



Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Submission to the NT Department of Education's *Education Engagement Strategy: Discussion Paper* July 2021

"One cannot expect positive results from an educational ... program which fails to respect the particular view of the world held by the people. Such a program constitutes cultural invasion, good intentions notwithstanding."

Paulo Freire, Pedagogy of the Oppressed.

Executive Summary

Education systems that fail to engage Aboriginal communities are undermining the health and wellbeing of Aboriginal people. Without an education system that delivers results for its Aboriginal citizens, the Northern Territory will fail to 'close the gap' in health (as measured by life expectancy), as committed to by the Northern Territory Government through the *National Agreement on Closing the Gap*.

We ask that the Northern Territory education system reflect deeply and critically about its own systemic responsibility for this situation, and commit to properly resourced, culturally-responsive and evidence-informed reforms to the education system.

We recommend two overarching principles to inform this process:

1. Explicit recognition of Aboriginal peoples' right to self-determination
2. A commitment to the use of data and evidence to inform action, appropriately modified for the Northern Territory Aboriginal social and cultural context

We also recommend a range of actions across four areas:

- 1. Evidence-informed, culturally responsive early childhood development** programs as a key determinant of health and wellbeing across the lifespan and of school retention in particular
- 2. Two years of Pre-School for all Northern Territory children**, with specific programs / resources to address transport barriers and cultural responsiveness
- 3. A range of reforms to school education** including evidence-based teaching; supporting developmentally vulnerable children; monitoring staffing levels and turnover at all schools; developing a population-based funding model for Northern Territory schools; and developing a clear definition of bilingual education
- 4. Improving adult literacy** to empower Aboriginal people to take control of their lives and to develop intergenerational literacy practices.

Recommendations

1. Any policy or program aimed at addressing the educational needs of Aboriginal children, young people and adults must explicitly recognise the right to self-determination under international agreements, including the *United Nations Declaration on the Rights of Indigenous Peoples* and the *United Nations Convention on the Rights of the Child*.
2. That the Northern Territory Department of Education resource and publish research, on national and international approaches to addressing engagement in education for disadvantaged communities, including clear, independent recommendations of the 'best buy' approaches to be explored in the Northern Territory.
3. The Northern Territory Government commits to 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.
4. The Northern Territory Department of Education 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.
5. Ensure that all preschools in the Northern Territory are required and resourced to have processes to guarantee culturally responsive, trauma-informed care to Aboriginal families and children.
6. The Northern Territory Department of Education should commit to evidence-based teaching for all school students, including ensuring that students have individual learning plans through targeted teaching approaches.
7. The Department of Education must ensure that all schools have the resources and capacity to assess and meet the needs of developmentally vulnerable children, including especially those with formal diagnoses. As well as school and classroom-based strategies, this may include partnerships with family support and therapeutic services provided by Aboriginal community controlled health services.
8. The NT Department of Education 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.
9. 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.
10. The Northern Territory Department of Education 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'.
11. The Northern Territory Government support 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.

