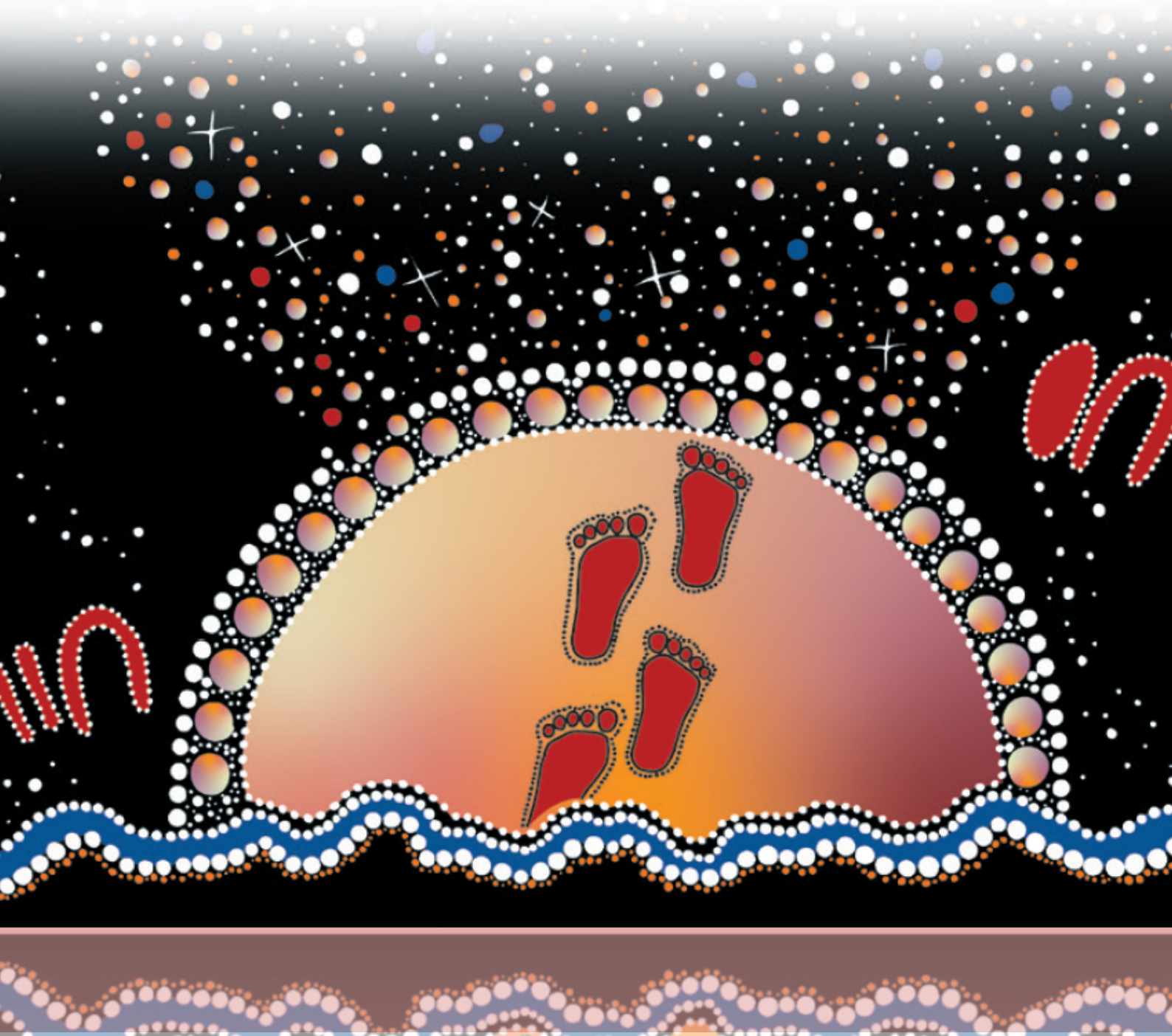




*Empowering Generations of
Culturally Strong, Thriving,
Aboriginal Children
Families and Communities*





