



Central Australian
Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823

Submission in response to the draft of the
***10-Year Generational Strategy for
Children and Families in the Northern
Territory***

October 2021

**Central Australian Aboriginal Congress
Aboriginal Corporation**

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***Aboriginal health
in Aboriginal hands.***

About Central Australian Aboriginal Congress

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCHS) based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health¹, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes:
 - multidisciplinary clinical care,
 - health promotion and disease prevention programs, and
 - action on the social, cultural, economic and political determinants of health and wellbeing.
2. Congress delivers services to more than 15,000 Aboriginal people living in Alice Springs and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.
3. Over the last 20 years, the community-elected Congress Board of Directors has focused on improving the developmental outcomes of Aboriginal children. This has led to the creation of an innovative model for the delivery of child and family services, based on the belief that the best way to 'close the gap' is to make sure it is not created in the first place. Embedded in Congress' way of working is a strong focus on prevention.

General comments

4. Overall, Congress supports and welcomes the development of the 10-Year Generational Strategy for Children and Families in the Northern Territory (the draft Strategy).
5. It is disappointing, however, that the timeframe that the draft Strategy was open for consultation and feedback was extremely tight with the draft Strategy released on the 4 October and closing on 22 October. This equates to only 15 business days. For a strategy of this importance, Congress considers this to be an inadequate consultation period, especially in the context of COVID-19 and the intensive focus that organisations like Congress have had to direct towards increasing community vaccination levels.
6. The Strategy has the opportunity to provide a clear and accountable pathway towards generational change, bringing together governments, the Aboriginal community-controlled and non-government sectors.
7. For the Strategy to realise its full potential, close alignment with each of the priority areas of the National Agreement on Closing the Gap must be embedded into all aspects of the Strategy and its implementation.

Strengthening the draft Strategy

8. Congress believes that the 10-Year Generational Strategy requires a strong and clear statement that makes it clear from the outset as to what it is hoped will be achieved

in 10 years' time. What will change for children and families? This is the time to be bold!

9. Further explanation should be included that explicitly sets out why this Strategy is a *new way of working* and what it is that makes it different to how things were done in the past.
10. Congress suggests that the Strategy would benefit from greater depth of detail on the policy environment, to better situate the Strategy within the context of the Northern Territory. Much of this information is contained in the discussion paper and would serve to add value to the Strategy.
11. Further to this, it would be beneficial for the Strategy to include more detail on how the 'ecosystem' and structure of plans supporting the strategy and how they are interwoven and interrelate.
12. Congress believes that the Strategy should have stronger links to the evidence base to support each focus area of the Strategy. The *Framework to inform the development of a National Aboriginal and Torres Strait Islander Childhood Strategy* (SNAICC/NIAA, 2021) does this well by integrating supporting evidence and data-driven targets into each goal area. Elements of this approach could be adapted into the Strategy to make it more robust.
13. The draft Strategy makes reference in a number of places to *reinvesting efforts* and *building capacity and capability*; alongside this must be a commitment to the resourcing and funding to enable this to happen.
14. Importantly, reference is made in the draft Strategy to the importance of appropriate and secure housing. Housing insecurity, overcrowding and homelessness pose significant challenges for Aboriginal people (including children and families) in the Northern Territory. As a key social determinant of health and wellbeing, and recognising secure and appropriate housing as a basic human right, and an issue on which Congress has advocated over many decades¹, Congress suggests that there should be a stronger emphasis on housing as both a key challenge and a key enabler in this Strategy. This will require a greater level of involvement and commitment from both the Northern Territory and Commonwealth governments. It is fair to say that improvement for children and families in the NT will greatly be held back if access to safe and appropriate housing does not improve.
15. Congress suggests there needs to be a greater level of detail provided to strengthen the section related to governance, oversight and clear accountability. Missing from this section is accountability back to community, including children and families, and how this will be enacted.
16. For the Strategy to be successful, it is imperative that there is strong and clear support at the Ministerial level in both the Northern Territory and Commonwealth Governments. This should be reflected in the Strategy to assure all stakeholders, and especially families and children, of their commitment to the Strategy over the full life of the

¹ See <https://www.caac.org.au/uploads/pdfs/Congress-Housing-and-Health-Discussion-Paper-Final-March-2018.pdf> ; <https://www.caac.org.au/uploads/pdfs/Congress-Submission-to-Homelessness-Inquiry-June-2020.pdf>

Strategy. Families need to know that even if governments change, commitment to the Strategy remains.