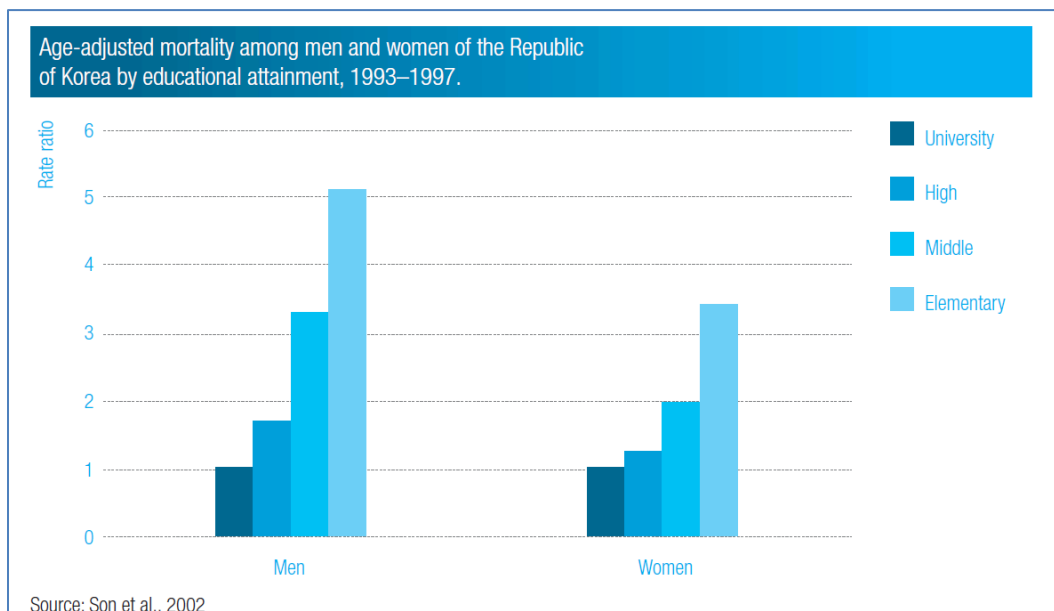
Background

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 17,000 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. The community-elected Congress Board of Directors has argued for many years for the need to address education as one of the key social determinants of health, with a particular focus on improving the developmental outcomes of Aboriginal children.

The link between education and health

4. Education is a key pathway to achieve greater empowerment, improved self-esteem, and employment with a reasonable and reliable income. As a result, educational attainment is a critical determinant of life expectancy and the health of a population.



¹ Congress uses the term 'Aboriginal' as the most appropriate term in the Central Australian context to refer to Australia's First Peoples.

5. The importance of education in improving life expectancy was documented over three decades ago in health transitions work of the Caldwells who systematically studied more than 130 countries over many years [1]. Since that time, the report of the World Health Organisation Commission on the Social Determinants of Health highlighted the strength of the relationship between education and health with data from many different countries, with results replicated in numerous settings around the world [2] (see graph above).
6. A particularly strong relationship has been demonstrated internationally between maternal education and child health [3].
- 7. Education systems that fail to engage Aboriginal communities are therefore undermining the health and wellbeing of Aboriginal people. Without an education system that delivers results for its Aboriginal citizens, the Northern Territory will fail to 'close the gap' in health (as measured by life expectancy), as committed to by the Northern Territory Government through the *National Agreement on Closing the Gap*.**

Culture and colonisation

8. Any attempt to improve the engagement of the Northern Territory education system with Aboriginal children, families and communities must be based on an honest and critical understanding of the history of colonisation in the Territory.
9. The Aboriginal peoples of Central Australia are highly diverse. Within this diversity, culture, language and connection to Country and family remain strong. They are at the heart of Aboriginal people's lives. They give our communities strength and resilience.
10. Nevertheless, the process of colonisation – including the dispossession and impoverishment of our communities; the forcible removal of children from their families and its intergenerational effects; the suppression of culture and language; and the ongoing experience of racism and discrimination – has had profound effects on our communities.
11. In this context, access to education has been frequently denied to our people. As Pat Anderson AO has said while reflecting on the experience of her mother who was Stolen from her Alyawarre family north east of Alice Springs in the 1930s and sent to an institution in Darwin:

Growing up in Kahlin Compound she was never taught to read or write. Despite the rhetoric about Aboriginal children being taken away to improve their chances in life, literacy was one skill that the administration clearly thought was of no use to a young Aboriginal woman [4].
12. To this day, governments at all levels are continuing to fail to effectively address the historical legacy and contemporary experience of colonisation in education across the life course, from early childhood to adulthood. As a result of this failure:
 - on entry to school, Aboriginal children are more likely to be developmentally vulnerable than non-Aboriginal children (in Alice Springs 43% of Aboriginal children are developmentally vulnerable on two or more domains compared with

7% of non-Aboriginal children, and the gap is even greater for Aboriginal children from the remote communities across Central Australia where up to 80% of children are developmentally vulnerable on two or more domains) [5];

- retention rates for Aboriginal students in high school are the lowest in the country (31%), less than half that for non-Indigenous students in the NT (70%) [6]; and
- up to 90% of Aboriginal people in remote areas of the Northern Territory do not have a level of English literacy sufficient to operate independently on literacy and numeracy tasks in education and the workforce [7].

13. Rather than attempting to place responsibility for this failure on Aboriginal families and children for 'failing to engage' with education, we ask that the Northern Territory education system reflect deeply and critically about its own systemic responsibility for this situation, and commit to properly resourced, culturally-responsive and evidence-informed reforms to the education system.

Principles for Action

The right to self-determination

14. Any attempt to improve the educational outcomes for Aboriginal children, young people and adults in the Northern Territory must explicitly recognise and be founded upon the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the United Nations Declaration on the Rights of Indigenous Peoples [8], which states under Article 14 [8]:

1. *Indigenous peoples have the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning.*
2. *Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination.*
3. *States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language.*

15. In addition, the provision of education to children must recognise the principles captured in the United Nations Convention on the Rights of the Child [9], in particular Articles 28 and 29:

Article 28: States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity...

