

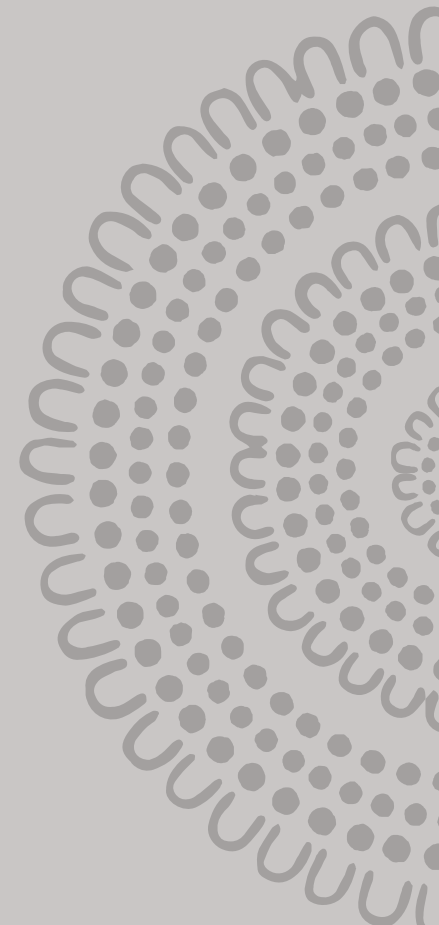


Focus area:

# Health and Wellbeing

## QUALITY LIFE OUTCOME:

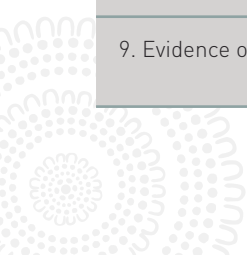
Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community.





## 29. Priority Action: Aboriginal and Torres Strait Islander youth mental health service model

FIELD	DETAILS
1. Priority action title	Aboriginal and Torres Strait Islander youth mental health service model
2. Detailed action description	<p>In 2023, the Directorate engaged Aboriginal and Torres Strait Islander consultants, Yulang Indigenous Evaluation, to review ACT Government mental health services available to ACT Aboriginal and Torres Strait Islander people, and to identify approaches to enhance culturally appropriate care. The Yulang Report highlighted significant gaps in mental health service provision for ACT Aboriginal and Torres Strait Islander children and young people. To address this issue, the 2024–25 ACT Government Budget invested in supporting culturally appropriate mental health services for Aboriginal and Torres Strait Islander people, including through \$400,000 for a specialist consultancy to work with Community and ACCO's to co-design a new Aboriginal and Torres Strait Islander youth mental health service model.</p> <p>A procurement process is currently underway, and it is anticipated that a contract will be in place for the successful supplier to commence work by December 2025. The selected supplier will work in partnership with Community, ACCO's, non-Indigenous organisations, key reference groups, and Government to develop a youth mental health service model that is holistic and tailored towards the specific needs of our Aboriginal and Torres Strait Islander young people. A final service model and community-facing report will be delivered by the end of October 2026, in time to inform future budget business cases.</p> <p>This process will aim to uphold the right to self-determination for Aboriginal and Torres Strait Islander people, ensuring a genuine partnership approach where self-agency and Community voice are central.</p>
3. Accountable Directorate(s) and stakeholders	<b>Lead Directorate:</b> Health and Community Services Directorate
4. Inter-Directorate integration strategy	The co-design process will consider the required stakeholders and utilise key reference groups to develop a youth mental health service model that is holistic and tailored towards the specific needs of our Aboriginal and Torres Strait Islander young people
5. Key deliverables and outcomes	A final Aboriginal and Torres Strait Islander youth mental health service model and community-facing report will be delivered by the end of October 2026.
6. Alignment to the ACT Agreement	<p><b>Focus Area 1:</b> Connecting the community - Aboriginal and Torres Strait Islander community members are connected to strong families and social and support networks building upon the foundation of community leadership.</p> <p><b>Focus Area 4:</b> Health and wellbeing – Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community.</p>
7. Alignment to the National Agreement on Closing the Gap	<p>Socio-economic targets:</p> <ul style="list-style-type: none"> <li>&gt; Close the gap in life expectancy within a generation by 2031.</li> <li>&gt; Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.</li> </ul> <p><b>Priority One:</b> Formal Partnership and Shared Decision-Making</p>
8. Rationale for systemic impact and proportionality	The co-design process will facilitate partnerships with Community, ACCO's, non-Indigenous organisations, key reference groups, and Government to develop a youth mental health service model that is holistic and tailored towards the specific needs of our Aboriginal and Torres Strait Islander young people. This service model will be holistic and tailored towards the specific needs of our Aboriginal and Torres Strait Islander young people
9. Evidence of change	This project is for the delivery of a service model rather than running the service itself. A co-design process will drive the development of the service model and will therefore determine the changes that people want to see for the Community