17. Further explanation should be provided on what is a life course approach², as referenced in the second priority under the heading 'Strategy framework', with more detail included on how the Strategy aims to support a life course approach. This will strengthen the relationship between the social determinants of health and the outcomes the Strategy seeks to improve for children and families.
18. Congress is pleased to see the draft Strategy addressing the importance of monitoring and evaluation. Congress holds the view that evaluation should be embedded into any policy or program planning process from the start, with appropriate resources and timeframes that recognise the additional costs and time that may be required for effective evaluation in Aboriginal Australia. For evaluation to be effective, there needs to be measurable goals and a defined program logic set from the outset. As an Aboriginal community controlled health service, Congress has a long-established and well-designed Continuous Quality Improvement (CQI) program which supports ongoing service improvement and provides the foundation for evidence-informed decision making across all Congress programs. Regular reporting against defined KPIs are used by program managers to develop new operational plans and to identify areas requiring improvement. Embedded in the CQI approach is a Plan-Do-Study-Act (PDSA) improvement cycle that provides a structure for testing changes to improve the quality of services. Consideration should be given to how this approach can be adapted and embedded into the Strategy's implementation and monitoring and evaluation approach.
19. Further, Congress suggests that the Strategy's evaluation approach must be evidence-informed, data-driven and systematic and use, wherever possible, data linkage methods to build a richer picture that can support future policy making.
20. Congress has for many years clearly and publically stated our rejection of competitive tendering. This practice has served to weaken the collaborative implementation of evidence-informed services supported by performance indicators, and opened up the possibility of funding services that are not strong informed by evidence. We have seen the result of competitive tendering lead to the increased use of mainstream non-Aboriginal providers winning tenders to provide services to our people, resulting in a more fragmented and ineffective service system that lacks Aboriginal input and leadership. It has also served to facilitate the entry of numerous non-Aboriginal NGOs that do not have strong links with the community or with other service providers, have little history of successful service delivery in the challenging NT environment, and do not have the long-term commitment required for sustainable and effective service provision. It is incumbent on Congress to ensure we are explicit in this consultation process on the draft Strategy of the critical importance in recognising Aboriginal community-controlled organisations as preferred providers of child and family services to the Aboriginal community.
21. Congress has, for decades, been actively involved in both the treatment of alcohol-related problems amongst the communities we serve, and in advocating for evidence-

² For instance, see Jones, N. L., Gilman, S. E., Cheng, T. L., Drury, S. S., Hill, C. V., & Geronimus, A. T. (2019). Life Course Approaches to the Causes of Health Disparities. *American journal of public health, 109*(S1), S48–S55. <https://doi.org/10.2105/AJPH.2018.304738>

based policy to prevent alcohol-related harm. Congress has been a strong advocate for population-level alcohol supply reduction measures to reduce overall alcohol consumption levels. This is especially important for women of childbearing age and their partners as a measure to prevent developmental disorders such as FASD, and such population-level interventions should be supported by individual approaches to reducing alcohol use and delivered through alcohol treatment programs, primary health care services (ACCHS) and through access to culturally appropriate family planning.

Measuring the impact

22. Congress is suggesting a range of strategic, high level key performance indicators that we believe will help shape a better future for children and young people. The first eight are drawn directly from the Closing the Gap outcome areas, whilst additional KPIs seek to address social determinants.

Indicator	Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years
Source	Closing the Gap Outcome 3, target 3
Details	<i>By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Full time Schooling (YBFS) early childhood education to 95 per cent</i> <i>FREQUENCY: Annual</i> https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area3

Indicator	Closing the gap in the AEDC scores
Source	Closing the Gap Outcome 4, target 4
Details	<i>By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent</i> <i>FREQUENCY: 3 yearly (AEDC)</i> https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area4

Indicator	Aboriginal and Torres Strait Islander students achieve their full learning potential
Source	Closing the Gap Outcome 5, target 5

Details	<p><i>By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 96 per cent.</i></p> <p><i>FREQUENCY: 5 yearly (Census)</i></p> <p>https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area5</p>
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Indicator	Young people are engaged in employment or education
Source	Closing the Gap Outcome 7, target 7
Details	<p><i>By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67 per cent</i></p> <p><i>FREQUENCY: 5 yearly (Census)</i></p> <p>https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area7</p>

Indicator	Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need
Source	Closing the Gap Outcome 9, target 9
Details	<p><i>By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 per cent.</i></p> <p><i>FREQUENCY: 5 yearly (Census)</i></p> <p>https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area9</p>

