

Aboriginal Health Council of South Australia Ltd.

South Australian

Aboriginal Health Partnership Agreement

2026-2036

Government of South Australia

SA Health

About the Artwork

Strong Culture, Shared Responsibility



Artwork by
Eastern Arrernte
Artist Pat Caruso of ***We***

At the heart of this artwork is a central gathering place representing Aboriginal people, families and communities. It reinforces that improving Aboriginal health and wellbeing must always begin with community at the centre.

The layers surrounding this central place represent the many elements that contribute to holistic health. They acknowledge that health is not understood only through the physical body, but through connection to culture, Country, family, identity, spirit and community. Each layer strengthens and protects the centre, reflecting the cultural knowledge, resilience and leadership that have sustained Aboriginal peoples for generations.

The different forms held within the central gathering place represent diverse communities, experiences and ways of knowing. Although each carries its own identity and story, they remain interconnected. Together, they reflect the importance of listening to many Aboriginal voices and recognising that communities must be empowered to shape the decisions, services and systems that affect their lives.

The pathways moving through and around the artwork represent the partnership between the Aboriginal Health Council of South Australia and the Department for Health and Wellbeing. They show people, knowledge and responsibility moving in both directions. This is not a pathway where one organisation leads and the other follows. It represents walking together through shared decision-making, mutual accountability and respect for the distinct roles each partner brings.

The repeated lines and markings acknowledge the ongoing work required to create meaningful change. They represent the many conversations, decisions and actions that build trust over time. Partnership is not created through a single agreement or moment; it must be continually strengthened through honesty, transparency and a willingness to listen and act.

The gathering places extending throughout the artwork represent Aboriginal communities across South Australia. Their connections to the centre recognise the diversity of Nations, communities and lived experiences across the state while affirming a shared commitment to stronger health and wellbeing outcomes.

The vibrant colours express cultural strength, energy and possibility. They celebrate Aboriginal identity and leadership while recognising the knowledge, capability and resilience already held within community. The darker outlines provide strength and definition, representing accountability and the responsibility to ensure commitments are supported by meaningful action.

This artwork tells a story of partnership grounded in Aboriginal leadership. It represents AHCSA and DHW working together to support community-led approaches, strengthen cultural safety and advance Closing the Gap priorities.

At its centre is a simple but essential understanding: lasting improvements in Aboriginal health will be achieved when community voices are heard, Aboriginal leadership is respected and responsibility for change is genuinely shared.

Throughout this document, the term ‘Aboriginal’ is used to be inclusive of people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander people. We respect that Aboriginal people often prefer to identify by their nation name.

The Aboriginal Health Council of South Australia (AHCSA) and the Department for Health and Wellbeing (DHW) jointly acknowledge the inspiration provided by partnership work between government and the Aboriginal Community-Controlled Health Sector nationally and in other jurisdictions in the development of this partnership agreement, in particular, the Victorian Partnership Agreement.

Contents

4 About the Partners
6 Purpose of the Partnership Agreement
7 Our Shared Goals
7 Our Shared Objectives
8 Our Commitments to Ways of Working
8 The co-design process
8 Our principles and practices
10 Aboriginal Health Policy Landscape
11 Governance
12 Partnership Structure
13 Annual Forum
13 Partnership Executive Committee
14 Program of Activity
14 Priority Working Groups
15 Partnership Health Check
15 Reporting and Evaluation
16 Our Language
16 Glossary
18 Acronyms

About the **Partners**

Aboriginal Health Council of South Australia Limited (AHCSA) is the peak body representing Aboriginal community controlled health services in South Australia. Our primary role is to be the 'health voice' for all Aboriginal people in South Australia by advocating for the community and supporting workers with appropriate Aboriginal health programs based on a holistic perspective of health.

AHCSA operates as a peak body, as outlined in its Constitution, and is a membership-based organisation with leadership watchdog, adovcacy and sector support roles and a commitment to Aboriginal self-determination.