### 30. Priority Action: Mental Health Commissioning – Aboriginal and Torres Strait Islander Funding Stream and Proportionality of Funding

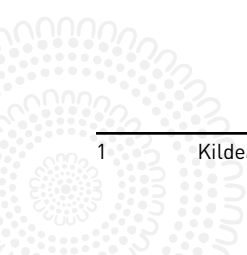
FIELD	DETAILS
1. Priority action title	Mental Health Commissioning – Aboriginal and Torres Strait Islander Funding Stream and Proportionality of Funding
2. Detailed action description	<p>Through the draft Strategic Investment Plan (SIP) for commissioning of the mental health community sector, HCSD is proposing a dedicated funding stream for Aboriginal and Torres Strait Islander mental health services. This funding stream focuses on supporting the mental health and wellbeing of Aboriginal and Torres Strait Islander people. It aims to address the unique needs of the Aboriginal and Torres Strait Islander population through the provision of targeted and integrated services. In accordance with the National Agreement on Closing the Gap, this funding stream will be open to applications from ACCOs and Aboriginal Community Controlled Health Organisations (ACCHOs). Under this commissioning grant stream, over 2026-27 a grant process with ACCOs will be undertaken to guide a codesign with community for specialist community non-government organisation (NGO) mental health and wellbeing services in the ACT. Based on this process, a service will be operational from July 2027.</p>
3. Accountable Directorate(s) and stakeholders	<b>Lead Directorate:</b> Health and Community Services Directorate
4. Inter-Directorate integration strategy	Nil at this stage.
5. Key deliverables and outcomes	Commissioning Funding Stream: \$1.1 million dollar Aboriginal and Torres Strait Islander specific service to support adults will be in operation from July 2027.
6. Alignment to the ACT Agreement	<p><b>Focus Area 1:</b> Connecting the community - Aboriginal and Torres Strait Islander community members are connected to strong families and social and support networks building upon the foundation of community leadership.</p> <p><b>Focus Area 4:</b> Health and wellbeing – Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community.</p>
7. Alignment to the National Agreement on Closing the Gap	<p>This work is under the following Priority Reform areas of the National Agreement on Closing the Gap:</p> <p><b>Priority Reform Two:</b> Strengthening Community-Controlled Organisations to deliver closing the gap services; and</p> <p><b>Priority Reform Four:</b> Improve Sharing and Information with Aboriginal and Torres Strait Islander organisations to support shared decision making.</p>
8. Rationale for systemic impact and proportionality	<p>This work is addressing lasting shifts in practice.</p> <p>To achieve the required better outcomes in mental health and wellbeing of Aboriginal and Torres Strait Islander people it is recognised that a substantial investment in ACCO services will need to commence in this commissioning cycle and continue to expand in coming years. To meet this challenge, existing funding will need to be reallocated. This requires not only the funding of dedicated services with an Aboriginal and Torres Strait Islander focus but the encouragement of ACCOs to apply for general funding under this and future commissioning processes.</p>
9. Evidence of change	As funding is provided to Aboriginal and Torres Strait Islander specific services, through the Commissioning stream or through proportional funding, direct provision of culturally appropriate services will be evidenced. This could include improved mental health outcomes for Aboriginal and Torres Strait Islander people and increased access to services.





