Empowering the Aboriginal Community
on Darkinung Country

ELEANOR DUNCAN
Aboriginal Services

impact report

2025 – 2026



Inspiring Strong, Healthy, Long Lives.

www.eleanorduncan.org.au T. (02) 4351 1040

Impact Report
2025 - 2026

Inspiring Strong,
Healthy,
Long Lives.

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Acknowledgement of Country

walambayiwa

Eleanor Duncan Aboriginal Services proudly acknowledges the Darkinung people, the Traditional Custodians of the lands on which we live and work. We pay our deepest respects to Elders past and present, and to all Aboriginal and Torres Strait Islander people across our nation. Our connection to Country is not symbolic. It is living, breathing, and foundational to how we care, how we lead, and how we grow. Everything we do begins and ends with culture.

We acknowledge and recognise all Aboriginal people who have come from their own Country and who now call this Country their home. We acknowledge our Elders, who are our knowledge holders, teachers, and pioneers. We acknowledge our youth, who are our hope for a brighter and stronger future and who will be our future leaders.

We acknowledge and pay respect to our community members who have gone before us, and recognise their contribution to our people and our community.

Honouring Our Namesake



Eleanor Duncan

The Eleanor Duncan Aboriginal Health Centre was named after the remarkable local Aboriginal woman, Eleanor Duncan. Eleanor was born in 1937 on the land of the Gomeroi people in Moree. She went to school at the local mission and studied nursing at Newcastle, going on to become one of the first registered Aboriginal nurses in New South Wales.

Eleanor worked at the Narrabri and Moree District Hospitals, providing specialist health services to the Aboriginal community in a culturally safe manner. After marrying and moving to the Central Coast, Eleanor continued to be actively involved in the local Aboriginal and Torres Strait Islander community. She was passionate about health care and helping her local community. Sadly, she passed away at only 48.

Who We Are

Eleanor Duncan Aboriginal Services (EDAS) is a not-for-profit Aboriginal Community Controlled Organisation and the only Aboriginal Medical Service on the Central Coast, Darkinung Country. We were established in December 1995 and have grown from a single community health centre into one of the largest multi service ACCOs in New South Wales.



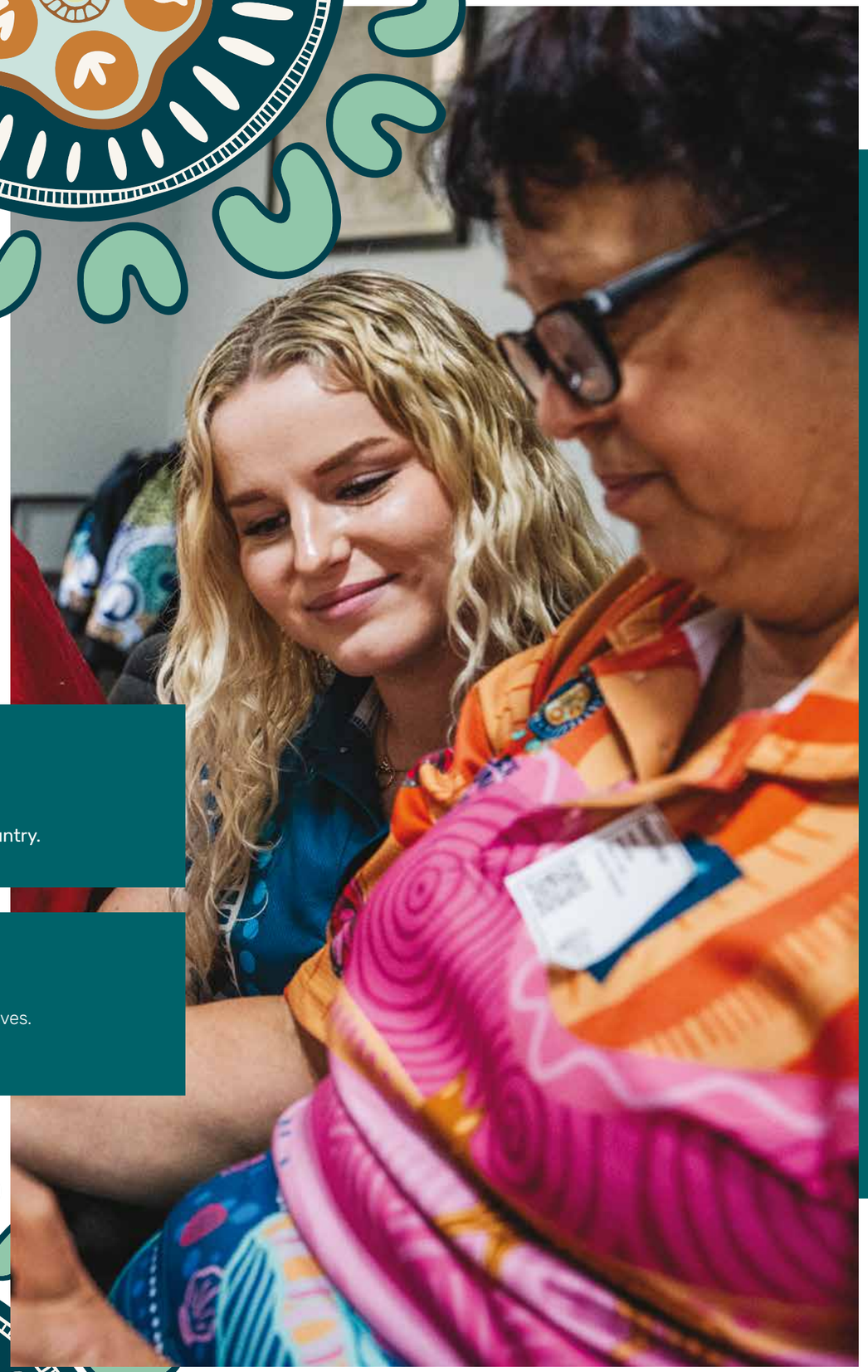
OUR PURPOSE

Empowering the Aboriginal community on Darkinung Country.



OUR VISION

Inspiring strong, healthy, long lives.





OUR VALUES

Cultural Connectedness
Belonging • Capability • Resilience

Excellence
Innovation • Leadership • Self-Determination

Integrity
Accountability • Empowerment • Justice

OUR MODEL

We deliver care through a transdisciplinary frame-work — where health, social, emotional, cultural, and spiritual wellbeing are never separated.

Chairperson's Message



YAAMA MALIYAA,

It is my privilege to present this year's Impact Report on behalf of the Board of Eleanor Duncan Aboriginal Services. As Chairperson, I am proud to reflect on another year of growth, resilience, and achievement as we continue to honour the legacy of Eleanor Duncan (my mum) and our responsibility to the Aboriginal communities we serve on Darkinung Country.

This year again we have made significant progress across our organisation. We have remained steadfast in our commitment to delivering culturally safe, community-controlled services that support the health, wellbeing, and self-determination of Aboriginal people and families. Through the dedication of our staff, the guidance of our Elders, the leadership of our Board, and the strength of our community partnerships, we have continued to expand our impact and respond to emerging needs.

One of the defining features of the year has been our focus on strengthening integrated models of care. We have continued to bring health, healing, culture, and community together to ensure our services reflect the holistic needs of our people. Whether through primary health care, social and emotional wellbeing programs, family support services, healing initiatives, or community engagement activities, our commitment remains the same: supporting strong, healthy, and thriving Aboriginal communities.

Our participation in the Barang Regional Alliance continues to demonstrate the power of Aboriginal organisations working collectively to drive change. Together we have advocated for improved outcomes, stronger investment in Aboriginal-led solutions, and greater recognition of the value of community-controlled organisations. By speaking with a united voice, we have elevated regional priorities and strengthened opportunities for our community.

Throughout the year we have continued to advocate for equitable access to healthcare, funding, and services. We know that Aboriginal people deserve service systems that are designed with us, for us, and led by us. Our advocacy efforts have focused on ensuring our communities receive the resources and support needed to achieve long-term health, social, and economic outcomes.

The Board is also pleased with the organisation's ongoing financial sustainability and governance maturity. Strong financial stewardship enables us to invest confidently in our workforce, infrastructure, and future service delivery. This foundation ensures that Eleanor Duncan Aboriginal Services remains well positioned to meet both current and future community needs.

Importantly, none of these achievements would be possible without our people. I would like to thank our Chief Executive Officer, executive leadership team, and every member of staff whose passion, professionalism, and unwavering commitment make a difference in the lives of our community members every day. Your work continues to embody the spirit, compassion, and determination that Eleanor Duncan herself championed.

I also extend my sincere thanks and appreciation to my fellow Board Directors for their leadership, integrity and dedication throughout what has been a particularly challenging year. Their commitment, resilience and willingness to work collectively through complex issues has been invaluable. I acknowledge the significant time, care and effort each Director has contributed to strengthening governance, supporting our organisation and ensuring we remain accountable to the community we serve. Their commitment to our purpose and vision has been unwavering.

As we look ahead, we do so with confidence and optimism. We will continue to grow services, strengthen partnerships, advocate for our communities, and create opportunities that support future generations. Most importantly, we will continue to uphold the principles of Aboriginal community control, cultural strength, and self-determination that are at the heart of everything we do.

