

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

**Policy Position Paper**





Lowitja Institute acknowledges Aboriginal and Torres Strait Islander people as the first custodians of the land, seas and waterways of Australia and pay respect to their cultures and knowledges that have sustainably cared for Country. This position paper was developed on the traditional lands of the Wurundjeri/Woiwurrung where the offices of Lowitja Institute are based. We acknowledge the Traditional Owners of Country throughout Victoria and pay our respect to them, their cultures, and their Elders past, present and future. They have paved the way, with strength, resilience and fortitude, for future generations.

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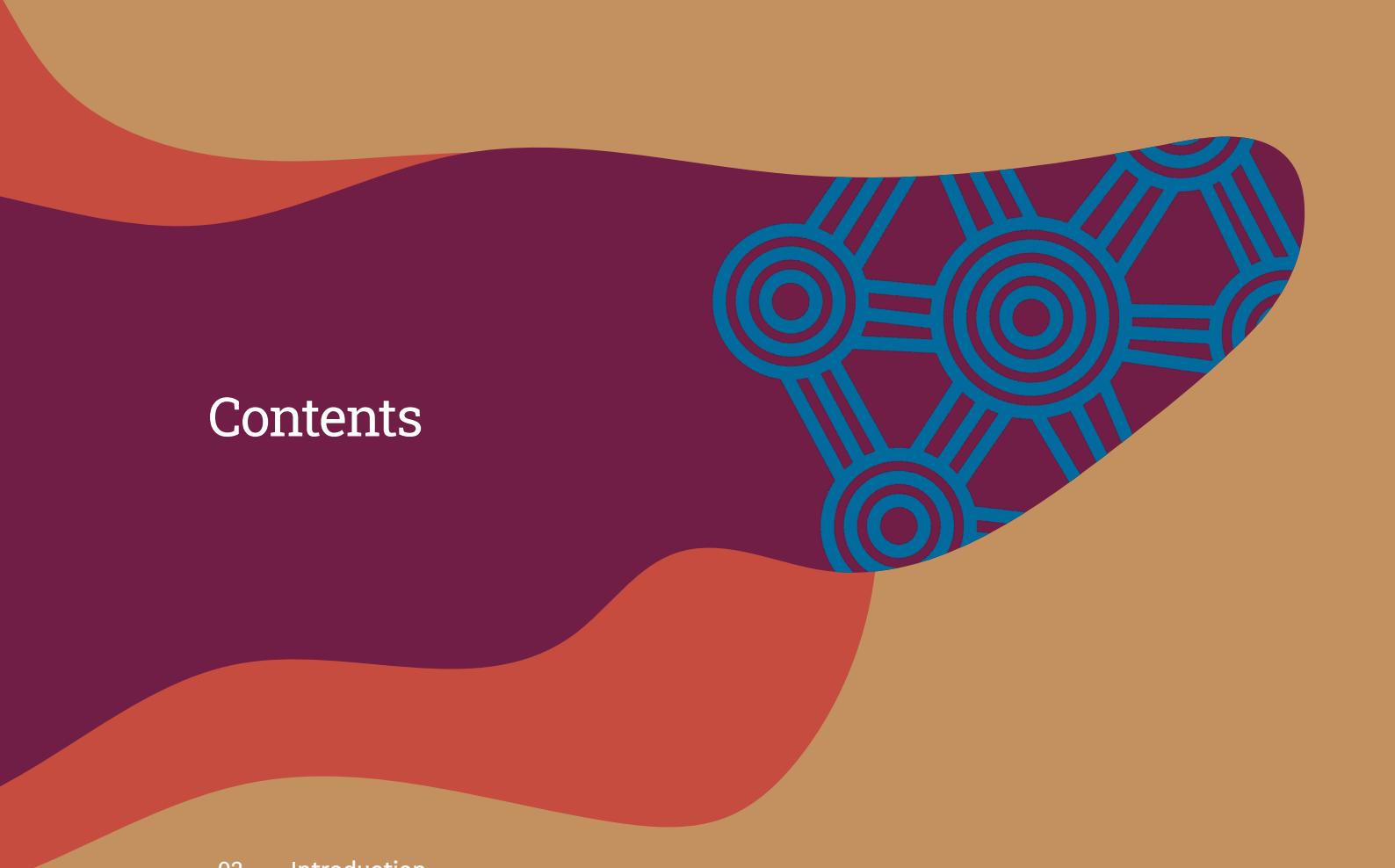
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# Introduction

## Racism, in all its forms, has a wide-ranging and lasting effect on Aboriginal and Torres Strait Islander peoples' health and wellbeing.

While racism can be harmful at any age, for Aboriginal and Torres Strait Islander children it can be particularly damaging and have lifelong impacts on health and wellbeing, and onto next generations. Childhood is a sensitive developmental period that sets the foundations for the rest of a person's life. Racism can impact children's emotional, social, and cognitive development. In childhood and adolescence, biological systems are especially sensitive to social and environmental influences with resulting structural changes and physiological disruptions having lifelong health impacts (Shonkoff et al., 2021; Priest et al. 2024). Racism can also impact biological systems leading to structural changes and physiological disruptions including immune, cardiovascular and metabolic systems.

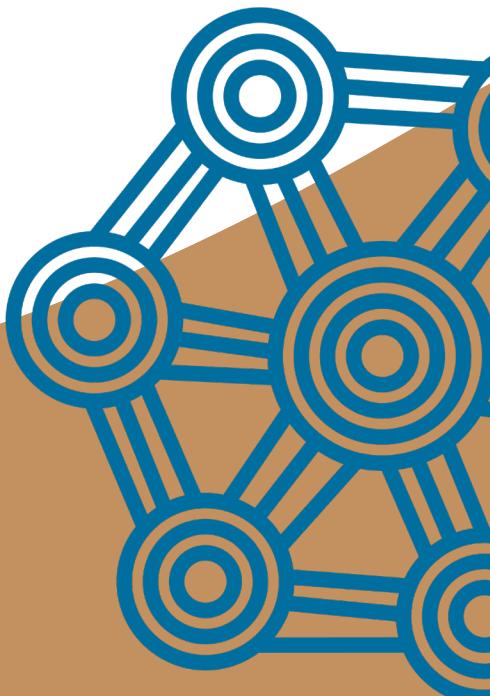
When Aboriginal and Torres Strait Islander children, their families and communities experience either direct or vicarious racism – be it at school, in sports, when accessing services or in public spaces, online and in the media – this impacts their sense of belonging and connection. In line with Lowitja Institute's core priority to understand and address racism in the health system (Lowitja Institute 2023), this paper provides a critical review of current policies focused on racism and health and examines how well these are addressing the unique and catastrophic impacts that racism has on Aboriginal and Torres Strait Islander children's health.

Lowitja Institute has been leading advocacy for a stronger focus on racism within Aboriginal and Torres Strait Islander health policy. Recognising the unique and catastrophic impacts that racism has on Aboriginal and Torres Strait Islander children's health, national policy focus needs to extend beyond adults and communities to investigate the specific factors (inputs) and consequences (outputs) on Aboriginal and Torres Strait Islander children.

*Recognising and tackling racism is about creating a healthier, happier and better nation in which all Australians can thrive* (Anderson 2016).

Recognising that racism is a fundamental cause of health inequities for Aboriginal and Torres Strait Islander children, this paper seeks to identify current national health policies and frameworks that address racism and Aboriginal and Torres Strait Islander children's health, highlight any gaps in these policies, and provide calls to action to address these gaps and to better protect Aboriginal and Torres Strait Islander children.

While eliminating interpersonal racism could significantly reduce inequities, meaningful progress requires tackling structural and systemic racism and ensuring Aboriginal and Torres Strait Islander-led solutions are elevated and culturally safe environments prioritised. Addressing children's experiences of not just interpersonal racism, but all forms of racism, across all levels, through targeted policy interventions has the potential to improve health and wellbeing outcomes into adolescence and adulthood. Preventing and countering the impacts of racism on children will have long-term positive health benefits for Aboriginal and Torres Strait Islander peoples at all life stages.



