

SEEING OUR WAY

Insights from the National Plan Roundtable,
2025 National Aboriginal and Torres Strait Islander Eye Health Conference,
Whadjuk Noongar Country, Boorloo (Perth), Western Australia

October 2025



FIRST NATIONS
EYE HEALTH ALLIANCE

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the traditional custodians of the lands on which we work and live across Australia and acknowledge that sovereignty was never ceded. We pay respect to our elders' past, present and emerging. We thank our elders for their guidance and commitment to the advancement of our communities. We stand in solidarity with the stolen generation and their families, calling for healing and justice for the atrocities suffered by individuals, families, and communities. Finally, we acknowledge the many Aboriginal and Torres Strait Islander people who have or continue to work tirelessly in eye health and vision care, to close the gap in preventable vision loss in Aboriginal and Torres Strait Islander communities so they can be healthy and flourishing.

ACKNOWLEDGEMENT OF KEY KNOWLEDGE HOLDERS

We want to thank the Aboriginal and Torres Strait Islander participants and our allies who attended and contributed to the workshop. We are committed to working in partnership with you all to implement these suggested changes into our future work in Aboriginal and Torres Strait Islander eye health.

WORKSHOP FACILITATORS

Workshop presented by FNEHA Co-Cair, Mr Shaun Tatipata (Ngarrindjeri/Wuthathi), FNEHA CEO, Lose (Rose) Fonua (Tubba-Gah, Wiradjuri). It was facilitated by the Board of the First Nations Eye Health Alliance: FNEHA Board Director A/Professor Dr Kris Rallah-Baker (Yuggera, Warrongo & Wiradjuri), FNEHA Board Director Dr Thomas Mylne (Gangalu), FNEHA Board Secretary Mr Nick Wilson (Ngarrindjeri), FNEHA Board Director Sara Garrison (Ngarrindjeri), FNEHA Board Director Lauren Carr (Murrawarri, Wiradjuri) and FNEHA Board Director Telaine Cowdrey (Wiradjuri).



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DISCLAIMER

Aboriginal and Torres Strait Islander people are advised that this document may contain references and/or pictures of deceased people. Please note that the term 'First Nations' or "Indigenous" that is utilised in this report, gives reference to the Aboriginal and Torres Strait Islander Peoples of Australia.

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EXECUTIVE SUMMARY

On 27, 28 and 29 May 2025, the First Nations Eye Health Alliance (FNEHA) convened the National Aboriginal and Torres Strait Islander Eye Health Conference: Seeing Our Way. Diverse Stakeholders from varying sectors, demographics and regions met on the lands of the Whadjuk Noongar people in Perth, Western Australia, to discuss the future of the First Nations eye health sector. This report highlights key themes from the next Aboriginal and Torres Strait Islander National Plan Roundtable and suggests next steps for the sector to consider.

The consultation findings were both rich and consistent, revealing a strong shared vision for improving First Nations eye health across communities and stakeholders.

Investment priorities (Short-to-medium term focus)

When asked about investment priorities, participants focused on immediate, system-wide improvements. Responses emphasised short- to medium-term actions to strengthen the current eye health sector. These included investments in workforce development, funding models, governance, service delivery and infrastructure. The focus was on practical, actionable changes within the next two years to enhance service delivery and system performance.

Next generation needs (Long-term, future-focused)

When asked what the next generation needs from the eye health system, and how to ensure their voices are heard, participants turned their attention to building for the future. They highlighted what young First Nations people require to participate, lead and thrive in the sector long-term. There was a strong call for social accountability, ensuring that young people are seen, heard, supported, and empowered to shape the future of the system.

Key thematic areas

Eight overarching themes emerged from the consultation discussions:

1. Workforce development
2. Sustainable funding
3. Integrated accessible service delivery
4. Health promotion
5. Systems strengthening
6. Accountability
7. Voice and youth empowerment

Next Steps

The following next steps are informed by the findings outlined above and will be actioned by the First Nations Eye Health Alliance in consultation with the sector.

1. Engage Key Stakeholders in the Co-Design of a National Aboriginal and Torres Strait Islander Eye Health Action Plan that reflects the priorities identified during the conference and embeds First Nations leadership and accountability at every level.
2. Establish working groups for priority areas that are community-led and supported by relevant government and non-government stakeholders
3. FNEHA to share findings with broader health and policy networks, including Aboriginal community-controlled health organisations (ACCHOs), peak bodies, government departments, educational institutions, and funders, to align efforts and support shared advocacy.
4. Ensure ongoing community engagement and feedback - FNEHA to ensure all feedback loops, community updates, and consultation mechanisms are embedded in all follow-up processes.

