



**Aboriginal
Health Council
of Western Australia**

First Nations Advocates Against Family Violence – Sector Strengthening Plan

AHCWA feedback

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The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHS) in Western Australia (WA). WA ACCHS are located across geographically diverse metropolitan, regional and remote locations. They deliver the most effective model of comprehensive primary health care for Aboriginal people and are in a unique position to identify and respond to the local, cultural and health needs of Aboriginal people and their communities. AHCWA exists to support and act on behalf of its 23 Member Services, actively representing and responding to their individual and collective needs.

AHCWA welcomes the opportunity to provide feedback on the First Nations Advocates Against Family Violence (FNAAFV) Sector Strengthening Plan (SSP). AHCWA also draws on learnings from an FDSV Pilot program, delivered across six ACCHS in metropolitan, regional and remote WA. The pilot has provided valuable insight into what culturally grounded, community-led DFSV responses look like in practice, and positions AHCWA to offer informed feedback on the reforms needed to strengthen the sector.

Question 1 - Our previous slides show what we have heard from the sector about challenges in the DFSV ACCO sector – is anything missing?

From AHCWA's perspective, the FNAAFV summary accurately reflects many of the structural challenges faced by Aboriginal Community Controlled Organisations (ACCOs) delivering DFSV services. The themes around workforce shortages, fragmented funding, lack of infrastructure, and governance pressures strongly align with what our Member Services are experiencing across WA.

However, WA communities, particularly in regional and remote areas, consistently raise several additional challenges that warrant explicit inclusion in the SSP. These issues are significant, recurrent, and shape the day-to-day realities of DFSV service delivery.

1. Regional and remote realities require far greater visibility and resourcing

Feedback from the Pilbara, Goldfields, Kimberley and Midwest shows that remote communities operate within fundamentally different service environments. Challenges include:

- critical housing shortages (crisis, transitional, long-term) that directly limit safety planning
- geographic isolation that increases risks, delays response times, impacts workforce turnover and dramatically increases delivery costs
- lack of after-hours and on-call supports, with police often becoming the default responders – a response frequently unsafe for Aboriginal families
- digital disadvantage and connectivity gaps that undermine data sovereignty and safe record-keeping



These challenges intensify DFSV risk and require tailored, place-based reforms.

2. The lack of culturally led men's behaviour change and healing programs

WA communities consistently emphasise that without culturally grounded, trauma-aware programs for men, cycles of harm will continue. Critical gaps include:

- very few Aboriginal male practitioners
- no on-Country men's healing infrastructure in many regions
- limited behaviour change pathways beyond punitive responses

This is one of the most significant structural gaps in the DFSV system. Communities repeatedly state: "Without men's programs, nothing changes."

3. Whole-of-family, SEWB-based responses remain under-resourced

Violence is deeply tied to social determinants, trauma, cultural disconnection, and grief. ACCHS SEWB teams emphasise that siloed victim/perpetrator programs do not reflect community realities. Services need to be:

- wrap-around and family-centred
- culturally grounded in SEWB
- guided by Elders, kinship structures and connection to culture
- capable of addressing AOD, mental health, trauma and parenting together

4. System fragmentation undermines safety and accountability

Interagency collaboration remains inconsistent or non-existent across WA. As a result:

- survivors retell trauma repeatedly
- referrals fall through gaps
- agencies operate in silos
- no shared accountability exists for risk or safety

A structured, culturally safe case-management approach is needed. AHCWA's FDSV Pilot found that integrated, ACCHS-based models drastically improve continuity.

5. Children and young people remain largely invisible in DFSV system design

Despite being central to healing, children and youth remain significantly under-served. Gaps include:

- age-appropriate therapeutic supports



- early intervention
- healthy-relationships education
- family-centred youth support

6. Lack of genuine commissioning reform continues to limit ACCO leadership

Across WA, procurement processes still routinely fund mainstream NGOs as lead providers while ACCOs are positioned as subcontractors with limited decision-making authority. This contradicts CTG Priority Reform 2 and undermines:

- cultural safety
- workforce development
- long-term sector strengthening

ACCHS consistently highlight that commissioning reform cannot remain aspirational - it must be embedded in funding design, contracting, accountability mechanisms, and implementation.

7. A persistent gap between policy intent and implementation

Services across WA consistently report that government frameworks carry strong intent, but frontline reality often does not reflect this. Implementation is often:

- under-resourced
- metro-centric
- misaligned with community priorities
- driven by mainstream models rather than ACCO leadership

This must be recognised as a structural, not service-level issue. Communities need policies with practical, funded, locally adaptable actions.

