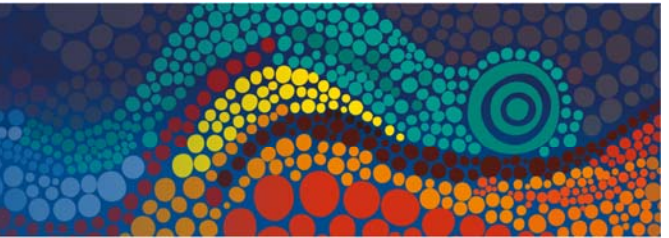




NACCHO
National Aboriginal Community
Controlled Health Organisation



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Submission to:

NATIONAL CHILDREN'S COMMISSIONER

YOUNG PARENTS AND THEIR CHILDREN

Executive summary

The National Children's Commissioner is investigating the types of early interventions likely to decrease the risk profile and trajectory of young parents and their children, improve the capacity of young people to safely and effectively parent, and increase the likelihood of such young people to become economically secure.

This submission provided by the National Aboriginal Community Controlled Health Organisation (NACCHO) uses its member organisation the Central Australian Aboriginal Congress (Congress) as a case study to illustrate the breadth of early intervention work undertaken by Aboriginal Community Controlled Health Services (ACCHS) in addressing the issues highlighted by the Commissioner. Congress operates a suite of primary and secondary prevention services within an integrated child and family service framework, which directly or indirectly seek to improve the long term health and wellbeing of young Aboriginal people and their children.

This approach has been captured in the Northern Territory Aboriginal Health Forum's Core Primary Health Care services document.¹ There is a need to implement such a core services model in ACCHSs throughout Australia to be able to better provide key evidence based services and programs to young people and their children. These core activities of Aboriginal primary health care practice include:

1. Clinical Services – the need to treat young people and their children when they are sick and provide continuing care for ongoing physical and mental health issues. This includes the need for specialised adolescent health services including Alcohol and Other Drugs (AOD), mental and sexual health services
2. Health Promotion including key primary and secondary prevention programs that:
 - a. primarily focus on the parent (e.g. Nurse Family Partnership, Intensive and Targeted Family Support)

- b. primarily focus on the child through Early Childhood Learning Centres and Preschool Readiness
3. Corporate Services and Information
4. Advocacy, Knowledge, Research, Policy and Planning especially to ensure that we continue to build on the evidence base of what works in Aboriginal communities
5. Community Engagement, Control and Cultural Safety including the need to adapt evidence based services and programs that have been shown to work elsewhere to meet the specific needs of local Aboriginal communities.

Congress is also partnering with the Northern Territory Department of Education to integrate early childhood services for children under 5 years of age to ensure they are healthy and ready for school.

While these preventative, clinical and supportive measures play a significant role in determining health and wellbeing of young Aboriginal people and their children, educational attainment is a prerequisite for improving health outcomes, increasing the likelihood of economic security and breaking the cycle of disadvantage.

The key role for primary health care services in improving self-control, educational attainment and then employment is in the area of early childhood, especially in the years from pre-birth to 4 when it is only health services that regularly provide care and support to young parents and their children. These are the critical years for determining a person's whole life story including their life long health and wellbeing.

Noting the ACCHS comprehensive primary care service model and especially the need for early childhood services and programs to improved educational attainment, recommendations to the Commissioner are:

1: Prioritise and support Aboriginal Community Controlled Health Services as the preferred providers of primary health care services to Aboriginal young people and their children.

Broadly speaking ACCHSs achieve health outcomes that are better than mainstream services. As an ACCHS, Congress provides a range of culturally secure and accessible services to young parents and their children, including: health promotion; prevention including maternal health care; treatment and rehabilitation, especially for alcohol and other drug problems. A key part of this prevention work is special programs providing parenting support and enhanced early childhood development and learning. The comprehensive model of primary health care used to achieve this includes:

- culturally secure services based on local knowledge, an Aboriginal governance structure and workforce, and strong historical relationships with the communities that they serve
- the provision of evidence based care, based on data and research, responsive to population and service needs

- better access to services for young Aboriginal people, based on community engagement and trust
- an Aboriginal workforce leading to greater cultural appropriateness of services as well as benefits through providing employment and capacity building in the Aboriginal community

2: Address system-wide gaps in educational attainment as a key determinant of the risk trajectory and outcomes for young Aboriginal people and their children including:

- a) Supporting the universal implementation of evidence-based early childhood programs as the most cost effective long-term strategy for improving Aboriginal children's health and well-being outcomes. This includes at least:
 - parenting support through the Nurse Family Partnership program from pre-birth to 2 years
 - play based learning in early childhood learning centres using the modified Abecedarian approach for children 6 months to 3 years
 - preschool readiness with 2 years of pre-school for 20 hours a week for all children from 3 to 5 years.
- b) Commit to appropriately resourced and designed education for young Aboriginal people, ensuring that students with high needs have individual learning plans from early primary school that includes access to wrap around family support and therapeutic services provided by Aboriginal community controlled health services.
- c) Supporting the extension of the Literacy for Life adult literacy campaign to improve adult literacy, support literacy practices in families, and build a culture that values learning amongst adults and children.

1. Introduction and context for submission

The National Children's Commissioner is investigating the types of early interventions likely to decrease the risk profile and enhance the trajectory of young parents and their children, improve the capacity of young people to safely and effectively parent, and increase the likelihood of such young people to become economically secure.

Given its expertise in this area, the Commissioner has invited the National Aboriginal Community Controlled Health Organisation (NACCHO) to provide a written submission which addresses these issues. NACCHO is the national peak body representing over 150 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues.

An ACCHS is a community controlled comprehensive primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board.

Although they have a more complex and high needs population, ACCHSs are achieving health outcomes that are comparable or better than mainstream services.^{2,3,4} Evidence points to improved health outcomes in mortality, sexual health, smoking cessation and cardiovascular programs, as well as maternal and child health outcomes, including birth weights, anaemia and immunisations.^{5,6}

NACCHO's submission uses the Central Australian Aboriginal Congress (Congress) as a case study to illustrate the breadth of early intervention work undertaken by ACCHSs in addressing the issues highlighted by the Commissioner. Congress is a member of NACCHO and is the largest ACCHS in the Northern Territory, providing comprehensive primary care services for over 40 years. Congress operates a suite of primary and secondary prevention services within an integrated child and family service framework, which directly or indirectly seek to improve the long term health and wellbeing of young Aboriginal people and their children.

1.1. Key issues

The Commissioner has noted that:

Teenage motherhood is associated with significant health and social problems for the infant and the mother. Children born to teenage mothers are at greater risk of low birthweight and increased morbidity during their first year of life, tend to develop more behaviour problems than children of older mothers and are more likely to be born into, and continue to live in, social and economic disadvantage (AIHW 2011a). Risk factors associated with teenage motherhood include family history of teenage pregnancy, unstable housing arrangements, socioeconomic disadvantage, sexual abuse in childhood, and being Indigenous (AIHW 2013).⁷

According to the Australian Bureau of Statistics (ABS) Aboriginal women have children at higher rates than non-Aboriginal women, and at much younger ages. In 2015 Australia's total fertility rate was 1.81 babies per women while for Aboriginal women it was 2.27. Additionally, with the highest proportion of Aboriginal people, the Northern Territory has the highest fertility rate in the country at 2.11.⁸

Aboriginal women also have babies at much younger ages than non-Aboriginal women. Motherhood during the teenage years is much more common among Aboriginal girls at 21 per cent compared with 4 per cent of all births.⁹ Furthermore, one-parent families with dependent children are more common in Aboriginal households (21%) than in other households (6%).

Aboriginal children are more likely to have poorer health and to be developmentally vulnerable. Twice as many Aboriginal infants are born of low birthweight than non-Aboriginal infants, and infant mortality rate remains almost double the rate of non-Aboriginal infants.

According to the Australian Early Development Census, 60% of Aboriginal children in the Alice Springs region are developmentally vulnerable on at least one measure of childhood development. Aboriginal children are twice as likely as non-Aboriginal children to be developmentally vulnerable in at least two measures and in Alice Springs 43% of Aboriginal children are developmentally vulnerable on two or more domains compared with 7% of non-Aboriginal children.¹⁰ Furthermore, Aboriginal children born to teenage mothers are more likely to have poorer educational outcomes.¹¹ In the Northern Territory for example, school attendance rates are 14 to 30% lower for Aboriginal students.¹²

Finally, Aboriginal children are around 9.5 times as likely to be in out-of-home care and 7 times as likely as non-Aboriginal children to be receiving child protection services.¹³ In the Northern Territory, the number of children in out-of-home care rose by an average of 16% per year between 2011 and 2015 due to an increase in the numbers of Aboriginal children who had been removed from their families.¹⁴

2. *Central Australian Aboriginal Congress (Congress) as a case example for early interventions.*

Congress provides a comprehensive, holistic and culturally-appropriate primary health care service to more than 13 000 Aboriginal people living in and nearby Alice Springs and some surrounding remote communities each year. Congress operates three clinics in the Alice Springs town area and clinics in six remote communities; Amoonguna, Ntaria (and Wallace Rockhole), Ltyentye Apurte (Santa Teresa), Utju (Areyonga) and Mutitjulu.