BACKGROUND

- On 27, 28 and 29 May 2025, the FNEHA convened the National Aboriginal and Torres Strait Islander Eye Health Conference: Seeing Our Way.
- Stakeholders met on the lands of the Whadjuk Noongar people in Perth, Western Australia, to discuss the future of the First Nations eye health sector.
- This report highlights key themes from the National Plan Roundtable and suggests next steps for the sector to consider.

METHODOLOGY

Participants

Roundtable participants represented a broad cross-section of the eye health sector, including First Nations leaders, health workers, young people, clinicians, policymakers, researchers and community-controlled organisations. Attendees came from diverse regions and backgrounds, ensuring a wide range of perspectives.

Guiding questions

Participants were asked to reflect on two key questions:

1. What are the top three investment priorities over the next two years, and why?
2. What does the next generation need from the eye health system and sector? How do we make sure their voices are heard?

Data collection

- Each discussion group elected a scribe to record key points on butcher's paper.
- A thematic synthesis of the notes was undertaken, identifying common themes.



*National Plan Round Table, NATSIEHC25, Held on Whadjuk Noongar Country
The University of Western Australia*

FINDINGS

The consultation findings were both rich and consistent, revealing a strong shared vision for improving Aboriginal and Torres Strait Islander eye health across communities and stakeholders.

Investment priorities (short-to-medium term focus)

When asked about investment priorities, participants focused on immediate, system-wide improvements. Responses emphasised short-to medium-term actions to strengthen the current eye health sector. These included investments in workforce development, funding models, governance, service delivery and infrastructure. The focus was on practical, actionable changes within the next two years to enhance service delivery and system performance.

Next generation needs (long-term, future-focused)

When asked what the next generation needs from the eye health system, and how to ensure their voices are heard, participants turned their attention to building for the future. They highlighted what young First Nations people require to participate, lead and thrive in the sector long-term. There was a strong call for social accountability, ensuring that young people are seen, heard, supported, and empowered to shape the future of the system.

Theme 1: Workforce Development

Clear and supported career pathways

Invest in training, career pathways and community-based upskilling for Aboriginal Health Workers (AHWs), Aboriginal Health Practitioners (AHPs) and local community members. Establish clear, culturally safe career pathways into eye health from high school onwards, offering early exposure to paid placements and wraparound support. Enable flexible entry into micro-credentials and bridging programs that don't require a full degree.

Key actions:

- Train and upskill AHWs, AHPs, and local community members
- Retention and support through remuneration, incentives, mentoring and addressing Higher Education Contribution Scheme (HECs) debt
- Promote community-based training and avoid relocating trainees
- Encourage diverse workforce involvement (optometrists, ophthalmologists, allied health)
- Create transparent, flexible and culturally safe pathways into eye health careers from high school onwards
- Include early exposure (e.g. Year 10), paid placements, work experience and wrap-around support (mentoring, tutoring and scholarships)
- Provide micro-credentialing, bridging programs and diverse entry points without requiring a full degree

“TRAINING FOR MOB”

QUOTE FROM WORKSHOP PARTICIPANT

Culturally safe, community-driven training

Embed cultural safety throughout all training and education, supporting local opportunities that enable young people to remain in their communities. Adapt education models to honour cultural ways of learning and lived experiences.

Key actions:

- Embed cultural safety into all levels of training and education environments
- Support local training and employment to allow young people to stay in the community
- Shift education models to reflect cultural ways of learning and lived experience
- Ensure non-Indigenous staff receive cultural training

**“BRING FAMILIES AND
COMMUNITY ALONG”**

QUOTE FROM WORKSHOP PARTICIPANT

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The University of Western Australia*



These findings are in line with the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (Australian Department of Health, Disability and Ageing, 2021). This report highlighted the importance of placing cultural strength and First Nations leadership at the centre of health workforce reform. The framework recognises that building sustainable workforce pathways requires structural change and long-term investment, including culturally safe education, training and employment opportunities from school through to professional roles.

Theme 2: Sustainable Funding

Secure, sustainable funding

Secure long-term flexible funding that meets community needs. Participants identified that this will likely involve advocating for long-term, bipartisan funding models that are flexible to community needs.

