability, cultural safety requirements and systemic change.

Racism occurs across all systems and is not limited to healthcare settings. However, it is health – for individuals, communities, systems – that see the inevitable longer-term impacts. In many communities, ACCHOs are reactively responding to broader social inequities, whereby a lack of safe social systems and supports result in acute and chronic crises. These crises exacerbate inequities in health, resulting in ACCHOs responding to situations they are not responsible for, funded for or built for – and with nowhere safe for Aboriginal people to turn.

AHCSA Staff Feedback

AHCSA invited voluntary and anonymous contributions from Aboriginal and Torres Strait Islander staff to inform this submission, focusing on the impacts of racism on health and wellbeing. Contributions were gathered through a culturally safe, trauma-informed process, seeking to reduce the possibility of harms by requesting input. In order to achieve this, the following process was undertaken:

Literature and data sources were reviewed to identify themes and patterns, and collated in a mixed methods online submission portal to allow for participation in the way determined most appropriate to the staff member. Open ended prompts were used for some questions to highlight existing evidence to offer the participant threads to pick up on, while close-ended yes/no questions were also utilised, to enable participants to provide immediate responses without having to find suitable words. This approach was based on broad psychometric considerations - attempting to support involvement in a flexible and suitable way, without causing cognitive load burden or exacerbating distress. Staff were supported to participate in the survey in any way appropriate – from the office, from home, as individuals or collectively.

An in-person session was also facilitated by an Aboriginal counsellor, to support interested staff to attend and participate through conversation, rather than online. The session again used a mixed methods approach to conversation, and themes were documented. Immediately prior to the session, staff were invited to come together and share lunch, providing an opportunity for people to ease in to the conversation and feel comfortable with one another. Following the session, an afternoon tea break served as a session close, and commencement of a debrief period for anyone who needed it, with support on site for the remainder of the afternoon. The counsellor is engaged to provide ongoing supports to staff as a registered EAP provider, and is planned to return for a future in person collective debrief.

The following themes were collated from staff contributions.

Impact on Health

The impact of racism on the health of Aboriginal people was described as ‘significant’. **Staff reported often feeling ‘on-edge’ and hypervigilant when attending medical appointments and healthcare facilities due to previous experiences of racism and discrimination.** One staff member described an incident in which noticeable changes in tone and body language at a chemist resulted in them reconsidering having critical scripts filled – **‘I hope XXX isn’t working today’**. It was highlighted that many Aboriginal people would probably prefer to attend an ACCHO for their healthcare needs due to feeling unwelcome in mainstream services, however the geographical distance and capacity of many ACCHOs makes this challenging. Racism in mainstream healthcare services can result in delayed care seeking for Aboriginal people.

Healthcare Avoidance

It was widely agreed that many Aboriginal people will avoid attending medical appointments all together if they feel uncomfortable or unwelcome. Staff noted that their feelings and concerns are often not acknowledged or taken seriously due to unconscious biases. An example was provided of someone attending their local GP for hives, but being told it was more likely to be scabies; **they were provided the wrong diagnosis and treatment for their condition, delaying healing and resulting in unnecessary pain and discomfort.** Negative assumptions and comments have stopped people from indicating that they are Aboriginal and / or Torres Strait Islander at medical



appointments, meaning they do not receive the care they need. It is also important to consider the impact of intersectionality in barriers to accessing health care e.g. racism combined with homophobia, transphobia, misogyny and ableism.

Cultural Safety

Staff noted that blame is often placed on Aboriginal people for failing to attend appointments, leaving services against medical advice and not following treatment plans; there is very limited acknowledgement of the lack of cultural safety within mainstream healthcare services that generally causes these **behaviours ('...no one asks why we leave')**. It was discussed that many Aboriginal people will attend appointments and hospital visits with family members for support. This additional cultural responsibility is not understood or respected, and family members will often face the same discrimination, judgement and negative stereotyping, spreading the impact of racism within healthcare across communities. A lack of culturally safe GP clinics that are also accessible and affordable for Aboriginal communities was also identified, something of critical importance for transitory Aboriginal people without a fixed address.