Our Acknowledgement:
Aboriginal people and communities have cared for Country, Songlines, waterways and sky for thousands of years. Holistic practice of Aboriginal health and healing is an inherent part of Aboriginal culture and resilience in surviving colonisation. We pay our deepest respect and gratitude to ancestors, Elders, and leaders - past and present. They have paved the way, with strength and fortitude, for our future generations.

AHCSA acknowledges that the Aboriginal community controlled health sector has a long history in South Australia – established through the dedicated advocacy and resilience of community leaders. The first ACCHO was established in 1971, now known as Nunkuwarrin Yunti.

AHCSA itself began as an incorporated health unit under the South Australian Health Commission Act in 1981, then reincorporated in October 2001 as an independent Aboriginal community controlled organisation. There are now 13 ACCHOs across South Australia, all members of AHCSA.

Wilhelmine Lieberwirth
Chairperson for Aboriginal Health Council of South Australia Ltd.
30 September 2026

The **Department for Health and Wellbeing (DHW)** assists the Minister for Health and Wellbeing to set the policy framework and strategic directions for health care in South Australia.

DHW supports the delivery of public health services, formulates health policy, facilitates public and consumer consultation on health issues, and monitors the performance of South Australia's health system by providing timely advice, research and administrative support.

Aboriginal Health is core business for DHW supported by the leadership of the Aboriginal Health Branch and strategic advice of the Senior Officers Group in Aboriginal Health.

Our Acknowledgement:
We acknowledge the strength of Aboriginal people across the Country and the power and resilience that is shared as members of the world's oldest living culture. We acknowledge the richness and diversity of South Australian Aboriginal people as First Peoples of this land.

We acknowledge the impact of colonisation and racism, historical and ongoing. As we strive towards our shared vision, we understand it is our responsibility to work in partnership with AHCSA as a peak body for Aboriginal community controlled health services to address the ongoing effects of colonisation and racism, which continue to impact the lives of all South Australian Aboriginal people to whom we both provide health services. Historical truth-telling, eliminating racism and Aboriginal self-determination are a core part of this journey.

We are deeply committed to supporting this work within the Department and as a model for SA Health. We recognise this will involve the transfer of decision-making power and resources to Aboriginal control, as negotiated with AHCSA and Aboriginal communities.

Hon Blair Boyer MP
Minister for Health and Wellbeing
30 September 2026

Purpose of the **Partnership Agreement**

The purpose of this Partnership Agreement is to strengthen the relationship between AHCSA and DHW as equal partners, working together to achieve improved health, wellbeing and life outcomes for Aboriginal people, families and communities across South Australia.

We recognise that neither party can achieve lasting and meaningful change alone. Improving Aboriginal health outcomes requires genuine partnership, shared leadership, and a commitment to working side by side in the design, delivery, monitoring and evaluation of policies, programs and services that impact Aboriginal people. This Partnership Agreement reflects our shared responsibility as system leaders for Aboriginal health in South Australia.

This Agreement provides a framework for sustained collaboration, shared decision-making and collective accountability, enabling AHCSA and DHW to work to create a stronger, more responsible and culturally safe health system that supports Aboriginal people to thrive now and for future generations.

Our **Shared Vision**

Our shared vision is for Aboriginal people to have improved health outcomes and experiences in all parts of the health system that are holistic, accessible, free of racism and culturally safe, across both the Aboriginal Community Controlled health and South Australian public health system.

While embracing shared decision-making and partnerships, challenges such as the ongoing effects of colonisation, historical and ongoing disparities, limited resources, and bureaucratic barriers may arise. However, these challenges also present opportunities to innovate, build resilience, and create culturally safe and responsive solutions through collective action.

Active efforts must be made to address and dismantle systemic racism in line with the SA Anti-Racism Strategy by enabling:

- Decision making that actively considers and addresses racial inequality;
- Removing barriers to the participation of Aboriginal peoples in decision making; and
- Decision-making processes that actively identify and take bold action against racism (SA Health 2024, p. 16).