8. Remote data privacy and case management challenges undermine safe and effective DFSV support

ACCHS across regional and remote WA consistently highlight that confidentiality and data safety are major concerns, particularly in small communities. Survivors often avoid seeking help because clinical systems are visible to multiple staff, and because existing medical software is not designed for DFSV case management.

AHCWA's FDSV pilot also demonstrated that ACCOs must sometimes develop parallel or offline systems to keep people safe. There is a deeper structural need for DFSV-specific digital infrastructure aligned with Indigenous Data Sovereignty and CTG Priority Reform 4.

Key issues include:

- lack of private, confidential spaces for clients



- medical record systems not fit-for-purpose for DFSV case notes
- fear of visibility ("everyone can see my notes")
- need for dedicated, culturally safe DFSV case management platforms
- no investment in Aboriginal data governance despite its centrality to safety

This is a core infrastructure and safety issue that the SSP must address directly.

9. Additional insights from AHCWA's FDSV Pilot

The pilot offers important learnings about what enables genuine safety and healing. A key theme is that place-based, culturally grounded approaches work because they are shaped by local knowledge, relationships and community-defined understandings of violence and safety.

Across all sites, success relied on pacing the work with community readiness and building shared definitions of safety.

Key learnings include:

- Local, specialised workforce: ACCO workers bring trusted, relational, culturally informed practice that external providers cannot replicate.
- Community-led definitions of violence: Communities need time and dialogue to build shared language and a collective vision for a violence-free community, strengthening ownership and agency.
- Cultural obligations matter: Staff understand Sorry Business, kinship structures and cultural responsibilities that influence access, mobility and safety.
- Meeting communities where they are: Each site used a different model; effective because it was shaped by community input, relationships and local realities.
- Privacy challenges persist: Some sites needed parallel systems to protect confidentiality, highlighting the need for DFSV-specific, culturally safe digital infrastructure.

These insights reinforce why ACCOs must be central to DFSV system reform.

Question 2 - What does success look like in your organisation or community?

For AHCWA and its Member Services, success in the DFSV space is grounded in self-determination, cultural authority, and families who are strong, safe, and connected to culture, Country and community. Success is not just the absence of violence; it is the presence of healing, trust, safety, dignity, and community-led pathways of support.

Success looks like Aboriginal people designing, leading and delivering DFSV responses across the continuum, with long-term investment that enables stable workforces, strong governance, and culturally grounded practice.



Below is what success looks like from the perspective of WA ACCHS, SEWB teams and the communities AHCWA works alongside.

1. Community-controlled, culturally grounded DFSV services across the state

Success means ACCOs are the preferred and default providers of DFSV services, not subcontractors under mainstream organisations. Communities repeatedly tell us they feel safest when supports are embedded in ACCHS settings, delivered by people they know, trust and share culture with.

Success includes:

- DFSV responses embedded within SEWB, primary health and family support models
- services designed through local community consultation
- Elders and cultural governance guiding practice
- reforms fully aligned with CTG Priority Reforms 1 and 2

2. A culturally safe, specialised and well-supported Aboriginal workforce

Across WA, communities emphasise that success depends on a stable, highly skilled Aboriginal workforce that is supported, valued, and able to work safely. DFSV work requires specialist skills and training, that are currently not accessible or available at the scale needed in WA, and many Aboriginal workers step into these roles carrying deep cultural responsibilities and lived experience.

Success includes:

- secure, long-term funding to stabilise roles
- accessible, high-quality specialist training pathways
- wellbeing supports, supervision, and cultural load recognition
- career development that grows local expertise rather than relying on fly-in, fly-out staff
- investment in Aboriginal male practitioners and men's healing workforce
- respect for cultural authority, language skills and lived experience as specialist capabilities

3. Integrated, whole-of-family, SEWB-based healing approaches

Success looks like a system that heals rather than fragments families. Communities consistently call for responses that recognise the interconnected realities of violence, trauma, grief, AOD use, mental health, parenting pressures and social determinants.

This means:

- wrap-around, family-centred models



- on-Country healing opportunities
- culturally grounded men's behaviour change and accountability pathways
- therapeutic supports for children and young people
- SEWB frameworks guiding all levels of practice
- Elders informing design, delivery and evaluation

These models already work in WA, including through ACCHS SEWB teams and AHCWA's DFSV pilot, where culturally safe, integrated approaches have led to earlier disclosure, deeper engagement and more sustainable outcomes.