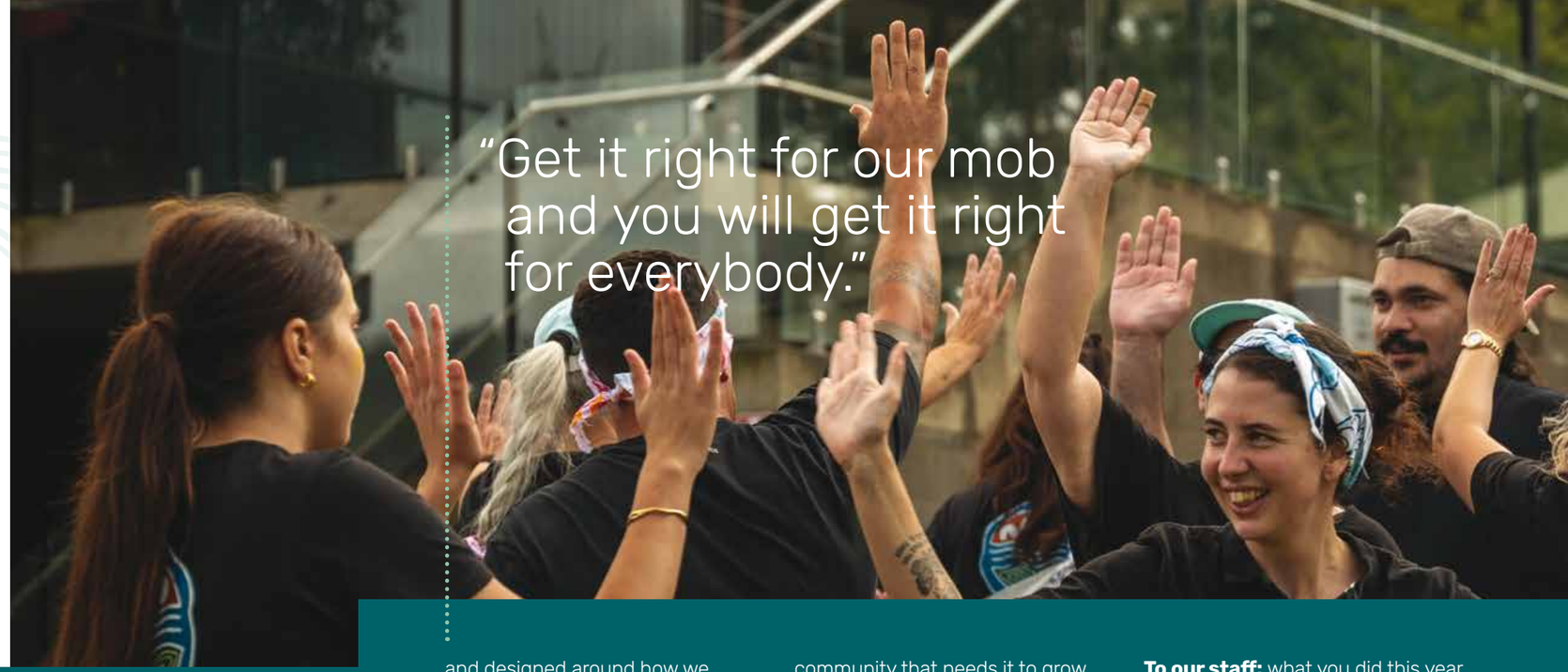
On behalf of the Board, thank you to our community members, partners, funders, and supporters for walking alongside us on this journey. Together, we are creating lasting change and building a stronger future for Aboriginal people, families, and communities living on Darkinung Country.



VICKIE PARRY
Chairperson

"Together, we are creating lasting change and building a stronger future."

CEO's Message



"Get it right for our mob and you will get it right for everybody."

WALAMBAYIWA.

This year asked a lot of us. Of our staff, our community, and this organisation.

I want to be straightforward with you about what that looked like. Demand grew. Funding didn't always follow. New programs launched because our community told us they were needed. Ground was broken at Mardi something we have worked toward for longer than I care to count. Packages were lost that should not have been lost. Training happened that will matter for years. And through all of it, between 8,000 and 10,000 community members on Darkinung Country came to us, and we showed up for them.

We achieved things we are genuinely proud of. We also faced funding decisions that hurt our community, and system failures that have no acceptable justification in 2026. Both are true. Both belong in this report.

OUR COMMUNITY KEPT COMING

Through cost-of-living pressures that are pushing families to breaking point. Through a housing crisis with no end in sight. Through mental health need that grows faster than any funding envelope we have ever been given. They kept coming to our Medical Centre, our dental clinic, our wellbeing programs, our youth services, our family programs because they trust us.

Between 8,000 and 10,000 community members walked with us this year across 52 integrated services. That number is not a statistic. It is thousands of individual acts of trust placed in this organisation. We do not take that lightly. We never have.

OUR PEOPLE MET THEM

All 145 of our staff, more than 75% Aboriginal showed up every single day. This year we deepened our focus on Aboriginal Health Practitioner training, strengthening the clinical capability of our Aboriginal workforce in roles that are both culturally essential and chronically undervalued across the health system. We invested in case management practice across our family, child, and community services. And we continued our leadership capability uplift, deliberately growing the Blak leaders who are already shaping the next era of this organisation from within.

WHAT WE BUILT

Construction commenced at Mardi in April 2026. That sentence represents years of planning, advocacy, and a Development Application process that tested every ounce of our patience and persistence. By approximately December 2026 our hub redevelopment will be complete. Before the end of this calendar year our Medical Centre will relocate to Mardi. Purpose-built, integrated, and designed around how we actually care for people.

This year we also crossed $18 million in revenue. Every dollar earned in service of community. Every dollar reinvested in the people and place that make this organisation what it is.

WHAT WE LOST — AND WHAT THAT COST

Our Family Preservation program continues, and our team delivers outcomes for families working to stay safely together on Country that we are immensely proud of. But this year we absorbed a reduction in funded packages from 24 to 21 with an overall decrease in funding. Three packages sounds administrative. It is not. It is three families who needed intensive wrap-around support at the moment it mattered most.

Our Cancer Navigator program received no new investment this year. Cancer is the leading cause of death among Aboriginal and Torres Strait Islander peoples. We have a program that works. We have a community that needs it to grow. We do not have the resources to match that need. That is a policy failure, not an organisational one.

Youth services remain critically underfunded. Our MM1 classification which designates us as a major city for GP funding purposes continues to prevent us from attracting the workforce incentives our community needs. We have two GPs. We need more.

WHAT I KNOW

I know this organisation is strong. I know it because our staff carried more than they should have had to this year, and carried it with skill, professionalism, and love. I know it because our community kept choosing us. I know it because Mardi is being built. Because three new programs are running. Because our workforce is deeper in capability than it has ever been.

To our community: you are seen. You are not alone. EDAS is strong and we are not going anywhere.

To our staff: what you did this year matters more than any report can capture. Thank you.

To our Board: thank you for your governance and your time in service of this organisation and community.

To government and funders: we are not asking for charity. We are asking you to fund what works, at the scale the evidence demands, in a community that has waited long enough.

dandayawa ngurabiyn,



BELINDA FIELD
Chief Executive Officer

Proud Wiradjuri woman,
raised on Darkinung Country.

~$18M
Revenue

52
Integrated Services

3
New Programs Launched

8,000–10,000
Community Members Supported

27+ Aboriginal Jobs
via Maliga Ngura



FY2025–26 at a Glance

This year EDAS delivered across six service streams, grew its workforce, invested in Aboriginal-led workforce capability, commenced the Mardi hub redevelopment, launched three new community-driven programs, and continued to advocate loudly for funding equity, GP reclassification, and investment in Aboriginal youth. We crossed $18 million in revenue — a figure that reflects both organisational growth and the scale of unmet need our community brings to us every single day.

WINS

- DA approved — Mardi construction commenced March 2026
- Crossed $18M in Program revenue
- Awarded $1M in Research Funding
- naawayi Men's Emotional Regulation Program launched
- Kids Health Hub launched
- Bilar Women's & Children's Ceremony Space
- Deadly Dee Diabetes program launched
- 200+ hours workforce training delivered
- Aboriginal Health Practitioner upskilling
- Leadership capability uplift program
- Maliga Ngura created 27+ Aboriginal jobs
- National advocacy presence maintained
- Collaborated with the Waradan Debutante Ball
- Joined a National Communities of Practice for Aged Care Service Provision
- In Partnership with IUIH commenced the set-up of our Aged Care Services

145 STAFF
75%+ Aboriginal

UNFINISHED BUSINESS

- Family Preservation packages reduced (24 > 21)
- PSP Ngaliya ACCO Transition
- No new investment in Cancer Navigator
- Youth services critically underfunded
- MM1 classification blocking GP recruitment
- Housing crisis deepening for community
- Mental health demand outpacing resources
- Cost of living driving increased vulnerability
- Core and Cluster DA — still navigating a council planning process that places disproportionate administrative burden on an ACCO delivering critical refuge services for women and children escaping family violence. The barriers are bureaucratic, not substantive. They should not exist.

We serve community, individuals, families, youth and elders.



21,026
Estimated Aboriginal population on Darkinung Country
(2021 Census)

Why community-controlled matters.

When Aboriginal people design, lead, and deliver services for their own community, the outcomes are better. Not because of goodwill because of trust, cultural knowledge, lived experience, and the kind of relationship with community that no mainstream organisation can replicate. EDAS is proof of that every single day.

~2 in 5
Aboriginal community members supported by EDAS

Our Community

EDAS supports Aboriginal and Torres Strait Islander people across the full length of Darkinung Country the Central Coast region of New South Wales. Our community is the largest Aboriginal population in NSW by local government area, and among the most under resourced relative to need.

HEALTH INEQUITY

Aboriginal people on the Central Coast are 55% more likely to suffer a mental health condition than the non-Aboriginal population. Cancer mortality in Aboriginal and Torres Strait Islander people has increased by 12% over the last decade, while declining by 10% for other Australians. Aboriginal people have a 29% higher disability rate than non-Aboriginal people across all age groups.

ECONOMIC INEQUITY

The median income of Aboriginal households on the Central Coast is 18% lower than non-Aboriginal households and is spread across more people. 14% of the Aboriginal workforce is unemployed compared to 6% non-Aboriginal. Only 2% of housing in the Central Coast LGA is accessible for very low-income households. Cost of living pressures are forcing vulnerable families to move to areas with less transport and fewer services.



23 yrs
Median age of Aboriginal community (vs 44 for non-Aboriginal)

10 yrs
Aboriginal people die younger than non-Aboriginal Australians

Only 2% of housing in the Central Coast LGA is accessible for very low-income households.

Our Services

EDAS delivers 52 integrated services across six streams through a transdisciplinary model of care. One entry point opens access to the full suite reducing barriers, eliminating the need for community members to tell their story multiple times, and ensuring that every person who walks through our doors is seen as a whole person, not a presenting problem.





Medical
Eleanor Duncan
Aboriginal Health Centre

Primary health care delivered by a team committed to culturally responsive, relationship- based medicine. Despite our MM1 classification limiting GP recruitment incentives, our medical team continues to deliver continuity of care to a growing client base. Supported by nursing, Aboriginal Health Practitioners, midwifery, visiting allied health and specialists.

1.4 GP FTE
Current primary care capacity

1060 CLIENTS
People connected to EDAHC

8,200 CLIENT CONTACTS
Total service interactions

6,590 EPISODES OF CARE
Clinical activity delivered

IMPACT AT A GLANCE:

In 2025-2026 The EDAC cared for 1,060 community members through 6,590 episodes of care and 8,200 client contacts. With 1.4 full-time equivalent GP's. This was only possible because of the strength of our wrap around clinical team. Our nurses and Aboriginal Health Practitioner work alongside our GP's every day and our visiting paediatricians, allied health and our partnership with Hearing Australia bring specialist care to families. Together, the team delivered screening clinics for blood borne viruses and sexually transmitted diseases, cervical screening and routine flu vaccinations to children and adults. On average, each person was supported more then (6) six times across the year. This reflects the trust our community places in us and the ongoing, culturally responsive care that is central to community-controlled health.

