

# Evaluation Findings Summary

## What is Culture Care Connect?

Culture Care Connect (CCC) is a program that aims to help prevent suicide and supports Aboriginal and Torres Strait Islander people after a suicide attempt. CCC was created by the National Aboriginal Community Controlled Health Organisation (NACCHO). NACCHO and the Department of Health, Disability and Ageing (DHDA) work together to oversee the program.

## What was evaluated and how?

In 2024, Inside Policy, an Aboriginal owned organisation, was asked to independently evaluate CCC. Inside Policy reviewed CCC and produced a report for NACCHO and DHDA.



We looked at **516** program documents



We visited **16** communities



We yarned with **150** people



We ran **2** online surveys



We completed **cost-benefit** and **demand** analysis

Something I see working well is providing culturally appropriate care coordination and creating a safe environment allows us to better support our clients (Our Mob). Having our local Indigenous staff on the front line ensures we can help our people in a way that truly meets their needs.

## Key Findings

The program is working well. It is helping to support Aboriginal and Torres Strait Islander people by running suicide prevention activities, and providing help to those at risk of suicide or following a suicide attempt (aftercare services). The program is also being led by Aboriginal and Torres Strait Islander organisations and people.

### How easy is it for organisations and staff delivering the CCC program to access support to establish and deliver the program in their community?

NACCHO provide many different types of support to help ACCHOs set up the program in their communities. This includes information, flexibility in the way that the funding for the program can be used, tools and guidance documents, support for staff wellbeing, and opportunities for connecting with others delivering the CCC program. These supports help with setting up services, delivering services, and building the skills of the CCC workforce.

### CCC is helping Aboriginal communities lead their own suicide prevention and aftercare services by:



## There is strong evidence of significant economic benefits



There are early signs that benefits from CCC are being experienced in communities. This includes identifying those at risk of suicide early and prevention of suicide. Additionally, over ten years, CCC returns \$4.50 for every dollar invested in it.

I think it's brilliant. I can't knock it, like without this program, I don't think we would have four or five community members here right now.

### Is CCC designed and delivered in the right way for the people and communities it is trying to help?

The design and delivery of the CCC program is working well to help Aboriginal people and communities. The program is meeting community needs, supporting local leadership, and allowing the supports and services to be tailored to each place and local communities. It also promotes culturally safe, trauma-informed care. Inside Policy found CCC:



CCC's Aboriginal-led, community-led, local, and strengths-based approach is working. However, some areas need more progress, including:

- Collecting and sharing local evidence and data;
- Strengthening aftercare services
- Working better with hospitals and other mainstream services.

## Evaluation Findings Summary

### How funding is being used to support community-led work

The CCC program is built and being delivered using a range of supports in a community-led and strengths-based way by providing:

**Funding** \$58 million over four years

**93%** Program Delivery

→ **7%** NACCHO

Nearly all spending is going to on-the-ground supports.

**Staff** Employing people at NACCHO, state and territory Aboriginal health peaks, and ACCHOs.

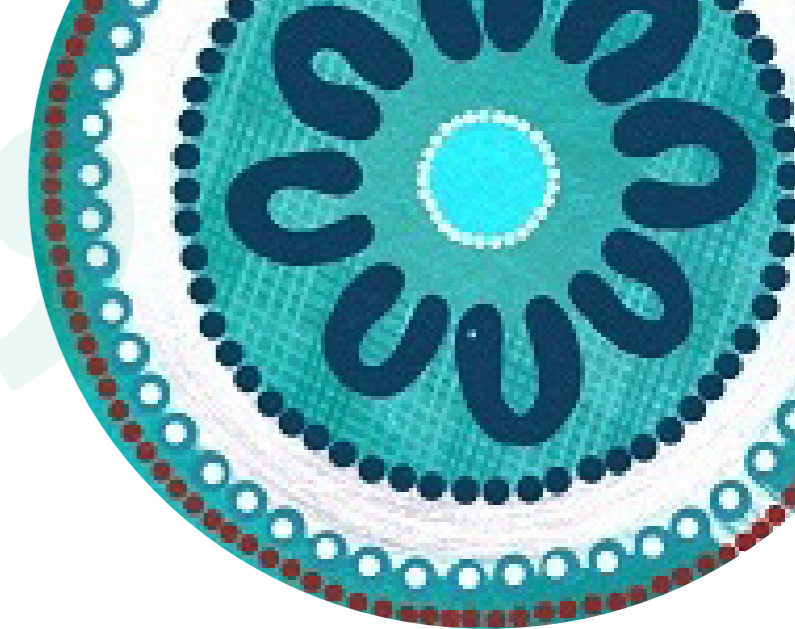
"Findings suggest at present CCC-funded staffing levels, ACCHOs/CCSPNs can't keep up with the demand for suicide prevention and aftercare. This shortfall will grow as the need for these services is predicted to **increase by 4% each year**. The CCC workforce must **expand 36% by 2029 to meet future needs**, which requires additional funding.

**Expertise** Training in mental health, suicide prevention, aftercare, culture, and program delivery.

**Connections** Local relationships to support referrals, cultural guidance, & community engagement.

**Time** Time spent planning, setting up sites, and rolling out services.

When we came on, when we did the NACCHO onboarding, my eyes lit up. This is amazing. This is what every program should be like, every bucket of funding should be like this... an opportunity to and for community.



## Survey Results

### Access to Services: Before vs After CCC

prevention services easier to access	<b>82%</b>
aftercare services easier to access	<b>89%</b>
community-led design	<b>78%</b>

Before CCC started, only a few staff said there were culturally safe services and referral pathways in place. Since CCC began, most people feel these services have improved. The majority said that culturally safe suicide prevention (**82%**) and aftercare services (**89%**) are now easier to access. Most (**78%**) also said these services have been designed together with the community.

### Geographic Differences in Impact

92% report improvements (**remote areas**)

70% report improvements (**urban areas**)

The survey showed that CCC staff working in more remote or smaller rural areas were more likely to report improvements in how services were delivered—things like referrals, coordination, co-design, and access to aftercare and suicide prevention. Staff from both remote and more urban areas said that service delivery had improved since CCC began.

### Experience Level & Training Impact

#### New Staff



Greater understanding

#### Experienced Staff



Greater confidence

People with less experience said that the Aboriginal and Torres Strait Islander First Aid Training helped them better understand how to recognise and support people in distress. People with more experience were more likely to feel confident using what they learned in real situations.

### Need for Ongoing Professional Development

**79%**

say ongoing support is needed

Staff who took part in the survey, interviews, and site visits said that one-off training like Aboriginal and Torres Strait Islander Mental Health First Aid training isn't enough to help them in their jobs. Most survey respondents (**79%**) said they will need more support and learning in the future to keep helping their communities with social and emotional wellbeing. CCC staff need regular and more targeted training to do their aftercare work well.