Article 29: States Parties agree that the education of the child shall be directed to:
 (c) *The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own.*

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1. Any policy or program aimed at addressing the educational needs of Aboriginal children, young people and adults must explicitly recognise the right to self-determination under international agreements, including the *United Nations Declaration on the Rights of Indigenous Peoples* and the *United Nations Convention on the Rights of the Child*.
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Evidence-informed, culturally-responsive approaches

16. Congress practices 'responsible innovation' when it comes to addressing the complex health needs of the Aboriginal communities we serve. This means examining the evidence of 'what works' from other parts of Aboriginal and Torres Strait Islander Australia or in other parts of the world in addressing health needs of disadvantaged populations, and adapting these approaches under Aboriginal leadership to the particular cultural and social context of Central Australia.
 17. This commitment to an 'evidence-informed, culturally-sensitive' approach is common in the ACCHS sector, and supported by a substantial body researchers and experts in knowledge-translation, for example as provided by the Lowitja Institute, Australia's National Institute for Aboriginal & Torres Strait Islander Health Research. It informs everything we do, from program inception to evaluation.
 18. A similar approach is required to make progress in education in the Northern Territory, where an evidence-informed, culturally-sensitive approach is embedded into the thinking of the Department and schools from top to bottom. This could begin with the commissioning of research, led by suitable academic and research expertise, on national and international approaches to addressing engagement in education for disadvantaged communities.
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2. That the Northern Territory Department of Education resource and publish research, on national and international approaches to addressing engagement in education for disadvantaged communities, including clear, independent recommendations of the 'best buy' approaches to be explored in the Northern Territory.
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Areas for action

Early childhood development

Evidence-informed, culturally responsive early childhood development programs

19. Social and environmental influences in early childhood shape health and wellbeing outcomes across the life course. Adverse childhood experiences are powerfully linked to disadvantage and ill health later in life, including increased risk of leaving school early [10].
20. It is too late to wait until a child is ready for school at around age five to address vulnerabilities in development, as by this point many developmental gateways have been passed, and a child's developmental trajectory already set. After this point,

interventions require increasing amounts of resources and produce diminishing returns as the child gets older [11].

21. However, well-designed, evidence-based early childhood development programs are a highly cost-effective intervention to address and offset the effects of poor early childhood experience. There is very strong evidence that such programs can lead to a wide range of health and social benefits, **including significantly increasing school retention rates** [12].
 22. Evidence-informed, culturally-responsive early childhood development programs are therefore essential to improving the performance of the Northern Territory education system in relation to Aboriginal communities. Note that to ensure children are ready for pre-school, early childhood development (ECD) should be resourced as a core part of comprehensive primary health care (PHC). It is PHC services – and especially Aboriginal community controlled health services (ACCHSs) – which have the links to women and families, developed through antenatal care, childhood immunisation and growth monitoring which are able to then seamlessly provide ECD programs to women, integrated with post-natal and child health services, up to the age at which children start pre-school.
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3. [The Northern Territory Government commits to 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.](#)
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Pre-School

23. Two years of preschool (20 hours per week) are required to continue the educational development of all children and ensure they arrive at school ready to learn. However, significant barriers to preschool are experienced by many Aboriginal families.

Transport

24. Lack of transport is a barrier preventing many families from sending their children to preschool.
25. With funding from the Department of Education, Congress coordinates a transport service for Aboriginal children in Alice Springs targeted to children identified as having chronically low attendance rates. The transport service builds consistent engagement with families, strengthens relationships between schools and families, and bridges the gap in preschool access for Aboriginal children to enable successful transitions and long-term access to their future educational and employment pathway. Underpinning the model of the transport service is a strong commitment to provide a culturally safe service that prioritises family engagement.
26. Since it began in late 2020, there are now close to 30 children, predominantly from Alice Springs town camps, who access the preschool transport service. Early indications suggest positive outcomes, with some case studies illustrating how consistent engagement with families and the subsequent acceptance of the transport

service have led to significant increases in preschool attendance by an average of 80%.

4. The Northern Territory Department of Education 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.
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Cultural responsiveness

27. Intergenerational trauma, resulting from the processes of colonisation (see above) is making it difficult for some parents to provide their children with the best start to life. Engaging with these families requires organisational commitment and resourcing of cultural responsiveness and trauma-informed care.
 28. Importantly, Congress has embedded culturally secure ways of working into our early childhood programs and services. Aboriginal family support workers, many of whom speak one or more local Aboriginal language, are integrated into our Child Health and Development Centre and Preschool Readiness Program and work alongside children and families to ensure that children receive culturally secure care and support, and oftentimes in the child's first language. Aboriginal family support workers play a critical role in engaging and supporting families and their role is as essential to our model as early childhood educators.
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5. Ensure that all preschools in the Northern Territory are required and resourced to have processes to guarantee culturally responsive, trauma-informed care to Aboriginal families and children.
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School education

29. Notwithstanding early childhood development (see above) and the importance of adult literacy to support children's engagement in school (see below), the education system has a responsibility to improve educational engagement and results in schools for Aboriginal children. A number of key strategies are as follows.