As an ACCHS, Congress operates within a set of agreed “core primary health care functions” which specify the core activities of Aboriginal primary health care practice including a range of clinical services, support services, social and preventative programs and policy and advocacy functions.¹⁵ This approach has been captured in the Northern Territories Aboriginal Health Forum’s Core Primary Health Care services document.¹⁶

As of 2011 there are five service domains:

1. **Clinical Services:** In this context the need to treat young people and their children when they are sick and provide continuing care for ongoing physical and mental health issues. This includes the need for specialised adolescent health services including Alcohol and Other Drugs (AOD), mental and sexual health services
2. **Health Promotion** including key primary and secondary prevention programs that:

- a. primarily focus on the parent (e.g. Nurse Family Partnership, Intensive and Targeted Family Support)
 - b. primarily focus on the child through Early Childhood Learning Centres and Preschool Readiness
3. Corporate Services and Information
 4. Advocacy, Knowledge, Research, Policy and Planning especially to ensure that we continue to build on the evidence base of what works in Aboriginal communities
 5. Community Engagement, Control and Cultural Safety including the need to adapt evidence based services and programs that have been shown to work elsewhere to meet the specific needs of local Aboriginal communities.

Congress attracts, trains and retains Aboriginal staff leading to greater cultural security of services as well as providing employment and capacity building in the Aboriginal community. For young Aboriginal people this means services are provided in a comfortable and culturally safe place for clients that enhances accessibility, trust and use of services.

2.1. Congress services related to young people, young people as parents, and their children

As an ACCHS, Congress provides a suite of holistic and integrated services to support general, mental, sexual and reproductive health, as well as providing pregnancy and maternal health services, parenting and children's services. This is through health promotion activities, primary and secondary prevention and clinical services. Services work closely with other providers including education services and accommodation providers.

These services support young people, young people as parents, and their children with the aim to protect and improve health and wellbeing outcomes, break the cycle of disadvantage experienced in many Aboriginal communities, setting a foundation for improved educational and employment outcomes.

Services are delivered through a number of settings including:

- Clinics providing services including treatments, health checks (adult and child) and immunisations
- Social and emotional well-being services
- Alice Springs headspace which offers services to young people 12-25 years old including mental health counseling, social support and physical and sexual health testing.
- Alukura Women's Health Service - an Aboriginal women-only service for Aboriginal Women and babies and includes the provision of contraception education and advice; care for mums and their babies during and after pregnancy; and Sexually Transmitted Infections (STI) checks and treatment.

- Ingkintja - an Aboriginal male-only place providing care for male health and wellbeing including health checks and STI checks. The service is provided in a culturally safe place for clients with only male workers to support men on male health issues.

2.2. Young people: Health promotion, sexual health services and pregnancy counseling and referrals

- *Congress Community Health Education Program (CCHPEP)*

Since 1998 the Congress Community Health Education Program (CCHPEP) has delivered the young males community health education program (YMCHEP) and the young woman's community health education program (YWCHEP) to youth aged 10 - 20 years of age, in schools and community services/organisations.

Both programs deliver similar units covering basic holistic health. The units covered in the female package include: puberty, sex, well women's checks, safe sex, STIs, contraception, pregnancy, relationships and body care. The male package includes; puberty, sex, well male's checks, safe sex, STIs, fatherhood, relationships and body care.

CCHPEP's goal is to help young people gain the knowledge, skill and positive attitudes to grow as strong, aware and confident people who can make healthy choices about their relationships and sexuality. This is achieved in fun, interactive and culturally appropriate way, so that the learning experience is memorable. Education is through series of learning activities which are designed to encourage youth to actively participate and share their views.