4. Systems that do not retraumatise or criminalise Aboriginal families

A successful system is one where Aboriginal families feel safe to seek help without fear of punishment. Communities are clear – punitive, police-led or child-protection-driven responses create silence, not safety.

Success means:

- survivors have genuine choice, safety and agency
- people who use violence can access culturally informed healing and accountability pathways
- responses prioritise keeping children safe within family, culture and connection
- crisis responses are not the only available option
- mainstream systems operate in culturally safe, non-discriminatory ways

5. Data sovereignty and community-defined evidence of healing

Success also requires ACCOs to have the authority and infrastructure to collect, store, govern and use data safely and appropriately. WA communities emphasise that data sovereignty is more than a technical issue; it is a cultural, safety and trust issue.

Success includes:

- DFSV-specific, culturally safe case management systems
- ACCOs governing and interpreting their own data
- evaluation frameworks based on cultural determinants and community definitions of success
- investment in digital infrastructure that supports Indigenous Data Sovereignty and aligns with CTG Priority Reform 4

Question 3 - What is being done well in this space? Please share examples.

Across Western Australia, there are strong examples of what works when Aboriginal community control, cultural authority and SEWB frameworks guide DFSV responses. These



examples consistently demonstrate that when ACCOs are trusted, resourced and able to design place-based models, families experience greater safety, earlier intervention, deeper engagement, and stronger healing outcomes.

These successes show that the foundation for a strong DFSV ACCO sector already exists – and the SSP now has the opportunity to scale and sustain what is working.

What is working well across WA centres on three core strengths: culturally grounded SEWB practice, ACCO-led integrated models, and genuine partnership with community.

1. Strong foundations in ACCHS-led SEWB and integrated healing models

SEWB teams across WA, including in Derby, Broome, Kununurra, Geraldton, Kalgoorlie and the Perth metro region, are delivering deeply effective, culturally grounded therapeutic and crisis supports. These teams work holistically, drawing together mental health, AOD, family support and cultural healing in a way mainstream services cannot replicate.

These SEWB-based models work well because they:

- build on trust and existing relationships within community
- respond to the interconnected nature of DFSV, trauma, grief and social determinants
- provide culturally safe therapeutic care for families, not just individuals
- enable earlier disclosure and safer pathways to support

2. AHCWA's FDSV Pilot Program demonstrates what culturally embedded DFSV responses can achieve

The pilot clearly showed the strength of embedding DFSV roles and supports within ACCHS environments. Communities engaged earlier, families felt safer, and staff were able to work in ways that aligned with local cultural protocols.

Key strengths demonstrated by the pilot include:

- high levels of trust toward ACCHS staff, making people more willing to disclose violence
- earlier identification of risk, intervention and safety planning
- stronger integration with SEWB, healing programs, family support and primary health
- improved engagement with children and young people
- effective cross-agency relationships led by ACCHS coordination

3. Meeting communities where they are - flexible, place-based approaches that reflect local realities

One of the clearest strengths in WA is that where ACCOs lead DFSV responses, programs evolve in ways that match each community's readiness, language, cultural protocols and local definitions of safety. The FDSV pilot sites each took very different approaches, all effective because they were shaped by the community itself.



Examples of what this looks like include:

- workers pacing the work with community readiness rather than imposing a fixed model
- shared definitions of violence co-developed through dialogue, relationships and cultural processes
- building a local, specialised workforce grounded in cultural authority
- strong community ownership as people shaped the vision for a safer, violence-free community

4. Growth of culturally grounded prevention, healing and on-Country initiatives

Across WA, community-driven initiatives are expanding, particularly in ACCOs that have invested in cultural healing and early intervention. These include:

- cultural camps for young people
- men's and young men's programs
- women's healing groups
- youth leadership and cultural strengthening programs

These initiatives play an essential preventative role by strengthening identity, belonging and connection; protective factors known to reduce DFSV risk.

5. Increasing alignment between government frameworks and SEWB principles

Recent WA strategies in mental health, AOD, suicide prevention and Aboriginal family safety show a growing recognition of:

- cultural determinants of health
- social and emotional wellbeing
- the importance of Aboriginal leadership
- the central role of ACCOs

While gaps remain in implementation, this policy shift is an encouraging foundation the SSP can build upon.