ACT Parliamentary
Budget Submission for 2024 Election
FROM
Yerrabi Yurwang
Child & Family Aboriginal Corporation
TO THE
ACT PARLIAMENT

January 2024 (updated March 2024)

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YERRABI YURWANG

SUBMISSION – Priority Action Areas

Yerrabi Yurwang | ACT Parliamentary Budget Submission for 2024 Election

Priority Action Area 1: Effectively implement the *Aboriginal and Torres Strait Islander Child Placement Principles* in the ACT with appropriate funding to Yerrabi, as a Care & Protection Organisation (CAPO) registered organisation, for early interventions to keep our Children safe and culturally connected with their Kin and Community.

Priority Action Area 2: Access to culturally appropriate, wholistic primary health care services in Northern Canberra, that is governed and operated by Aboriginal People for Aboriginal People.

Priority Action Area 3: Enhanced support for wholistic, wraparound Aboriginal ante-natal and post-natal (peri-natal) service support programs for our women and children.

Priority Action Area 4: Better access to nutrition programs and food security for Aboriginal mothers and families in Canberra.

Priority Action Area 5: Enhanced housing options and access through a local, appropriately-funded Aboriginal Community Housing provider for the Australian Capital Territory.

Priority Action Area 6: Establish an Aboriginal Community-Controlled early childhood education and care centre, including Preschool, to deliver culturally appropriate and safe education for our children.

Background

Aboriginal People are a unique group in Australia because they are the most marginalised of any identifiable group. On any marker of disadvantage, Aboriginal People consistently feature at the lowest point. Individual markers of disadvantage are not unique to Aboriginal People; for example, poverty, ill-health and unemployment are not experienced solely by Aboriginal people. However the coalescence of markers of disadvantage into a single group is unique to Aboriginal People, as are the health outcomes which flow from them. This is also unique from an international standard.

Our Submission

In this submission, we wish to highlight **Priority Action Areas** that require Territory government support and ongoing commitment, to improve the health and wellbeing of Aboriginal mothers, babies, and their families in the ACT.

These **Priority Action Areas** are consistent with the Close the Gap (CTG) Targets highlighted in both the Commonwealth and Territory CTG Implementation Plans.

Yerrabi Yurwang

ACT Parliamentary Budget Submission for 2024 Election

About Us

Yerrabi Yurwang Child and Family Aboriginal Corporation (Yerrabi) was established in January 2019, due to the high unmet health, mental health and wellbeing needs of the local Aboriginal Community residing in northern Canberra, part of the traditional lands of the Ngunnawal People. Yerrabi is an Aboriginal Community Controlled Service, which means it is owned and operated by Aboriginal People, for Aboriginal People, and so, we are committed to the principle of our inherent right of self-determination, whereby we seek to engage and empower Aboriginal People and their Families who utilise Yerrabi's services.

"Yerrabi are committed to working with the Territory and Commonwealth Governments, our Community and other key stakeholders to ensure culturally appropriate, responsive and equitable services are delivered to our People, for our People, when they are needed".

Dea Delaney-Thiele

Priority Action Areas

Through ongoing members consultations, as well as monitoring key access and outcomes data, Yerrabi Yurwang identifies five key priority areas required for equitable investment and support by the ACT government, which are as follows:

1. Effectively implement the *Aboriginal and Torres Strait Islander Child Placement Principles* in the ACT with appropriate funding to Yerrabi, as a Care & Protection Organisation (CAPO) registered organisation, for early interventions to keep our Children safe and culturally connected with their Kin and Community.
2. Access to culturally appropriate, wholistic primary health care services in Northern Canberra, that is governed and operated by Aboriginal People for Aboriginal People.
3. Enhanced support for wholistic, wraparound Aboriginal ante-natal and post-natal (peri-natal) service support programs for our women and children.
4. Enhanced access to nutrition programs and food security for Aboriginal mothers and families in Canberra
5. Enhanced housing options and access through a local, appropriately-funded Aboriginal Community Housing provider for the Australian Capital Territory.
6. Establish an Aboriginal Community-Controlled early childhood education and care centre, including Preschool, to deliver culturally appropriate and safe education for our children.