*Recognising and tackling racism is about creating a healthier, happier and better nation in which all Australians can thrive.*

Anderson 2016



## Background

Racism is considered one of the most impactful social determinants of health for Aboriginal and Torres Strait Islander people and a fundamental driver for all other social determinants of health, as underscored by the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* (NATSIHP) (Priest et al. 2024).

It has been found to initiate physiological dysregulation, immune system changes, psychological responses, and changes in health behaviour, including disturbed sleep patterns and substance abuse (Cave et al. 2019). It also can have a debilitating effect on the confidence and self-worth of those who encounter it, impacting their mental health and increasing their likelihood of making health-risking lifestyle choices (Watego, Singh and Macoun 2021; Priest et al. 2024). Further to this, racism has been found to prevent Aboriginal and Torres Strait Islander people from accessing and/or seeking appropriate healthcare and education services.

The long-term effects of racism are that Aboriginal and Torres Strait Islander people are experiencing worse health and educational outcomes, persistent employment and workforce roadblocks, overrepresentation in the child protection and justice systems, and negative representations in the media (Australian Humans Rights Commission 2024).

### Research into impacts of racism on Aboriginal and Torres Strait Islander children

A growing body of research has found that children are not oblivious to nor safe from both interpersonal and systemic racism; and may, in fact, experience worse adverse effects than adults. This research includes a 2019 Australian study (Cave et al. 2019) that investigated the impacts of racial discrimination on the health of Aboriginal and Torres Strait Islander children. The study examined whether and how the timing of first exposure to prejudice impacts a child; and it found that children as young as four years' old can perceive racial prejudice and, consequently, experience negative mental health effects. It also found that the stress of racial discrimination generated greater adverse effects on the child's health during this early developmental phase (4-7 years old), compared to exposure during adolescence or adulthood.

In a recent study (Priest et al. 2024), the extent to which mental health and sleep disparities between Aboriginal and Torres Strait Islander children and non Indigenous children could be explained by experiences of interpersonal racial discrimination was examined using a causal mediation approach. The study provides strong evidence that racial discrimination has a measurable and damaging impact on the mental health and sleep of Aboriginal and Torres Strait Islander children. These effects begin early in life and contribute significantly to the health inequities seen between Aboriginal and Torres Strait Islander and non-Indigenous children. Exposure to racial discrimination was strongly associated with higher levels of emotional and behavioural difficulties, such as anxiety, sadness, and conduct problems. Further, Aboriginal and Torres Strait Islander children exposed to racial discrimination were much more likely to experience poor mental health outcomes than those who were not (Priest et al. 2024). Experiences of racism were also linked to sleep disturbances – including trouble falling and staying asleep – and sleep problems were significantly more common among Aboriginal and Torres Strait Islander children, with rates of around 28.5 per cent, compared to rates of 18.4 per cent among non-Indigenous children (Priest et al. 2024).

Other studies of First Nations communities in Australia and elsewhere found that children also experience vicarious racial discrimination, and that children of parents affected by racial discrimination ‘are at increased risk of developing emotional and behavioural problems through less supportive parenting and/or changes in racial socialisation’ (Priest et al. 2012; 2013). When these children are exposed to persistent vicarious racial discrimination, they become more likely to have sleep difficulties and asthma than children who experience time-limited exposure (Shepherd et al. 2017).

The 2017 Shepherd et al. study concluded, in line with Lowitja Institute’s own core priority about racism and health, that addressing and eliminating racism should be an integral part of policy ‘aimed at improving the health of Australian Indigenous children and thereby reducing health disparities between Indigenous and non-Indigenous children’ (Shepherd et al. 2017). It found that a growing body of literature was showing that racial discrimination was detrimental to the physical and mental health of Aboriginal and Torres Strait Islander children, and was suggesting that ‘prolonged and more frequent exposure to racial discrimination that starts in the early lifecourse can impact on multiple domains of health in later life’ (Devakumar et al. 2024).

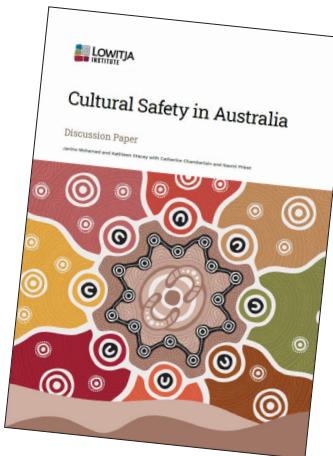
*It is a profound but subtle form of racism, that has the potential to undermine a person’s – particularly a child’s – confidence and sense of worth.*

*Yet, even where it takes much more direct and explicit forms, it seems that it is difficult to convince many people of the harmful effects of racism (Anderson 2013).*

## Defining racism

The current NATSIHP recognises **racism** as being ‘prejudice, discrimination or hatred directed at someone because of their [skin] colour, ethnicity or national origin’ and that it is ‘more than just words, beliefs and actions. It includes all the barriers that prevent people from enjoying dignity and equality because of their race’ (Australian Department of Health 2021). The recently produced National Anti-Racism Framework extends the definition to say that racism occurs when racial prejudice is accompanied by the power to discriminate against,

oppress, or limit the rights of others (Australian Human Rights Commission 2024a). All forms of racism – both intentional and unintentional – are illegal in Australia under the national *Racial Discrimination Act 1975*.



Lowitja Institute's *Cultural Safety in Australia* Discussion Paper examines the various types of racism in depth, showing them as being split across two intersecting and mutually reinforcing levels of 'individual' and 'systemic'. These include both conscious or unconscious

**racial prejudice** and **racial discrimination** practised by individuals and the **cultural** and **institutional racism** that falls within systemic racism (Lowitja Institute 2024; Australian Human Rights Commission 2024a).

## How racism is experienced by our children

Aboriginal and Torres Strait Islander children may experience **interpersonal racism** in the form of abuse, harassment, bullying, humiliation, and/or exclusion. This can take place both within formal systems (for example, education, health, child protection, juvenile justice) and informal settings, and be by other children or adults such as teachers, healthcare workers, child protection workers, foster carers, juvenile justice personnel et cetera.

Aboriginal and Torres Strait Islander children's experiences of **structural racism** are more indirect and may come through the inequalities and barriers that prevent them and/or their parents and caregivers from accessing opportunities within a society that would be equitable to other children's opportunities. These indirect forms are also experienced through the inequitable treatment and outcomes of Aboriginal and Torres Strait Islander children because of their cultural norms, practices, ideologies, and laws; because of those of society; and/or the inability of the latter to merge with and accept the former.

Institutional racism, in particular, is considered one of the main drivers of poorer health outcomes for Aboriginal and Torres Strait Islander children.

This form of racism goes beyond attitudes and behaviours to include organisational and systemic structures (that is, governance, staffing, resourcing, operations, and accountability) and how Aboriginal and Torres Strait Islander people are excluded from, and impacted by, such processes. It can also manifest in the exclusion of Aboriginal and Torres Strait Islander people from the governance, control, and accountability of organisations and government agencies that are critical to supporting Aboriginal and Torres Strait Islander people's social determinants of health (Australian Department of Health 2021).

## Current policies to address racism

Australia's approach to addressing racism combines legal protections, national strategies, community-led frameworks, Commonwealth and state and territory government policies, and

institutional level policies to create a multilayered approach to addressing the different forms of racism experienced by members of the Australian community. These approaches recognise the different forms of racism and aim to tackle individual, systemic, and structural racism, especially for Aboriginal and Torres Strait Islander peoples, through evidence-based interventions, community leadership, and public education.

Several of these policies were developed recently and provide opportunities, yet to be realised, to establish ongoing mechanisms, led by Aboriginal and Torres Strait Islander peoples, to identify, measure and address interpersonal and systemic racism and their impacts on Aboriginal and Torres Strait Islander children. However, while some go far in recognising the role of racism and in calling for the transformation of systems, these policies often still fall short in embedding the concrete actions and locking in the necessary government investments to eliminate racism.

A list of the key policies and frameworks is tabled in **Appendix 1**.

Since 1975, Australia has had a law in place to protect individuals from racial discrimination in areas such as education, employment, and access to services – **Racial Discrimination Act 1975 (Cth)**. Australia is also a signatory to several key United Nations conventions, including the **UN Convention on the Rights of the Child (CRC)**, the **UN Declaration on the Rights of Indigenous Peoples (UNDRIP)**, and the **International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)**. This commits the country to uphold and protect the rights of children, Indigenous peoples, and all individuals against racial discrimination.