- *Sexual health services*

Young people attend Congress services for sexual health, pregnancy testing and care, sometimes coming in alone, sometimes with a carer or older relative. Referrals are also received from other services. Regardless of the reason for presenting, young people are opportunistically offered sexual health checks and given education around safer sex, contraception and importance of regular check-ups.

Services are very flexible and accommodating, and manage drop in clients while aiming for continuity of practitioner. When appointments are made, they aim to suit the client e.g. after school. Transport is also available which can be essential for young clients.

Congress clinicians facilitate access to contraception for young people. For example, clinicians are trained in inserting the contraception implant (Implanon) and often provide this on the same day visit.

Access to free condoms is provided at all Congress clinics, with dispensers in the client toilets and clinic rooms, as well as the provision of condoms in Alice Springs public toilets.

- *Pregnancy*

Pregnancy counselling services for unplanned pregnancies are available through Congress' services, in particular Alukura Women's Health Service and Social and Emotional Wellbeing. Depending on the

patients' decision, referrals are made for: more counselling; termination of pregnancy; or early antenatal care.

If the decision is made to continue the pregnancy, antenatal care and postnatal care is provided with birthing through Alice Springs Hospital. There are strong links and referrals to other services as needed. For example, referrals to dieticians are frequent as iron deficiency and poor access to healthy foods is common in Central Australia.

Congress services such as Alukura will also facilitate accommodation and seek to ensure the safety of young women as needed. Congress refers young women to services such as Ampe Akweke, part of Alice Springs Youth Accommodation and Support Services which provides accommodation and support services for women 14-23 years who are pregnant or have a young child. Some pregnant women and young mothers have also attended Alice Outcomes - an alternative education program offering opportunities for young people who have become disengaged from mainstream schooling.

2.3. Parenting and children: Child and Family Services

The key role for primary health care services in improving self-control, educational attainment and then employment is in the area of early childhood, especially in the years from pre-birth to 4 when it is only health services that regularly provide care and support to young parents and their children. These are the critical years for determining a person's whole life story including their life long health and well-being.

Congress' core services and programs make up an integrated and comprehensive approach to child and family services. These are both primary and secondary prevention programs and are delivered either in the home or in a dedicated centre. A holistic group of services is outlined in the following table:

	Primary Prevention		Secondary Prevention	
	Child Focus	Carer Focus	Child Focus	Carer Focus
	Targets children with no current problems but who are at risk of developing problems – identified risk usually based on low SES or maternal education level		Targets children with current problems identified early in life when most likely to respond to intervention and before gets worse – determined by screening or referral to services	
Centre Based Most work is done at a centre where child or families come in to access service	<ul style="list-style-type: none"> • Abecedarian educational day care • 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 (PUPS)

2.3.1. Focusing on the Parent and Carer

- **Nurse Family Partnership**

The Nurse Family Partnership program is a cost effective program that promotes healthy development in early childhood. The focus of this program is on the primary carer of the child, usually the mother. NFP aims to:

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

These aims are achieved through a home visitation program and the mother is visited by the same Nurse Home Visitor and Aboriginal community worker throughout the program in order to be able to build a strong relationship. The frequency of visits is between weekly and bi-weekly from no later than 28 weeks gestation until the child is 2 years of age.

Further information:

Olds D L, Eckenrode J, et al. (1997). "Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial." JAMA 278 (8): 637-643

- ***Parenting Under Pressure***

The Parenting Under Pressure (PUP) program combines all areas of life and how they influence a person's development, both parent and child, from the broadest influences (e.g. community, housing, income) to the more individual factors (nature of person, health, social connections). This includes parenting values and expectations, complemented by the parents developing an understanding of child development e.g. physical, behavioural, social, emotional, and cognitive development.

All interventions are based on Cognitive Behavioural Therapy and Motivational Interviewing with some mindfulness and acceptance, and interpersonal therapy. All therapies are recognised by Medicare as evidence-based psychological treatments and PUP provides these as a package.

The program can be implemented at any stage with any client/family of any age and is flexible to the families' needs. Interventions include parents:

- understanding themselves as parents (own attachment style and upbringing),
- managing own emotions (mindfulness)
- connecting with children (attachment)
- understanding child development and needs
- understanding how to manage their children.

The program also looks at the parent needs including:

- managing Alcohol and Other Drug issues,
- extending their own networks e.g. engaging in playgroups
- life skills e.g. finances, routines at home
- personal and intimate relationships including domestic violence.

