# Recipient Details

Name of organisation or individual: [O] Central Australian Aboriginal Congress

Reference Type: Aboriginal Community Controlled Health Service

State or territory: NT

Serial Identification Number: 480216

# Responses

## Curriculum and assessment

Rating: 0

## Teachers and teaching

Rating: 0

## Leaders and leadership

Rating: 0

## School and Community

Rating: 0

## Information and Communication Technology

Rating: 0

## Entrepreneurship and schools

Rating:

## Improving access – enrolments, clusters, distance education and boarding

Rating for enrolments: 0

Rating for clusters: 0

Rating for distance education: 0

Rating for boarding: 0

## Diversity

Rating: 0

## Transitioning beyond school

Rating: 0

## Additional Comments

A substantive submission outlining the evidence and case studies has been provided by email and is available on the Congress website.

Summary

 Education is a major determinant of health and wellbeing.

 There is a level of disadvantage in rural and remote Aboriginal communities that impacts on early childhood development, preschool and school readiness, school attendance and educational attainment.

 Quality, evidence-based early childhood programs have a significant impact on cognitive and emotional development, readiness for school, as well as long term educational outcomes, particularly in disadvantaged populations.

 Primary health care services have the key capacity and capability to promote health development from pre-birth to pre-school and from pre-school this shifts to education departments.

 Health and education agencies have common goals around child development and wellbeing. Partnerships between agencies are necessary for the early identification of health and development issues which will impact on learning, and the coordination of related services.

 Cultural security and community involvement is an important factor to engage Aboriginal students and families and enable school participation.

 As with evidenced-based medicine and clinical practice, evidence-based teaching and education is essential to student outcomes and quality improvement. Targeted teaching using data and individual student plans has been shown to be one of the most powerful teaching strategies to improve student progress.

Recommendations:

That the Australian, State and Territory governments:

1. Commit to long-term, ongoing investments in evidence-based, culturally secure, early childhood development programs for children from disadvantaged families, integrated with family support services, as the foundation to school preparedness and long term educational attainment.

2. Commit to whole-of-government action on the social determinants which impact on healthy childhood development, educational attainment and ongoing health and wellbeing outcomes.

3. a) Support ACCHSs as primary health care providers and the most appropriate providers of early childhood development and preschool readiness programs for Aboriginal families;

b) Ensure that education departments begin their roles at pre-school and that preschool for disadvantaged children should commence at age 3

4. Continue to invest in partnerships between health and education providers, particularly for disadvantaged populations, to support the healthy development of young children so that they are ready to commence school and are able to participate optimally over the course of their education.

5. Set a target for equity in development for all children by the age of 7, measured annually through the Australian Early Development Census, with all children identified as developmentally vulnerable receiving intensive services.

6. Invest in community-initiated educational services that teach in language and in English, and are inclusive of the national curriculum and the local culture, so children living in remote areas can stay on country with their families, with the benefit of both formal and cultural education.

7. Commit to evidence-based teaching and education for all school students, including ensuring that students have individual learning plans through target teaching approaches. For the most vulnerable families this should include access to family support and therapeutic services provided by Aboriginal community controlled health services.