Our **Shared Goals**

We will identify our shared Aboriginal health and wellbeing priorities and develop and deliver on agreed programs of activity that will advance our shared vision: for Aboriginal people to have improved health outcomes and experiences in all parts of the health system that are holistic, accessible, free of racism and culturally safe, across both the Aboriginal Community Controlled health services and South Australian public health system.

We will align to the criteria for genuine partnership agreement and shared decision-making, as set out in the 2020 National Agreement on Closing the Gap (CtG), specifically, Priority Reform 1: Formal Partnerships and Shared Decision-making and the Strong Partnership Elements in Clauses 32 and 33.

Our **Shared Objectives**

1. **Shared Leadership and Decision-Making**
   Embed genuine, shared decision-making, Aboriginal leadership and joint accountability across Aboriginal health policy, planning, investment and system reform.

2. **Health Equity and System Reform**
   Drive coordinated system reform that improves health equity, experiences and outcomes for Aboriginal people across South Australia.

3. **Cultural Safety and Anti-Racism**
   Transform the health system to be culturally safe, trauma-informed and free from racism for Aboriginal people, families and communities.

4. **Strengthening the Aboriginal Community Controlled Health Sector**
   Support the sustainability, growth and leadership of the Aboriginal Community Controlled Health Sector as a cornerstone of holistic Aboriginal healthcare.

5. **Aboriginal Workforce and Leadership**
   Grow and strengthen the Aboriginal health workforce and increase Aboriginal leadership across all levels of the health system.

6. **Community-Led Solutions and Accountability**
   Enable community-informed, place-based approaches supported by transparent accountability, shared data and continuous learning.

7. **Long-Term Partnerships and Sustainability**
   Maintain a strong, enduring partnership that delivers measurable reform and sustained improvements in Aboriginal health and wellbeing over the life of this Agreement.

Our Commitments **to Ways of Working**

The Co-Design Process

We developed and formalised this Partnership Agreement through a two-stage co-design process. The first stage occurred over a two-month series of co-design workshops in 2025 between AHCSA and DHW to develop the structure and content of an Interim Partnership Agreement to guide Year 1 of the Partnership Agreement. The second stage occurred in 2026 with both parties collaborating through an interim partnership committee, applying principles of co-design to develop this 10-year Partnership Agreement.

Through the co-design process we have sought to genuinely understand each other, leave behind pre-conceived ideas while acknowledging and learning from previous experiences, strengthen trust and respect in our relationship, and ensure equitable voice and input into the final agreement. We have been driven by an outcomes-focus that will be of benefit to AHCSA Members and the South Australian Aboriginal community.

Our Principles and Practices

This Partnership Agreement commits us to working together to implement agreed priorities and strategies guided by the following eight principles and practices, which are informed by a review of good practice in partnership agreements at national and jurisdictional levels.

1. Shared Power, Decision-Making and Responsibility

What does this mean in practice?
Decisions will be made jointly via consensus through our governance structure, where there is shared power between AHCSA and DHW. Where agreed actions flow from these decisions, whoever is responsible for leading these actions within the scope of the Partnership Agreement and their respective remit will also be responsible for achieving the linked outcomes.

2. Shared Purpose and Mutual Benefit

What does this mean in practice?
We will consistently strive towards our shared vision and the agreed objectives and outcomes for each phase of work. In deciding this, we will always consider how what we do together is of benefit to Aboriginal South Australians, as both AHCSA and DHW have separate visions that commit them to achieve a meaningful difference in the health and wellbeing of Aboriginal South Australians.

3. Mutual Accountability to Partners and Parties Represented

What does this mean in practice?
We will be accountable in sharing our progress, both successes and challenges, in the specific actions or pieces of work we are each allocated to lead and support:

- An essential requirement for AHCSA is accountability to its Members, which is outlined in the objects of the AHCSA Constitution.
- An essential requirement for DHW is accountability to the Minister for Health, guided by current state Aboriginal health frameworks, strategies, plans and national commitments (see Aboriginal Health Policy Landscape section).

