



Gayaa Dhuwi
(Proud Spirit)
Australia

A New Approach to Programs for Families and Children

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About Gayaa Dhuwi (Proud Spirit) Australia

Gayaa Dhuwi (Proud Spirit) Australia would like to acknowledge the traditional custodians of Country throughout Australia, and pay respects to all Elders, past, present and emerging.

Gayaa Dhuwi (Proud Spirit) Australia is the national leadership body for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health, and suicide prevention. As a community-controlled organisation, it is governed by Aboriginal and Torres Strait Islander experts and peak bodies, working in these areas to promote collective excellence in mental health care.

Gayaa’ means happy, pleased, and proud, and ‘Dhuwi’ means Spirit, in the Yuwaalarayy and Gamilaraay languages of north-west New South Wales.

Gayaa Dhuwi (Proud Spirit) Australia’s vision is the highest attainable standard of social and emotional wellbeing, mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples.

Summary

The Department of Social Services’ new approach to programs for families and children offers a great opportunity to deliver services that meet the needs of Aboriginal and Torres Strait Islander communities and align further with the National Agreement on Closing the Gap Priority Reforms. Mental health, suicide prevention and social and emotional wellbeing are of critical priority for Aboriginal and Torres Strait Islander children and families, as a priority population experiencing twice the rate of suicide than non-indigenous Australians (AIHW, 2024). Programs that aim to improve outcomes and wellbeing for Aboriginal and Torres Strait Islander children and families therefore must consider how they can improve and strengthen social and emotional wellbeing and mental health as these components of wellbeing are inherently connected to improving outcomes in other areas such as housing, employment, justice and more. As the peak body for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention, Gayaa Dhuwi (Proud Spirit) Australia makes this submission to the Department to ensure these considerations are made when designing the new program.

The development of a new approach to programs for children and families offers an opportunity to implement what we know works for our communities. Gayaa Dhuwi works to embed social and emotional wellbeing across mental health services and adjacent sectors, elevating Aboriginal and Torres Strait Islander knowledge, leadership and governance. In principle, the proposed changes to child and family services provide a solid foundation for enabling our communities to provide culturally safe and effective programs for those who need them. The consolidation of programs and simplified commissioning and reporting structure can allow



families and providers to operate within these services in a more streamlined way. A focus on development of the community-controlled sector in line with Priority Reform 2 of the National Agreement on Closing the Gap can allow workforce development and better access for many Aboriginal and Torres Strait Islander families and flexibility in contracting and service provision can allow for self-determination and place-based solutions that meet the specific needs of local communities. While these are positive design considerations, Gayaa Dhuwi stresses the importance of embedding a social and emotional wellbeing lens across services and encourages further alignment with the Priority Reforms, ensuring that all services are culturally safe and effective. The current suggested changes seemingly provide an enabling platform for further alignment with our recommendations below.



Recommendations

- 1. Mandate the Gayaa Dhuwi (Proud Spirit) Declaration as the quality framework for family service design.** Rather than generic "alignment," the program guidelines must require that all funded activities, specifically under the 'Intensive Family Support' stream, integrate clinical mental health support with cultural healing and social and emotional wellbeing principles. This ensures a "whole-of-family" approach that treats the child's wellbeing as inseparable from family and kin connection.
- 2. Implement "Community-Endorsed Commissioning" to ensure services meet local family needs.** In line with the proposed relational contracting model, the Department should implement a mechanism where local Aboriginal and Torres Strait Islander governance bodies must endorse the service models of mainstream providers in their region. This ensures funding flows only to providers that families trust and prevents the duplication of services that do not engage effectively with the community.
- 3. Create a dedicated funding line for "Social and Emotional Wellbeing Family Navigators" within the workforce.** The workforce strategy must go beyond general "development" to fund specific roles, such as Social and Emotional Wellbeing Family Navigators, who walk alongside families. These roles are critical for the 'Prevention and Early Intervention' stream, helping families navigate the disconnect between DSS social services, the health system, and the NDIS, reducing the risk of children falling through the cracks.
- 4. Redefine "Family Outcomes" to include connection to culture and kin.** Reporting through the Data Exchange (DEX) must move beyond deficit indicators (such as substantiations of abuse or neglect). The program must adopt strengths-based indicators developed with Aboriginal and Torres Strait Islander families, measuring success through increased connection to culture, community, and family stability, acknowledging these as the primary protective factors against youth suicide and removal.
- 5. Mandate the use of culturally validated developmental and psychosocial assessment tools.** To address the misidentification of Aboriginal and Torres Strait Islander children, the program must require the use of culturally validated assessment tools (such as the Westerman Aboriginal Symptom Checklist or adapted developmental screens). This ensures children in the 'Early Intervention' stream are not pathologised for cultural differences in communication or child-rearing, nor missed due to western-centric diagnostic criteria.
- 6. Explicitly fund "Culture as Care" interventions for at-risk children.** The 'Intensive Family Support' stream must explicitly list cultural activities, such as on-Country healing camps and Elder-led mentoring, as eligible, funded interventions. These activities must be recognised as valid clinical and psychosocial interventions for preventing youth suicide and family breakdown, rather than treated as "optional" or "supplementary" activities.
- 7. Ensure seamless integration with the Thriving Kids initiative.** The new program must not operate in a silo. Protocols must be established so that children identified with developmental or psychosocial needs within this DSS program are provided a direct, "warm referral" pathway into the existing Thriving Kids and Foundational Supports streams across other portfolios, ensuring families do not have to retell their story or face new waitlists.
- 8. Enforce Cultural Safety as a rigid contractual deliverable.** For all providers, cultural safety must be a measurable contractual obligation, verified by the local Aboriginal and Torres Strait Islander community, not self-assessed by the provider. Contracts should include provisions for the defunding of services that receive repeated feedback from families regarding culturally unsafe practice, particularly in the sensitive areas of child protection and family violence.