Given the nature of its intent, the **Racial Discrimination Act 1975 (Cth)** should offer legal protection to Aboriginal and Torres Strait Islander children. However, considering that this legislation has been in place for 50 years and Aboriginal and Torres Strait Islander children continue to experience structural and interpersonal racism, this legislation has not proved to be an effective tool and its intent continues to be undermined. The 2007 Northern Territory Emergency Response (the 'Intervention') provides a clear example of how racial discrimination protections can be manipulated by government. To implement the Intervention, the Howard Government suspended the operation of the *Racial Discrimination Act 1975 (Cth)*. This suspension enabled racially targeted policies – applied only to Aboriginal communities – such as compulsory income management, land acquisition and increased policing, without legal challenge on the basis of racial discrimination (Australian Human Rights Commission 2008). This highlights the need to revisit this piece of legislation, to potentially strengthen its intent and the obligations falling under it, and to examine whether it addresses both interpersonal and systemic racism sufficiently, as well as strengthening awareness of, adherence to, and enforcement of this law.

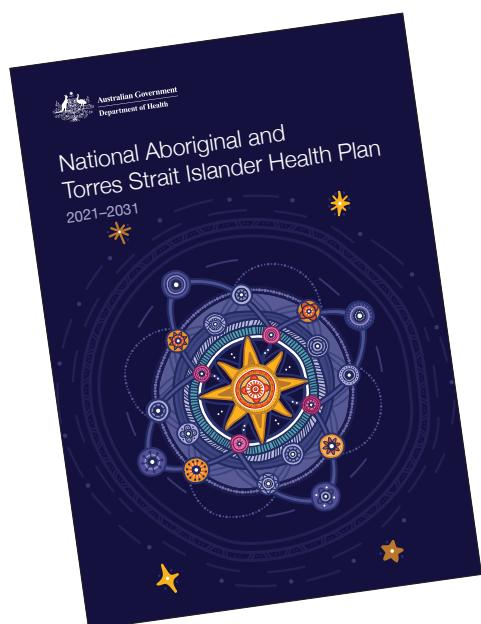
More recently, particularly in the last five years, Aboriginal and Torres Strait Islander peoples have been included in the formulation of policies and frameworks that specifically impact our peoples and communities. However, a continued criticism when attempting to address historic and ongoing systemic racism is that non-Indigenous policymakers and non-governmental organisations that may be guilty of perpetuating racism (consciously or unconsciously) are empowered to define race, racism, and anti-racism, and so are 'policing' themselves (Lowitja Institute 2021).



# National Aboriginal and Torres Strait Islander Health Plan 2021-2031

The NATSIHP 2021-2031 is a pivotal policy framework developed in partnership with Aboriginal and Torres Strait Islander communities. It aims to address systemic racism within the Australian health system and promote equitable, culturally safe, and responsive healthcare services.

This is the second iteration of such a plan and there has been improvements between the original NATSIHP (2013-2023) and its next iteration. The original health plan fell short in acknowledging the ongoing impact of dispossession and colonialism, the structuring impact of discriminatory government policies and practices, and the prevalence and multiple expressions of racial violence. Instead, it saw racism as individuals' prejudices or attitudes that adversely affect Aboriginal and Torres Strait Islander health behaviours, preventing the system from providing services equally and appropriately (Lowitja Institute 2023).



In contrast, the NATSIHP 2021-2031 includes a priority – Priority 8 – that aims to identify and eliminate racism across the health, disability, and aged care systems, including systemic racism. The plan also adopts a holistic and strengths-based approach to health that considers the cultural determinants across the life course of an Aboriginal and Torres Strait Islander person. It also recognises that racism is one of the most-impactful social determinants for Aboriginal and Torres Strait Islander people, and that laws and policies that disconnect Aboriginal and Torres Strait Islander people from culture have led to disparities in health outcomes and opportunities, including through child removal, disconnection from Country, loss of language, housing instability, and racism. The plan's approach requires system reform and collaboration across governments, including recognising racism as a barrier to implementing this approach (Australian Department of Health 2021).

However, as noted by Lowitja Institute (2023), the commitments to build a health system free of racism cannot be achieved without an unflinching examination of the sources, extent, and impacts of the systemic racism that currently exists.

The new NATSIHP 2021-2031 also aims to embed accountability of mainstream health systems to provide accessible, culturally safe, and responsive care. This aligns with the *National Agreement on Closing the Gap* (Closing the Gap Agreement), which has cultural safety as a core element, including in Priority Reform Two (building the Aboriginal and Torres Strait Islander community controlled sector) and Priority Reform Three (transforming government organisations).

## The National Agreement on Closing the Gap

The Closing the Gap Agreement is a key agreement between all Australian government jurisdictions and a Coalition of Aboriginal and Torres Strait Islander peak organisations to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all. Primarily through the agreement's Priority Reform Three, government agencies and institutions have committed to address daily systemic racism; to transform government institutions and agencies systemically and structurally to ensure these are free of institutionalised racism; to promote cultural safety; and to challenge unconscious biases. A key feature of the agreement is government parties' acknowledgment that Aboriginal and Torres Strait Islander people and our cultures have prevailed and endured despite ongoing institutional racism, entrenched disadvantage, political exclusion, and intergenerational trauma (Closing the Gap 2020).

Parties to this agreement can now be required to demonstrate their commitments to embedding the priority reforms and progressing meaningful action against the socioeconomic targets included in the agreement in subsequent policies, frameworks, investments and plans. This includes their obligations to realising Priority Reform Three, which commits them to achieving systemic and structural transformation of government institutions and agencies, to ensure that these are free of institutionalised racism, are promoting cultural safety, and are challenging unconscious biases that currently result in decisions based on stereotypes.

## Policies specific to Aboriginal and Torres Strait Islander children

There have been transformative approaches taken in the development of some recent national policies, which have acknowledged the roles that interpersonal and systemic racism have played, and continues to play, in the negative outcomes of Aboriginal and Torres Strait Islander children, families and communities.

This was the case in the development of the ***Safe and Supported National Framework for Protecting Australia's Children***, its theory of change and first five-year Aboriginal and Torres Strait Islander action plan; as well as the ***National Plan to End Violence Against Women and Children 2022-2032***, which includes the five-year *Action Plan to End Violence Against Aboriginal and Torres Strait Islander Women and Children 2022-2027*. With both policies, Aboriginal and Torres Strait Islander leadership groups were a key stakeholder in the policy's negotiation and development; Aboriginal and Torres Strait Islander peoples have been recognised as requiring targeted and unique policy interventions and so require a separate plan to be able to practise (a degree of) self-determination in developing suitable, Aboriginal and Torres Strait Islander-determined solutions.

The *Safe and Supported National Framework* is considered the key strategy supporting national efforts to reduce the overrepresentation of Aboriginal and Torres Strait Islander children in out-of-home care and make progress towards the *National Agreement on Closing the Gap*'s Target 12, to reduce the overrepresentation rate by 45 per cent by 2031. It recognises institutional

racism, discrimination, and bias as factors affecting the safety and wellbeing of Aboriginal and Torres Strait Islander children and young people. It goes further by recognising that identifying and eliminating institutional racism is critical to supporting Aboriginal and Torres Strait Islander children and families, along with embedding and practising meaningful cultural safety, and delivering services in partnership with Aboriginal and Torres Strait Islander organisations, communities, and people. In conjunction, the framework's theory of change recognises that the first of five issues to be addressed to improve the child protection system is 'embedded systemic and structural racism [that] continues to affect Aboriginal and Torres Strait Islander families' (Australian Department of Social Services 2021). However, the framework does not commit governments to specific outcomes, which falls to the five-year action plans.

The framework's Aboriginal and Torres Strait Islander action plans are considered an important step towards placing Aboriginal and Torres Strait Islander self-determination at the centre of key community service systems. The **Closing the Gap Early Childhood Care and Development Policy Partnership** is designed to have major role in measuring the success of the action plan and driving reform priorities, with this expected to empower Aboriginal and Torres Strait Islander organisations and community representatives to exercise authority in decision-making.