Further information:

Bronfenbrenner, U. (2009) Bronfenbrenner's Ecological Theory. The ecology of human development. Harvard University Press Parents Under Pressure (PuP) program website: <http://www.pupprogram.net.au/>

- ***Targeted Family Support Service (TFSS) & Intensive Family Support Service (IFSS)***

The Targeted Family Support Services (TFSS) is a voluntary early intervention service (i.e. pre-child protection involvement) that aims to promote the safety, stability, development and well-being of vulnerable children and their families. TFSS provides a range of services including: information, active engagement, assessment, case management, counselling and in-home support. TFSS receives self-referrals and referrals from the community.

The Intensive Family Support Program (IFSS) aims to improve the safety and wellbeing of children within the family and their community. Referrals to this program are aimed at parents and caregivers of children where neglect has either been substantiated by child protection or where child protection are of the belief that there is a high risk of neglect occurring.

Both the TFSS and IFSS programs work with high needs, vulnerable families, in partnership with other key service providers with the aim of supporting and empowering parents and caregivers to make sustainable changes in their lives to improve the health and wellbeing outcomes for their children.

Further information:

Arnott, A., Guenther, J. and Cummings, E. Evaluation of the Northern Territory Targeted Family Support Service Interim evaluation report. Prepared by the Charles Darwin University Social Partnerships in Learning (SPiL) Consortium, 28 December 2010 (Updated 25 March 2011)

Segal, L., Nguyen, H. (2014) Evaluation of the Intensive Family Support Services (IFSS) implemented by Central Australian Aboriginal Congress Aboriginal Cooperation, Health Economics & Social Policy Group, University of South Australia.

2.3.2. Focusing on the child

It is now well established that in the first few critical years, children need stimulation and positive relationships with care givers to develop neural systems crucial for adult functioning and positive mental health. Longitudinal studies show that parenting support programs and targeted early childhood educational programs reduce the risk factors for children that may lead to poor mental and physical health in adulthood.

Such evidence-based programs have, for example, reduced rates of alcohol and other substance use by young adults, improved educational and employment outcomes, reduced the proportion of teen pregnancies, and are associated with more active lifestyles and reduced incarceration rates.

- **Early Childhood Learning**

Congress operates two early childhood centres. *Ampe Kenhe Apmere* Congress Childcare is for working families and also provides early childhood education. Many of the children enrolled in the Centre are in out-of-home care.

Arrwekele akaltye-irretyeke apmere is an early childhood learning centre for Aboriginal children from non-working families living in Alice Springs, aged 6 months to 3 years old.

Both Centres use an international evidence-based program modified for the Australian context and adapted in language for Aboriginal communities 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.

The 3a program is integral to *Arrwekele akaltye-irretyeke apmere* due to the known impact on children of disadvantaged, non-working families. 3a includes learning games, conversational reading (using local, traditional stories) and enriched care giving, with local languages spoken at the Centre. The aim of the Centre is to achieve the above health outcomes and break the cycle of disadvantage.

This program will be rigorously monitored and evaluated to determine achievement of the outcomes and to add to the body of evidence on early learning.

Based on longitudinal studies of the approach, expected long term benefits are:

- improved education and employment outcomes
- increased health and wellbeing as young adults, including reduced smoking and drug use, reduced proportion of teen pregnancies, more active lifestyles
- reduced risk of chronic disease in later adulthood (lower prevalence of risk factors for cardiovascular and metabolic diseases)

Further information:

Shonkoff J P and Phillips D A, From Neurons to Neighborhoods: The Science of Early Childhood Development, Committee on Integrating the Science of Early Childhood Development, Editor. 2000, National Academies Press: Washington, DC.

Taylor C, Cloney D S, and Niklas F, A bird in the hand: Understanding the trajectories of development of young children and the need for action to improve outcomes. Australasian journal of early childhood 0 2015. 40(3): p. 51-60.

Ramey C T and Ramey S L, Early learning and school readiness: Can early intervention make a difference? Merrill-Palmer Quarterly, 2004. 50(4): p. 471-491.

- ***Preschool Readiness Program***

As part of the Preschool Readiness Program, Congress has been using the 3a approach in an intensive 8 week program for children aged between 3 and 5 years of age. The children undergo a holistic assessment, carried out by nurses, an Occupational Therapist and Psychologist. The assessment covers all school readiness domains, including: fine and gross motor development; expressive and receptive language; cognitive screening and testing; social skills; and emotional health.