Increase in Racism & the Referendum

Racism is 'extremely common...seen almost daily.' There was strong agreement amongst staff that racism has increased exponentially since the Referendum, in both severity and frequency. **One staff member noted that they now experience racism 'every day.'** It was noted that **people use 'freedom of speech' as an excuse to express racist opinions**, and that non-Indigenous people have been taking advice from certain Aboriginal public figures, - who are not representative of the wider Aboriginal community, - to justify their own harmful ideologies ('...it gave them ammunition'). It was also noted that racism has become so entrenched within Australian society that people often do not recognise it for what it is. The previous 12 months have seen some staff reconsider attending certain events and celebrations due to a fear for their safety. **Law enforcement is viewed as doing a 'poor' job, with a different threshold for responding to threats of violence against Aboriginal people when compared to other communities.**

Social Media

Social media has increased the presence of racism, as it 'rewards' divisive content. Social media influencers targeting young people with racist rhetoric was identified as having increased since the Referendum, boosting people's confidence to post racist content online. It was agreed that there is no accountability or expectation for social media platforms to moderate their sites, and that people face no consequences for posting violent and hateful content. Reports to Facebook often lead nowhere, with racist content allowed to remain online. As a result, **staff agreed that social media has 'made things worse', resulting in Aboriginal people seeing racism more regularly than ever before.** One staff member noted that the **rise of far-right political parties like**

Some staff acknowledged that they are now much more hypervigilant around certain days or events, as they expect to witness and experience an increase in racism such as Invasion Day and elections.

One Nation has normalised racist content online, particularly in the aftermath of the South Australian State Election. **It is easy to feel despair and rage when scrolling through social media.**



Anti-Racism Initiatives

Aboriginal people are generous with their time, efforts and knowledge; this needs to be reciprocated by non-Aboriginal people. Staff felt that initiatives often feel fake and will never change the perspective of some demographics. Instead, it was agreed that efforts should be focused on younger generations and current positive relationships and should aim to break down power structures within governments, systems and institutions. **Initiatives need to be explicitly acknowledged as anti-racism against Aboriginal people – ‘...our knowledge, our power’.** Cultural safety and anti-racism training need to be a minimum standard for healthcare services and community organisations.

Staff highlighted that Aboriginal people are constantly asked to put themselves at risk as part of anti-racist initiatives and campaigns, having to ‘extend the olive branch’ and demonstrate the difference between ‘good blaks and bad blaks’

Addressing and Reporting Racism

Staff feel that **racism against Aboriginal people is ignored by law enforcement and governments, and not taken seriously, as demonstrated by the recent Perth bombing incident.** It was again emphasised that there are no consequences to racist actions; a national registry was suggested for individuals, businesses, organisations and services that have displayed racist behaviour. It was agreed that current processes for reporting racism, particularly in healthcare, are tiring with no consideration of cultural safety or load. Family members will often support these processes, placing an additional burden on Aboriginal people’s wellbeing with no clear outcomes or consequences. Some staff indicated that **there is little to no information readily available for Aboriginal people who wish to report racism,** including a demonstration of outcomes.

One example of a good reporting mechanism for racism was **Adelaide Oval’s ‘0400 TELL US’ service,** in which people can report racism via text messages that are followed up by stadium staff and the police. **A community-led and owned racism register was also noted as a good way of reporting and tracking incidences of harm.**

Barriers to Addressing and Reporting Racism

One staff member described **the Racial Discrimination Act 1975 as ‘weak and watered down’.** It was also highlighted that **‘the Australian Government continues to endorse and ratify anti-racism declarations, but make no plans for implementation or monitoring’.** The double standards that exist for racism against Aboriginal people versus other groups were noted, with the recent Anti-Semitism Legislation provided as an example – **‘...Aboriginal people don’t bother reporting racism because nothing is ever done.’** Some staff members acknowledged that reporting racism within the workplace is particularly daunting, as it feels like Aboriginal people often face consequences as opposed to the perpetrators (‘white people holding hands’). A lack of positive stories regarding reporting racism was acknowledged; one example provided is the backlash faced by prominent Aboriginal sports people for speaking out against racism, like Adam Goodes and Cathy Freeman.



Addressing Structural and Individual Racism

Racism at an individual and structural level was described as ‘not a popular topic’ to address in the current climate, and having been ‘put in the too hard basket’ due to a fear of litigation and compensation. **‘Aboriginal businesses and organisations need to be embedded at a structural level (‘...not just artwork on the wall’)**, with Aboriginal people included in permanent leadership and decision-making roles. Staff agreed that to achieve genuine cultural authority, a diversity of Aboriginal people is needed to represent different communities and connections to culture. The **‘impact of racism experienced at the individual level on families and communities also needs to be acknowledged and addressed – ‘...we take things back to our families...then they carry our burden on top of their own.’**

It was agreed that non-Indigenous allies need to explicitly call out and address racism when it is witnessed, removing the burden from Aboriginal people and reducing the toll on their physical and mental health.