Nonetheless, in the first five-year action plan, only two actions specifically mention racism and only in relatively indirect terms. Action 6 is to 'work towards improved systems that are delivered by ACCOs where possible, to reduce systemic racism and power imbalances in interactions with relevant systems', including through a scoping study on the interface between child protection systems and relevant legal services and youth justice systems, and the issues and barriers experienced at this interface. Action 8 simply acknowledges that all

social determinants of child safety and wellbeing, including institutional racism, must be taken into account to reduce the number of children, young people and families who come into contact with child protection systems (Australian Department of Social Services 2022b).

The **National Plan to End Violence against Women and Children 2022-2032** recognises that Aboriginal and Torres Strait Islander women and children face complex barriers that are compounded by the ongoing legacies of colonisation and racism (Australian Department of Social Services 2022a). Closing the Gap commitments have been embedded across the plan and there is a dedicated five-year **Aboriginal and Torres Strait Islander Action Plan** (Australian Department of Social Services 2023) to address Closing the Gap's Target 13, to reduce all forms of violence against Aboriginal and Torres Strait Islander women and children by at least 50 per cent by 2031.

Among other features, this action plan recognises that the existence of the Aboriginal and Torres Strait Islander community controlled sectors, individuals, and businesses, means a stronger voice for Aboriginal and Torres Strait Islander peoples in society and government, the transformation of government agencies and systems, and the elimination of racism. In time, this action plan will be replaced by the *National Aboriginal and Torres Strait Islander Family Safety Plan* (currently in development), which is expected to address longer-term changes and establish the future policy approach to address the unacceptable rates of violence against Aboriginal and Torres Strait Islander women and children.

In 2023, Lowitja Institute saw the inaugural **National Anti-Racism Framework** as 'an opportunity to establish ongoing mechanisms, led by Aboriginal and Torres Strait Islander peoples, to capture and measure experiences of

racism and impacts of systemic racism in health systems' (Australian Human Rights Commission 2024a). This ten-year framework provides 63 recommendations for a whole-of-society approach to eliminate racism, with a particular focus on Aboriginal and Torres Strait Islander people. The framework identifies itself as being 'First Nations-centred', recognising that Aboriginal and Torres Strait Islander people have a distinct experience of racial injustice that arises out of their status as colonised peoples with unceded sovereignty and a denial of their self-determination. It states that 'there can be no racial justice in this country without racial justice for First Nations peoples' and that 'truth-telling of historical and ongoing injustices against First Nations peoples is essential'.

This framework recognises that a limited understanding in Australia of race and racism means systemic and structural racism continues to go unaddressed in most government-led anti-racism action. It also recognises that racism is leading to worse health outcomes, poorer educational outcomes, overrepresentation in the justice system, negative representation in the media, and consistent roadblocks in employment.

The Race Discrimination Commissioner, Giridharan Sivaraman, acknowledges that current anti-racism approaches are ad-hoc, disjointed, and often ineffective. He identifies places of learning – early childhood through to tertiary – as key settings for preventative education about racism, acknowledging that racial literacy and cultural competency training should cover the history, culture, and specific challenges faced by Aboriginal and Torres Strait Islander communities as a result of colonisation.

Importantly, the framework calls on governments to show their commitment to anti-racism action by supporting ongoing and adequate investments into anti-racism action, saying that

inadequate or ad hoc funding reinforces systemic racism and inequity. It also highlights that the adequacy of funding is best determined by First Nations communities, who have a long history of developing best practice solutions (Australian Human Rights Commission 2024a).

An **Anti-Racism Framework: Voices of First Nations Peoples** (Australian Human Rights Commission 2024b) consultation report was also published by the Australian Human Rights Commission. This foundational document to the national framework summarises Aboriginal and Torres Strait Islander peoples' lived experiences of a complex and pervasive landscape of racial challenges faced by Aboriginal and Torres Strait Islander communities. It includes six recommendations, calling for legislative reform, accountability mechanisms, Aboriginal and Torres Strait Islander advisory bodies, standardised cultural safety education, cross-sector workforce strategies, and a standalone Aboriginal and Torres Strait Islander anti-racism framework.

In brief mention, there is the **National Aboriginal and Torres Strait Islander Early Childhood Strategy** (National Indigenous Australians Agency 2021), which has a vision of Aboriginal and Torres Strait Islander children aged 0–5 years being born and remaining healthy, nurtured by strong families, and enabled to thrive in their early years. One of its intentions is to support government agencies and mainstream organisations involved in the early years sectors to work towards eliminating systemic racism by identifying and combatting racial bias in their policies, workforce, and practices. This strategy, does not, however, include any specific actions or commitments, does not have any specific investment attached to it, and acts more of as a guide to agencies in the early years sectors.



# Racism within our child-focused systems

Racism and discriminatory attitudes are everyday experiences for many Aboriginal and Torres Strait Islander children and young people.

A 2021 study found that 44 per cent of 9–14 year old Aboriginal and Torres Strait Islander children have experienced interpersonal racial discrimination from teachers and 59 per cent have experienced interpersonal racism from society generally (Thurber et al. 2021). An earlier 2017 study found that 14 per cent of Aboriginal and Torres Strait Islander children aged 5–10 years had experienced racial discrimination at some point in time, with 28–40 per cent of these experiencing it persistently. This was alongside two-fifths (40 per cent) of their primary carers and 45 per cent of their families experiencing racial discrimination (Shepherd et al. 2017).

## Racism in the education system

A recent Productivity Commission review found that school environments are not providing culturally safe spaces for Aboriginal and Torres Strait Islander students, families, and teachers, and that educational staff's lack of cultural understanding is perpetuating discriminatory

attitudes towards Aboriginal and Torres Strait Islander students. In turn, this prevents students from feeling safe at school and engaging with their learning and prevents their caregivers from engaging with educators and being willing to share information about their children or issues at home. Aboriginal and Torres Strait Islander teachers feel forced to exit the education sector as they face discriminatory attitudes and experience poor wellbeing, while teachers' expectations of Aboriginal and Torres Strait Islander children completing secondary education decline as students progress through their schooling. The review also found that these barriers are flagging broader issues of Aboriginal and Torres Strait Islander people lacking voice and representation in education policy, governance, and social narratives (Productivity Commission 2023).

Chronic exposure to racism is leading Aboriginal and Torres Strait Islander children to disengage from education, be increasingly absent from places of learning, and suffer diminished cognitive development, with stress impacting on the child or young person's memory, concentration, and problem-solving abilities (Bodkin-Andrews and Carlson 2014). In turn, this impacts not only on

children's educational attainment but also their long-term abilities to secure employment and sustained income as well as that a person's educational qualifications can influence their health status and health outcomes (Australian Institute of Health and Welfare 2024a).

Yet, places of learning – from early childhood through to tertiary institutions – can be a key protective factor for Aboriginal and Torres Strait Islander children (Kelly et al. 2009) as well as key settings of preventative 'anti-racism' education of others (Australian Human Rights Commission 2024a).

## Racism in the healthcare system

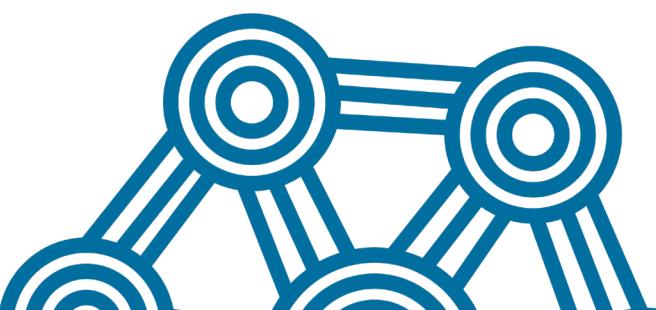
Similarly, racism and racial stereotyping in Australia's healthcare settings are deterring Aboriginal and Torres Strait Islander children, their caregivers and pregnant women from seeking and accessing appropriate and timely health services and care. The results are Aboriginal and Torres Strait Islander children receiving sub-optimal treatment, facing avoidable delays in diagnoses or being misdiagnosed, having their symptoms dismissed or misinterpreted, not receiving the requisite care at all, discharging from services early, and/or avoiding health services entirely (Freeman et al. 2014; Australian Department of Health 2021).