## 31. Priority Action: Maternity in Focus: Birthing with Country model of care co-design

FIELD	DETAILS
1. Priority action title	Maternity in Focus: Birthing with Country model of care co-design
2. Detailed action description	<p><b>The Maternity in Focus: First Action Plan 2022–2025</b> (the Plan) commits to work with consumers and community-controlled organisations to co-design a Birthing on Country model of care to provide the best start in life to Aboriginal and/or Torres Strait Islander babies and their families.</p> <p>In the context of strong and sustained activism by ACT Aboriginal and Torres Strait Islander women and communities to protect and strengthen traditional birthing practice within Community and on Ancestral Country, Birthing on Country as a term has come to be “a metaphor for the best start to life for Aboriginal and Torres Strait Islander babies and their families which provides an appropriate transition to motherhood and parenting, and an integrated, holistic and culturally appropriate model of care for all.”<sup>1</sup></p> <p>For this project, in respect to the special meaning of ‘Birthing on Country’ in the traditional cultural sense, this model of care in the ACT will be called Birthing with Country. This means bringing culture and Country to pregnancy, birthing and early parenting, through models of care designed to strengthen and continue and therefore revitalise and renew culture.</p> <p>There are additional actions in the Plan that are also relevant for strengthening outcomes and satisfaction for Aboriginal and/or Torres Strait Islander women and families who journey through the ACT maternity system. These are part of the wider ACT maternity system reform that may also be central or included intrinsically in a Birthing on Country model of care. The actions include increasing access to continuity of midwifery care, working collaboratively across the system to identify, develop, and implement early-intervention initiatives that support families to stay together, and the co-design of culturally sensitive and appropriate maternity services more broadly.</p>
3. Accountable Directorate(s) and stakeholders	<p><b>Lead Directorate:</b> Health and Community Services Directorate (HCSD Health Stream – Office of the Chief Nursing and Midwifery Officer (OCNMO))</p> <p><b>Stakeholders:</b></p> <p><b>Maternity in Focus: Birthing with Country Cultural Governance Group:</b> this group of Aboriginal women Community leaders was led in its initiation by senior Ngunnawal Elder Aunty Violet Sheridan and formed to provide Cultural authorisation and guidance for the project.</p> <p><b>Maternity in Focus: Birthing with Country Working Group:</b> comprised of the Birthing with Country Cultural Governance Group, Aboriginal Community-Controlled Organisations, maternity services operational leadership, Aboriginal and/or Torres Strait Islander midwives, Liaison Officers, and consumers, and the Maternity in Focus project leads. This Group is co-designing culturally safe models of care for the public maternity system and exploring options for local Aboriginal Community-Controlled Health Organisations towards a Birthing with Country model of care that encompasses Aboriginal and/or Torres Strait Islander ownership and governance.</p> <p><b>Canberra Health Services:</b> Centenary Hospital for Women and Children maternity services, and North Canberra Hospital maternity services.</p> <p><b>Community:</b> The Cultural Governance Group guided Community listening to hear what the most deadly, most excellent Aboriginal and Torres Strait Islander maternity care model could be. A Community Listening Report was checked back with Community.</p>
4. Inter-Directorate integration strategy	The Maternity in Focus: Birthing with Country Working Group brings together the HCSD Maternity in Focus project team, with Canberra Health Services public maternity staff and leadership, as well as Aboriginal and/or Torres Strait Islander maternity workforce, and Aboriginal Community-Controlled Organisations, and Aboriginal and/or Torres Strait Islander consumers, to co-design culturally safe models of care for the public maternity system.