OUTCOMES DEMONSTRATED;

- Trusted Care – community members returned regularly, averaging more than 6 visits each across the year.
- Staying connected – Families are staying connected to their care over time.
- Finding concerns early – Screening clinics help find and treat concerns sooner.
- Protecting our community – Immunisation clinics to protect children and adults against preventable diseases.
- Care in one place – Nurses, Aboriginal Practitioners and Specialists work as one team, so people get more of the care they need under one roof.
- Longer healthier lives – Ongoing, connected care is building the foundation of our community's long-term health goals.



Dental - gulgul yira

Eleanor Duncan
Aboriginal Dental Centre

Our dental clinic remains the single largest point of community engagement across all EDAS services, reflecting both the chronic unmet need for oral health care in our community and the trust we have built over decades. Services include general dental care, podiatry, and optometry, with student placement partnerships with the University of Newcastle and Central Coast Local Health District.

Adult Assessment Waitlist - 144
Children Assessment Waitlist - 13

1,553
Active patients

19,667
Treatments provided

11,286
Clinical ADA items*

$726,967
Item values

IMPACT AT A GLANCE:

EDADC delivered accessible dental care across children and adults, combining early assessment and prevention with restorative, periodontal and urgent surgical treatment. The activity profile shows sustained engagement rather than one-off care, with an average of 2.02 visits and 12.20 recorded service items per patient.

OUTCOMES DEMONSTRATED;

Earlier detection and treatment planning: 4,391 diagnostic items, including 660 comprehensive examinations and 2,127 intraoral radiographs.

Prevention embedded in care: 4,250 preventive items, led by 1,237 oral hygiene instructions, 729 remineralisation treatments and 623 dietary advice items.

Teeth restored and function supported: 1,398 restorative items were delivered to 529 patients, including extensive anterior and posterior adhesive restorations.

Pain, infection and advanced need addressed: 643 oral surgery items supported 259 patients, including 530 routine tooth removals and 37 surgical removals.

Ongoing gum health management: 422 periodontic items supported 161 patients, including clinical assessment, root planing and non-surgical therapy.

ACCESS ACROSS THE LIFE COURSE

Children aged 2-17: 399 patients accessed 664 visits and received 4,211 service items.

Adults aged 18-100: 1,147 patients accessed 2,616 visits and received 15,391 service items.

Dedicated child pathways: CDBS/CHILD activity reached 387 patients through 641 visits and 4,047 items, including 1,398 preventive, 909 diagnostic and 167 restorative items.

Multiple access pathways: Care was delivered through CDBS/CHILD, public and private payor streams, supporting access across different funding arrangements.

WHAT THIS MEANS

- Children received strong preventive support, including 337 oral hygiene instructions, 275 dietary advice items, 234 remineralisation treatments and 251 fissure sealant/protection items through CDBS/CHILD.
- Adults accessed a broad treatment spectrum, from routine examination and prevention to fillings, periodontal care and management of dental pain and infection.
- Total activity equated to 1,184.48 Dental Weighted Activity Units, reflecting substantial service volume and complexity.

WEIGHTED DENTAL ACTIVITY UNITS

EDAS delivered 1,184.48 Dental Weighted Activity Units (DWAUs) across child, public and private dental programs. More than half of total activity was delivered through the private stream (604.13 DWAUs), supplemented by 362.22 DWAUs through public services and 218.13 DWAUs through dedicated child dental programs.

A significant proportion of EDAS dental activity is delivered through the private dental stream, which provides an important pathway for community members who are not eligible for free public dental services, ensuring they can still access affordable and culturally safe oral health care close to home

1,184 TOTAL
Weighted dental activity units (DWAUs)

218 CHILD
Weighted dental activity units (DWAUs)

362 ADULT PUBLIC
Weighted dental activity units (DWAUs)

604 ADULT PRIVATE
Weighted dental activity units (DWAUs)





Social and Emotional Wellbeing - Yadhaba, Ma-Guwag and Psychology

Supporting access across a continuum of psychosocial, clinical and complex care

SEWB service delivered a substantial volume of individual support across the reporting period, with 295 distinct clients receiving 3,153 service contacts. Activity extended from su**pported self-care and care coordination** through to psychological therapy, intensive case management and secondary

295 ACTIVE CLIENTS
Reached during the reporting period

3,153 SERVICE CONTACTS
Reached during the reporting period

259 NEW CLIENTS
Intake assessments completed

222 COMPLETED EPISODES
Across the listed service-response steps

IMPACT AT A GLANCE:

High service engagement: The service recorded an average of 10.7 contacts per distinct client, calculated from 3,153 contacts and 295 clients.

Strong intake activity: 259 new clients completed intake assessments, while 167 clients were carried over from the previous reporting period.

Care delivered across intensity levels: The largest completed episode categories were psychological therapy (63), mental health care coordination (60) and supported self-care (52).

Complex needs supported: 32 intensive case management episodes and 12 secondary or acute episodes were completed.

Episodes progressed to closure: 196 distinct clients had an episode closed and 62 clients had an episode completed and were also discharged from the program.

CLIENT FLOW AND CONTINUITY

143 REFERRALS

259 NEW INTAKES

269 EPISODES STARTED*

196 CLIENTS WITH EPISODES CLOSED

62 COMPLETED & DISCHARGED

Health Promotion and Prevention

FOOD RELIEF • MEN'S HEALTH • WOMEN'S HEALTH • CULTURAL CONNECTION

This report summarises EDAS health promotion and prevention activity using the annual service statistics supplied. It translates program outputs into a clear impact story while separating verified activity from expected benefits that require further outcome measurement.

1,500 OZHARVEST BOXES
Approximately

1,189 PARTICIPANT ATTENDANCES
506 men + 683 women

43 GROUPS DELIVERED
22 men + 21 women

12 HEALTH TOPIC AREAS
5 men + 7 women

EXECUTIVE IMPACT SUMMARY

EDAS combined practical assistance, culturally responsive group engagement and targeted health education to create accessible entry points for prevention. Approximately 1,500 OzHarvest boxes provided regular material support, while 43 men's and women's groups generated approximately 1,189 attendances. The group model created repeated opportunities to yarn about mental health, cancer, blood pressure, women's health, menopause, pelvic health, wellbeing, movement and connection to Country.

The strongest demonstrated impact is reach and engagement: community members repeatedly accessed culturally grounded settings where health information and support could be offered. Likely longer-term benefits include improved health literacy, earlier help-seeking, stronger social connection and reduced barriers to preventive care.





Child and Family Services

524 Children, Young People and Families supported.

By programs including dhanggan gudjagang maternal and child health, Mums and Bubs Groups, ngaliya Out of Home Care Permanency Support Program, Family Preservation, Parenting Programs, yana wirayi youth programs, Maliga safter families, Connected Beginnings, naawayi Men's Emotional Regulation and ngangga gulgul Supporting Recovery DFSV. Aboriginal and Torres Strait Islander children are 9.6 times more likely to be in out-of-home care than non-Indigenous children and Aboriginal and Torres Strait Islander women are 4 times more likely to experience domestic and family violence. The work we do in our Child & Family programs is focused on keeping families together safely, on Country and connected to culture.

PSP Ngaliya

SAFETY. PERMANENCY. CULTURE. BELONGING.

PSP Ngaliya delivered culturally responsive case management, restoration, guardianship planning, aftercare, counselling, youth development and carer support for Aboriginal children and young people. The work strengthened stability, participation and connection to family, culture and community.

38 CHILDREN CASE MANAGED

2 SUCCESSFUL RESTORATIONS

6 CHILDREN IN AFTERCARE

45 HOME & ENVIRONMENT CHECKS

IMPACT ACROSS THE PERMANENCY PATHWAY

PSP Ngaliya supported children and young people from entry into care through restoration, guardianship, transition and aftercare.

CASE MANAGEMENT AND ENTRY

38 CHILDREN CASE MANAGED | 1 CHILD NEWLY CASE MANAGED ON INTERIM ORDERS

Activity - Culturally responsive case coordination supported children across different stages of the permanency continuum, including a newly allocated child on interim orders.

Impact - Children received coordinated oversight, advocacy and planning responsive to their individual circumstances.

RESTORATION AND EXIT FROM CARE

2 SUCCESSFUL RESTORATIONS | 2 FILE RELEASES

Activity - Two successful restorations were achieved, including a young girl restored to her mother. Two formal file releases supported children exiting care.

Impact - Restoration returned children safely to family, while structured file release supported identity, life story and transition from care

CHILD VOICE AND GUARDIANSHIP

5 VOCS | 1 APPLICATION PENDING | 4 SIBLINGS IN EARLY GUARDIANSHIP STAGES

Activity - Voice of the Child processes informed decision-making. A guardianship panel was established to provide a fair and consistent approach to guardianship queries.

Impact - Children's views were included in planning and permanency decisions received stronger, more transparent governance.

AFTERCARE AND WELLBEING

6 CHILDREN IN AFTERCARE | 7 ACCESSING INTERNAL COUNSELLING

Activity - Two successful restorations were achieved, including a young girl restored to her mother. Two formal file releases supported children exiting care.

Impact - Ongoing support strengthened transition, wellbeing and connection after formal OOHC arrangements changed or ended.

PERMANENCY PATHWAY

CASE MANAGEMENT > CHILD VOICE AND PLANNING > RESTORATION OR GUARDIANSHIP > TRANSITION AND AFTERCARE > STABILITY AND BELONGING

YOUTH DEVELOPMENT AND CULTURE

2 IN YANA WIRAYI | 1 WORK EXPERIENCE | 2 DEBUTANT BALL PARTICIPANTS

Activity - Young people accessed youth support, a Daralba Cafe work experience placement and the Debutant Ball delivered with Yula Punal.

Impact - These opportunities supported confidence, practical skills, cultural participation and positive social connection.

CARER QUALITY AND CAPACITY

45 CHECKS | 8 TRAINED HOUSEHOLDS | RECRUITMENT DRIVE COMMENCED

Activity - Carer compliance completed home and environment checks, households completed training and a recruitment drive commenced.

Impact - The activity strengthened quality assurance and the future supply of prepared carers for Aboriginal children and young people.

COLLECTIVE IMPACT

The reporting period demonstrates an integrated approach to permanency, with children's safety, views, culture, relationships and transition needs considered together.

Family Restoration - Two children achieved restoration outcomes, including reunification with a mother.

Permanency Governance - A guardianship panel established a fair and consistent process for guardianship queries.

Wellbeing and Participation - Counselling, youth support, work experience and community participation broadened developmental opportunities.

Child-Centred Decisions - Five Voice of the Child processes supported children to contribute to decisions affecting their lives.

Continuity After Care - Six children remained supported through aftercare and two received formal file releases.

Stronger Carer System - Training, compliance checks and recruitment activity strengthened carer quality and future capacity.