Evidence-based teaching

30. The health sector rigorously uses research evidence and data to inform practice and to continuously improve performance. For example, ACCHSs such as Congress use a Continuous Quality Improvement (CQI) approach, supported in dedicated staff in the larger organisations, which uses clinical data to monitor outcomes and continuously improve services.
31. Similarly, teaching strategies with the greatest impact are those that use evidence to inform and improve teaching. Targeted teaching using data and individual student learning plans has been shown to be one of the most powerful teaching strategies to improve student progress. It requires teachers to identify learning needs of individual students and adapt their teaching, track individual student's progress and provide

feedback or more support. Targeted teaching also requires teachers to review and analyse student progress data and understand how their teaching impacts on student learning in order to continuously improve it. These strategies can increase the amount of learning by an extra five to 11 months of progress [13].

32. Properly resourced and adapted for the Aboriginal context, schools that have children on individual learning plans with appropriate support services are able to make a significant difference to learning outcomes even when children begin school developmentally vulnerable on a number of domains in the AEDC scores [14].

6. The Northern Territory Department of Education should commit to evidence-based teaching for all school students, including ensuring that students have individual learning plans through targeted teaching approaches.

Supporting developmentally vulnerable children

33. A key part of evidence-based teaching is to respond to the needs of children who are developmentally vulnerable and implement strategies to address these vulnerabilities.
34. Congress' Child and Youth Assessment and Treatment Service (CYATS) is a multidisciplinary team including an Aboriginal Family Support Worker; a Speech Pathologist; an Occupational Therapist; and a Neuropsychologist. The team provides a best-practice service for the early detection of neurodevelopmental conditions such as FASD, ADHD and Autism Spectrum Disorder (ASD), and in providing a multidisciplinary approach to diagnostic assessment, early intervention, and support. Since its establishment in 2018, CYATS has formally diagnosed well over 200 Aboriginal children in Central Australia with a range of developmental conditions including Attention Deficit Disorder, foetal alcohol spectrum disorders and other learning disorders.
35. The Department of Education must ensure that its schools have the capacity to sensitively and supportively meet the needs of these children, noting that the existence of a formal diagnosis places a duty of care on schools to have the resources and capabilities in place to do so. While many of these strategies will be school or classroom based, others may require the development of partnerships with health services and other providers of intensive family support to assist children and parents in the home environment.

7. The Department of Education must ensure that all schools have the resources and capacity to assess and meet the needs of developmentally vulnerable children, including especially those with formal diagnoses. As well as school and classroom-based strategies, this may include partnerships with family support and therapeutic services provided by Aboriginal community controlled health services.

Monitoring staffing levels and turnover at all schools serving Aboriginal communities

36. It is clear that – in common with many areas of the health system – the recruitment and retention of teaching staff, especially in remote areas, is a significant challenge to the effectiveness of school and engagement with the community. High staff turnover means investing considerable time and effort into orienting new staff; the risk that a

constant churn of newly arriving staff poses to cultural safety; and limited or halted opportunities for community members to build trusting relationships with teaching staff.

37. The lesson from the primary health care sector is that efforts to address workforce issues must be informed by data. For example, the latest Australian health workforce data gives a time series of the number of health staff vacancies for Aboriginal primary health care organisations, the proportion of staff FTE to client population by health professional category [15]. Detailed, regular and publicly available data such as this supports a strategic approach to identifying gaps, to monitor the effects of policies, programs and funding over time, and to keep Aboriginal communities and their representative agencies informed and engaged.
38. Accordingly, to better the NT Department of Education should regularly and systematically gather and publicly release key data including:
- teacher / population ratios, i.e. proportion of FTE to student population, disaggregated to school level and by region;
 - attendance data disaggregated to school level and by region; and
 - teacher turnover data disaggregated to school level and by region, that includes average and median length of stay, and annual turnover of teachers.