4. Transparent Communication, Information and Data Sharing, and Partnership Review Process

What does this mean in practice?
We will have open and transparent communication through governance of the Partnership Agreement, sharing information and data that is needed to inform decision-making and the assessment of progress against partnership priorities.

5. Co-Design and Co-Creation

What does this mean in practice?
We will work together through genuine co-design and co-creation processes to develop solutions for the shared priorities identified under this Partnership Agreement. This approach recognises the importance of shared decision-making, mutual respect and Aboriginal leadership in shaping policies, programs and system reform. It also reflects our commitment to building stronger relationships based on trust, transparency, flexibility and a willingness to listen, learn and adapt together.

6. Relationships Based on Trust, Willingness to Learn and Flexibility

What does this mean in practice?
We will focus on developing trust in both the intentions and actions of the other party. We will be willing to learn from our separate and collective experience when it is apparent that an approach is not working, a priority is not fully shared, or mistakes have been made. We will take responsibility for actions we lead that have not gone well or could not be done, while also being open to hearing why this has occurred so we can learn from these experiences and then demonstrate flexibility to co-design alternative approaches or solutions in a strengths-based manner.

7. Support Self-Determination, and Value and Respect Aboriginal Lived Experience

What does this mean in practice?
We are committed to supporting and facilitating the self-determination of the Aboriginal Community-Controlled Health Sector in SA, including growing the Sector in the pursuit of equitable access to culturally safe comprehensive primary health care services. We are committed to leading by example how government health services and the community-controlled sector can demonstrate genuine partnership that values and respects Aboriginal culture and lived experiences in co-designing health services and programs with Aboriginal communities and their representative bodies. We are committed to respecting the contributions of all Aboriginal representatives of this Partnership Agreement who bring their cultural and community knowledge and lived experience to advance our shared vision.

8. Aboriginal Data Sovereignty

What does this mean in practice?
We are committed to embedding Aboriginal Data Sovereignty principles across planning, policy development, service delivery, monitoring, evaluation and reporting. We recognise that data relating to Aboriginal people's, communities and organisations is a strategic asset and that Aboriginal people have the right to govern the collection, access, use, interpretation, management and sharing of data that affects them. We work together to establish culturally safe, ethical and transparent data governance arrangements that support shared decision making, strengthen community control, and ensure data is used to inform improved health outcomes for Aboriginal people and communities. We are committed to building capability across the Partnership to support the meaningful use of data, promote accountability, and align with nationally recognised Aboriginal Data Sovereignty principles and practices. Aligning to the Australian Government's Framework for Governance of Indigenous Data.

Aboriginal Health **Policy Landscape**

National	State
• National Agreement on CtG Implementation Plan • National Aboriginal and Torres Strait Islander Health Plan 2021-2031 • National Aboriginal Torres Strait Islander Health and Workforce Strategic Framework and Implementation Plan 2021-2031 • The National Health Reform Agreement (NHRA) Schedule B: Monitoring and Accountability Group (MAG)	• South Australia's CtG Implementation Plan • Aboriginal Health Council for South Australia Strategic Plan 2026-2031SA Health Aboriginal Health Care Framework 2023-2031 • South Australian Aboriginal Health Promotion Strategy 2022-2030 • SA Health Aboriginal Workforce Framework 2023-2031 • South Australia's Anti-Racism Strategy 2023-2028 • South Australia's Anti-Racism Action Plan 2023-2028

Figure 1: This diagram outlines the policy landscape that the Agreement exists within.

This Partnership Agreement operates within a complex and evolving Aboriginal health policy environment shaped by national and South Australian priorities, strategies, legislation, funding arrangements and reform agendas. Key influences include the National Agreement on CtG, Aboriginal and Torres Strait Islander health strategies, state and national policy frameworks, and commitments to Aboriginal self-determination, cultural safety and health equity.

AHCSA and DHW recognise that policy settings, funding models, governance expectations and community priorities will continue to change over the life of this 10-year Agreement.