He has come so far over the past six months. Being able to be understood, his expressive language has come miles. Emotionally as well, being able to communicate his feelings has helped his behaviour immensely.

Key-Stakeholder regarding
5yr old with ASD lvl 2 and ADHD

Child, Youth and Family Services

**KEEPING FAMILIES TOGETHER.
GROWING CULTURE. SUPPORTING YOUNG PEOPLE.
ENABLING HEALING.**

This year, EDAS delivered measurable and meaningful change for the children, young people and families we walk alongside. Our services strengthened family safety, protected cultural connection, supported education and employment, and enabled healing from trauma across Darkinjung Country.

36 FAMILIES RECEIVED FAMILY PRESERVATION SUPPORT	**120 CHILDREN UNDER FIVE ACCESSED LANGUAGE CLASSES**
73 CHILDREN AND YOUNG PEOPLE KEPT OUT OF OOHC	**300+ YOUNG PEOPLE SUPPORTED**

Figures represent reported program reach and outcomes. Program cohorts may overlap, so they should not be added together as a unique total of people supported.

IMPACT BY SERVICE

Four complementary service responses created practical change across safety, culture, youth development and trauma recovery.

FAMILY PRESERVATION
36 FAMILIES | 73 CHILDREN AND YOUNG PEOPLE

Activity - By increasing safety and reducing risk across 36 families, the team prevented 73 children and young people from entering the Out of Home Care system.

Impact - Children remained safely connected to family, kin, culture and community, reducing exposure to the disruption and long-term trauma associated with statutory care.

CHILD AND FAMILY SUPPORT
120 CHILDREN UNDER FIVE

Activity - CAFS enabled 120 children to participate in local language classes. Every participating child can now count to 10 in the local Darkinyung language.

Impact - Early language learning strengthens identity, belonging and cultural continuity while creating positive foundations for learning and wellbeing.

YANA WIRAYI YOUTH TEAM
MORE THAN 300 YOUNG PEOPLE

Activity - Young people were supported to remain engaged in school, gain meaningful employment, connect.

Impact - The program strengthened foundations for long-term wellbeing, participation and independence through education, employment, culture and positive relationships.

NGANGGA GULGUL
80 WOMEN AND THEIR CHILDREN

Activity - The team walked alongside women and children following domestic and family violence, providing culturally grounded support throughout recovery.

Impact - Participants were supported to rebuild safety, confidence and wellbeing while maintaining connection to culture, family and community.



HOW CHANGE WAS CREATED

EARLY INTERVENTION > CULTURALLY SAFE SUPPORT > STRONGER FAMILY AND COMMUNITY CAPACITY > LONG-TERM WELLBEING

COLLECTIVE IMPACT

Together, these programs demonstrate the value of Aboriginal community-controlled, culturally grounded and prevention-focused service delivery.

Safer Families - Risk was reduced and children were supported to remain safely with family rather than entering statutory care.

Young People With Stronger Pathways - Education, employment, culture and social connection strengthened the foundations for adulthood.

Early Intervention - Support was provided before risks escalated, strengthening family and individual capacity.

Stronger Cultural Identity - Young children built local language capability, embedding cultural connection from the earliest years.

Healing After Trauma - Women and children accessed culturally grounded support following domestic and family violence.

Intergenerational Benefit - Keeping children connected and supporting healing contributes to stronger outcomes beyond the immediate reporting period.

When I started with Eleanor Duncan it was coming with experience and transferable skills from a different sector within Community Services, although stepping into the role and organisation with the nerves that naturally bubble from within when starting a new role almost instantly fizzled out and it was quite clearly shown to me what opportunities are available for professional growth.

It has been really inspirational and motivating to walk alongside such strong and passionate leaders across multiple streams, having access to so much knowledge has allowed me to broaden my skillset and knowledge in areas outside of Child and Family Services.

There has not been a moment in my journey with Eleanor Duncan where I have not been mentored, coached or guided through challenging and new spaces when I am not sure.

I have expressed my willingness to grow as a leader with my voice being heard and appreciated from my manager, who is continuously putting in the time to coach and upskill in areas that are beneficial for growth within my daily practise.

Shahntrell Tevi-Fuimaono
Manager Services, Child & Family



Community Services

765 Active clients

Integrated Team Care (ITC), Cancer Navigator, muru bara NDIS Support Coordination, Allied Health (Warbangali), Aged Care (CHSP), Elders Care Services, and more. These services act as critical entry points for cultural connection and social support and frequently become pathways into other EDAS services.

Bundi Yana Gindja

INTEGRATED TEAM CARE AND CANCER NAVIGATION | SUPPORTING ELDERS, OLDERS AND PEOPLE WITH CHRONIC CONDITIONS

178 ITC REFERRALS

10,078 CARE COORDINATION CONTACTS

55 GROUP SESSIONS

678 TRANSPORT SUPPORTS

2,675 ABORIGINAL OUTREACH CONTACTS

115 GROUP ATTENDEES

36 CANCER NAVIGATION REFERRALS

591 CANCER NAVIGATION CONTACTS

COMMUNITY IMPACT

Bundi Yana Gindja provided intensive care coordination, Aboriginal outreach, cancer navigation, transport and group-based support. This activity helped community members connect with care, complete episodes of support and remain engaged with chronic disease and cancer pathways.

INCREASED ACCESS

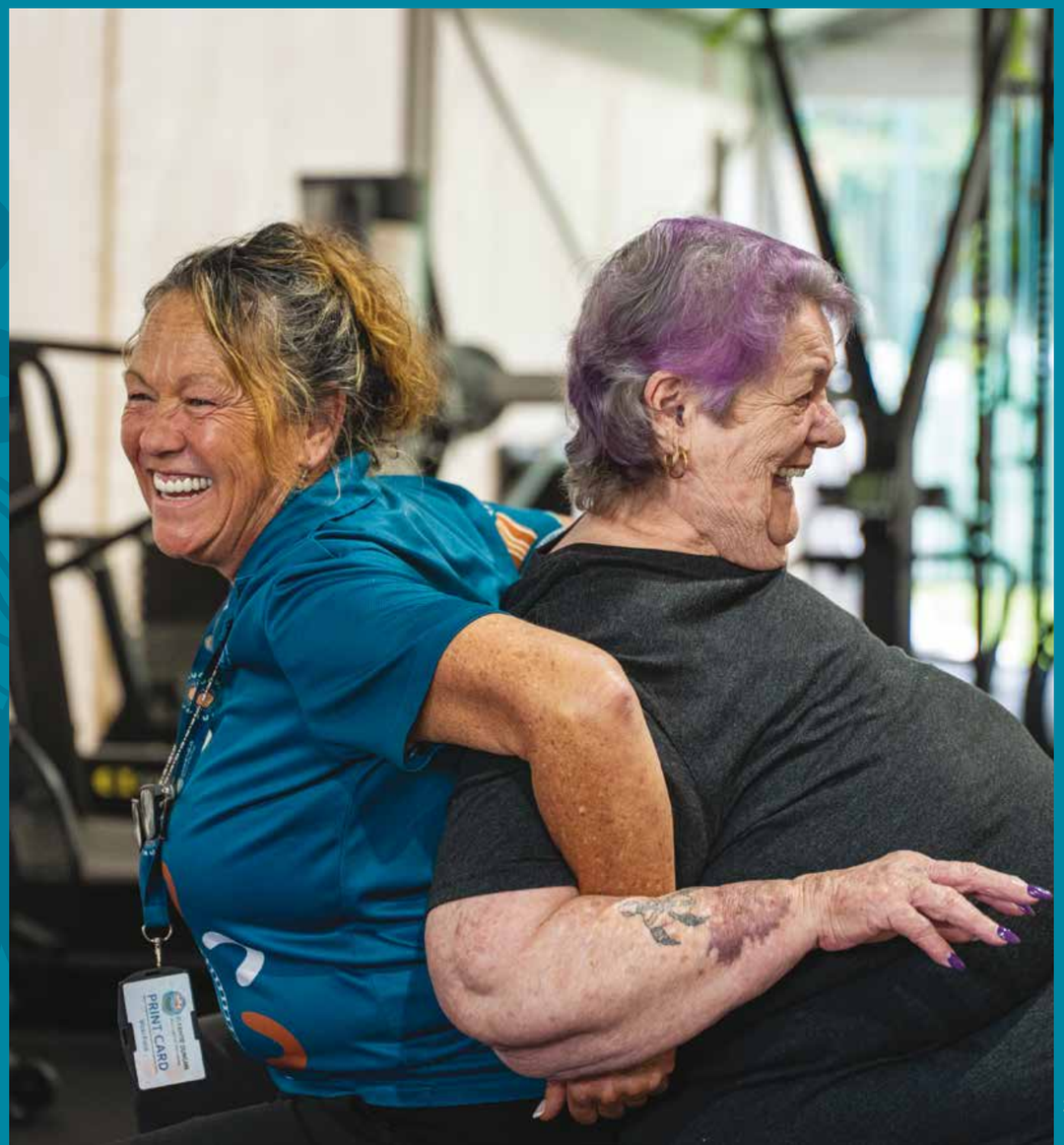
- Transport support addressed a practical barrier to appointments, diagnostics and treatment.
- Care coordination and outreach helped people navigate referrals and maintain engagement across services.
- Group programs created additional entry points for prevention, health education, peer connection and ongoing support.