Individually, people need to shift from ‘not being racist’ to being ‘actively anti-racist’; non-Aboriginal people need to commit to decolonising their mindsets from a young age.

Complexity, cost and accessibility of health, disability and aged care systems

The design and operation of Australia’s health, disability and aged care systems reflect long-standing systemic inequities that continue to disadvantage Aboriginal and Torres Strait Islander people. Accessing specialist healthcare, disability supports including the National Disability Insurance Scheme (NDIS), and aged care services presents significant barriers for many Aboriginal people due to excessive systems complexity, high financial costs and limited accessibility, particularly in regional and remote areas. These barriers are not accidental; they are the result of systems developed without Aboriginal people, cultural knowledge or with an equity lens.

For example, a Functional Capacity Assessment by an Occupational Therapist is often needed for access to the NDIS; this can cost approximately \$193.99p/hour, with assessments taking between 10 – 15 hours depending on the complexity. For many Aboriginal people, especially those living on low incomes or in remote locations, these costs are prohibitive and effectively stop access to supports they may be entitled to.

Fragmented service and assessment pathways, complex eligibility requirements, extensive documentation and reliance on specialist diagnosis, digital access and sustained self-advocacy are additional barriers. For many Aboriginal people, navigating this process is even more difficult due to limited access to culturally safe information and support, language and communication barriers, digital exclusion and limited Aboriginal-led navigation and advocacy services.

The intersecting layers of racism and disability discrimination create a double disadvantage for First Nations people, as highlighted in the [Disability Royal Commission Final Report – Volume 9: First Nations People with Disability](#)

Racism as a structural determinant of health

For Aboriginal and Torres Strait Islander people, racism and discrimination present significant barriers to accessing culturally safe care and improving health and wellbeing outcomes. Experiences of racism at individual, institutional, and systemic levels are directly associated with poor physical and mental health, as well as harmful health-related behaviors (AIHW, 2024). Structural racism as a determinant of health does not operate in isolation but intersects

with other social determinants, including age, gender, class, sexuality, and disability, shaping compounding and unequal health outcomes across the life course (Hooks, 1981; World Health Organization, 2025).

Racism against Aboriginal people remains deeply embedded within Australian society; therefore, formal recognition of racism as a structural determinant of health is essential to addressing health inequities and driving deeper cultural transformations within governments. This recognition should explicitly identify and address the role of dominant cultural norms and institutional power in producing and maintaining racial inequities.

Australian Human Rights Commission anti-racism frameworks

The Australian Human Rights Commission (AHRC) protects human rights for all people in Australia, reviewing proposed and existing laws, policies and practices for compliance, and promoting education, understanding and acceptance of human rights. The [National Anti-Racism Framework](#) and [Anti-Racism Framework: Voices of First Nations People](#), provide clear principles and recommendations to addressing the injustices faced by Aboriginal people, and provide recommendations for eliminating racism across various sectors, including health, education and justice.

The United Nations Declaration on the Rights of Indigenous Peoples

The [UN Declaration on the Rights of Indigenous Peoples](#) ('the Declaration') is an international instrument outlining the individual and collective rights of Indigenous peoples across the globe, including minimum standards for the survival, dignity, and wellbeing of Indigenous peoples. **In 2007 Australia famously voted against the United Nations Declaration on the rights of Indigenous peoples – and it wasn't until 2009 that a new government made Australia a signatory.** However, the Declaration is not a legally binding instrument under international law and has not been embedded in national laws in Australia. In 2009, the Australian Human Rights Commission released a community guide designed to support Aboriginal people with understanding and using the Declaration (Australian Human Rights Commission, 2009). Within this, a number of national measures were identified for governments to action, including:

- Governments should work with our peoples to take steps, including through law reform, to achieve the goals of the Declaration.
- Governments should promote the Declaration and the full application of all the rights in the Declaration.
- Governments should take action to make sure that these rights are exercised in practice.

These recommendations appear to remain outstanding.

Community Led Anti-Racism Initiatives

Community-led initiatives such as the [Call It Out First Nations Racism Register](#) and the [National Justice Project](#) are grounded in lived experience, ensuring that Aboriginal people **define the problem and lead solutions**. Evidence from community-led models shows that initiatives led by those affected by racism are more effective and culturally safe (Fleming et al., 2023). This approach aligns with commitments under the **National Agreement on Closing the Gap**, particularly Priority Reform One, formal partnerships and shared decision-making.