Indicator	Young people are not overrepresented in the criminal justice system
Source	Closing the Gap Outcome 11, target 11
Details	<p><i>By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by at least 30 per cent</i></p> <p><i>FREQUENCY: Annual</i></p> <p>https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area11</p>

Indicator	Children are not overrepresented in the child protection system
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Source	Closing the Gap Outcome 12, target 12
Details	<p><i>By 2031, reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children (0-17 years old) in out-of-home care by 45 per cent</i></p> <p><i>FREQUENCY: Annual</i></p> <p>https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area12</p>

Indicator	Aboriginal and Torres Strait Islander families and households are safe
Source	Closing the Gap Outcome 13, target 13
Details	<p><i>By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50 per cent, as progress towards zero</i></p> <p><i>FREQUENCY: Periodic (NATSIHS)</i></p> <p>https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area13</p>

Indicator	Increase the proportion of children who are taken care who are placed with kinship carers to at least 50%
Details	<i>TBC</i>

Indicator	The proportion of young people in the criminal justice system who have a neurodevelopmental disorder, normal development of who did not have a comprehensive neurodevelopmental assessment
Details	<i>TBC</i>

Indicator	At least 90% of all active families involved in the child protection system are receiving an intensive family support service
Details	<i>TBC</i>

Indicator	Reduce the number of children with substantiated child neglect by 50% in 10 years
Details	<i>TBC</i>

Indicator	The proportion of children under 6 who are below threshold in two or more domains on the ASQ-Trak developmental screen
Details	<i>TBC</i>

Indicator	Ensuring that the age for criminal responsibility is raised to 14
Details	<i>TBC</i>

Indicator	Reducing population-level alcohol consumption
Details	<i>Disaggregated by region</i>

Congress recommendations to the Strategy

23. Over many years, Congress has consistently made recommendations to government inquiries, Royal Commissions and consultation processes that are highly relevant to the development of the 10-Year Generational Strategy for Children and Families in the Northern Territory. These recommendations are supported by evidence and we believe will lead to better outcomes for Aboriginal children, young people and families in the Northern Territory.
24. Recommendations have been grouped into the following themes: Addressing the social determinants; Privileging Aboriginal worldviews; Strengthening Aboriginal community control; Early childhood; Child protection; Education and schools; Youth justice; and Accountability and evaluation.

Addressing the social determinants

Recommendation 1

That the Strategy acknowledges that addressing issues of poverty, unemployment, overcrowding and inequality in the Northern Territory are foundational for preventing the involvement of Aboriginal children and young people in the child protection and criminal justice systems.

Privileging Aboriginal worldviews

Recommendation 2

That the Strategy supports the view that all agencies delivering services to Aboriginal people, but especially those dealing with at risk children and young people in the child protection or criminal justice systems use approaches that are trauma-informed and that validate and support Aboriginal culture and ways of being.

Recommendation 3

That the Strategy recognises the value of investment in models that privilege Aboriginal culture and ways of being in strengthening workforce capability, particularly in programs/services that work with Aboriginal children and families.

Strengthening Aboriginal community control

Recommendation 4

That the Strategy advocates for funding reform processes to ensure that Aboriginal families and young people in the Northern Territory have adequate access to culturally appropriate mental health and social and emotional wellbeing services delivered by Aboriginal community controlled health services.

Recommendation 5

That the Strategy advocates for governments to resource Aboriginal community-controlled health services to implement (with appropriate adaptation to the Northern Territory context) community-based, therapeutic services and programs such as Multi-Systemic Therapy, aimed at young Aboriginal people at the first point of contact with police and the criminal justice system.

Recommendation 6

That the Strategy acknowledges the benefits of integrated models of child and family services that are embedded within comprehensive Aboriginal community-controlled primary health care services in strengthening families and improving outcomes for children.

Recommendation 7

That the Strategy recognises Aboriginal community-controlled organisations as preferred providers of child and family services to the Aboriginal community, as such organisations have structural advantages in delivering services and improved outcomes compared to non-Indigenous services.

Recommendation 8

That an Aboriginal Controlled Child Care Support Service is established in the Northern Territory with two regional operational centres (Top End and Central Australia) to act as sector-support hubs, providing evidence-based, cultural safe, trauma-informed training and support services to the community-controlled service providers.

Early childhood

Recommendation 9

That the Strategy supports universal implementation of evidence-based early childhood development programs as the most cost effective long-term strategy for reducing Aboriginal detention and imprisonment rates.