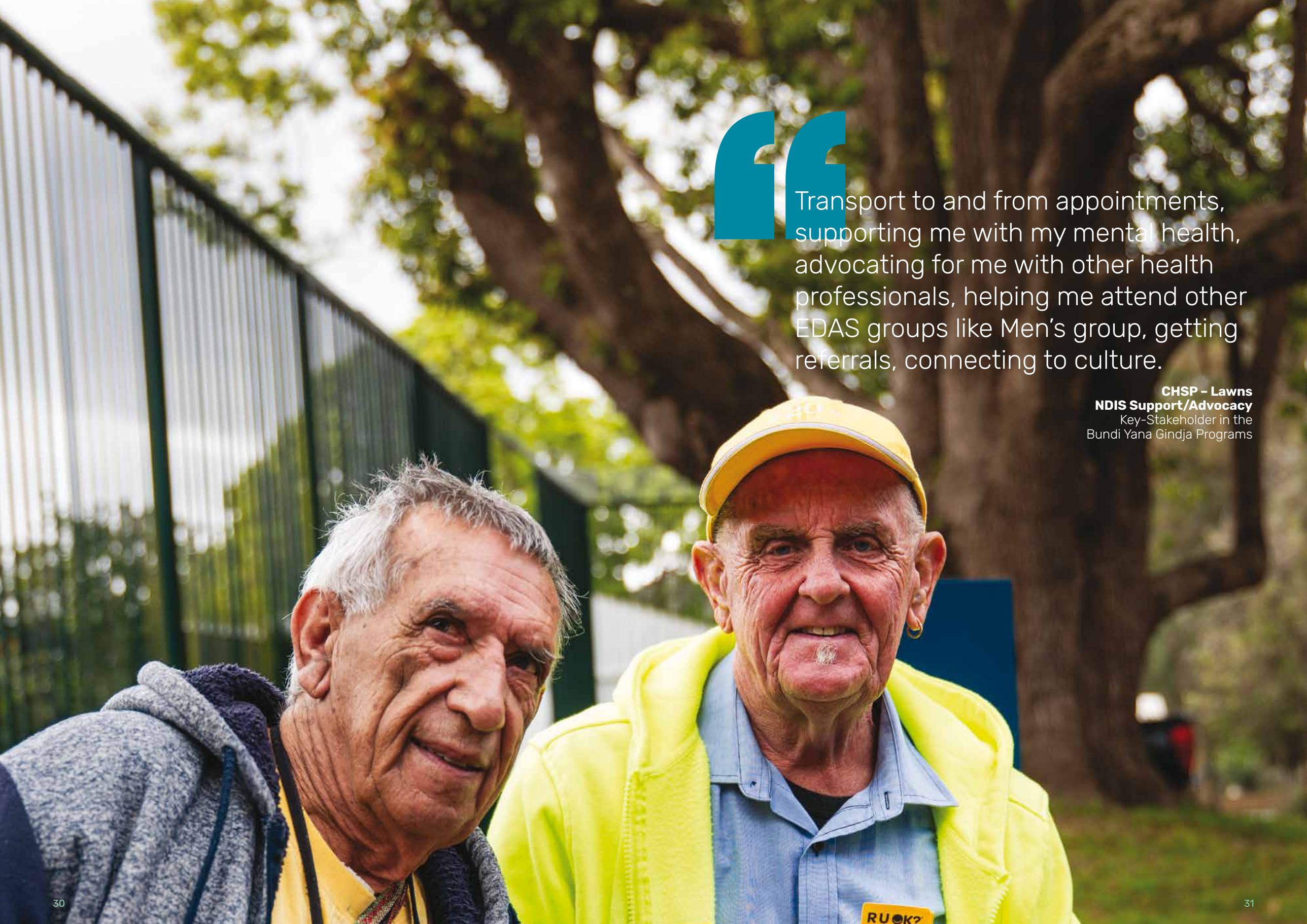
CULTURALLY RESPONSIVE CARE

- Aboriginal Outreach Workers and culturally grounded groups created care pathways built around relationships and community context.
- Group delivery comprised 12 Waadbabiyn Badh groups, 10 Ganama Cook & Roast groups, 12 Deadly DEE sessions, 4 Aunty Jean's programs, 9 Cancer Yarning Circles and 8 Ngnamus Bus activities.
- Cancer Yarning Circles, Aunty Jean's programs and other groups provided culturally relevant settings for information, participation and support.

HEALTH SYSTEM VALUE

- Better-coordinated chronic disease care reduce preventable deterioration and avoidable hospital use.
- Cancer navigation may reduce missed appointments and improve continuity across diagnostic and treatment pathways.
- Transport and outreach reduce non-attendance, repeated referrals and wasted clinical capacity.
- Group-based prevention can extend support efficiently while building self-management capability.





Transport to and from appointments, supporting me with my mental health, advocating for me with other health professionals, helping me attend other EDAS groups like Men's group, getting referrals, connecting to culture.

CHSP – Lawns
NDIS Support/Advocacy
Key-Stakeholder in the
Bundi Yana Gindja Programs

Muru Bara

DISABILITY AND FAMILY SUPPORT | INCREASING PARTICIPATION, RESPITE AND ACCESS TO THE NDIS

3,716 SUPPORT HOURS	21 NDIS APPLICATIONS
27 RESPITE EPISODES	113 FAMILY TIMES
126 PARTICIPANTS	129 RESPITE NIGHTS
66 REFERRALS	16 AUNTY'S HOUSE PROGRAMS
$370,535.60 SUPPORT COORDINATION BILLED	

COMMUNITY IMPACT

Muru Bara increased access to disability and family supports through direct assistance, NDIS application support, respite, referrals, Family Time and programs delivered from Aunty's House. The service supported participants and families to maintain connection, navigate formal systems and access practical help in a culturally safe community setting.

INCREASED ACCES

- NDIS application assistance created a pathway to funded, longer-term disability supports for 21 community members.
- Direct support hours and referrals connected participants with practical assistance and service pathways.
- Respite and Family Time provided flexible support for participants, carers, children and families.

CULTURALLY RESPONSIVE CARE

- Aunty's House provided a community-based setting for Family Time and programs.
- A culturally safe model can strengthen trust, participation and continuity for Aboriginal people with disability and their families.

SYSTEM VALUE

- Appropriate disability supports may reduce crisis-driven use of hospitals and other emergency services.
- Respite may help sustain family caring arrangements and reduce carer stress and breakdown.
- Support coordination can improve use of funded supports and reduce duplication or gaps between providers.
- Early navigation of the NDIS may prevent needs escalating before formal supports are established.





Warbangali

PSYCHOLOGY AND THERAPEUTIC SERVICES | TIMELY, FLEXIBLE AND CULTURALLY RESPONSIVE SUPPORT

665 ATTENDED CONTACTS	120 NON-FACE-TO-FACE SERVICES
139 CASE CONSULTATIONS	22% WAITLIST REDUCTION
$248,548.21 BILLED ACTIVITY	

COMMUNITY IMPACT

Warbangali expanded access to psychological and therapeutic support across NDIS, profit-for-purpose and internally delivered programs. The combination of attended contacts, flexible non-face-to-face support, case consultation and formal reporting strengthened continuity of care and helped more community members progress through the service pathway, reflected in the 22% reduction in the number of people waiting.

INCREASED ACCESS

- Non-face-to-face services created an alternative pathway for people facing transport, health, caring or scheduling barriers.
- Reports, letters and case consultations supported navigation of health, disability and other service systems.
- The reduced waitlist indicates improved service flow and more timely access to support.

CULTURALLY RESPONSIVE CARE

- Delivery through an Aboriginal community-controlled setting supports trust, choice and engagement in care and is considered in the context of family, culture and community rather than as an isolated clinical issue.

HEALTH SYSTEM VALUE

- Earlier support reduce escalation to crisis responses, emergency presentations and more intensive mental health services.
- Coordinated consultation can reduce duplicated assessments and fragmented service delivery.
- Billed activity supports a sustainable local service pathway and reinvestment in community-based care.

Walambang - CHSP

COMMONWEALTH HOME SUPPORT PROGRAMME | SUPPORTING ELDERS TO REMAIN INDEPENDENT AND CONNECTED

387 CHSP REFERRALS	**6,722 DIRECT SERVICE HOURS**
771 TRANSPORT INSTANCES	**104 MY AGED CARE APPLICATIONS**
20 GROUP ACTIVITIES	**1,320 GROUP ACTIVITY HOURS**
49 EXTERNAL GROUPS ACCESSED	

COMMUNITY IMPACT

Walambang supported Aboriginal community members to enter and navigate the aged care system, receive practical assistance and remain connected to community activities. Direct service delivery, transport, group participation and My Aged Care application support combined to strengthen independence and reduce barriers that can prevent Elders from receiving timely assistance.

INCREASED ACCES

- My Aged Care application support helped community members navigate a complex entry process.
- Transport enabled access to services and participation in 49 external community groups.
- More than 6,700 hours of direct support brought assistance into community and home-based settings.

CULTURALLY RESPONSIVE CARE

- Support delivered through EDAS provides a trusted pathway that recognises the importance of family, culture, community and connection.
- Group activity and transport supported social and cultural participation alongside practical care needs.

HEALTH SYSTEM VALUE

- Home and community support may delay or reduce the need for higher-cost residential care.
- Early assistance may reduce risks associated with unmet daily living needs and potentially avoidable hospital use.
- Transport and social participation may reduce isolation and support physical and mental wellbeing.
- Navigation support can improve timely use of existing aged care entitlements and reduce service fragmentation.



Hi Im in the Elders group at Eleanor Duncan.

I receive home care and garden maintenance care as well as Aunts and crafts. The homecare provides help with some cleaning and bathroom care and the lawn guys mow the front lawn. The Aunts and craft is a social group for the elder group women to get together, do some crafts, have a yarn and talk about our services.

These services have kept me connected to my community and my lawn has never looked so good!!. Getting help with cleaning has been wonderful as I have Rhuematoid arthritis which flares, so thankyou All these services has maintained my social, personal and ongoing mental health.

Sherrie Brajlih
walambang - services participant

Research

The Research team plays a critical role in supporting Eleanor Duncan Aboriginal Services (EDAS) to deliver culturally responsive, evidence-informed services that improve outcomes for Aboriginal people, families and communities. Through research, evaluation, data projects and strategic partnerships, the team ensures that community voices, local knowledge and evidence are embedded in organisational decision-making. All research activities are guided by Aboriginal data sovereignty principles and a commitment to community governance, cultural safety and co-design. Community members, Elders and staff actively contribute to setting research priorities, shaping methodologies and informing project implementation.

HIGHLIGHTS OF OUR WORK

During 2025–26, the team secured significant funding to support community-led research and service improvement initiatives. Successful grants included the Community-Led Data Storytelling Project with the University of Western Australia ($60,000), the Aboriginal Heart Health Grant with Western Sydney University ($750,000), and the Aboriginal Community-Led Cancer Research Project funded by Cancer Institute NSW ($100,000). Additional funding was secured through diabetes prevention and peripheral artery disease research initiatives in partnership with leading universities.

The team delivered a diverse portfolio of projects addressing key health priorities for Aboriginal communities. These included the Community-Led Data Storytelling Project, Healthy Air Project, ARDAC Kidney Disease Project, Social and Emotional Wellbeing workforce research, ALIGN Genomics and Chronic Disease Project, the evaluation of the Gulgul Yira Dental Service, and Walk Strong, a First Nations-led exercise and education program for people living with peripheral artery disease. These projects were undertaken in collaboration with partners including the University of Sydney, Australian National University, University of Western Australia and Western Sydney University.

EDAS continued to strengthen its research capacity through active involvement with the Lowitja Institute and the Australian Institute of Health and Welfare, while benefiting from affiliate relationships with the Central Coast Research Institute and the Poche Centre for Indigenous Health. Honorary academic advisors provided expertise in grant development, project design and research leadership.

In parallel, key data initiatives progressed through the AIHW secondment program and theSEDI project, supporting community outcome measurement, dashboard development and evidence-based service improvement across EDAS programs.