These changes may be driven by emerging evidence, government reforms, new agreements and strategies, evolving Aboriginal community priorities, and shifts in commissioning and funding approaches.

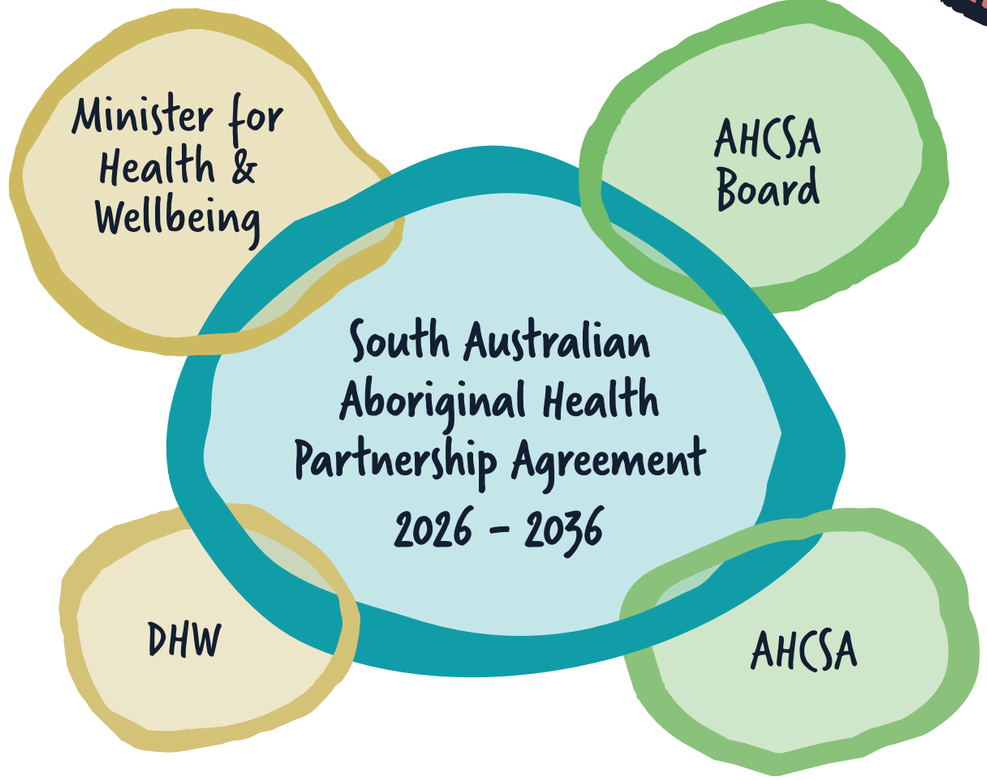
In response, AHCSA and DHW commit to maintaining a flexible, collaborative and responsive partnership that remains aligned with relevant national and state policy directions. The parties will regularly review the policy environment, adapt priorities and Programs of Activity where required, and work together to leverage reform opportunities that strengthen Aboriginal health outcomes while maintaining focus on shared long-term objectives.

Governance

The governance structure for this Partnership Agreement recognises its sole focus is on the health sector and on how Aboriginal priorities and needs will be addressed, and outcomes achieved, through our collective efforts. We acknowledge there are complementary governance structures that have a broader scope encompassing the social and cultural determinants of health, aligning to National and State CtG commitments and actions.

The governance structure provides the framework for shared decision-making, accountability, and oversight of the Partnership Agreement. It supports collaboration between parties to identify shared priorities, monitor progress, address challenges, and ensure actions are responsive to the needs and aspirations of Aboriginal people and communities.

The diagram below outlines the governance structure for the Partnership Agreement. It represents the parties who participate and are represented in this Partnership Agreement.