Institutional racism has also been identified across healthcare policies, delivery of services, clinical decision-making mechanisms, and governance arrangements. Along with the exclusion of Aboriginal and Torres Strait Islander perspectives

in mainstream health governance and shortages of Aboriginal and Torres Strait Islander health professionals in the health workforce, this systemic racism further entrenches health and treatment disparities and reinforces systemic levels of health inequities, right from early years (Paradies 2016).

Given that the first 1,000 days of a child's life have been found to be 'an ideal time in which to shape a healthier future for a child' (Ritte et al. 2016; Moore et al. 2017), it is particularly concerning that systemic racism is still present in Aboriginal and Torres Strait Islander maternal and child healthcare. Persistent racism deters Aboriginal and Torres Strait Islander pregnant women, children, and their caregivers from accessing vital healthcare and, in 2021, the Australian of Health and Welfare (AIHW) found that systemic racism was resulting in higher rates of preterm births, low birthweight, and preventable hospitalisations among Aboriginal and Torres Strait Islander children. It also found that a baby with a low birthweight is more likely to experience illness or die in infancy, have poorer development of their mental functioning abilities, have poorer cognitive development, and have an increased risk of chronic diseases in adulthood.

Between 2017-2021, the death rate for Aboriginal and Torres Strait Islander children 0-4 years was 2.1 times as high as the rate for non-Indigenous children, with the leading cause (54.2 per cent of deaths) being from 'certain conditions originating in the perinatal period' (Australian Institute of Health and Welfare 2024c).



## Racism in the child protection system

One of the key drivers of overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system is racism, and currently, Aboriginal and Torres Strait Islander children are 10.8 times more likely to be in out-of-home care than non-Indigenous children (SNAICC – National Voice for our Children 2024). A lack of cultural competency is considered to be driving this institutional racism, with a comprehensive misunderstanding within the system of Aboriginal and Torres Strait Islander cultures, family structures, parenting practices, and the historical factors entrenching Aboriginal and Torres Strait Islander disadvantage (Davis 2019; SNAICC – National Voice for our Children 2023, 2024; Krakouer 2023). This has a significant impact on the health and wellbeing of Aboriginal and Torres Strait Islander children in out-of-home care.

Children in the out-of-home care system – whether Aboriginal and Torres Strait Islander or non-Indigenous – have been found to experience greater rates of physical health concerns/ They are more likely to have chronic health problems than other children, and have higher rates of emotional or behavioural problems and developmental concerns, including developmental delays. Up to 62 per cent of children in out-of-home care experience mental health concerns and 48–61 per cent are diagnosed with behaviour problems. These children are also likely to be behind on important immunisations, more likely to experience a lack of routine health checks, and have undiagnosed and/or untreated health conditions (Royal Australasian College of Physicians 2023).

Further to this are the potentially long-term health consequences on people who have been removed from their family into out-of-home care. These consequences are evident in the health status of Stolen Generations Survivors who are more likely to have worse long-term health and socioeconomic outcomes than other Aboriginal and Torres Strait Islander people and non-Indigenous people of the same age (Australian Institute of Health and Welfare 2021).

Parents who have had a child removed have also been found to experience an ‘exacerbation of housing instability, interpersonal violence, excessive alcohol and drug taking, mental health issues, the entering of unhealthy intimate relationships, and repeat pregnancy’ (Royal Australasian College of Physicians 2023). This perpetuates the cycle of disadvantage, decreasing the likelihood of families’ reunifications, and brings these families back into contact with the child protection system, across both an individual’s lifetime and across generations.

## Racism in the criminal justice system

Australia’s criminal justice system also demonstrates the same patterns of racial discrimination against Aboriginal and Torres Strait Islander children. This causes Aboriginal and Torres Strait Islander children to be overrepresented in the juvenile justice system; disproportionately targeted by over-policing and judicial bias; criminalised at higher rates than non-Indigenous children; more likely to receive harsher sentencing; and be denied access to diversionary programs (Cunneen 2006).

In 2023-24, Aboriginal and Torres Strait Islander children made up 65 per cent – or two in three – young people aged 10-17 in detention, translating to Aboriginal and Torres Strait Islander children being 27 times as likely as non-Indigenous children to be in detention on an average day in Australia (Australian Institute of Health and Welfare 2025)

Research has found that children in detention – whether Aboriginal and Torres Strait Islander or non-Indigenous – have a high prevalence of complex, co-occurring health needs. This includes high rates of mental illness, trauma, high-risk substance use, chronic and infectious diseases, sexual and reproductive health problems, and neurodevelopmental disability. Between 12–65 per cent have a history of self-harm, 22–96 per cent have a substance-use disorder, and 32–50 per cent have experienced a traumatic brain injury (Kelly et al. 2024). Although most children in detention are boys, girls within this system are recognised as being a particularly traumatised and vulnerable

group, as they experience a significantly higher prevalence of many health conditions, notably mental illness (Kelly et al. 2024). Generally, children released from detention are at a four times higher risk of preventable death than children of the same age and sex in Australia's general population (Royal Children's Hospital – Centre for Adolescent Health 2024).

Of particular significance is that the children within juvenile justice who are most at risk of dying are Aboriginal and Torres Strait Islander boys whose first contact with the youth justice system is before they are 14 years old. The prominent – and largely preventable – causes of death for these young men are cardiovascular and digestive diseases, including chronic liver diseases.

This research ultimately stated that to reduce health disparities between Aboriginal and Torres Strait Islander children and other children 'requires both ongoing efforts to prevent incarceration among First Nations children, and ensuring high-quality, culturally capable healthcare in all places where children are deprived of liberty' (Kelly et al. 2024).

*“Australia can no longer ignore that some of our most disadvantaged children are dying at a much faster rate than expected, and from causes that are largely preventable. Doing so would amplify cycles of racism and social exclusion. Under the UN Convention on the Rights of the Child all children, including those in contact with the youth justice system, have the right to the highest attainable standard of health.*

The Royal Children's Hospital Melbourne 2024



## Opportunity for policy interventions

Addressing the impact of racism on Aboriginal and Torres Strait Islander children requires systemic reform that refines policies and frameworks, and prioritises dismantling discriminatory practices, attitudes, and approaches; adopting Aboriginal and Torres Strait Islander-led solutions; and creating culturally responsive systems and services, particularly in early years sectors.

It also requires investment into an Aboriginal and Torres Strait Islander-led research agenda that significantly progresses our understanding of Aboriginal and Torres Strait Islander children's current exposure to and experiences of racism; the complex and long-term impacts of these experiences; and the impacts of systemic racism in early years sectors, including education, health, child protection, and juvenile justice.

While current national government policies have synergies that can be used to address the impacts of racism on Aboriginal and Torres Strait Islander children, these are not necessarily adequate in scope to meet the multilayered health impacts being felt by Aboriginal and Torres Strait Islander children. Further, the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing (2025) is currently the only large-scale longitudinal study of Aboriginal and Torres Strait Islander health that collects data on experiences of racism. However, this study only collects data from Aboriginal and Torres Strait Islander people who are 16 years old and older.

A study conducted in 2024 looked at the extent eliminating racial discrimination could reduce inequities in mental health and sleep problems among Aboriginal and Torres Strait Islander children. The study (Priest et al. 2024) featured a number of Aboriginal co-authors, including Lowitja Institute, bringing Aboriginal and Torres Strait Islander leadership and perspectives to the research. The study included analysis of two existing datasets – the Longitudinal Study of Australian Children (LSAC) and the Study of Outcomes for Aboriginal and Torres Strait Islander Children (SOAR) to examine how much of the mental health and sleep disparities between Aboriginal and Torres Strait Islander children and non Indigenous children could be explained by experiences of interpersonal racial discrimination, using a causal mediation approach. Findings noted that removing interpersonal racism could greatly reduce mental health and sleep problems for Aboriginal and Torres Strait Islander children compared to their Anglo-European peers.

Eliminating interpersonal racial discrimination could reduce **about one-quarter to almost half** of these inequities, depending on cohort and outcome.

Mental health inequities could fall by **25-42 per cent**, and sleep inequities by **1.6-48 per cent** (Priest et al. 2024).

However, major gaps would still exist.