As EDAS continues to grow, the Research, Data and Evidence team remains committed to building a strong culture of community-led research, data sovereignty and continuous learning to support better outcomes for Aboriginal communities.

New Programs

Three new programs launched this year, each one a direct response to what our community told us was missing. These are not gap-filling exercises. They are community-driven investments in the health, safety, and future of our mob.

NAAWAYI EMOTIONAL REGULATION

Addressing family violence at its source. Supporting women and children requires working with men, accountably, honestly, and within a culturally safe framework. This program provides structured behaviour change support for men, grounded in our transdisciplinary model and aligned with our Maliga Safer Families and family preservation services.

KIDS HEALTH HUB

Investing in our gudjagang from their earliest years. The evidence is clear: what happens in a child's first years shapes everything that follows. The Kids Health Hub brings together health, developmental, and family support in a culturally responsive space designed specifically for Aboriginal children and their families

DEADLY DEE DIABETES, NUTRITION AND FITNESS PROGRAM

Tackling chronic disease with culture, connection, and joy. Named in honour of community, this program addresses diabetes and chronic disease through nutrition education, physical activity, and community connection, not shame or clinical detachment. Our mob deserve to pursue health on their own terms.



Our people are this organisation.
Not a resource, not a cost line, not a headcount.



145
Total staff

Why community-controlled matters.

This year we made a deliberate shift in how we grow our people. Rather than looking outward for expertise, we looked inward and what we found was extraordinary.

Through our transdisciplinary model of care, EDAS holds deep, diverse professional knowledge across clinical, social, cultural, therapeutic, and community practice disciplines. This year we continued to formalise that knowledge into Practice Solution Sessions an internal capability model that moves horizontally across the entire organisation, rather than vertically through individual teams.

The result is care that is more connected, more responsive, and more culturally responsive because the people delivering it understand the full picture of what their colleagues know and how their roles intersect. That trust between disciplines translates directly to better outcomes for community.



145 STAFF
75%+ Aboriginal

Our Workforce

Our people are this organisation. Not a resource, not a cost line, not a headcount. The 145 individuals who come to work at EDAS every day are the reason 8,000 to 10,000 community members trust us with some of the most important moments of their lives

WHAT ARE PRACTICE SOLUTION SESSIONS?

Practice Solution Sessions bring together staff across disciplines to work through real presenting challenges, share professional expertise, and build collective understanding of how each part of the organisation contributes to the whole person in front of us. Sometimes that is a structured case-based learning session. Sometimes it is cross-team knowledge sharing where a GP, psychologist, an Aboriginal Health Practitioner, a family preservation worker, and a youth worker sit together and teach each other. Sometimes it is problem-based a complex community need is placed at the centre and the full weight of EDAS expertise is brought to bear on it together. The format varies. The purpose does not: to build a workforce that does not just work alongside each other but truly understands each other.

200+
Hours of training delivered

3
Workforce investment priorities

WHY THIS MATTERS

Workforce development built from our own knowledge, grounded in our own culture, and designed for the specific complexity of what we do on Darkinung Country is not just more efficient. It is more honest. It says to our staff: what you already know has value. What your colleague knows has value. Together, you are the expertise this community needs.





Building Our Future

The Mardi hub redevelopment is the single most significant infrastructure investment in the history of this organisation. When complete, it will bring our Medical Centre, allied health, child and family services, and community programs together under one purpose-built, culturally grounded roof, the physical expression of our transdisciplinary model of care.





The Mardi Redevelopmen
DA approved. Construction commenced April 2026. Completion expected December 2026.

This did not happen overnight. It took years of advocacy, community consultation, strategic investment, and a Development Application process that required patience we were not always sure we had. Construction commenced in April 2026. Our Medical Centre is expected to relocate to Mardi before the end of this calendar year.

This is what self-determination looks like in infrastructure. An Aboriginal community-controlled organisation, owning its land, building its future, on Country.

LOOKING AHEAD: HORIZON TWO

The Mardi redevelopment is the centrepiece of Horizon Two of our 2024–2028 Strategic Plan. Also underway or in planning:

- Continued advocacy for MM1 reclassification and GP funding reform.
- Strengthened data sovereignty through our Research and Data Committee.

This is what self-determination looks like in infrastructure.
An Aboriginal community-controlled organisation, owning its land, building its future, on Country.

Advocacy; Speaking Truth to Power

EDAS has never been an organisation that confines its advocacy to internal submissions and polite correspondence. We show up. We name the truth. We push for change at every level local, state, and national. This year was no different.

MM1 CLASSIFICATION — THE GP FUNDING CRISIS

The Modified Monash Model classifies the Central Coast as a major city (MM1), meaning EDAS cannot access the GP workforce incentives, bulk billing supports, or recruitment programs available to genuinely regional and remote services. Our community has the health profile of a regional population. We have two GPs. We need more. This classification is why we do not have them.

Our ask: Reclassify the Central Coast for Aboriginal Medical Services from MM1 to a classification that reflects the actual demographics, health need, and resource context of the community we serve. This single change would unlock our ability to recruit and retain the GP workforce our community has been waiting for.

CANCER SERVICES — A PROGRAM THAT WORKS, WAITING FOR INVESTMENT

Cancer is the leading cause of death among Aboriginal and Torres Strait Islander peoples, accounting for 23.4% of all losses. Our Cancer Navigator program, one of the first of its kind in the country, is demonstrably improving outcomes for our mob navigating cancer. It received no new investment in FY2025–26.

Our ask: Provide sustainable, dedicated funding for the EDAS Cancer Navigator program commensurate with community need and the evidence base. Do not ask community-controlled organisations to absorb the gap between what is promised and what is funded.

YOUTH SERVICES — THE INVESTMENT THAT HAS NOT COME

Young people make up 53% of the Aboriginal population on Darkinung Country. Mental health, substance use, housing instability, and disengagement from education are not future risks for our young people, they are present realities. EDAS has been advocating for meaningful investment in Aboriginal youth services on the Central Coast for years.

Our ask: Fund a comprehensive, culturally responsive, Aboriginal-led youth services program on Darkinung Country. Early investment prevents the crisis presentations, justice system involvement, and long-term harm that cost the system far more downstream.

FAMILY PRESERVATION — FUNDING MUST MATCH NEED

Our Family Preservation packages were reduced from 24 to 21 this year, with an overall funding decrease. Aboriginal and Torres Strait Islander children are 9.6 times more likely to be in out-of-home care than non-Indigenous children. We know what works: early, intensive, culturally responsive support that keeps families together.

Our ask: Restore and expand Family Preservation packages on Darkinung Country to a level that reflects actual community need. Underfunding prevention does not save money, it defers and amplifies cost, and it costs children their families.

HOUSING AND COST OF LIVING — THE INVISIBLE CRISIS

Housing stress on the Central Coast has intensified significantly. Cost of living pressures are pushing vulnerable families to breaking point and, in many cases, out of the region entirely — away from their community, their kin, and the services they depend on. Only 2% of housing in the Central Coast LGA is accessible for very low-income households.

Our ask: Invest in affordable, culturally responsive housing on Darkinung Country as a health and wellbeing intervention. Stable housing is the foundation on which every other service outcome rests.

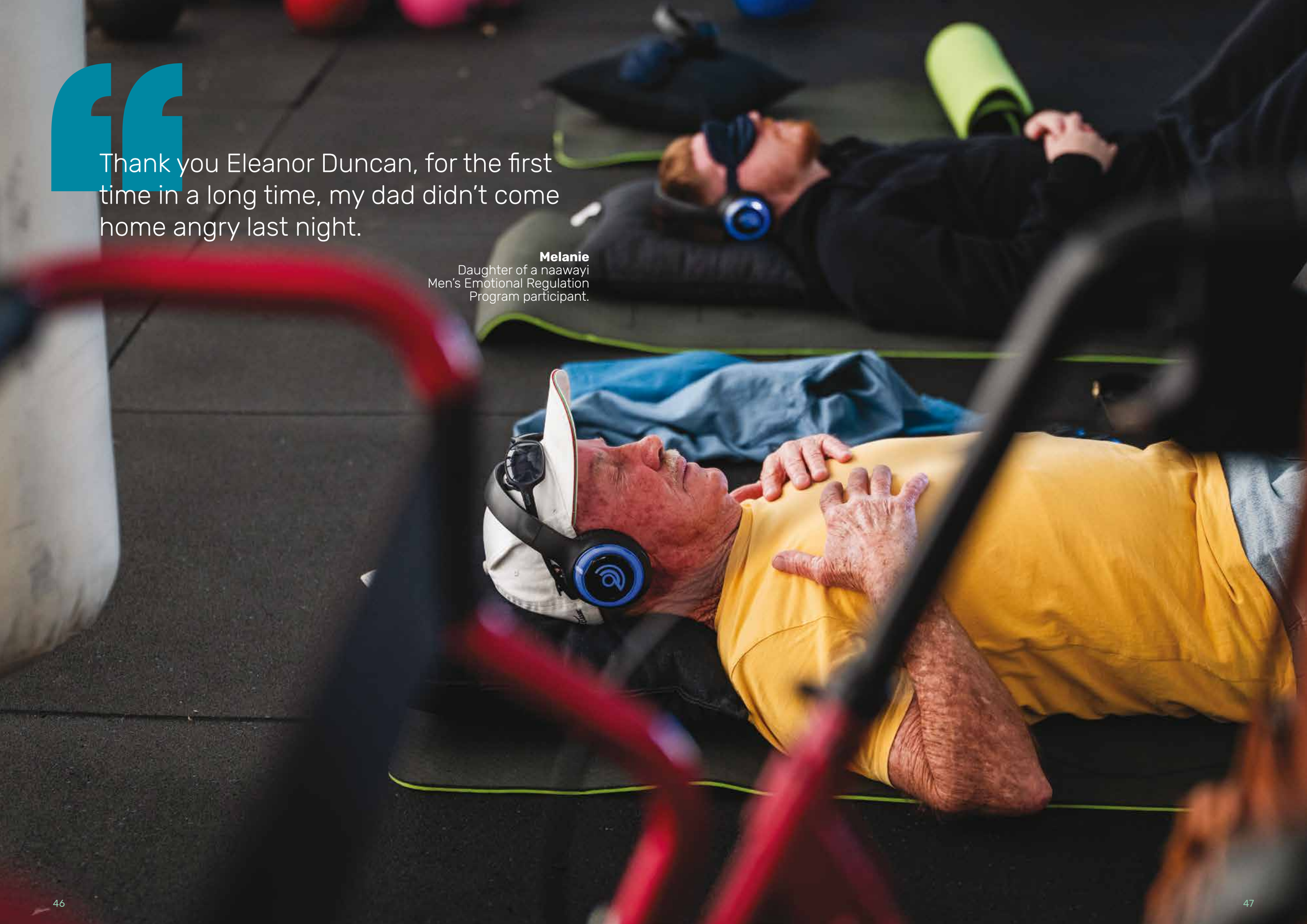
PERMANENCY SUPPORT PROGRAM – TAKING OUR CHILDREN'S STORY TO THE HIGHEST LEVEL

This year EDAS formally requested a meeting with Ms Sue-Anne Hunter, the inaugural National Commissioner for Aboriginal and Torres Strait Islander Children and Young People. We put before the Commissioner the direct impact of the punitive overhaul of PSP funding and the restrictions being placed on the sector restrictions not calibrated to performance, not responsive to outcomes, and not in the interests of the children they are supposed to protect.