6. Localised collaboration and strong ACCO leadership improving safety planning

In areas where ACCOs lead interagency collaboration, risk assessment and safety planning are stronger and more culturally safe. Even with limited resourcing, many ACCOs are coordinating:

- culturally informed case discussions
- joint safety planning with police, child protection, justice and schools



- advocacy for survivors
- shared accountability across agencies

Communities consistently report that these ACCO-led collaborations feel safer, more responsive and less retraumatising.

Question 4 - If you could change three things that would help your organisation deliver stronger or safer DFSV services, what would they be?

From AHCWA's perspective, the three changes that would have the greatest and most immediate impact are long-term commissioning reform, a strong and culturally safe workforce strategy, and investment in the capital and digital infrastructure required to deliver safe and effective DFSV responses. These are structural enablers and without them, the sector cannot grow, and ACCOs cannot meet the scale of need in communities.

1. Long-term, indexed, flexible funding models for ACCOs – not short-term competitive grants

To deliver safe, sustainable DFSV services, ACCOs require predictable, stable, long-term funding that reflects the complexity of the work and the realities of regional and remote service delivery. Current short-term grants undermine workforce development, strategic planning, and continuity of care.

AHCWA recommends that the SSP commit to:

- 5–10-year contracts that reflect Priority Reform 2 commitments
- indexation that keeps pace with cost of living, remote delivery and workforce pressures
- funding that includes core operations, such as HR, governance, IT, evaluation, data management and clinical supervision
- flexible funding that supports prevention, early intervention, crisis response and healing, rather than only crisis-driven outputs
- commissioning models that position ACCOs as lead providers, not subcontractors beneath mainstream NGOs

These changes create stability, enable sector growth, and honour the Closing the Gap commitment to strengthen the ACCO sector.

2. A dedicated Aboriginal DFSV workforce strategy with specialist training, cultural supports and wellbeing structures

The strength of DFSV services depends on a skilled, culturally grounded, locally trusted workforce. However, the current system does not provide accessible specialist training, sustainable career pathways, or the wellbeing structures needed for work that is high trauma, high complexity and often carried out in small, tight-knit communities.

A workforce strategy should include:



- specialist DFSV training pathways that are accessible, accredited and tailored for Aboriginal practitioners
- scholarships, cadetships and paid study time, especially for remote staff
- funded mentoring, cultural supervision and clinical supervision
- recognition of cultural authority, lived experience, language skills and community knowledge within progression and remuneration
- wellbeing supports that address burnout, vicarious trauma and cultural load
- investment in Aboriginal male practitioners, who are essential for men's behaviour change and accountability programs
- remote workforce incentives, including housing and relocation supports

Without a strong, specialised workforce, DFSV reform cannot be realised and ACCOs cannot meet community demand.

3. Capital, digital and infrastructure investment so ACCOs can deliver safe, culturally informed DFSV services

ACCHS and ACCOs cannot provide safe DFSV responses without fit-for-purpose spaces and technology. Infrastructure inequity is one of the most significant barriers across WA.

Critical needs include:

- purpose-built counselling, healing and group work spaces
- safe houses and transitional accommodation in regional and remote areas
- on-Country healing infrastructure for men's and women's programs
- secure digital systems that support safe DFSV case management
- investment in Indigenous Data Sovereignty and local data governance
- technology and connectivity that allow for safe telehealth, record-keeping and file security

The DFSV Sector Strengthening Plan arrives at a time when communities, ACCOs and frontline workers are calling for deep, meaningful change. Across WA, we see every day that when Aboriginal organisations are given the resources, time and trust to lead, families are safer, healing is deeper, and communities drive their own solutions. The foundations of a strong DFSV ACCO sector already exist; the task now is to sustain, expand and protect them.

AHCWA welcomes FNAAFFV's leadership and the collaborative spirit behind the SSP. The priorities we outline here come directly from the experiences of AHCWA Member Services and from community voices across WA: long-term, stable funding; a strong, culturally supported workforce; and the infrastructure needed to deliver safe, confidential, community-



led supports. These are not simply reforms - they are the conditions that make safety, dignity and healing possible.

With the right investment and commitment, the SSP can embed lasting, community-led change and build a stronger, safer future for Aboriginal women, children, families and communities. AHCWA looks forward to continuing this work alongside FNAAFFV and sector partners to bring this vision to life.