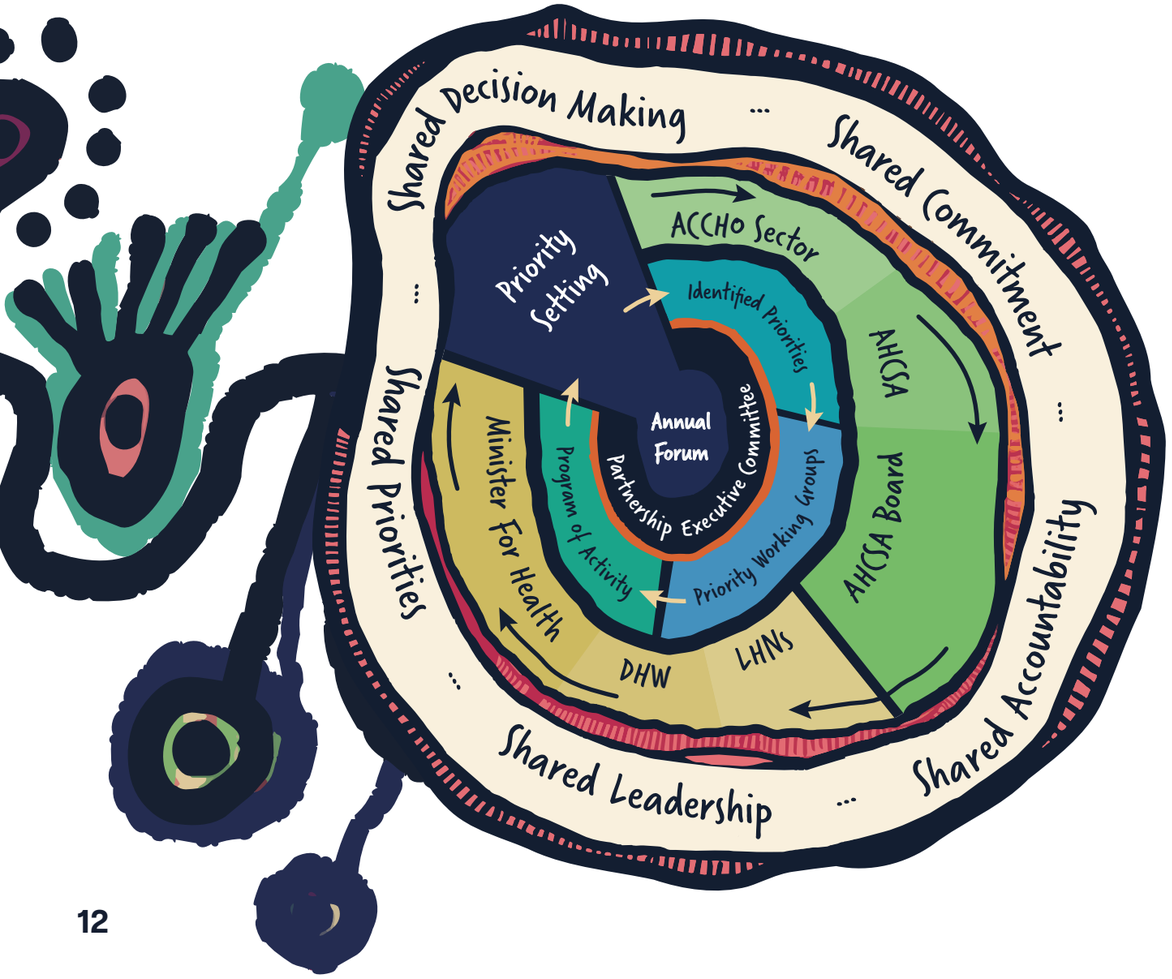


Partnership **Structure**

The Partnership Agreement is supported by a collaborative partnership structure that reflects the shared commitment of the Parties to Aboriginal self-determination, shared decision-making and mutual accountability.

The partnership structure provides the mechanisms through which the parties exercise collective leadership to jointly identify and agree on shared priorities and oversee agreed commitments. This includes monitoring progress and evaluating outcomes, ensuring shared accountability for improving Aboriginal health outcomes across South Australia.