We named the contradiction plainly: EDAS is a demonstrably high-functioning, outcomes-driven organisation, subject to the same punitive compliance burden as services with a fraction of our track record. That is not accountability. That is indiscriminate restriction masquerading as reform.

Commissioner Hunter holds a legislated mandate to hold systems to account for what is happening to Aboriginal children across this country. We will ensure that what is happening to our gudjagang on Darkinung Country is part of that evidence base.

Our ask: Fund and regulate ACCOs based on demonstrated outcomes, not sector-wide assumptions. Differentiate between organisations that are delivering and those that are not. Our gudjagang deserve better and we will keep saying so at every level until the system catches up.



Thank you Eleanor Duncan, for the first time in a long time, my dad didn’t come home angry last night.

Melanie
Daughter of a naawayi
Men’s Emotional Regulation
Program participant.

Aboriginal health is holistic — spanning physical, social, emotional, cultural, and spiritual wellbeing.

Our Transdisciplinary Model of Care

EDAS operates under a transdisciplinary model of care. This approach goes beyond traditional service delivery by breaking down professional silos and integrating knowledge, skills, and responsibilities across disciplines.

Unlike multidisciplinary or interdisciplinary care, where services are delivered in parallel or coordinated but separate streams, transdisciplinary care blends expertise into a unified practice. Professionals share responsibility, cross-train, and collectively respond to the needs of the person, family, or community.

WHY IT WORKS

Aboriginal health is holistic — spanning physical, social, emotional, cultural, and spiritual wellbeing. Our model mirrors this by ensuring no service operates in isolation and every interaction is grounded in cultural knowledge and connection to Country.

One entry point opens access to 52 integrated services. Families are supported without retraumatisation. Community members don't have to retell their story at every door.

THE OUTCOME

Safer homes. Healthier families. Young people connected to culture. Elders living independently on Country. Staff who learn from one another's disciplines and build collective problem-solving capacity.

For EDAS, this is not just a method of service delivery. It is the living expression of who we are. It is how we inspire strong, healthy, long lives



Language is Not a Program. It is Who We Are.

At EDAS, Darkinyung language is not something we perform for a report or display on a wall for visitors. It is woven into the daily life of this organisation into our signage, our spaces, our program names, and our communications. It is present in how our people greet community, how we name what we do, and how we signal to every person who walks through our doors: this place was built for you.

WORKING WITH THE DARKINYUNG LANGUAGE CENTRE

This year we continued and deepened our working relationship with the Darkinyung Language Centre because language reawakening done properly requires the people who hold that knowledge to lead it.

Language reawakening is not a project with a start and end date. It is a long, careful, respectful process of bringing back what was deliberately taken and we are committed to doing that work with proper cultural authority guiding every step. We do not own this process. We are honoured to walk alongside those who do.

LANGUAGE ACROSS THE ORGANISATION

Darkinyung language is embedded across EDAS in our signage, our physical spaces, our program names, and our organisational identity. This is not tokenism. It is a deliberate, ongoing commitment to ensuring that language lives and breathes in the places where community comes to heal, to connect, and to be supported.

When community members see their language in our spaces, something shifts. Language is identity. Language is belonging. It communicates, more directly than any poster or policy ever could, that this is an Aboriginal place, led by Aboriginal people, for Aboriginal people.

OUR COMMITMENT

We celebrate language not as a cultural add-on but as a living practice embedded in who we are as an organisation. We will continue to invest in this work in partnership with the Darkinyung Language Centre and with community because reclaiming language is an act of self-determination, and self-determination is at the heart of everything EDAS stands for.

Our Partners and Collaborators

At EDAS, collaboration is not a strategy. It is how we lead. This year we continued to walk alongside our partners with purpose, unity, and shared vision because we know that when we lead together, our collective voice is louder, stronger, and wiser.

Key Partners

ABORIGINAL COMMUNITY PARTNERS

- Barang Regional Alliance
- Darkinjung Local Aboriginal Land Council
- Bara Barang
- Gudjagang Ngara li-dhi
- Mingaletta
- NAISDA Dance College
- The Glen Group
- Garawa
- Yula-Punaal Education and Healing Centre
- Yamurrah
- Bungree Aboriginal Association

GOVERNMENT AND NON GOVERNMENT PARTNERS

- NSW Health
- Department of Communities and Justice
- Hunter New England and Central Coast PHN
- Central Coast Local Health District
- Commonwealth Department of Health and Aged Care
- Homes NSW
- NSW Police
- Central Coast Community Legal Centre
- Oz Harvest
- Jawun
- Oz Child
- Australian Health and Welfare Institute
- Institute for Urban Indigenous Health (IUIH)
- UON – Wollotuka Institute

PEAK BODY MEMBERSHIPS
NACCHO | AH&MRC | ABSEC | SNAICC | NCOSS | NADA | ACHIA

Data is collected to tell our truth, strengthen our advocacy, and improve our services not extracted for the benefit of others.

Data Sovereignty and Research

Research, Data and Evidence — Building on Country, For Community under resourced relative to need.

At EDAS, community-led research is research that is initiated, governed, designed, interpreted and applied by Aboriginal communities, rather than being driven solely by external researchers or institutions. Its purpose is to ensure that research reflects community priorities, strengthens self-determination, respects cultural knowledge, and delivers tangible benefits for Aboriginal people and communities

This year that commitment took on new organisational form. Under the leadership of Dr. Poornima Ramamurthy, our Research Lead continued to strengthen the infrastructure that sits behind every evidence claim that we make in our Research and Data Committee, she has led the development of EDAS's research and data capability through Aboriginal community-led research, data sovereignty initiatives, governance frameworks, strategic partnerships and successful grant-funded projects.

Her work has focused on chronic disease prevention, cardiovascular health, cancer prevention, kidney disease, social and emotional wellbeing, oral health evaluation and culturally safe models of care, ensuring that research remains community governed, culturally responsive and directly beneficial to Aboriginal people and communities.

DATA

Established through our SEDI grant, the EDAS Research and Data Committee brings together Aboriginal community members, clinical staff, and research partners to provide ethical oversight, cultural governance, and strategic direction for all research activity connected to this organisation. The Committee ensures that data collected at EDAS is used by EDAS to tell our truth, strengthen our advocacy, and improve our services not extracted for the benefit of others.

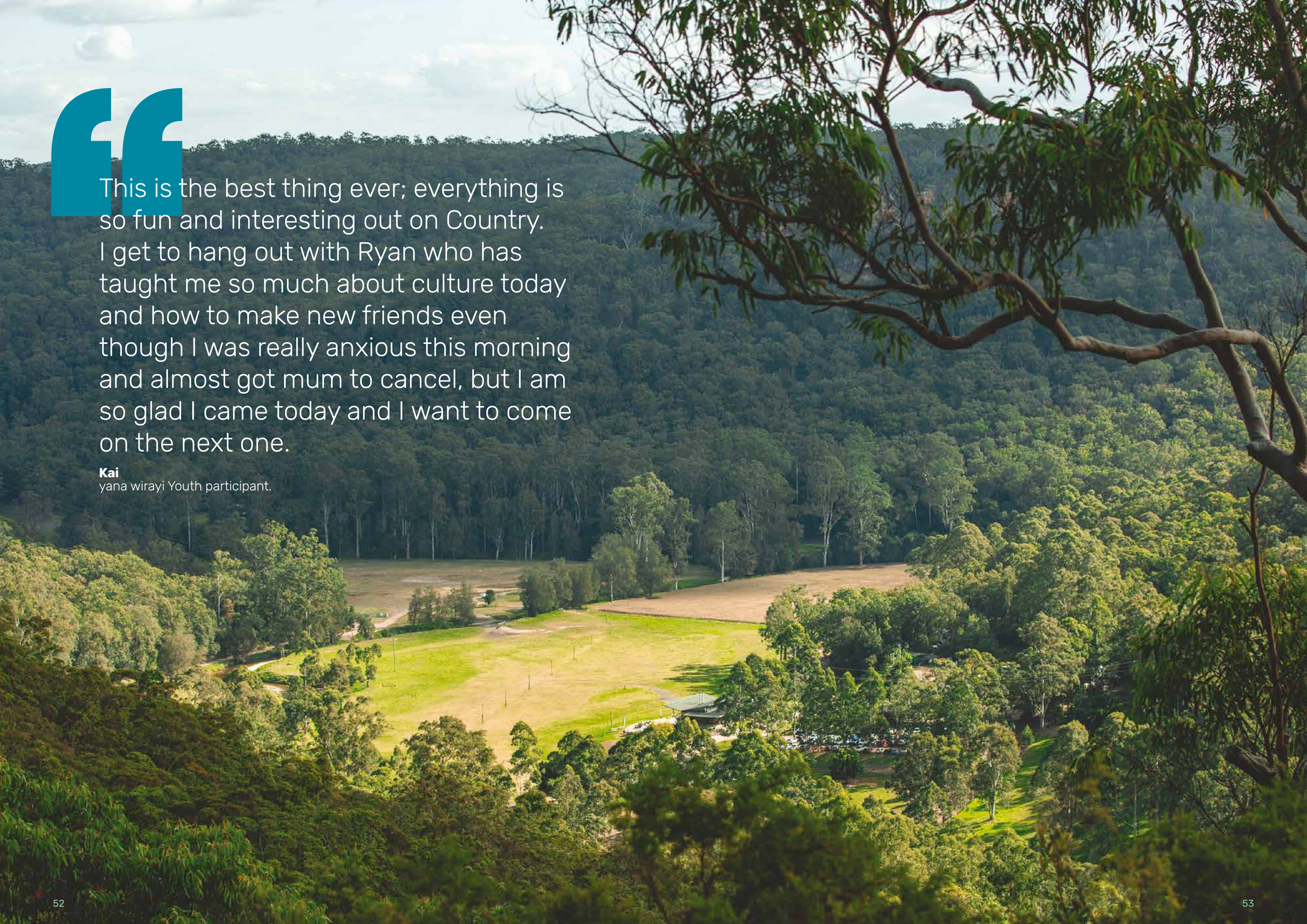
Research Activity in FY 2025–26

This year EDAS staff contributed to peer-reviewed research across several areas of Aboriginal health, building on our established reputation as a research partner of national significance. CEO Belinda Field co-authored publications during FY2025–26 in the following areas:

PUBLICATIONS:

We have published over five papers in reputed journals in the past five years. The most recent one being this publication in collaboration with CCLHD and University of Newcastle:

Sharma D, Higgins O, Sawicki A, Ramamurthy P, Field B, Hussein P, Singh K, Ranjitkar S. Oral Health in Individuals with Severe Mental Illness on Second-Generation Antipsychotics—A Scoping Review. Oral Pathology & Medicine. 2025 May 06;54(6):401-412. https://doi.org/10.1111/jop.13639



This is the best thing ever; everything is so fun and interesting out on Country. I get to hang out with Ryan who has taught me so much about culture today and how to make new friends even though I was really anxious this morning and almost got mum to cancel, but I am so glad I came today and I want to come on the next one.