Close the Gap

The **National Agreement on Closing the Gap** provides a comprehensive framework to address entrenched inequalities and help dismantle systemic racism, through:



- 1) Formal Partnerships and Shared Decision Making
- 2) Building the Community-Controlled Sector
- 3) Transforming Government Organisations
- 4) Shared Access to Data and Information at a regional level

However, the effectiveness of the National Agreement depends on genuine implementation and partnerships to deliver substantive and meaningful anti-racism reform.

The Aboriginal Community Controlled Sector is central to addressing the impacts of racism in a healthcare context. They provide culturally safe care that strengthens community trust and supports self-determination in a clinical setting. The role our sector plays aligns with Priority Reform Two of the National Agreement on Closing the Gap, [Building the Community-Controlled Sector](#), through recognition of the strength, knowledge and expertise of Aboriginal people.

[The 2026 Close The Gap Campaign Report](#) shows that ‘while the National Agreement on Closing the Gap provides a pathway to implement the rights affirmed in the UN Declaration, those rights will not be realised without structural reform, shared authority, and enforceable accountability mechanisms’. The report notes that Aboriginal communities are continuing to lead successful reforms, and Government departments have a responsibility to match this leadership and too deliver on meaningful change. The report highlights the inadequate delivery against the Priority Reforms to date.

Conclusion

Ending racism, hate and violence towards Aboriginal and Torres Strait Islander peoples requires more than reform at the edges; it calls for a deeper structural and cultural transformation grounded in genuine commitment to equity across education, health and care. Moving beyond symbolic gestures towards real change requires courage to sit with discomfort, to listen deeply to community voices, and to recognise our shared and inherent interdependence. Racism is not external to our systems but woven through the fabric of everyday life, embedded in laws, policy, institutions, and social norms. Truth-telling, accountability, and recognition are foundational to this work, and essential to achieving justice and equity.

This must include formally recognising racism as a structural determinant of health and embedding that understanding across policy, funding, and accountability frameworks.

It requires the full implementation of existing anti-racism commitments and human rights obligations, alongside sustained investment in Aboriginal-led, community-driven solutions that are culturally grounded and responsive to lived experience. A national, Aboriginal-led approach to cultural safety and anti-racism is critical to ensure consistency, integrity, and meaningful change across systems. This requires recognising and embedding the authority of Aboriginal and Torres Strait Islander peoples in all anti-racism policy and service reform, ensuring decision-making power rests with those most affected.

We thank the Committee for its time and consideration, and for the opportunity to contribute to this important work.

Appendix A

Appendix A lists key national and international documents and resources the Committee may wish to consider in developing its findings and recommendations.

[National Anti-Racism Framework](#)

Australian Human Rights Commission - A roadmap for governments, businesses and community organisations to address all forms of racism in Australia.

[An Anti-Racism Framework: Voices of First Nations Peoples](#)

Australian Human Rights Commission - This report serves as a foundational document for the development of a National Anti-Racism Framework.

[National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#)

*Commitment to a health system free of racism (actionable strategies –Improving the Health System **Priority 8: Identify and eliminate racism** - Desired outcome*

Individual and institutional racism across health, disability and aged care systems is identified, measured and addressed under a human rights-based approach.

[NACCHO Strategic Directions 2025-2028](#)

Removing systemic discrimination and strengthening cultural safety (1.1.2)- Secure formal agreements with major health bodies to advocate and fund culturally safe programs; removing systemic discrimination without additional burdens on ACCHOs or communities.

[Gari Yala \(Speak the Truth\)](#)

Gari Yala, which means ‘speak the truth’ in the Wiradjuri language, is based on a survey 1,033 Aboriginal and/or Torres Strait Islander workers across Australia and reveals some shocking realities about experiences of racism, the lack of cultural safety and identity strain experienced by Indigenous people across Australian workplaces

[Call It Out](#)

A way for people to report incidents of racism and discrimination towards First Nations Peoples. These reports are collected, held securely and analysed by Jumbunna Research to inform annual reports to help raise awareness and drive systematic change.

[AHPRA - Cultural Safety Accreditation and Continuing Professional Development Project](#)

Australian Health Protection Regulation Agency - Cultural Safety Accreditation and Continuing Professional Development (ACPD) Upskilling Framework and Strategy to protect Aboriginal and Torres Strait Islander Peoples from racism in healthcare

[AHPRA - Leading Aboriginal scholar to drive Cultural Safety Strategy for Australia's health workforce](#)

The Australian Health Practitioner Regulation Agency (Ahpra) announcement of the appointment of Wakaya Distinguished Professor Yin Paradies, a renowned Aboriginal race scholar, to lead the evaluation and development of the National Scheme's Aboriginal and Torres Strait Islander cultural safety priorities.