As the authors highlight, tackling only interpersonal racism is important, but not enough. Ongoing action, led by Aboriginal and Torres Strait Islander communities, is needed to address structural racism and its harmful effects on children.

Effective targeted policy interventions to address racism must be underpinned by the systematic collection of high-quality data. For First Nations children, such data on experiences of racism and its impacts is rarely collected in administrative systems, and where it exists, measures are often poorly designed, not developed with or by communities, lack community access, and have inadequate governance structures.

The Priest et al. (2024) study noted that targeted policy interventions that eliminate racial discrimination against Aboriginal and Torres Strait Islander children could have high potential to reduce inequities in mental health and sleep problems. This would require a multilevel approach led by Aboriginal and Torres Strait Islander peoples.

By adopting these targeted policy interventions, there is significant potential to reduce the mental health and sleep inequities experienced by Aboriginal and Torres Strait Islander children, thereby promoting their overall wellbeing and development (Priest et al. 2024).

Eliminating interpersonal racial discrimination could reduce **about  $1/4$  to almost  $1/2$**  of these inequities, depending on cohort and outcome.

Mental health inequities could fall by **25-42%** and sleep inequities by **1.6-48%**

(Priest et al. 2024)



# Next steps and calls to action

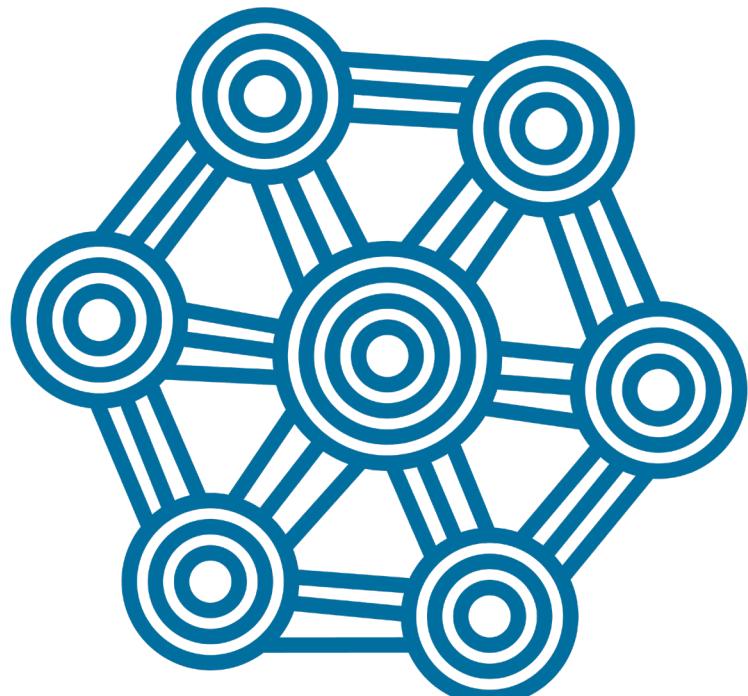
The need for targeted policy interventions that address racism, in all its forms, is urgent. Policy responses that address racism present an opportunity to combat racism and its detrimental effects of Aboriginal and Torres Strait Islander children's health.

With this in mind, Lowitja Institute makes the following eight calls to action:

## Research investment

1. Commonwealth Government to dedicate funding towards longitudinal research into the physical and mental health impacts of racism on Aboriginal and Torres Strait Islander children. This should align with *National Agreement on Closing the Gap*'s Priority Reforms Three and Four and contribute to initiatives under NATSIHP Priority 8. This should include the development of measures of racism across all levels of administrative and population data.
2. All levels of government to invest in the collection of high-quality research on the experiences and impacts of racism on Aboriginal and Torres Strait Islander children, ensuring that data collection methods are co-designed with and governed by Aboriginal and Torres Strait Islander peoples, and that Aboriginal and Torres Strait Islander communities have meaningful access to and control over the information.

3. All levels of government to invest in an Aboriginal and Torres Strait Islander-led research agenda for health and wellbeing, with a focus on the impacts of systemic racism in health, education, child protection, and juvenile justice systems on Aboriginal and Torres Strait Islander children. This should include a focus on how different systems relate and intersect, with the aim of identifying and addressing siloed approaches across different levels of government.



## Policy reform

4. All levels of government to adopt the *National Anti-Racism Framework* and invest in its implementation within each jurisdiction. This should include implementing in full its recommendations to:
  - allocate appropriate levels of funding to the Australian Human Rights Commission to develop an implementation plan specific to Aboriginal and Torres Strait Islander peoples' experiences of racism
  - implement a monitoring and evaluation framework which embeds appropriate accountability measures
  - establish a National Anti-Racism Taskforce.
5. All levels of government fully implement their commitments under the *National Agreement on Closing the Gap*, including:
  - to work in genuine partnership with, and adequately fund, Aboriginal and Torres Strait Islander peoples and organisations to participate in shared decision-making across government portfolios
  - to build the Aboriginal and Torres Strait Islander community controlled sector and provide ongoing and adequate funding for the sector and organisations to deliver culturally safe services, particularly for rural and remote communities.

## Improving systems

6. Commonwealth Government to work to improve the standards of care experienced by Aboriginal and Torres Strait Islander children and create culturally safe services for these children in health, education, child protection, and juvenile justice systems.
7. Commonwealth Government to work with the National Indigenous Health Leadership Alliance and the National Aboriginal and Community Controlled Health Organisation to develop indicators to inform local strategies to eliminate racism against Aboriginal and Torres Strait Islander children in the provision of health services, and build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander children.
8. Develop Commonwealth Government guidelines and standards for cultural safety to ensure the Australian healthcare system is responsive to the needs of Aboriginal and Torres Strait Islander children; where institutional racism is acknowledged, measured, and addressed; cultural safety training is undertaken regularly and is valued as an important step in closing the gap.

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## Appendix 1: National policies

<b>POLICY</b>	<i>Racial Discrimination Act 1975 (Cth) (Commonwealth Consolidated Acts 1975)</i>
<b>DATE</b>	1975
<b>RESPONSIBILITY</b>	Australian Human Rights Commission
<b>PURPOSE</b>	<ul style="list-style-type: none"><li>• To protect individuals from racial discrimination in areas such as education, employment, and access to services.</li><li>• Makes racial discrimination in certain contexts unlawful and overrides other jurisdictions' legislation that may be inconsistent with the Act.</li></ul>
<b>POLICY</b>	<i>National Agreement on Closing the Gap</i>
<b>DATE</b>	2020
<b>RESPONSIBILITY</b>	<ul style="list-style-type: none"><li>• All Australian government jurisdictions</li><li>• Coalition of Aboriginal and Torres Strait Islander peak organisations</li></ul>
<b>PURPOSE</b>	<ul style="list-style-type: none"><li>• To enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all.</li><li>• Australian government agencies and institutions to address systemic, daily racism, and promote cultural safety and transfer power and resources to communities; and acknowledge that Aboriginal and Torres Strait Islander people and their cultures have prevailed and endured despite ongoing institutional racism, entrenched disadvantage, political exclusion and intergenerational trauma (Closing the Gap 2020).</li><li>• Four Priority Reforms stipulate how to change the way that governments work with Aboriginal and Torres Strait Islander people.</li></ul>
<b>TO NOTE</b>	<b>Priority Reform Three:</b> <ul style="list-style-type: none"><li>• To transform government organisations to work better for Aboriginal and Torres Strait Islander people.</li><li>• Recognises that governments are responsible for addressing institutional racism and promoting cultural safety, and requires governments to identify, call out, respond to and eliminate racism as well as embed and practise meaningful cultural safety; support Aboriginal and Torres Strait Islander cultures; and improve engagement between mainstream institutions and services and Aboriginal and Torres Strait Islander people.</li><li>• Parties to the agreement commit to systemic and structural transformation to ensure government institutions and agencies are free of institutionalised racism and promote cultural safety; and commit to challenging unconscious biases that are currently resulting in decisions based on stereotypes.</li></ul>