The diagram below outlines the partnership structure and the relationships between parties and key stakeholders and how ACCHOs inform priority setting and decision making.



Annual **Forum**

An annual forum will provide a platform for ACCHOs to inform priorities, support decision-making, and establish public facing accountability for achieving agreed outcomes. The Forum will include the signatories of the Partnership Agreement being the AHCSA Board Chairperson and the Minister for Health and Wellbeing, representatives from AHCSA and DHW, and Member Services to ensure Aboriginal Health Leaders are central to decision-making and that implementation remains aligned with Aboriginal community priorities and contributes to improved health outcomes.

Partnership **Executive Committee**

The Partnership Executive Committee provides strategic leadership of the Partnership Agreement including the annual forum, identifying shared priorities and overseeing progress of the Priority Working Groups. It monitors progress, manages risks and issues, supports collaboration between partners, and ensures accountability for agreed priorities.

Program
of Activity

The parties commit to co-designing a Program of Activity, periodically, as agreed by the parties, throughout the life of the Partnership Agreement, that will advance the identified shared priorities, as informed by the Annual Forum, which guides collaborative work.

A Program of Activity will set out deliverables, responsibilities and intended outcomes. It will align with the purpose, vision, and objectives of this Partnership Agreement and the Aboriginal Health Policy Landscape strategic directions. This approach supports ACCHOs by promoting shared decision-making, accountability, and transparency, while ensuring implementation remains aligned with Aboriginal community priorities and contributes to improved health outcomes.

The parties will work collaboratively to review progress of the Program of Activity on a regular basis, including an annual review of the Program of Activity, to ensure the Program of Activity remains aligned with overarching goals of the partnership.

Priority
Working Groups

Priority Working Groups will be established to progress the Program of Activity. They will implement actions, coordinate activities across organisations, provide specialist expertise, monitor progress, and report to the Partnership Executive Committee.

Partnership
Health Check

The parties commit to jointly developing a Partnership Health Check tool to support the ongoing strength, effectiveness and integrity of the partnership.

The Partnership Health Check Tool will be:

- Co-designed and agreed by AHCSA and DHW
- Grounded in the partnership's shared principles including mutual respect, cultural safety, transparency and shared decision-making;
- Designed to reflect the purpose, vision and objectives of this Partnership Agreement.

The parties agree to undertake the Partnership Health Check on a regular and periodic basis, at intervals agreed between them to ensure ongoing reflection and continuous improvement of the partnership.

Outcomes of the Partnership Health Check will:

- Be openly discussed and shared between parties;
- Inform joint actions to strengthen the partnership;
- Contribute to the continuous refinement of ways of working, governance arrangements and the Program of Activity.

Reporting
and Evaluation

The parties commit to a transparent, collaborative and continuous approach to reporting and evaluation to support the effectiveness, accountability and ongoing strengthening of the partnership.

Monitoring, evaluation and reporting activities will be co-designed and agreed by AHCSA and DHW and include the following mechanisms:

- Priority Working Group Progress Reports provided at each Partnership Committee meeting to update members on the progress of the Program of Activity
- Progress of evidence and outcomes against identified priorities reported to members at the Annual Partnership Forum
- The Partnership Committee will identify and agree on a mechanism to continuously monitor and evaluate progress towards the longer-term health and wellbeing outcomes of the Partnership Agreement.
- A three-year independent review of the progress of the Partnership Agreement in the third year.

Our **Language**

Glossary

Co-creation

A “collaborative approach of creative problem solving between diverse stakeholders at all stages of an initiative, from the problem identification and solution generation through to implementation and evaluation” (Vargas et al. 2022, p. 1).

Co-design

Aligning with the definition, principles and conditions of Co-design as determined by SAACCON and the South Australian Government, and as updated from time to time, the Partnership Agreement defines Co-design as a participatory and decision-making tool for problem solving where those with technical expertise and lived experience come together on equal ground to design specific solutions. Participants have equal standing at every stage of decision-making – from issue identification to developing and delivering solutions which includes monitoring, evaluating and improvements as needed.