Key actions:

- Consolidate/coordinate existing funding streams (e.g. Rural Health Outreach Fund, Visiting Ophthalmology Scheme, Ear and Eye Surgical Support Program)
- Reduce red tape
- Explore innovative funding sources (e.g. levies on glasses, mining contributions, philanthropy)
- Ensure funding supports all community needs: training, outreach, infrastructure, workforce and community engagement

**“FLEXIBLE FUNDING,
EVERY COMMUNITY IS DIFFERENT”**

QUOTE FROM WORKSHOP PARTICIPANT

**“MORE MONEY TO FUND
OUTREACH SERVICES FOR COMMUNITIES”**

QUOTE FROM WORKSHOP PARTICIPANT

The National Agreement on Closing the Gap (The Parties, 2020) includes a target to '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! The findings from the Roundtable are clearly aligned with the National Agreement.

Theme 3: Accessible Service Delivery

Accessible, integrated and culturally responsive care

Participants identified the importance of providing consistent, culturally responsible eye care integrated with broader health services, from birth through to schooling. Consideration should be given to expanding school-based programs and community outreach to promote awareness and early detection through regular screening.

Key actions:

- Establish permanent, culturally safe eye clinics
- Ensure clinics are embedded in Aboriginal Medical Services
- Expand outreach services (mobile clinics, telehealth, visiting providers)
- Consider the unique needs of remote areas
- Integrate eye care with other health services
- Increase school-based programs and community
- Prioritise continuity of care and early detection through regular screening.

Enhancing service delivery is one of the four areas identified in the Strong Eyes, Strong Communities Strategy 2019–2024 (Vision 2020 Australia). It specifically emphasises the critical importance of ‘expanding current eye health and vision care services (including subsidised spectacles schemes) and increasing outreach funding flexibility as well as developing new ACCHO-led service models’. The Roundtable consultation findings are aligned with this service delivery recommendation.

Theme 4: Health Promotion

Health promotion, education and community literacy

Promote culturally safe eye health education and awareness across all stages through storytelling, early screening, and integration of eye health literacy into broader health education.

Key actions:

- Raise awareness of eye health in communities via culturally safe health promotion and storytelling
- Educate young people and adults on eye care, disease prevention and available services
- Promote early screening (e.g. in schools) with follow-up and education on the importance
- Focus on chronic disease, trauma and eye health literacy as part of general health education

“MORE TRAINING IN COMMUNITIES TO UPSKILL/NOT LEAVE COMMUNITY”

QUOTE FROM WORKSHOP PARTICIPANT

Health promotion features prominently in the National Preventive Health Strategy 2021–2030 (Australian Government Department of Health, 2021, p. 5), which highlights the value of delivery and the need to refocus funding on prevention. Greater focus is needed on developing an eye health promotion strategy that complements existing methods in the next national plan.

Theme 5: Systems Strengthening

System strengthening and coordination

Strengthen systems through inter-agency collaboration, shared goals and community-controlled data, while building on existing structures to improve coordination and accountability across health services.

Key actions:

- Promote collaboration across agencies, like joining up ears, eyes, dental, etc
- Support inter-agency cooperation, shared goals, and aligned efforts across health organisations
- Strengthen data systems that are community-controlled, uniform and used to drive accountability and service planning

“DON’T RE-INVENT THE WHEEL”

QUOTE FROM WORKSHOP PARTICIPANT

Strong systems, funding and structural reform

Secure well-funded systems designed in partnership with First Nations communities. These systems must prioritise Indigenous leadership and ownership. They should also align with best practice in ensuring institutional accountability through decolonising practices, embedding anti-racism.

Key actions:

- Secure long-term, well-resourced funding to support training, service delivery and workforce development
- Design systems through co-design with First Nations communities
- Ensure Indigenous leadership and ownership at every level
- Demand accountability from institutions
- Embed anti-racism

**“WE NEED A STRATEGIC VISION
AND AGREED PRIORITIES”**

QUOTE FROM WORKSHOP PARTICIPANT

**“CLOSING THE GAP IN
THE LEAKY PIPE”**

QUOTE FROM WORKSHOP PARTICIPANT

These findings are consistent with the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (Australian Government Department of Health, Disability and Ageing, 2021), which affirms that 'Aboriginal and Torres Strait Islander people's health and wellbeing is the whole community's responsibility', and goes on to say that, 'this means collaboration and coordination is needed across all services and aspects of health care delivery.'

Theme 6: Accountability

First Nations Eye Health Action Plan

Develop and fund a First Nations-led National Eye Health Action Plan with built-in accountability, independent oversight and clear evaluation measures to guide advocacy and drive sustained, sector-wide investment.