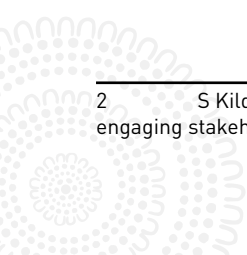
FIELD	DETAILS
5. Key deliverables and outcomes	<p>Community-led Co-Design:</p> <ol style="list-style-type: none"><li>1. Cultural Governance by a group of senior community women leaders</li><li>2. Community listening led by the Cultural Governance Group to hear what would be most valued in a culturally safe maternity model of care; ongoing consumer representation within the Working Group</li></ol> <p>Measurable Outcomes:</p> <ol style="list-style-type: none"><li>1. Sustained leadership by senior community women in the co-design project shows the project is valued and worthwhile</li><li>2. Enhanced and ongoing engagement with community for the model of care co-design</li></ol> <p>Long-Term Impact of the co-designed model of care:</p> <ol style="list-style-type: none"><li>1. An ACT Birthing with Country model of care will be a key contributor to improvements in the National Key Performance Indicators for Aboriginal and Torres Strait Islander maternal and child health:</li><li>2. birthweight recording and results</li><li>3. Medicare Benefits Scheme (MBS) health assessments</li><li>4. child immunisation</li><li>5. the smoking status of people who gave birth</li><li>6. early first antenatal care visit.</li></ol> <p>It is also anticipated this model of care will increase maternal and family satisfaction with the quality of care.</p>
6. Alignment to the ACT Agreement	<p><b>Focus Area:</b> Health and Wellbeing</p> <p><b>Quality Life Outcome:</b> Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community.</p> <p>ACT Alignment :</p> <p>The proportion of Aboriginal and Torres Strait Islander babies born each year with a healthy birthweight</p> <p>Percentage of women who gave birth at 32 weeks or more gestation, and who attend five or more antenatal visits</p> <p><b>Focus Area:</b> Community Leadership - Aboriginal and Torres Strait Islander peoples have a strong voice, are decision makers on issues that impact them and lead in the achievement of positive life outcomes.</p> <p><b>Priority Action:</b></p> <ol style="list-style-type: none"><li>1. Align Systems with Shared Outcome Accountability<ul style="list-style-type: none"><li>&gt; Shift from consultant-defined frameworks to community-determined priorities and success criteria.</li></ul></li><li>2. Rebuild Trust and Cultural Accountability in Government Processes<ul style="list-style-type: none"><li>&gt; Embed Cultural Advisors in senior leadership forums to co-lead strategic direction and governance design.</li></ul></li></ol>