<b>POLICY</b>	<b><i>National Anti-Racism Framework: a roadmap to eliminating racism in Australia</i> (Australian Human Rights Commission 2024a)</b>
<b>DATE</b>	2024
<b>RESPONSIBILITY</b>	Australian Human Rights Commission
<b>PURPOSE</b>	<ul style="list-style-type: none"> <li>• Ten-year roadmap for governments, businesses and community organisations to address all forms of racism in Australia.</li> <li>• Sixty-three (63) recommendations for a whole-of-society approach to eliminate racism – with a particular focus on Aboriginal and Torres Strait Islander people.</li> <li>• Proposes reforms across Australia's legal, justice, health, education, media and arts sectors; in workplaces; and through data collection.</li> <li>• Recognises that a limited understanding of the operation of race and racism in Australia means systemic and structural racism continues to go unaddressed in most government-led anti-racism action, and that racism is leading to worse health outcomes, poorer educational outcomes, overrepresentation in the justice system, negative representation in the media, and consistent roadblocks in employment.</li> </ul>
<b>TO NOTE</b>	<p>The Race Discrimination Commissioner acknowledges that current approaches to anti-racism are ad-hoc, disjointed, and often ineffective, and identifies places of learning – from early childhood through to tertiary – as key settings for preventative education about racism, acknowledging that racial literacy and cultural competency training should cover the history, culture, and specific challenges faced by Aboriginal and Torres Strait Islander communities as a result of colonisation.</p> <p>The framework identifies itself as being 'First Nations-centred', recognising that Aboriginal and Torres Strait Islander people have a distinct experience of racial injustice that arises out of their status as colonised peoples with unceded sovereignty and a denial of their self-determination. It states that 'there can be no racial justice in this country without racial justice for First Nations peoples' and that 'truth-telling of historical and ongoing injustices against First Nations peoples is essential'.</p>

<b>POLICY</b>	<b><i>Anti-Racism Framework: Voices of First Nations Peoples</i> consultation report (Australian Human Rights Commission 2024b)</b>
<b>DATE</b>	2024
<b>RESPONSIBILITY</b>	Australian Human Rights Commission
<b>PURPOSE</b>	<ul style="list-style-type: none"> <li>• Foundational document to the National Anti-Racism Framework.</li> <li>• Summarises Aboriginal and Torres Strait Islander peoples' lived experiences of a complex and pervasive landscape of racial challenges faced by Aboriginal and Torres Strait Islander communities.</li> </ul>
<b>TO NOTE</b>	<p>Six (6) recommendations calling for legislative reform, accountability mechanisms, Aboriginal and Torres Strait Islander advisory bodies, standardised cultural safety education, cross-sector workforce strategies, and a standalone Aboriginal and Torres Strait Islander anti-racism framework.</p>

<b>POLICY</b>	<b><i>National Aboriginal and Torres Strait Islander Health Plan 2021-31</i> (Australian Department of Health 2021)</b>
<b>DATE</b>	2021
<b>RESPONSIBILITY</b>	Commonwealth Department of Health
<b>PURPOSE</b>	<ul style="list-style-type: none"> <li>Overarching policy framework for Aboriginal and Torres Strait Islander health and wellbeing.</li> <li>Provides a strategic platform to guide policies and programs that aim to ensure Aboriginal and Torres Strait Islander people have long and healthy lives, centred in culture and with access to equitable responsible health services that are prevention-focused, culturally safe, and free of racism.</li> <li>Adopts a holistic and strengths-based approach to health that considers the cultural determinants across the life-course.</li> </ul>
<b>TO NOTE</b>	<p><b>Priority Eight:</b></p> <ul style="list-style-type: none"> <li>Recognises that racism is one of the most impactful of social determinants for Aboriginal and Torres Strait Islander people.</li> <li>Includes four objectives: (i) improving cultural safety training across mainstream health services and settings and enhancing data collection to improve measurement of racism and cultural safety across the health system.</li> <li>Outcome: For individual and institutional racism across health, disability and aged care systems to be identified, measured and addressed under a human right-based approach.</li> </ul> <p><b>Cultural determinants approach:</b></p> <ul style="list-style-type: none"> <li>Laws and policies that disconnect Aboriginal and Torres Strait Islander people from culture have led to disparities in health outcomes and opportunities, including through child removal, disconnection from Country, loss of language, housing instability, and racism.</li> <li>This approach will require system reform and collaboration across governments, including recognising racism as a barrier to implementing this approach.</li> </ul> <p><b>To address institutional racism:</b></p> <ul style="list-style-type: none"> <li>Health services must have mechanisms in place that recognise and respond to the systemic barriers that Aboriginal and Torres Strait Islander people face.</li> <li>This must include a zero-tolerance policy for racism, with metrics and processes to measure health service accountability; strong recording of, evaluating, and responding to patient experiences; accessible, culturally safe and responsive complaints mechanisms, including flexibility to adapt reporting functions to suit diverse populations; and the collection and keeping of patient information that drives health care safety, quality and accountability.</li> </ul>