Background

Aboriginal and Torres Strait Islander communities have displayed incredible strength in the face of inflicted systems that uphold disadvantage and discrimination via colonisation. It is this strength, and millennia of knowledge that must be built upon when looking to create services that work for our people. A lack of this approach thus far has upheld services that fail to truly meet the needs of Aboriginal and Torres Strait Islander families, perpetuating poor outcomes. Due to the ongoing implications of colonisation, racism and intergenerational trauma inflicted on our people, Aboriginal and Torres Strait Islander people are overrepresented in many areas that programs for children and families look to support, including mental illness, family violence, child protection and justice. This calls for solutions that are relevant and effective for our communities, elevating Aboriginal and Torres Strait Islander leadership and knowledge.

What is Social and Emotional Wellbeing?

Social and Emotional Wellbeing (SEWB) is a holistic concept that encompasses the mental, emotional, cultural and spiritual health of Aboriginal and Torres Strait Islander peoples. It emphasises interconnectedness, recognising that individual wellbeing is inseparable from the health of the community, relationships, Country, and cultural identity. SEWB is not just about mental health but integrates physical health, cultural practices, and spiritual connections, forming a comprehensive framework for overall health and resilience (Dudgeon et al., 2021).

Supporting social and emotional wellbeing for families and children

Social and emotional wellbeing is a holistic approach to health and wellbeing for Aboriginal and Torres Strait Islander children and families. It considers more than the medicalised definition of good health and is interconnected with relationships to Country, kin, culture, ancestors and self. When social and emotional wellbeing is not supported in community, protective factors are absent, undermining resilience and exposing distress and trauma (Holland, Dudgeon and Milroy, 2013). As social and emotional wellbeing is a holistic concept, there are many determinants that can impact or support it, beyond a typical mental health lens. This requires sectors broader than mental health to promote social and emotional wellbeing across the range of services our communities may need.

Through the Gayaa Dhuwi Declaration Framework and Implementation Plan (2025) we provide a roadmap for embedding social and emotional wellbeing across mental health services with principles applicable to broader sectors. These principles highlight cultural strength, best practice, best evidence, and Aboriginal and Torres Strait Islander presence and leadership (Gayaa Dhuwi, 2025).



This roadmap guides our recommendations for the new approach to programs for children and families.

Responding to the discussion paper

Impact of a new program

As the mental health sector interacts with many adjacent sectors and social services, the consolidation of programs for families and children into one can improve ease of access and streamline service provision. While this helps connect a fragmented system, it is imperative these programs remain flexible and tailored to suit the individual needs of those that need them. For Aboriginal and Torres Strait Islander families this means ensuring that services allow for self-determination by being adaptable to their specific needs. While this consolidation is welcomed, the new program must align with the current broader reform architecture across health, education and social services, ensuring that families are not exposed to a disconnected system. For example, the new program must integrate seamlessly with the incoming Thriving Kids initiative, ensuring effective referral pathways and integrated care.

The new approach also provides opportunity to ease burden on service providers, including ACCOs/ACCHOs, who must manage multiple funding streams and service contracts, acting as a large barrier to providing streamlined services. Longer funding contracts also allows for more stability for service providers and a better opportunity to develop their workforce. Given this opportunity, it is important to consider what workforce development will look like as the new approach is rolled out, ensuring that the department can support services in this capacity. To effectively embed social and emotional wellbeing in the program, this means creating a dedicated funding line for Social and Emotional Wellbeing Navigators to work alongside families and ensure they are able to access the services they need.

Design process

As the new approach to programs for families and children looks at redesigning the way programs are delivered, it is imperative this design process is done in a way that reflects the true needs of the communities they aim to serve. A noted focus of the new approach is to improve outcomes for Aboriginal and Torres Strait Islander families and children, therefore it is essential that we also be involved in the design process as the experts of our own needs. As the new approach looks at funding evidence-informed services, this must also consider evidence outside of a typical clinical setting and incorporate Aboriginal and Torres Strait Islander knowledge and culture, recognising the importance and valuable contribution this can make to shaping effective services. Through the Gayaa Dhuwi (Proud Spirit) Declaration we endorse a ‘best of both worlds’ approach when designing services, which looks at best clinical evidence, combined with Aboriginal and Torres Strait Islander knowledge and evidence. This would see the inclusion of mental health experts, child psychiatrists, local leaders and people with lived experience in the design process. We recommend this Declaration to be mandated as the quality framework for family service design to ensure program guidelines recognise the need for both clinical support and cultural healing to be present in all activities. This inclusion must also be accompanied by Aboriginal and Torres Strait Islander governance, ensuring that the Declaration is meaningfully and effectively embedded.