FIELD	DETAILS
7. Alignment to the National Agreement on Closing the Gap	<p><b>Priority Reform One - Formal Partnerships and Shared Decision-Making</b></p> <p>A Cultural Governance Group of senior ACT Aboriginal and Torres Strait Islander women was formed early in the project to work with and guide the Health and Community Services Directorate project lead. This Group guided Community listening to hear what the most deadly, most excellent ACT Aboriginal and Torres Strait Islander maternity care model could be. A Community Listening Report was checked back with Community.</p> <p>The Group has since convened and co-Chairs the Birthing with Country Working Group, as described previously.</p> <p>The Working Group has a formal partnership that commits to majority ACT Aboriginal and Torres Strait Islander representation in decision-making; to enable cultural safety there is a requirement that more than 50% of people in the room be ACT Aboriginal and Torres Strait Islander people. If required, non-ACT Aboriginal and Torres Strait Islander people will step out to restore the ACT Aboriginal and Torres Strait Islander majority.</p> <p>Aboriginal and/or Torres Strait Islander members are reimbursed for their participation as per the Consumer, Carer and Community Representative Reimbursement Policy, and refreshments are provided at meetings as per cultural protocol.</p> <p><b>Outcome 2 Aboriginal and Torres Strait Islander children are born healthy and strong</b></p> <p><b>Target 2: By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.</b></p> <p>The evidence shows that Aboriginal and/or Torres Strait Islander people accessing a Birthing on Country model of care are significantly less likely to give birth preterm, significantly more likely to have five or more antenatal visits and can have an 80 per cent exclusive breastfeeding rate on hospital discharge.<sup>2</sup></p> <p><b>Priority Reform Three – Transforming Government Organisations</b></p> <p>Through warm introductions from trusted partners bridging HCSD and community, the HCSD project lead met early with various ACT Aboriginal and Torres Strait Islander organisations and Community leaders including the Aboriginal and Torres Strait Islander Elected Body. These different meetings led to the formation of a Cultural Governance Group of senior ACT Aboriginal and Torres Strait Islander community women leaders. This Group then led cultural protocol for the community listening process.</p> <p><b>Priority Reform Two – Building the Community-Controlled Sector</b></p> <p>Winnunga Nimmityjah Aboriginal Health and Community Services, and Yerrabi Yurwang Child &amp; Family Aboriginal Corporation, are members of the Birthing with Country Working Group.</p>
8. Rationale for systemic impact and proportionality	<ul style="list-style-type: none"> <li>&gt; With the impact of more than two centuries of colonisation in Australia, Aboriginal and/or Torres Strait Islander families experience a disproportionate burden of adverse pregnancy and birthing outcomes. Aboriginal and/or Torres Strait Islander mothers have a 3-5 times higher mortality rate, and Aboriginal and/or Torres Strait Islander babies are 2-3 times more likely to be born preterm, have low birth weight or not survive to age one.</li> <li>&gt; The evidence shows that Aboriginal and/or Torres Strait Islander people accessing a BoC model of care are significantly less likely to give birth preterm, significantly more likely to have five or more antenatal visits and can have an 80 per cent exclusive breastfeeding rate on hospital discharge.</li> </ul> <p>The process for the co-design development of a BoC model of care with Community is important in itself. Through genuinely respecting and supporting Aboriginal and/or Torres Strait Islander self-determination and governance, and by privileging Aboriginal and/or Torres Strait Islander ways of knowing, being and doing in co-design, trusting relationships will be built across the system that will strengthen the model of care.</p>
9. Evidence of change	<p>Measurable Outcomes for co-design project:</p> <ol style="list-style-type: none"> <li>1. Sustained leadership by senior community women in the co-design project as being valuable and worthwhile</li> <li>2. Enhanced and ongoing engagement with community for model of care co-design</li> </ol> <p>A culturally safe model of care is co-designed with Community and is endorsed by Canberra Health Services for implementation</p>

2 S Kildea, S Hickey, C Nelson, J Currie, A Carson, M Reynolds, K Wilson, S Kruske, M Passey, Y Roe, R West, A Clifford, M Kosiak, S Watego, S Tracy, 'Birthing on Country (in Our Community): a case study of engaging stakeholders and developing a best-practice Indigenous maternity service in an urban setting', Australian Health Review, 42(2):230-238, doi:10.1071/AH16218.





## 32. Priority Action: Transition the Ngunnawal Bush Healing Farm (NBHF) to Community-control with a view to providing a residential service

FIELD	DETAILS
1. Priority action title	Transition the Ngunnawal Bush Healing Farm (NBHF) to Community-control with a view to providing a residential service
2. Detailed action description	<p>To establish a partnership agreement with a Community-controlled organisation in preparation to transition the NBHF to Community-control with a view to further transition to provide a residential service.</p> <ul style="list-style-type: none"> <li>&gt; Milestone 1 (November 2025) – Run an open grant process to identify a Community-controlled organization with which to partner in preparation for a sustainable transition to Community-control and residential services of the NBHF.</li> <li>&gt; Milestone 2 (during 2026) – identify and work in partnership with the Community-controlled organisation to prepare the NBHF, in its current form and function, for the transition to Community-control as the new initiative.</li> <li>&gt; Milestone 3 (at a pace that is self-determined by the Community-controlled organisation) – Seek funding from Government for Community-controlled operations and to progress from there to residential services which may extend to the next Phase of The ACT Agreement.</li> </ul>
3. Accountable Directorate(s) and stakeholders	<p><b>Lead Directorate:</b> Health and Community Services Directorate (HCSD)</p> <p><b>Key responsibilities:</b> HCSD – PPP to continue to progress an open grant process to identify a Community-controlled organisation with which to partner; HSIP to manage day operations and transition out in partnership with the ACCO.</p>
4. Inter-Directorate integration strategy	Nil other direct supporting Directorates.
5. Key deliverables and outcomes	<ol style="list-style-type: none"> <li>1. <b>By the end of November 2025</b>, an open grant process is advertised publicly to identify a Community-controlled organisation with which to partner for the preparation to transition to Community-control and residential services of the NBHF.</li> <li>2. <b>By June 2026</b>, a Community-controlled partner has been identified, and a contract executed to prepare the NBHF transition.</li> <li>3. <b>From June 2026 to December 2027</b> the Community-controlled organization will plan the transition with support from the Government. Government decision is required in relation to funding for Community-controlled operations of the NBHF. Work undertaken towards residential services at a pace that is self-determined by Community.</li> </ol>
6. Alignment to the ACT Agreement	<p><b>Focus Area:</b> Health and Wellbeing.</p> <p><b>Target 11:</b> Increase the amount of government funding for Aboriginal and Torres Strait Islander programs and services going through Aboriginal and Torres Strait Islander Community-controlled organisations.</p> <p><b>Indicator:</b> Increased numbers of ACT Aboriginal and Torres Strait Islander community reporting stronger connections to Country, culture, community and family.</p> <p><b>Measure:</b> Self-assessed.</p>
7. Alignment to the National Agreement on Closing the Gap	This action aligns with all four Priority Reforms from the National Agreement on Closing the Gap.