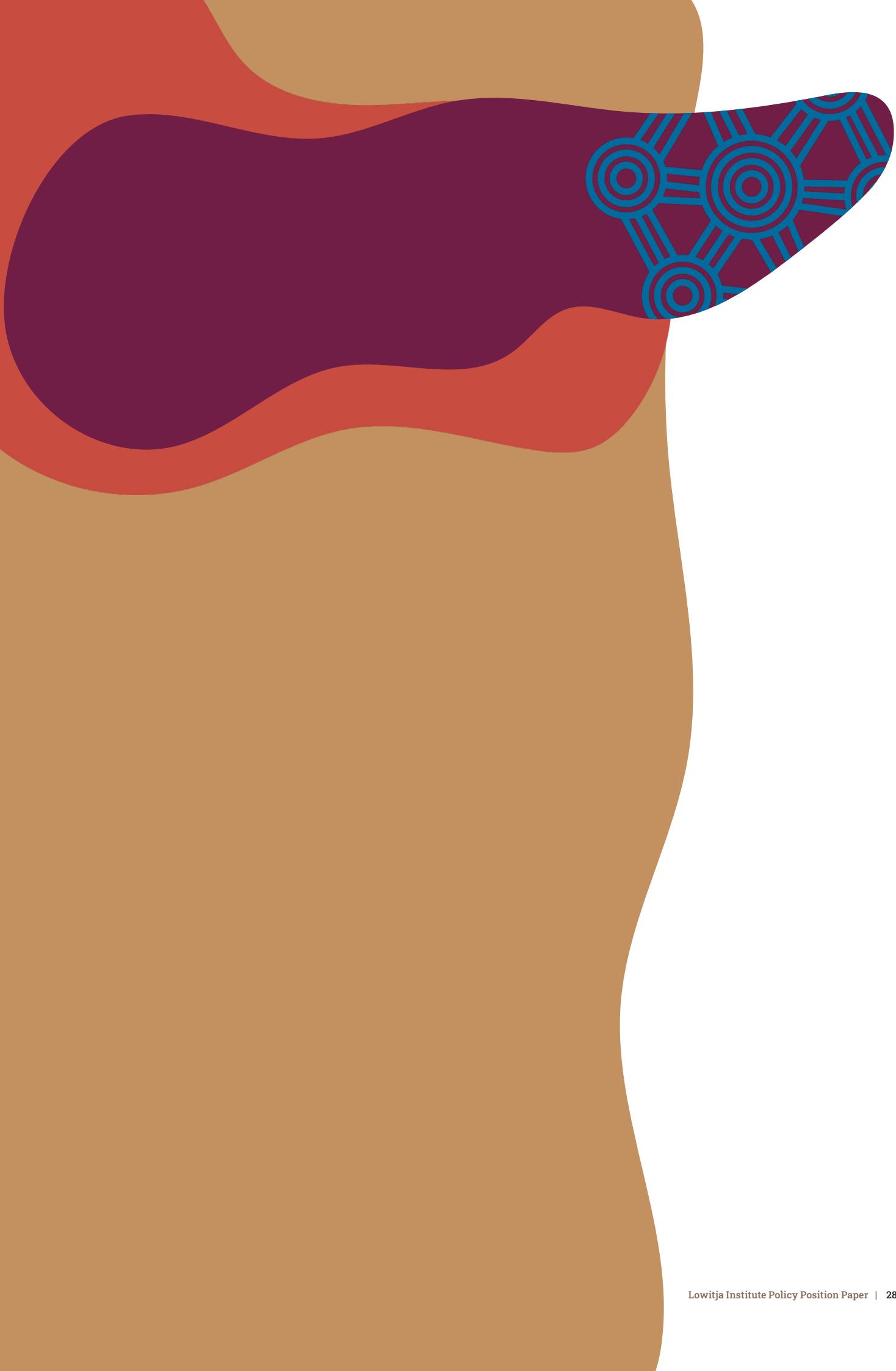


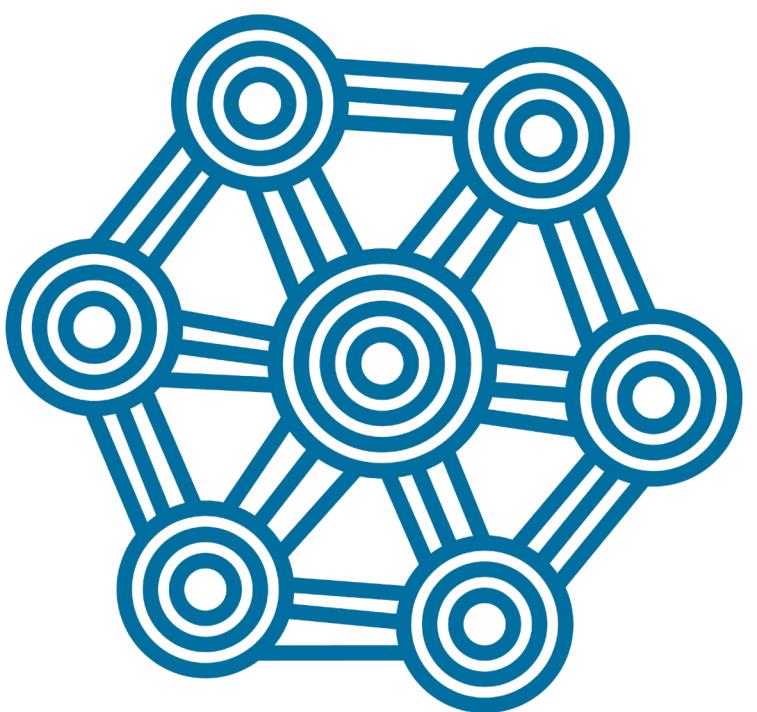
<b>POLICY</b>	<b><i>Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031 (Australian Department of Social Services 2021)</i></b>
<b>DATE</b>	2021
<b>RESPONSIBILITY</b>	Commonwealth Department of Social Services
<b>PURPOSE</b>	<ul style="list-style-type: none"> <li>• Ten-year strategy that aims to improve outcomes for vulnerable children and families by focusing its actions on supporting four priority groups across a number of sectors and life stage, including Aboriginal and Torres Strait Islander children and young people experiencing disadvantage or who are vulnerable.</li> <li>• Second iteration, with an increased focus on Aboriginal and Torres Strait Islander children, families and caregivers.</li> <li>• Actioned through four action plans, two of which are Aboriginal and Torres Strait Islander-led and focused, and lay out action plans over two five-year periods.</li> </ul>
<b>TO NOTE</b>	<p>Key strategy supporting efforts to make progress under Closing the Gap Agreement Target 12: <i>to reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent by 2031.</i></p> <p>The Aboriginal and Torres Strait Islander action plans are considered to an important step towards placing Aboriginal and Torres Strait Islander self-determination at the centre of key community service systems.</p> <p>Recognises that one of the factors affecting the safety and wellbeing of Aboriginal and Torres Strait Islander children and young people is institutional racism, discrimination and bias.</p> <p>Recognises that to support Aboriginal and Torres Strait Islander children and families, it is critical to identify and eliminate institutional racism and embed and practice meaningful cultural safety, including by delivering services in partnership with Aboriginal and Torres Strait Islander organisations, communities and people.</p>

<b>POLICY</b>	<b><i>National Aboriginal and Torres Strait Islander Early Childhood Strategy (National Indigenous Australians Agency 2021)</i></b>
<b>DATE</b>	2021
<b>RESPONSIBILITY</b>	National Indigenous Australian Agency
<b>PURPOSE</b>	<ul style="list-style-type: none"> <li>• Vision: For Aboriginal and Torres Strait Islander children aged 0–5 years to be born and remain healthy, nurtured by strong families and enabled to thrive in their early years.</li> <li>• To address outcomes across all Aboriginal and Torres Strait Islander young children's lives, including early learning, health, disability, wellbeing, care and development.</li> </ul>
<b>TO NOTE</b>	<p>Supports government agencies and mainstream organisations involved in the early years sectors to work towards eliminating systemic racism by identifying and combatting racial bias in their policies, workforce and practices.</p> <p>Recognises that racism not only causes Aboriginal and Torres Strait Islander people long lasting physical and mental harm, but also leaves services ineffective and culturally unsafe, results in unfair and unjust outcomes, and hampers the development of decision-making structures that include and respect Aboriginal and Torres Strait Islander people, communities and organisations.</p> <p>Calls for mainstream efforts to take transformation efforts that work towards eliminating systemic racism and embedding respect for Aboriginal and Torres Strait Islander cultures, knowledges and experiences, in line with the Closing the Gap Agreement's Priority Reform Three.</p>

<b>POLICY</b>	<b><i>National Plan to End Violence Against Women and Children 2022-2032</i> (Australian Department of Social Services 2022a)</b>
<b>DATE</b>	2022
<b>RESPONSIBILITY</b>	Commonwealth Department of Social Services
<b>PURPOSE</b>	<ul style="list-style-type: none"> <li>Overarching national policy framework guiding country-wide actions towards ending violence against women and children over ten years.</li> <li>Outlines how its vision will be realised across prevention, early intervention, response and recovery and healing efforts, including addressing the underlying social drivers of violence, and addressing the attitudes and systems that drive violence against women and children.</li> </ul>
<b>TO NOTE</b>	<p>Recognises that Aboriginal and Torres Strait Islander women and children face complex barriers that are compounded by the ongoing legacies of colonisation and racism, and that family violence is a significant factor contributing to the overrepresentation of Aboriginal and Torres Strait Islander children in out-of-home care.</p> <p>The Closing the Gap Agreement's commitments have been embedded across the <i>National Plan</i>, in recognition of Aboriginal and Torres Strait Islander women experiencing disproportionate rates of violence, and that this is an urgent national priority.</p> <p>Includes a dedicated five-year <i>Aboriginal and Torres Strait Islander Action Plan</i> – see row below.</p>

<b>POLICY</b>	<b><i>Five-year Action Plan to End Violence Against Aboriginal and Torres Strait Islander Women and Children 2022-2032</i> (Australian Department of Social Services 2023)</b>
<b>DATE</b>	2022
<b>RESPONSIBILITY</b>	Commonwealth Department of Social Services
<b>PURPOSE</b>	<ul style="list-style-type: none"> <li>To address Closing the Gap Agreement's Target 13: to reduce all forms of violence against Aboriginal and Torres Strait Islander women and children by at least 50 per cent by 2031.</li> </ul>
<b>TO NOTE</b>	<p>Recognises that having Aboriginal and Torres Strait Islander community controlled sectors, individuals and businesses means a stronger voice for Aboriginal and Torres Strait Islander peoples in society and government, the transformation of government agencies and systems, and the elimination of racism.</p> <p>In time, this action plan will be replaced by the National Aboriginal and Torres Strait Islander Family Safety Plan (currently in development), which will address longer-term changes and establish the future policy approach to address the unacceptable rates of violence against Aboriginal and Torres Strait Islander women and children.</p>





## CONTACT

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## ABOUT LOWITJA INSTITUTE

Lowitja Institute is Australia's only national Aboriginal and Torres Strait Islander community controlled health research institute named in honour of its co-patron, the late Dr Lowitja O'Donoghue AC CBE DSG. It is an Aboriginal and Torres Strait Islander organisation working for the health and welling of Australia's First Peoples through high-impact quality research, knowledge exchange and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers. Established in January 2010, Lowitja Institute operates on key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing and the need for the work to have a clear and positive impact.

The history of Lowitja Institute dates back to 1997 when the first Cooperative Research Centre for Aboriginal and Tropical Health was established. Since then, Lowitja Institute and the CRC organisations have led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander people setting the agenda and driving the outcomes.