Priority Action Area 1: Effectively implement the *Aboriginal and Torres Strait Islander Child Placement Principles* in the ACT with appropriate funding to Yerrabi, as a Care & Protection Organisation (CAPO) registered organisation, for early interventions to keep our Children safe and culturally connected with their Kin and Community.

What Does Our Community Say?

Aboriginal Children and their Families involved in the out-of-home-care system (OoHC) in the ACT is a central concern for Yerrabi, our Board, Staff, Members and Community. Implementation of the *Aboriginal and Torres Strait Islander Child Placement Principles* (SNAICC, 2020) means accepting the expertise of our sector, and putting our collective guidance into practice. The principles offer an evidence-based framework to addressing one of the more difficult matters that deeply impact the lives of Aboriginal children, families, and communities in the ACT. Implementation requires partnership with the Aboriginal Community Controlled Organisation sector, and a commitment for ongoing, sustainable funding to ensure continuity of programs.

What Does the Data Show?

1. In 2021, ACT recorded 69% of Aboriginal and Torres Strait Islander Children aged 0-17 in out-of-home care living with *Indigenous or non-Indigenous* relatives or kin or other *Indigenous* caregivers. This is higher than the national rate (63.1%). It still means however that 31% of Aboriginal children in out-of-home care in ACT in 2021 were still in alternative care arrangements. Our goal is to work with the Territory government, our Families and other key stakeholders to bring this number down to 0.
2. When looking specifically at children placed with *Indigenous* relatives or kin or other *Indigenous* caregivers, the rate for ACT dips to 43%, still slightly higher than the national rate (41.1%).
3. In 2021, 84.8% of Aboriginal and Torres Strait Islander children in ACT who required a cultural support plan, had a current plan in place (167 out of 197 children). This is a slightly lower rate than the peak in 2019 (91.9%) but higher than 2018 where data for ACT starts (70.4%)
4. In 2020/21, 29 Aboriginal children in the ACT in out-of-home-care were reunified, 33.3% of children in out-of-home-care, excluding children on long-term guardianship orders (this caveat applies to all data under this indicator). This was a big jump from the previous year (8 children, 11%). This rate is higher than ACT non-Indigenous rate, and from other jurisdictions. However the rates for ACT are volatile given overall low numbers.
5. Yerrabi analysis of preliminary 2021-22 child protection data (released 20 Feb by AIHW) shows an alarming rise in the number of Aboriginal children in OoHC in ACT compared with previous year – up to 34% increase in a single year.

Priority Action Area 2: Access to culturally appropriate, wholistic primary health care services in Northern Canberra, that is governed and operated by Aboriginal People for Aboriginal People.

What Does Our Community Say?

In two surveys of Aboriginal community members conducted by Yerrabi in 2021 and 2023 (2021,2023 internal member surveys), lack of Aboriginal-specific health services was ranked as the single biggest barrier for access, followed by lack of transport and high cost of existing services. Yerrabi Yurwang members have repeatedly identified having an Aboriginal Community Controlled Health Service in the north Canberra region as a key priority to enable better access to primary health, mental health and wellbeing services.

What Does the Data Show?

Access to primary care for Aboriginal People in the ACT remains low in comparison with other States and Territories. The Medicare Benefits Schedule (MBS) Item 715 general Aboriginal and Torres Strait Islander annual health checks are a key indicator to the level of access to primary care. It is an annual general health check, performed by a General Practitioner (GP), and covers a number of health indicators and body systems.

In 2022/23, ACT recorded 1,506 MBS 715 health checks, covering about 17% of the ACT population, the second lower rate of all States and Territories. This rate is far short of both the national rate (27.6%) and the ACT peak rate (22.9% of population in 2017/18). (Services Australia 2024)

When examining the access to 715 health checks in Canberra, it is evident that more capacity is needed to be able to support significantly higher rates of access to primary healthcare. ABS population projections for Aboriginal and Torres Strait Islander population in the ACT estimate an annual growth rate of 2.7%, and is expecting to pass 10,000 by 2027. ACT requires a significant increase of available GP services for its existing Aboriginal population, and for any future growth. (ABS 2022).