Partnership Agreement

According to the 2020 National Agreement on CtG, strong partnership agreements must have the following three elements: accountability and representation, formalised and co-signed documents, and shared decision making (see the shared decision-making entry):

a. Partnerships are accountable and representative and are between:

i. Aboriginal and Torres Strait Islander people, where participation in decision-making is done by Aboriginal and Torres Strait Islander people appointed by Aboriginal and Torres Strait Islander people in a transparent way, based on their own structures and where they are accountable to their own organisations and communities

ii. up to three levels of government, where government representatives have negotiating and decision-making authority relevant to the partnership context

iii. other parties as agreed by the Aboriginal and Torres Strait Islander representatives and governments.

b. A formal agreement in place, that is signed by all parties and:

i. defines who the parties are, what their roles are, what the purpose and objectives of the partnership are, what is in scope of shared decision-making, and what are the reporting arrangements, timeframes, and monitoring, review and dispute mechanisms

ii. is structured in a way that allows Aboriginal and Torres Strait Islander parties to agree the agenda for the discussions that lead to any decisions

iii. is made public and easily accessible

iv. is protected in state, territory and national legislation where appropriate. (Coalition of Aboriginal and Torres Strait Islander Peak Organisations & all Australian Government, 2020 p.6)

Program of Activity

As referenced in the 2025 Peak Body Agreement, the Program of Activity is a coordinated, structured plan of interrelated projects, tasks, and events designed to achieve the parties’ shared vision: for Aboriginal people to have improved health outcomes and experiences in all parts of the health system that are holistic, accessible, free of racism and culturally safe, across both the Aboriginal Community Controlled health and South Australian public health system.

The Program of Activity coordinates multiple efforts over a defined period to advance shared priorities of the Partnership Agreement.

Self-determination

Self-determination for Aboriginal and Torres Strait Islander peoples means:

...communal decision-making for the future of a people, who define on their own terms the collective identity of ‘the self’ who is the subject of their self-determination. In international law, political self-determination is collective and grounded in group sovereignty, rather than about individual choice; and its sovereign source is people/culture/place-specific. (Rigney, Bignall, Vivian & Hemming, 2022, p. 8)

Shared decision-making

According to the 2020 National Agreement on CtG section 32(c), all decision-making under a Partnership Agreement is shared between government and Aboriginal and Torres Strait Islander people, where shared decision-making is defined as being:

i. by consensus, where the voices of Aboriginal and Torres Strait Islander parties hold as much weight as the governments

ii. transparent, where matters for decision are in terms that are easily understood by all parties and where there is enough information and time to understand the implications of the decision

iii. where Aboriginal and Torres Strait Islander representatives can speak without fear of reprisals or repercussions

iv. where a wide variety of groups of Aboriginal and Torres Strait Islander people, including women, young people, elders, and Aboriginal and Torres Strait Islander people with a disability can have their voice heard

v. where self-determination is supported, and Aboriginal and Torres Strait Islander lived experience is understood and respected

vi. where relevant funding for programs and services align with jointly agreed community priorities, noting governments retain responsibility for funding decisions

vii. where partnership parties have access to the same data and information, in an easily accessible format, on which any decisions are made. (Coalition

of Aboriginal and Torres Strait Islander Peak Organisations & all Australian Government, 2020 p.6)

Acronyms

ACCHO	Aboriginal Community-Controlled Health Organisation or service
AHCSA	Aboriginal Health Council of South Australia
CTG	Closing the Gap
DHW	Department for Health and Wellbeing which will include attached offices and Local Health Networks
NATSHIP	National Aboriginal and Torres Strait Islander Health Implementation Plan
NATSIHWSF	National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan
NHRA	National Health Reform Agreement which includes all aspects of the agreement including the Schedule B and Monitoring and Accountability Group
SAACCON	South Australian Aboriginal Community Controlled Organisation Network



Aboriginal Health Council of South Australia Ltd.

Government of South Australia

SA Health