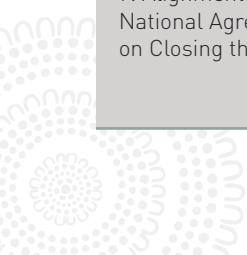




FIELD	DETAILS
8. Rationale for systemic impact and proportionality	The alignment with the ACT Agreement and National Agreement are recognised mechanisms to provide protective factors for mental health and wellbeing. This action facilitates connection to Country, culture, community and family via providing a pathway to sustainable Community-control of the NBHF. Where HCSD recognises the service will be most effective when it is in Community hands. HCSD is committed to partnering with the ACCO to support the transition in a way and pace that is lead and self-determined by Community.
9. Evidence of change	The HCSD has successfully worked in partnership to support the transition of the NBHF to Community-control in a way and pace determined and led by Community, honouring the vision of the ACT and region Traditional Custodians.

### 33. Priority Action: Review and Update CHS Together, Forward – Aboriginal and Torres Strait Islander Needs Assessment and Action Plan.

FIELD	DETAILS
1. Priority action title	Review and Update CHS Together, Forward – Aboriginal and Torres Strait Islander Needs Assessment and Action Plan.
2. Detailed action description	Review and update CHS Together, Forward 2023-2025 to ensure alignment with the Australian Institute of Health and Welfare and Productivity Commission findings on Closing the Gap, Phase Three Implementation Plan, ACT Aboriginal and Torres Strait Islander Agreement 2019-2028, National Safety and Quality Health Service (NSQHS) Standards and building on our previous needs assessments and action plans. To include investigation of opportunities for incorporation of community defined methodologies (e.g. storytelling, yarning) as part of the review, and consideration and integration of social determinants of health. The review will consider activity to understand and address differences in data sets identified throughout the review e.g. 'did not wait for treatment'/'walk out' rates for Emergency Department presentations.
3. Accountable Directorate(s) and stakeholders	<b>Lead Directorate:</b> Canberra Health Services (CHS) <b>Supporting Stakeholders:</b> CHS Aboriginal and Torres Strait Islander Consumer Reference Group, Elected Body, CHS Aboriginal Liaison Service, CHS Aboriginal and Torres Strait Islander staff, Winnunga Nimmitijah, ACT Disability Health Reference Group.
4. Inter-Directorate integration strategy	Plans for inter-directorate collaboration will be dependent on the outcome of the Together, Forward review, noting need to consider what activity will be required to understand and address differences in data sets. For example, CHS anticipate the need to collaborate with Transport Canberra around consumers moving to and from our health service facilities. Collaboration with Health and Community Services Directorate is also anticipated given their responsibility for health system leadership.
5. Key deliverables and outcomes	<ol style="list-style-type: none"> <li><b>By March 2026:</b> Review report to be completed</li> <li><b>By August 2026:</b> Updated CHS Together, Forward community facing document to be completed</li> </ol>
6. Alignment to the ACT Agreement	<b>Focus Area:</b> Health and Wellbeing. <b>Target:</b> Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community. Indicator 26: Increasing proportion of patients being seen on time. <b>Indicator 27:</b> Decrease in the proportion of Emergency Department walk-outs
7. Alignment to the National Agreement on Closing the Gap	<b>Priority Reform Three:</b> Transforming Government Organisations <b>Target 17</b> (Closing the Gap Target 1) Indicator 1: Increase in patients starting treatment on time. Indicator 3: Decrease in patient walk-outs in emergency departments.