This is achieved by utilising a comprehensive range of tests which include the ASQ-Trak, Peabody Picture Vocabulary Test (PPVT), Bracken Concept Development Program and followed up with more diagnostic tools such as the Bayley Scales of Infant and Toddler Development, Achenbach scales, Conners Comprehensive Behavior Rating Scales and the Child Behaviour Checklist (or ASEBA). Nurses undertake health checks and immunisations.

Following the assessment programs for the children are individually planned and achievements are measured with post-testing. Children have shown significant improvements across all school readiness domains and have successfully integrated into pre-schools.

Further information:

Moss, B., Harper, H., Silburn, S. (2015) Strengthening Aboriginal child development in Central Australia through a universal preschool readiness program. Australasian Journal of Early Childhood—Volume 40 No 4 December.

McTurk, N., Nutton, G., Lea, T., Robinson, G., Carapetis, J. 2008 The School Readiness of Australian Indigenous Children: A Review of the Literature. Available: http://library.bsl.org.au/jspui/bitstream/1/3734/1/The_school_readiness_of_Australian_Indigenous_children_review_of_literature_aracy2008.pdf.

- ***Partnering with the Northern Territory Department of Education***

Congress is partnering with the NT Department of Education to integrate early childhood health and education services for children under 5 years of age in Alice Springs. Funded through the Australian Government “Connected Beginnings” program, both sectors will be increasing identification of children who will require additional services to become preschool and school ready, and coordinating health, social and education services. Joint governance and data sharing arrangements are currently being planned for and arranged. The most critical part of this partnership is the need for the NTDE to ensure that all disadvantaged children can access 2 years of pre-school for a minimum of twenty hours per week.

2.4. A strong evidence –base: Research, data collection and Continuous Quality Improvement

ACCHSs such as Congress are leading centres for evidence-based innovation and responsiveness to population and service needs, and important sites for developing the future evidence and research base. Congress’ services and programs are underpinned by a robust Continuous Quality Improvement program which includes the collection of key output and outcome data. Our research division builds on the existing evidence by facilitating evaluations and research in partnership with universities and other research institutes.

2.5. Economic and cultural security – Education, training & strong Aboriginal workforce

The Aboriginal community controlled health sector has a role in the training and employment of Aboriginal people in clinical, administrative, research and support services. The reasons for this are twofold:

- A high quality Aboriginal workforce is better able to ensure culturally appropriate care in the services they deliver, to improve access and to meet the health needs of Aboriginal communities.^{17,18}
- An Aboriginal workforce is also another way to address the social determinants of health through increased training and employment.

Congress has promoted and supported local Aboriginal women to undertake midwifery training. Two local women have recently successfully completed their Bachelor of Midwifery which includes support and mentorship at Congress while studying at the Australian Catholic University. Both are now developing exciting professional careers.

2.6. Engaging fathers.

By providing these services it is clear that there is a need for a special focus on fathers as engaging them in parenting will lead to even better outcomes. Parenting interventions are inclusive of both parents and the involvement of fathers is often critical. Unless fathers in their role of caregivers are fully engaged, parenting activities and programs are likely to be less successful. Even if fathers are not present, they have a significant impact on children, mothers, and the functioning of the family. Congress is increasing efforts to involve fathers, and is making inroads into engaging dads within the Nurse Family Partnerships and at Arrwekele akaltye-irretyeke apmere.

Further information:

Panter-Brick, P. Burgess, A, Eggerman, M., McAllister, F., Pruett, K., and Leckman, J. Practitioner Review. Engaging Fathers- recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of child Psychology and Psychiatry* 55:11 (2014) 1187-1212.

2.7. System wide gaps: Education

Educational attainment is key to decreasing the risk profile and enhancing the trajectory of young parents and their children, improving the capacity of young people to safely and effectively parent, and increasing the likelihood of such young people to become economically secure.

It is well understood that maternal educational attainment is directly linked to child health outcomes and is probably the single most important determinant of population health outcomes. Likewise, the education level of the primary care giver, usually the mother, is a strong predictor of student educational attainment.¹⁹

However, the proportion of Aboriginal school children who meet the national reading writing, spelling, grammar and punctuation, and numeracy benchmarks is greatly lower than that for non-Aboriginal children in the Northern Territory, and the Northern Territory has the widest attendance gap in Australia, with the gap widening in the higher grades²⁰.