8. The NT Department of Education 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.

Funding model

39. The ability to deliver improved engagement and thus educational outcomes is dependent on appropriate resourcing and funding mechanisms. In this case, based on our experience in the Aboriginal health sector, we recommend a funding model that is based on per capita distribution of expenditure and resources, appropriately adjusted for remoteness and other key factors.
40. To ensure that schools are appropriately and equitably funded, school funding should be allocated on the basis of the eligible population, rather than on student enrolments or attendance. This means that schools are funded to the capacity needed to meet the needs of their community.

9. 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.

Bilingual education

41. In remote areas in particular, English is often a second language for Aboriginal families where children grow up learning Aboriginal languages as their mother tongue. This fact has led to the recognition of 'bilingual education' as a crucial methodology in these

area, through which teaching takes place in both in English and in the mother tongue of the children, using local Aboriginal teachers.

42. The success of bilingual education depends on a significant portion of each school day being delivered in an Aboriginal language. Anecdotally, Congress is aware of some schools in remote areas which are promoted as 'bilingual' even though only a small fraction of learning is delivered in the children's mother tongue.

10. The Northern Territory Department of Education 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'.

Adult literacy

43. Literacy levels among Aboriginal adults in Australia are significantly lower than those in the non-Aboriginal population. While there has been no national-level attempt to measure literacy levels in the Aboriginal community, evidence from various sources suggests that at least 35% of the Aboriginal and Torres Strait Islander adult population have minimal English language literacy [16].
44. The figure is much higher in the Northern Territory, where it is estimated that 80% to 90% of Aboriginal people do not have a level of English literacy sufficient to operate independently on literacy and numeracy tasks in education and the workforce [7].
45. Improving adult literacy in English is critical to empowering people to take control of their lives and to addressing unemployment, inequality, and poverty. It is also fundamental to developing intergenerational 'literacy practices' (reading, writing, interpreting text) within families, which then support children to engage and perform well at school [17].
46. Adult literacy courses delivered through formal education providers are unable to reach a large enough number of people to have a population level effect on literacy. An alternative approach being implemented in Aboriginal communities of Western NSW by the Literacy for Life Foundation is the mass campaign model, which uses local leaders and literacy facilitators to help adults in the community to achieve a basic level of English language literacy proficiency and build a culture of community literacy to support everyone, adults and children, to value learning [18, 19].

11. The Northern Territory Government support 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.

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Attachment: Congress' integrated model of early childhood services [20]

As an integral part of our model of delivering comprehensive primary health care services, Congress also delivers a range of evidence-informed, culturally safe services for Aboriginal children, aimed at improving their health and wellbeing during their early years and over the course of their lives. These services include providing regular child health checks and developmental screening; an assessment and treatment service for developmental delay and disability; and evidence-informed early childhood health and development programs.

Congress' early childhood development programs are based on an international evidence-based program modified for the Australian context and adapted so it could be implemented easily in language for Aboriginal communities. This is known as the Abecedarian Approach Australia, or 3a. This approach has shown a major impact on the developmental, educational and health outcomes across the lifespan for children from at-risk and vulnerable families.

Central to our model of care, Congress has developed a culturally safe, integrated approach to child physical, social and emotional wellbeing. It includes both primary and secondary prevention programs and are delivered either in the home or in a dedicated centre. The holistic group of services is outlined in the following table:

	Primary Prevention		Secondary Prevention	
	Child Focus	Carer Focus	Child Focus	Carer Focus
Centre Based Most work is done at a centre where child or families come in to access service	<ul style="list-style-type: none"> Child Health and Development Centre Immunisations Child health checks Developmental screening 	<ul style="list-style-type: none"> Health advice to parents in clinic (e.g. nutrition, brushing teeth, toilet training) 	<ul style="list-style-type: none"> Child-centred play therapy Therapeutic day care Preschool Readiness Program Antibiotics 	<ul style="list-style-type: none"> Filial therapy Circle of security Parenting advice/programs Parent support groups
Home visitation Most work is done in the homes of families where staff outreach to children and families	<ul style="list-style-type: none"> Mobile play groups 	<ul style="list-style-type: none"> Nurse home visitation Families as first teachers (home visiting learning activities) 	<ul style="list-style-type: none"> Child Health Outreach Program Ear mopping 	<ul style="list-style-type: none"> Targeted Family support Intensive Family Support Case management models for children at risk Parents Under Pressure (PUP)

Congress maintains that early childhood programs for Aboriginal children should be delivered through Aboriginal community-controlled health services, inclusive of supportive services including family/parent engagement and support, transport and the provision of nutritious food. This recognises and integrates the multiple factors needed for healthy child development (e.g. stimulation and nutrition), as well as the social determinants of health (e.g. social support for low-income families, transport).