FIELD	DETAILS
8. Rationale for systemic impact and proportionality	Together, Forward allows CHS to review and outline systems and processes to provide culturally safe and responsive healthcare to Aboriginal and Torres Strait Islander people. It allows us to transparently share approaches and strengthen processes to improve health outcomes.
9. Evidence of change	Outcomes of monitoring internal data sets and qualitative measures will be delivered through the review report. Delivery of subsequent actions will be monitored through the CHS Aboriginal and Torres Strait Islander Steering Committee, in alignment with Terms of Reference.

### 34. Priority Action: Develop actions in the CHS Disability Inclusion Plan.

FIELD	DETAILS
1. Priority action title	Develop actions in the CHS Disability Inclusion Plan.
2. Detailed action description	Collaborate with the CHS Aboriginal and Torres Strait Islander Consumer Reference Group and Aboriginal and Torres Strait Islander people with disability, their families, and carers to develop actions in the CHS Disability Inclusion Plan (commencing development in 2026) and ensure learnings from the CHS Disability Action and Inclusion Plan 2022-2025 are incorporated. Incorporate community-defined methodologies (e.g. storytelling, yarning) where possible and appropriate and ensure recognition of intersectionality is clearly considered in the development and implementation of the Disability Inclusion Plan.
3. Accountable Directorate(s) and stakeholders	<b>Lead Directorate:</b> Canberra Health Services (CHS) <b>Supporting Stakeholders:</b> CHS Consumer Reference Group, Elected Body, CHS Aboriginal Liaison Service, CHS Aboriginal and Torres Strait Islander staff, CHS Disability and Carers Network, ACT Disability Health Reference Group.
4. Inter-Directorate integration strategy	CHS will engage with Health and Community Services Directorate given their responsibility for health system leadership and oversight of the ACT Disability Strategy and ACT Disability Health Strategy. We will seek engagement of directorates relevant to any supporting work within the Disability Inclusion Plan when developed, for example Justice Health, Transport Canberra and Infrastructure Canberra.
5. Key deliverables and outcomes	Noting development of the CHS Disability Inclusion Plan will commence when evaluation of the CHS Disability Action and Inclusion Plan 2022-2025 is complete: <ol style="list-style-type: none"> <li>1. Evaluation of DAIP completed by December 2025.</li> <li>2. Consultation to inform development of CHS Disability Inclusion Plan commences February 2026.</li> <li>3. Development and endorsement of the CHS Disability Inclusion Plan by July 2026.</li> <li>4. Develop and implement an improved data recording mechanism to capture consumers' identification as a person with disability, their need for reasonable adjustments, and facilitate intersectional data capacity (i.e. data representing consumers who identify as an Aboriginal and/or Torres Strait Islander person with disability) by March 2026.</li> </ol>
6. Alignment to the ACT Agreement	<b>Focus Area:</b> Health and Wellbeing. <b>Target:</b> Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community. <b>Indicator 26:</b> Increasing proportion of patients being seen on time. <b>Indicator 27:</b> Decrease in the proportion of Emergency Department walk-outs.