[The Westerman Jilya Institute for Indigenous Mental Health Website](#)

The Westerman Jilya Institute for Indigenous Mental Health Aboriginal Corporation is an Aboriginal Community Controlled not for profit organisation. Improving access to mental health services that were both clinically and culturally appropriate, and which could provide measurable outcomes for highrisk communities.

[T Westerman and G Dear Journal Article](#)

Journal Article authored by T Westerman and G Dear titled ‘The Need for Culturally Valid Psychological Assessment Tools in Indigenous Mental Health.’

[Health Inequities in Australia Scoping Report 2025](#)

A Scoping Review on the Impact of Racism on Indigenous and Other Negatively Racialised Communities’ Health Outcomes and Healthcare Access – AHRC.

[National Agreement on Closing the Gap | Closing the Gap](#)

The objective of the National Agreement on Closing the Gap (the National Agreement) is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians

[Home - Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing](#)

The largest national study of Aboriginal and Torres Strait Islander culture, health and wellbeing. Its development came from Aboriginal and Torres Strait Islander Peoples and communities’ need to have a better knowledge and understanding of the link between culture, health and wellbeing.

[Mayi Kuwayu - Research publications list](#)

Mayi Kuwayu -National Study of Aboriginal and Torres Strait Islander Wellbeing research publication list.

[K A Thurber et al Journal Article](#)

Journal Article authored by K A Thurber et al titled ‘Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults, and to Indigenous–non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study.’

[AHCSA State Election Priorities](#)

AHCSA and ACCHO Sector Set Priorities Ahead of 2026 SA State Election. The priorities set out a platform for furthering South Australia’s efforts on Closing the Gap, demonstrating a genuine commitment to meaningful engagement with Aboriginal organisations (Priority Reform 1) and to building a strong, capable community-controlled sector (Priority Reform 2).

[Home | The Healing Foundation](#)

The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that provides a platform to amplify the voices and lived experience of Stolen Generations survivors and their families. The Healing Foundation is specific to the Stolen Generation but important when discussing truth telling and history.

[Lowitja Institute Policy Brief](#)

Lowitja Institute Policy Brief, Embedding cultural safety: National Cultural Safety Training Standards and organisational action for cultural safety.



[Lowitja Institute -Cultural Safety in Australia Discussion Paper 2024](#)

Cultural Safety in Australia Discussion Paper.

[Lowitja Institute - Policy Position Paper](#)

Racism and the health and wellbeing of Aboriginal and Torres Strait Islander children: the need for targeted policy interventions to protect the health and wellbeing of our future generations Policy Position Paper.

[Office of the eSafety Commissioner - Fighting the tide](#)

This report is the first in a series of two reports exploring encounters with online hate among adults in Australia. It explores the prevalence, nature and impact of online hate among adults who belong to one or more of the targeted groups, drawing on data from eSafety's Australian Adults Online survey,2022.

[B Poirier et al Journal Article](#)

B Poirier Journal Article titled 'Co-Designing an Antiracist Dental Health System: Protocol for an Aboriginal and Torres Strait Islander–Led Mixed Methods Study.

[AIHW - Report](#)

Relationship between systemic anti-Indigenous racism and social and emotional wellbeing and mental health: recent national and international evidence, policy and programs.

[AIHW - National Indigenous Australians Agency](#)

Aboriginal And Torres Strait Islander Health Performance Framework Measures.

[AIHW - Racism and Indigenous Wellbeing, Mental Health and Suicide](#)

Racism and racial discrimination are key determinants of health and wellbeing. This article provides an overview of how racism affects the mental health of Indigenous Australians, their access to care and the policies and programs that address cultural safety in the health system.

[AIHW - Cultural Safety in health care for Indigenous Australians](#)

Cultural safety in health care for Indigenous Australians: monitoring framework.

[SBS News Article - Racism & Life Expectancy](#)

Article regarding Racism is the life expectancy factor that Australians don't want to talk about.

[Commonwealth Priority Reforms Roadmap](#)

The Commonwealth Priority Reforms Roadmap: Building APS Readiness for Transformation sets out a critical pathway for transforming how the APS operates to deliver on the National Agreement on Closing the Gap.

[Reconciliation SA education resources](#)

Reconciliation SA Website – education resources for schools.

[Reconciliation Australia Website](#)

Reconciliation Australia Website.

[Racism No Way Website](#)

Anti-Racism Education for Australian Schools.

[AHRC - Four stories from First Peoples](#)

A series of four animated stories has been created by GARUWA, in collaboration with the Race Discrimination team at the Australian Human Rights Commission.

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