Key actions:

- Develop and fund a First Nations-led National Eye Health Action Plan
- Ensure implementation, evaluation and accountability measures are built in
- Establish independent oversight, transparent audits, and mechanisms to measure progress
- Use the plan as a basis for advocacy and securing sector-wide investment

These findings were also captured in the *Seeing Our Way, NATSIHEC Conference Report* (First Nations Eye Health Alliance, 2025), which stated that there is clear and widespread recognition within the sector of the need for a new plan grounded in the voices and leadership of Aboriginal and Torres Strait Islander peoples. A culturally safe, community-led strategy will be central to addressing the ongoing inequities in eye health outcomes and delivering lasting impact where it is most needed.

Theme 7: Voice and Youth Empowerment

Mentorship and leadership

Invest in early mentorship and leadership programs that empower youth. Participants want youth to see other First Nations people as role models. There also needs to be meaningful representation of First Nations young people in decision-making roles.

Key actions:

- Invest in mentorship programs and leadership development from an early age
- Ensure young people see First Nations leaders and role models in the sector
- Include youth in decision-making structures (e.g. committees and governance roles)

First Nations Leadership and Community Control

Strengthen First Nations leadership by investing in community-led governance planning and service delivery. Support cultural safety, self-determination and meaningful inclusion of community voices at every stage of decision-making and implementation.

Key actions:

- Invest in First Nations-led governance, planning and service delivery (e.g. FNEHA community-controlled clinics)
- Empower communities to lead decision-making with appropriate funding and ownership
- Support cultural safety, self-determination and the visibility of community voices in all stages, from consultation to implementation

Strong Eyes, Strong Communities, 2019–2024 (Vision 2020 Australia) identified leadership and self-determination as critical to improve eye health outcomes: 'Changes to existing service models so communities decide when they receive services and have as much control over those services as possible'

Voice and representation

Establish lasting platforms for young First Nations people to shape policy and system design, amplify their voices through media and storytelling, and ensure allies actively support advocacy and systemic change without overburdening First Nations communities.

Key actions:

- Create permanent platforms and mechanisms for young people to influence policy and system design
- Use media, campaigns and creative storytelling to amplify voices
- Ensure allies take responsibility for learning, advocacy and systemic change, without placing the burden solely on First Nations communities

“LISTEN TO COMMUNITY VOICES AND KNOWLEDGE”
QUOTE FROM WORKSHOP PARTICIPANT

“NON-ABORIGINAL HEALTH PROFESSIONALS RESPECTING THE EXPERTISE AND KNOWLEDGE OF AHWS”
QUOTE FROM WORKSHOP PARTICIPANT

This theme is consistent with recommendations from a broad range of reports, including the *National Agreement on Closing the Gap* (2020), which states that: ‘The Parties will listen to the voices and aspirations of Aboriginal and Torres Strait Islander people and change the way we work in response. Aboriginal and Torres Strait Islander people have been saying for a long time that they need to have a much greater say in how programs and services are delivered to their people, in their own places and on their own country.’

The Vision 2020 Australia: *Strong Eyes, Strong Communities* process evaluation by Yamagigu Consulting (2025) also echoes this. It found that while some Aboriginal and Torres Strait Islander representatives were included on committees, they were underrepresented and often felt culturally unsafe due to the dominance of non-Indigenous voices.

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NEXT STEPS

The following next steps are informed by the findings outlined above and will be actioned by The First Nations Eye Health Alliance in consultation with the sector.

1. Engage key stakeholders in the co-design of a National Aboriginal and Torres Strait Islander Eye Health Plan

Begin convening First Nations communities, health leaders, government representatives, and sector partners to co-design a long-term National Aboriginal and Torres Strait Islander Eye Health Plan. This plan should reflect the priorities identified during the conference and embed First Nations leadership and accountability at every level.

2. Establish working groups for priority areas

Form cross-sector working groups to progress key areas identified in the roundtable, such as:

- Workforce development and local training
- Youth engagement and career pathways
- Funding reform and integration
- Cultural safety and systems strengthening
- These groups should be community-led and supported by relevant government and non-government stakeholders.

3. Share findings with broader health and policy networks

FNEHA to disseminate the preliminary findings and emerging themes across relevant networks, including ACCHOs, peak bodies, government departments, educational institutions and funders to align efforts and support shared advocacy.

4. Ensure ongoing community engagement and feedback

Maintain transparency and accountability by continuing to engage communities in the implementation of conference outcomes. FNEHA to ensure all feedback loops, community updates, and consultation mechanisms are embedded in all follow-up processes.



FNEHA Co-Chair Shaun Tatipata
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