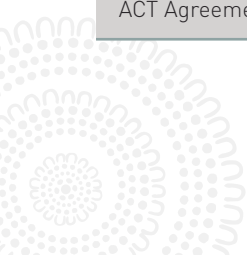




FIELD	DETAILS
7. Alignment to the National Agreement on Closing the Gap	<p><b>Priority Reform Three:</b> Transforming Government Organisations</p> <p><b>Target 17</b> (Closing the Gap Target 1)</p> <p>Indicator 1: Increase in patients starting treatment on time.</p> <p>Indicator 3: Decrease in patient walk-outs in emergency departments.</p>
8. Rationale for systemic impact and proportionality	Disability Inclusion Plans are designed to guide organisational change, addressing barriers to achieving health outcomes, deepening representation and acknowledging intersectionality. This action is aimed at improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander people with disability and improve cultural responsiveness of the healthcare delivery system through high level organisational commitment and clear actions.
9. Evidence of change	CHS Disability Inclusion Plan progress will be monitored through an internal steering group. It will also have the oversight of the ACT Disability Health Reference Group. Achievement of this action will be demonstrated through the availability of and capacity to monitor of intersectional data, e.g. around Aboriginal and Torres Strait Islander consumers' need for reasonable adjustments and CHS compliance with their provision.

### 35. Priority Action: Transition to an Aboriginal and Torres Strait Islander Health Hub

FIELD	DETAILS
1. Priority action title	Transition to an Aboriginal and Torres Strait Islander Health Hub
2. Detailed action description	Implement changes to the current Aboriginal Liaison Officer (ALO) Model of Care by transitioning to an integrated Aboriginal and Torres Strait Islander Health Hub, supporting inclusive and culturally safe care for Aboriginal and Torres Strait Islander patients and families at CHS. The intended model will integrate the three separate ALO teams from across CHS joining to become one larger team, managed by a Senior Director position. The new service will move under the Executive Director of Allied Health (EDAH) portfolio with the Senior Director reporting directly to the EDAH. The service will continue to provide ALO support across the CHS Network. The ACT Aboriginal and Torres Strait Islander community members of all ages who the ALO work with during their CHS journey are likely to experience improved access to the ALO services they receive.
3. Accountable Directorate(s) and stakeholders	<p><b>Lead Directorate:</b> Canberra Health Services (CHS)</p> <p><b>Supporting Stakeholders:</b> CHS Aboriginal Liaison Service, CHS Aboriginal and Torres Strait Islander Consumer Reference Group, CHS Aboriginal and Torres Strait Islander staff network, patients, families, carers and supporters.</p>
4. Inter-Directorate integration strategy	CHS will engage with Health and Community Services Directorate as required noting their responsibility for health system leadership.
5. Key deliverables and outcomes	<ol style="list-style-type: none"> <li><b>By January 2026:</b> Aboriginal and Torres Strait Islander Health Hub to be formed</li> <li><b>By end of December 2026:</b> Ability to measure timeliness of response to referrals for cultural support visits to be developed</li> </ol>
6. Alignment to the ACT Agreement	Focus Area: Health and Wellbeing. Target: Aboriginal and Torres Strait Islander peoples have equity in health and wellbeing outcomes as any other members of the community. Indicator 26: Increasing proportion of patients being seen on time. Indicator 27: Decrease in the proportion of Emergency Department walk-outs.





FIELD	DETAILS
7. Alignment to the National Agreement on Closing the Gap	<p><b>Priority Reform Three:</b> Transforming Government Organisations</p> <p><b>Target 17</b> (Closing the Gap Target 1)</p> <ul style="list-style-type: none"><li>&gt; Indicator 1: Increase in patients starting treatment on time.</li><li>&gt; Indicator 3: Decrease in patient walk-outs in emergency departments.</li></ul>
8. Rationale for systemic impact and proportionality	<p>This action addresses current limitations of senior leadership presence, access and distribution of services and structured career pathways for Aboriginal and Torres Strait Islander staff. It moves beyond individual support as it both impacts service provision to Aboriginal and Torres Strait Islander consumers, and workforce development. The Health Hub will streamline the access and equity in service provision across CHS and enable career pathways for Aboriginal and Torres Strait Islander staff.</p>
9. Evidence of change	<p>CHS will assess completion of this action through successful staff recruitment to the Health Hub, service implementation and subsequent consumer engagement.</p>