Recommendation 10

That the Strategy supports the provision of long-term, ongoing investments in evidence-informed, culturally responsive, early childhood development programs for Aboriginal children, integrated with family support services. These should be delivered through Aboriginal community controlled health services wherever possible.

Recommendation 11

That the strategy advocates for governments to fund culturally safe preschool transport and engagement services for delivery by Aboriginal community controlled organisations across the Northern Territory, focusing on those areas with high levels disadvantage and low levels of family engagement. Funding should be long-term and include resources for professional evaluation in collaboration with the service provider, preschools and families.

Recommendation 12

That the Strategy advocates for all preschools in the Northern Territory to be required and resourced to have processes to guarantee culturally responsive, trauma-informed care to Aboriginal families and children.

Child protection

Recommendation 13

That Family Group Conferencing is established as the legislated mechanism to ensure that all kinship care options are properly explored prior to foster care arrangements being made.

Recommendation 14

That the strategy advocates for adequate reimbursement and support for Aboriginal kinship carers, particularly in comparison to 'professional' foster carers.

Recommendation 15

That the Strategy supports the transition of responsibility for Out of Home Care from government to Aboriginal community controlled organisations, which will recruit, train and support kinship and foster carers, support all placements of children, and prioritise kinship care.

Education and schools

Recommendation 16

That the Strategy endorses government commitment to appropriately resourced and designed education for all school students in the Northern Territory, including by ensuring that students that require them have individual learning plans that include access to family support and therapeutic services provided by Aboriginal community controlled health services, and by supporting the re-establishment of Aboriginal Parents Groups and a Northern Territory Aboriginal Education Advisory Group.

Recommendation 17

That the Strategy supports government commitment to evidence-based teaching for all school students, including ensuring that students have individual learning plans through targeted teaching approaches.

Recommendation 18

That the Strategy advocates for the NT Department of Education to regularly and systematically gather and publicly release key data on school workforce to include teacher/population ratios and teacher turnover, disaggregated to school and regional level. Retrospective data should be collated to allow for time series analysis.

Recommendation 19

That the Strategy advocates for the NT Department of Education develop a transparent funding model for all schools based on eligible school population, modified according to remoteness and other factors to ensure that the allocation of funding and resources is adequate to address population needs.

Recommendation 20

That the Strategy advocates for the Northern Territory Department of Education to adopt a standard by which at least 50% of classroom teaching is provided at a school in an Aboriginal language for it to be categorised as 'bilingual'.

Recommendation 21

That the Strategy recognises the importance of literacy for families and children, and supports the extension of the Literacy for Life adult literacy campaign in the Northern Territory to improve adult literacy, support literacy practices in families, and build a culture that values learning amongst adults and children.

Youth justice

Recommendation 22

That the Strategy advocates for the Northern Territory Government to provide well-resourced diversionary options for Aboriginal young people in contact with police or courts, ensuring that access to diversion programs is provided in regional and remote areas and that Aboriginal Elders or mentors are made an integral part of the diversionary process.

Recommendation 23

That the Strategy supports the need to legislate to explicitly commit the youth detention system to a primary aim of therapeutic rehabilitation rather than punishment.

Recommendation 24

That for the small number of young people who need to be detained for their own wellbeing and the safety of the community, the Strategy seeks commitment from the Northern Territory Government to provide small (up to 20 beds), secure Youth Development Centres focussed on therapeutic approaches and staffed by Aboriginal cultural mentors, therapists, social workers and others. The centres should be located as close as possible as the community of origin with a minimum of one in Central Australia and one in Darwin. Such

centres may be run, if appropriate and desired, by Aboriginal community controlled organisations.

Recommendation 25

That the Northern Territory Government ensures that the responsibility for youth detention (whether provided directly by government or through Aboriginal nongovernment organisations) remains permanently with the new Department of Territory Families and cannot be returned to NT Correctional Services.

Recommendation 26

That the Strategy seeks commitment from the Northern Territory and Australian Governments to supporting sustained rehabilitative programs within youth detention in the Northern Territory, including ongoing access to and care for those in detention by community-based services, support for literacy and education programs, and reintegration programs that work with offenders, their families and communities post-release.

Accountability and evaluation

Recommendation 27

That the Office of the Northern Territory Children's Commissioner is strengthened through the appointment and ongoing resourcing of an Aboriginal Children's Commissioner.

Recommendation 28

That the Strategy recognises the importance of investing in and implementing evidence-informed, data driven services that can be systematically evaluated.

Recommendation 29

That the Strategy ensures that there is a strong mechanism to enable greater accountability to children, families and communities embedded into the strategy, implementation and action plans.