Kai
yana wirayi Youth participant.

Ethics Approvals

We have successfully received AH&MRC approval for the following projects:

1. Community led data story telling: a feasibility study to measure cardiovascular health in Aboriginal Community Controlled Health Organisations.
2. CANBREATHE – Weaving Indigenous Knowledge Systems with Air Quality Science for Healthy Air Futures.
3. Process evaluation and cost–consequence analysis of the Gulgul Yira Dental Service, Eleanor Duncan Aboriginal Medical Service
4. Evaluating a collaborative GP/NP weight management program with support from Aboriginal Health Practitioners and oversight
5. Co-development of a social and emotional wellbeing framework to support the Aboriginal Community Controlled Health Services workforce

RESEARCH PARTNERSHIPS AND COLLABORATIONS

Our ongoing research partnership with the Western Sydney University continues with the NSW Health Aboriginal Heart Health Grant success for culturally safe Peripheral Artery Disease and Exercise Intervention Project for Aboriginal and Torres Strait Islander peoples.

Our other existing and new partnerships with University of Sydney, University of Western Australia, University of Newcastle, University of Melbourne and AIHW has strengthened the research capacity at EDAS through research grant success, project delivery and publications.

CONFERENCE AND WEBINAR PRESENTATIONS

- Ramamurthy, P., & Hussein, P. "Expertise on building meaningful partnerships with Aboriginal Controlled Community Health Services" Virtual. May 2025.
- Ramamurthy, P., "Community led data story telling: A feasibility study to measure cardiovascular health in Aboriginal Community Controlled Health Organisations" Victor Chang Cardiac Research Institute, Sydney. May 2026.
- Ramamurthy, P., "Process and Cost Evaluation of Eleanor Duncan Dental Service" Virtual. July 2026.
- Ramamurthy, P., Nepal, S., "Social and emotional wellbeing needs of healthcare workers in ACCHSs" Australian Public Health Conference. September 2026.



Governance, Compliance and Accreditations

Eleanor Duncan Aboriginal Services operates to the highest standards of governance, compliance, and accreditation across all service streams.

ACCREDITATION	BODY	STATUS
NDIS Registered Provider	NDIS Quality and Safeguards Commission	Active to Nov 2026
Out-of-Home Care Provider	Office of the Children's Guardian	Accredited to Apr 2030
National Regulatory System Community Housing	NRSCH	Active to 2027
Medical Centre	RACGP / AGPAL	Active to 2027
Dental Clinic	Quality Innovation Performance	Active to 2027

Our Board and Management

Board of Directors

Eleanor Duncan Aboriginal Services is governed by a voluntary Board, selected by our members to represent the community and provide leadership and corporate governance.



VICKIE PARRY
Chairperson



CORINNE HODSON
Board Member



LINDSAY HARDY
Board Member



KAREN ADAMS
Board Member



STACY PARRY
Board Member



ELLIE BROWN
Board Member

Executive Leadership Team



BELINDA FIELD
Chief Executive Officer



DARREN FITZGIBBON
Chief Finance Officer



PAUL HUSSEIN
Manager Strategy
& Operations



BREANNON FIELD
Manager Strategy
and Operations



JESSICA WHEELER
Manager Strategy
and Operations

652,099 Content views

54,296 Engagements
+103.33% year on year

6,889 Followers
+10.51% year on year

155,320 People Reached

82,520 Content Views

3,553 Followers
+17.14% year on year



Social Media

Social media is a vital part of how Eleanor Duncan Aboriginal Services stays connected with community. It gives us a way to share trusted information in a space many people already use every day, helping community hear about services, programs and events when they matter.

It also gives people a window into the work and the people behind EDAS. Through practical updates, community stories and culturally relevant health messages, our channels help build familiarity and trust. Every comment, share and conversation creates another opportunity for someone to connect with information or support.

In FY2025–26, the results showed the value of that connection. Alongside substantial reach across our channels, more community members engaged with and shared EDAS content, helping important messages travel further.

EDAS maintained a substantial digital presence during FY2025–26. The core Instagram account reached 155,320 accounts, while Facebook recorded 652,099 content views across reported content types.

The Ma-Guwag Instagram account added a further 66,980 views and 2,277 visible interactions, showing that program-specific social media can extend culturally relevant health and wellbeing messaging beyond the organisation's main channels.

The strongest impact signal was not only exposure, but active community response. Core Facebook engagement more than doubled to 54,296, reactions increased to 13,086, and shares rose to 918. Core Instagram engagement increased to 7,811 and likes grew to 6,086. These results indicate that EDAS content continued to prompt community members to react, share, comment, save and follow, strengthening the digital pathway between community information and EDAS services.

Data Sources and References

All statistical data cited in this report is drawn from the following sources. EDAS is committed to evidence-based advocacy and the accurate representation of community need.

	DATA POINT	SOURCE	YEAR
1	17,047 Aboriginal and Torres Strait Islander people on the Central Coast — largest Aboriginal population in NSW by LGA	ABS Census of Population and Housing 2021, Central Coast LGA QuickStats. abs.gov.au/census/find-census-data/quickstats/2021/IQSLGA11650	2021
2	Estimated 21,026 Aboriginal population on Darkinung Country	ABS 2021 Census-based estimated resident population, adjusted by EDAS for service area geography	2021
3	Median age of Aboriginal community on Central Coast is 23, compared to 44 for non-Aboriginal population	ABS Census of Population and Housing 2021, Central Coast LGA QuickStats. abs.gov.au/census/find-census-data/quickstats/2021/IQSLGA11650	2021
4	Aboriginal people die 10 years younger than non-Aboriginal Australians	AIHW Aboriginal and Torres Strait Islander Health Performance Framework. aihw.gov.au	2023
5	Aboriginal people on the Central Coast are 55% more likely to suffer a mental health condition	EDAS 2022–23 Annual Report, citing ABS 2021 Census and Central Coast local health data	2022–23
6	Aboriginal people have a 29% higher disability rate across all age groups on the Central Coast	ABS Census of Population and Housing 2021, Central Coast LGA disability data. abs.gov.au	2021
7	14% Aboriginal workforce unemployment on Central Coast vs 6% non-Aboriginal	ABS Census of Population and Housing 2021, Central Coast LGA labour force data. abs.gov.au/census/find-census-data/quickstats/2021/IQSLGA11650	2021
8	Median income of Aboriginal households 18% lower than non-Aboriginal; spread across 3.1 people	ABS Census of Population and Housing 2021, Central Coast LGA income and household data	2021
9	Only 2% of housing in Central Coast LGA accessible for very low-income households; 19.5% increase in median rent	Central Coast Council housing data; ABS 2021 Census rent data, cited in EDAS 2022–23 Annual Report	2021–22
10	Cancer is the leading cause of death among Aboriginal and Torres Strait Islander peoples — 23.4% of all losses	NACCHO Cancer Program, citing AIHW Aboriginal and Torres Strait Islander Health Performance Framework. naccho.org.au/cancer	2024
11	Cancer mortality in Aboriginal and Torres Strait Islander people has increased 12% over last decade; declined 10% for other Australians	AIHW Cancer in Australia data, cited in EDAS Sector Excellence 2022–23 Annual Report	2022–23
12	Aboriginal and Torres Strait Islander children are 9.6 times more likely to be in out-of-home care	SNAICC Family Matters Report 2024; VACCA Media Release, June 2025. vacca.org	2024
13	53% of Aboriginal people on Darkinyung Country are under 24 years old	ABS Census of Population and Housing 2021, Central Coast LGA age distribution data	2021
14	MM1 Modified Monash Model classification — major city designation preventing GP workforce incentives	Australian Government Department of Health and Aged Care — Modified Monash Model. health.gov.au/topics/rural-health-workforce/classifications/mmm	2023
15	ACCOs remain underfunded relative to their role and the demand placed upon them	SNAICC 2026–27 Pre-Budget Submission to the Australian Government. snaicc.org.au	January 2026
16	Prevention and early intervention funding has decreased over the last five years despite growing need	VACCA — ACCOs are Leading the Way on Closing the Gap; SNAICC Family Matters Report 2024	2024–25
17	NSW Government $350M investment in Aboriginal Family Preservation across 22 ACCOs, commencing 1 July 2026	NSW Government Ministerial Release — Historic Support for Aboriginal Families, April 2026. nsw.gov.au; DCJ Redesigning Family Preservation. dcj.nsw.gov.au	April 2026

A NOTE ON DATA

Where population estimates exceed 2021 Census counts, EDAS has applied standard ABS population growth methodology to provide current-year estimates. All EDAS internal service data is drawn from our client management system. Financial data is subject to annual audit by Cooper and Collins. Data sovereignty is a core organisational value our data is collected, held, and used by us, for our community, on our terms.

Annexure of language used throughout the impact report.

DARKINYUNG	ENGLISH
walambayiwa	hello
dandayawa ngurabiyn	I will see you
ngaliya	you and I – we
naawayi	canoe
waradan	waratah
maliga ngura	shine on Country
yadhaba	get better
ma-guwag	hey, take care
yadhabadhiwa	I am getting better
dhanggan gudjagang	mother and child
yana wirayi	go/walk/come now
maliga	shine
ngangga gulgul	speak strong
muru bara	making pathways
warbangali	twist and turn
barayi	ground or earth
bilar	(she) oak tree
walambang	kangaroo
bundi yana gindja	don't walk afraid
buridjga	get up/rise

Our purpose is solid.

To inspire strong, healthy, long lives. We are grounded in culture, driven by our people, and building a future that honours our past. To our Elders, our youth, our staff,our partners, and our community, thank you. For standing with us. For dreaming big. For walking forward, together.

Strong culture.
Strong people.
Unstoppable future.



Empowering the
Aboriginal Community
on Darkinung Country

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