Analysis of access to MBS 715 over a 5-year period (2017-2022) shows more than half of Aboriginal and Torres Strait Islander People living in the ACT did not have a single 715 check during this period (53.7%, compared with 37.5% nationally). This is an alarming figure which shows chronic lack of access to general health checks.

Further, under a quarter had two or more checks during this 5-year period (24.7%, compared with 36.8% nationally). Both of these are well below national rate.

Analysis of use of First Nations follow-up services among health check patients, by state and territory (2016–17 to 2020–21) shows that Aboriginal patients in ACT did recorded consistently lower rate of follow-up appointments following an MBS 715 than any other State and Territory.

This is a particularly alarming statistic as it shows again a chronic lack of access to secondary care. ACT has some of the highest out-of-pocket specialist fees in Australia, which further contributes to particularly poor access rates for Aboriginal patients, and an urgent need for stronger and more appropriate pathways for Aboriginal patients in the ACT.

In order to better support access to primary care for the present and future Aboriginal population in the ACT, more dedicated Aboriginal primary health care services need to be supported.

Chart 1: ACT Aboriginal and Torres Strait Islander population, by access to MBS 715 health check and year

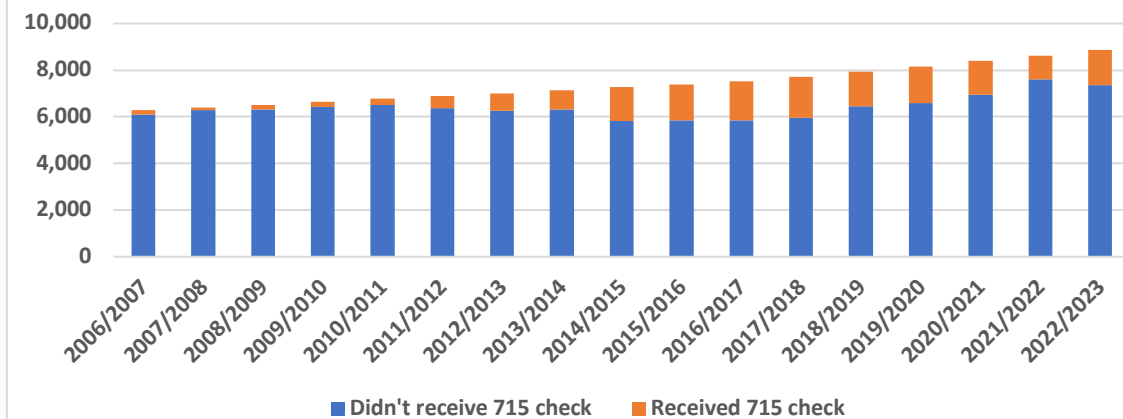
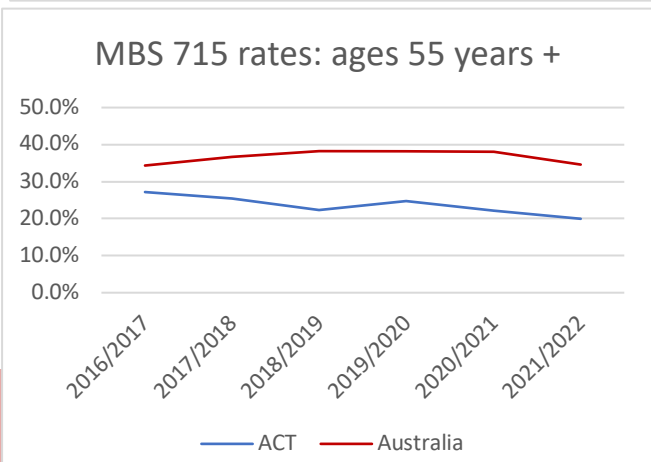
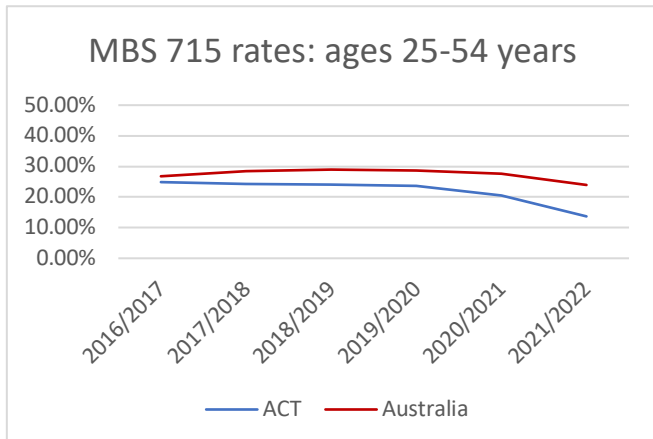
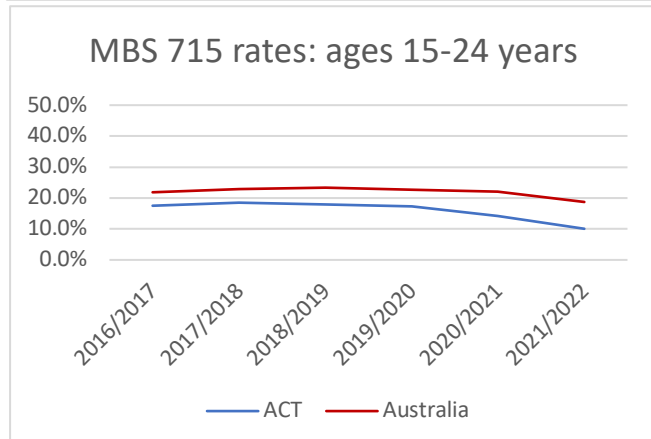
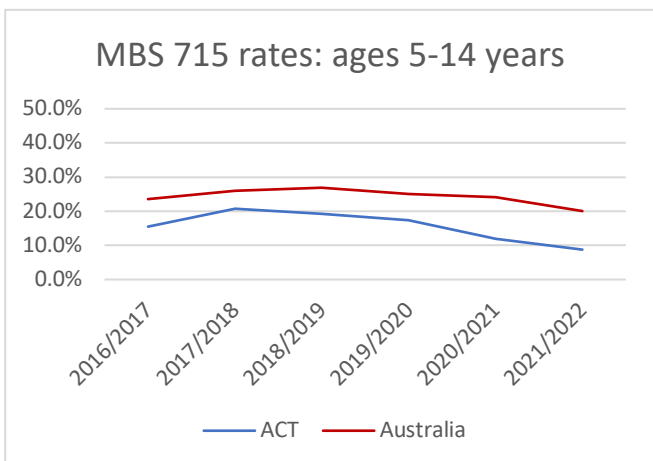
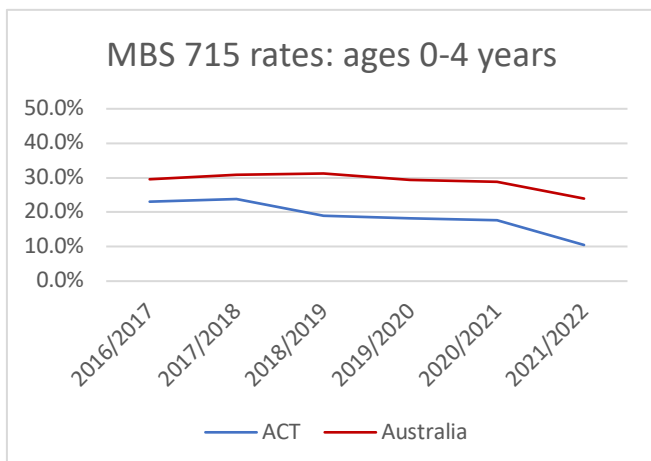


Chart 2: MBS 715 rates, % of Aboriginal and Torres Strait Islander population, in the ACT and Australia-wide, by age group



Priority Action Area 3: Enhanced support for wholistic, wraparound Aboriginal antenatal and post-natal (perinatal) service support programs for our women and children.