One of the major reasons for the very poor educational outcomes being achieved in the Northern Territory is that children are not school ready by age 5 due to their disadvantaged early childhoods. Addressing early childhood as outlined above therefore provides a 'bottom up' pathway to improved school attendance and better outcomes as children are better able to understand what they are being taught and find learning an empowering experience.

Notwithstanding early childhood development and the importance of adult literacy to support children's engagement in school, the education system has a responsibility to improve educational engagement and results, particularly in Northern Territory schools, for Aboriginal children.

- **Supporting adult literacy**

Adult literacy is fundamental to developing 'literacy practices' (reading, writing, interpreting text) within families, which then support children to engage and perform well at school. While adult literacy courses

delivered through formal education providers may be successful with individuals, they 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.²¹

2.8. Conclusion and recommendations

While the suite of preventative, clinical and supportive measures outlined above play a significant role in determining health and wellbeing of young Aboriginal people and their children, educational attainment is a prerequisite for improving health outcomes, increasing the likelihood of economic security and breaking the cycle of disadvantage.

The key role for primary health care services in improving self-control, educational attainment and then employment is in the area of early childhood, especially in the years from pre-birth to 4 when it is only health services that regularly provide care and support to young parents and their children. These are the critical years for determining a person's whole life story including their life long health and wellbeing.

Noting the ACCHS comprehensive primary care service model and especially the need for early childhood services and programs to improved educational attainment, recommendations to the Commissioner are:

1: *Prioritise and support Aboriginal Community Controlled Health Services (ACCHSs) as the preferred providers of primary health care services to Aboriginal young people and their children.*

Broadly speaking ACCHSs achieve health outcomes that are better than mainstream services. As an ACCHS, Congress provides a range of culturally secure and accessible services to young parents and their children, including: health promotion; prevention including maternal health care; treatment and rehabilitation, especially for alcohol and other drug problems. A key part of this prevention work is special programs providing parenting support and enhanced early childhood development and learning. The comprehensive model of primary health care used to achieve this includes:

- culturally secure services based on local knowledge, an Aboriginal governance structure and workforce, and strong historical relationships with the communities that they serve
- the provision of evidence based care, based on data and research, responsive to population and service needs
- better access to services for young Aboriginal people, based on community engagement and trust
- an Aboriginal workforce leading to greater cultural appropriateness of services as well as benefits through providing employment and capacity building in the Aboriginal community.

2: Address system-wide gaps in educational attainment as a key determinant of the risk trajectory and outcomes for young Aboriginal people and their children including:

- a) Supporting the universal implementation of evidence-based early childhood programs as the most cost effective long-term strategy for improving Aboriginal children’s health and well-being outcomes. This includes at least:
 - parenting support through the Nurse Family Partnership program from pre-birth to 2 years
 - play based learning in early childhood learning centres using the modified Abecedarian approach for children 6 months to 3 years
 - preschool readiness with 2 years of pre-school for 20 hours a week for all children from 3 to 5 years.
- b) Committing to appropriately resourced and designed education for young Aboriginal people, ensuring that students with high needs have individual learning plans from early primary school that includes access to wrap around family support and therapeutic services provided by Aboriginal community controlled health services.
- c) Supporting the extension of the Literacy for Life adult literacy campaign to improve adult literacy, support literacy practices in families, and build a culture that values learning amongst adults and children.

¹ Northern Territory Aboriginal Health Forum 2011 Core functions of Primary Health Care: a Framework for the Northern Territory.

² Mackey P, Boxall A, et al. (2014). The relative effectiveness of Aboriginal Community Controlled Health Services compared with mainstream health service. Deeble Institute Evidence Brief No.12, Deeble Institute / Australian Healthcare and Hospitals Association.

³ Australian Institute of Health and Welfare (2015) Aboriginal and Torres Strait Islander Health Performance Framework 2014 report: Northern Territory. Cat. no. IHW 159. Canberra: AIHW, page 240

⁴ Freeman, T., Baum, F. Lawless, A., Labonte, R., Sanders, D., Boffa, J., Edwards, T. and Javanparast, S. Case study of an Aboriginal Community-Controlled Health Service in Australia: Universal, Rights-Based, Publically Funded Comprehensive Primary Health Care in Action. Health and Human Rights Journal, December 2016, Vol 18, no.2 p 93.

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