Improving outcomes for Aboriginal and Torres Strait Islander children and families

An identified priority of the new approach is to improve outcomes for Aboriginal and Torres Strait Islander children and families through the development of the community-controlled sector. While the community-controlled sector is best placed to provide services to Aboriginal and Torres Strait Islander communities and its development is encouraged and required, all services must be well equipped to provide safe and responsive services to Aboriginal and Torres Strait Islander children and families. This avoids restricting our people to certain places for accessing effective services and promotes agency and self-determination. This requires cultural safety to be a rigid contractual deliverable. Contracts should be contingent upon cultural safety, assessed by the families accessing services, not the providers. The new program must mandate the use of culturally validated, strengths based developmental and psychosocial assessment tools, such as the Westerman Aboriginal Symptom Checklist, to ensure that our children are not pathologised for cultural differences in communication or child-rearing, or their needs not fully met due to western-centric diagnostic criteria.

Improving outcomes for Aboriginal and Torres Strait Islander people means embedding Aboriginal and Torres Strait Islander ways of knowing being and doing in services. Social and emotional wellbeing, as mentioned above, is integral to understanding the holistic way in which different aspects of life impact our wellbeing. This is not just true for mental health, but the wider components of wellbeing. This approach aligns with the outlined government priority to improve family wellbeing by supporting strong social connections and emotional wellbeing. Embedding social and emotional wellbeing into practice will benefit all families seeking support through this program. Strong social and emotional wellbeing is imperative for prevention and early intervention as it acts as a protective factor against poor mental health for our children (Holland, Dudgeon and Milroy, 2013). Doing this effectively means explicitly funding “culture as care” interventions within the program. Cultural activities, such as on-Country healing camps and Elder-led mentoring contribute greatly to the social and emotional wellbeing of our children and must be recognised as valid clinical and psychosocial interventions, not optional “nice to have” activities.

Reporting and commissioning

The new approach includes streamlined reporting arrangements to ease the burden on service providers. In principle this approach is positive, however we highlight some considerations specific to Aboriginal and Torres Strait Islander services and communities.

Reporting through the department’s Data Exchange must consider data sovereignty for Aboriginal and Torres Strait Islander people in line with Priority Reform Four of Closing the Gap. This calls for shared access to locally relevant data and information, ensuring Aboriginal and Torres Strait Islander people have access and capability to use data to monitor services and drive development (Coalition of Peaks, 2023). Expanding on this, it is imperative that services are monitored and evaluated through outcome measurements specific to the needs and concepts of success of local Aboriginal and Torres Strait Islander communities. This means redefining family outcomes to look beyond deficit-based indicators and include connection to culture and kin. Strengths-based indicators developed with Aboriginal and Torres Strait Islander families measure a services ability to promote protective factors and measure success in a culturally validated way.



The new approach to programs for families and children introduces the option of relational contracting. This presents opportunities to align with Priority Reform Three of Closing the Gap which looks at transforming government organisations, in this context, by transferring power and resources to Aboriginal and Torres Strait Islander organisations and communities. In practice, this requires community endorsed commissioning structures which ensures local Aboriginal and Torres Strait Islander governance bodies endorse mainstream services and programs to ensure that they align with the specific needs of the community. These recommendations require Aboriginal and Torres Strait Islander governance and leadership to be embedded within the program and oversee design, delivery and monitoring of services for our communities.

Conclusion

The new approach to programs for children and families offers an opportunity to implement services that genuinely work for Aboriginal and Torres Strait Islander communities. The suggested approach outlined in the Department's Discussion Paper provides a strong start to the design approach, which can be strengthened by the recommendations outlined in this submission. Embedding social and emotional wellbeing, cultural safety and Aboriginal and Torres Strait Islander governance and leadership are imperative for the success of the program for our children and families.

References

AIHW (Australian Institute of Health and Welfare) NIAA (National Indigenous Australians Agency) (2024) *Social and emotional wellbeing*, Australian Government, <https://www.indigenoushpf.gov.au/measures/1-18-social-and-emotional-wellbeing>.

Coalition of Peaks (2023) *Priority Reform Four*, <https://www.coalitionofpeaks.org.au/priority-reform-four>.

Gayaa Dhuwi (Proud Spirit) Australia (2025) *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan*, <https://static1.squarespace.com/static/659c67183c80953af6ef5699/t/68e867aac4c075115d5631c3/1760061354628/gayaa-dhuwi-proud-spirit-declaration-framework-and-implementation-plan.pdf>.

Holland C, Dudgeon P and Milroy H (2013) *The Mental Health and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples, Families and Communities*, National Mental Health Commission, <https://www.mentalhealthcommission.gov.au/sites/default/files/2024-04/the-mental-health-and-social-and-emotional-wellbeing-of-aboriginal-and-torres-strait-islander-peoples-families-and-communities.pdf>.