What Does Our Community Say?

In a survey of community members (2023 internal members survey), lack of Aboriginal-specific programs, transport and cost of services was repeatedly mentioned as existing barriers. Mental health and wellbeing was identified as a key area that needs further support. There is a strong identified need in establishing better access to wraparound Aboriginal antenatal support programs, especially in northern Canberra.

What Does the Data Show?

Aboriginal mothers in the ACT in general register lower access rates to antenatal healthcare services and support programs, and have higher rates, risk factors than the general (Australia-wide) Aboriginal and Torres Strait Islander population. This evidence points to the need for better availability of services, and better support for Aboriginal-specific ante-post natal specialist health services.

According to the Australian Institute of Health and Welfare’s Aboriginal and Torres Strait Islander Mothers and Babies 2023 report (AIHW 2023a; 2020 data):

1. 52% of Aboriginal and Torres Strait Islander females who gave birth had an antenatal care visit in their first trimester (less than 14 weeks into their pregnancy). This is lower than the national rate (70%) and lower than most jurisdictions. (chart 2).
2. A geographical analysis using Statistical Area 3 (SA3) covering 2017-2020 shows the differing rate of attendance in the first trimester among Aboriginal and Torres Strait Islander mothers from across the ACT. The three regions north of the lake (North Canberra, Belconnen, Gungahlin) all recorded under 50% rate, while other regions recorded rates of over 50% each. (chart 3)
3. ACT also registered a lower rate for Aboriginal and Torres Strait Islander females who gave birth and had 5 or more antenatal visits during their pregnancy in 2020 (85.7%) compared with the national rate (87.4%). (chart 4)

All of this evidence together points to a real need to strengthen the overall access of Aboriginal women in the ACT to health services, including specialist antenatal and postnatal services.

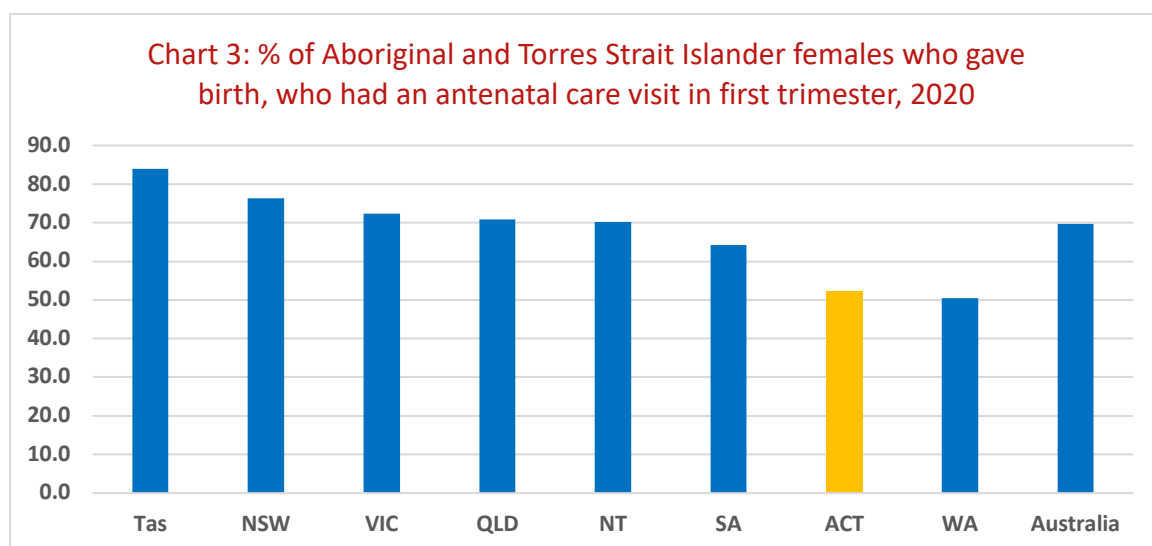


Chart 4: % of Aboriginal and Torres Strait Islander females who gave birth, who had an antenatal care visit in first trimester, 2017-2020, mapped to ACT SA3

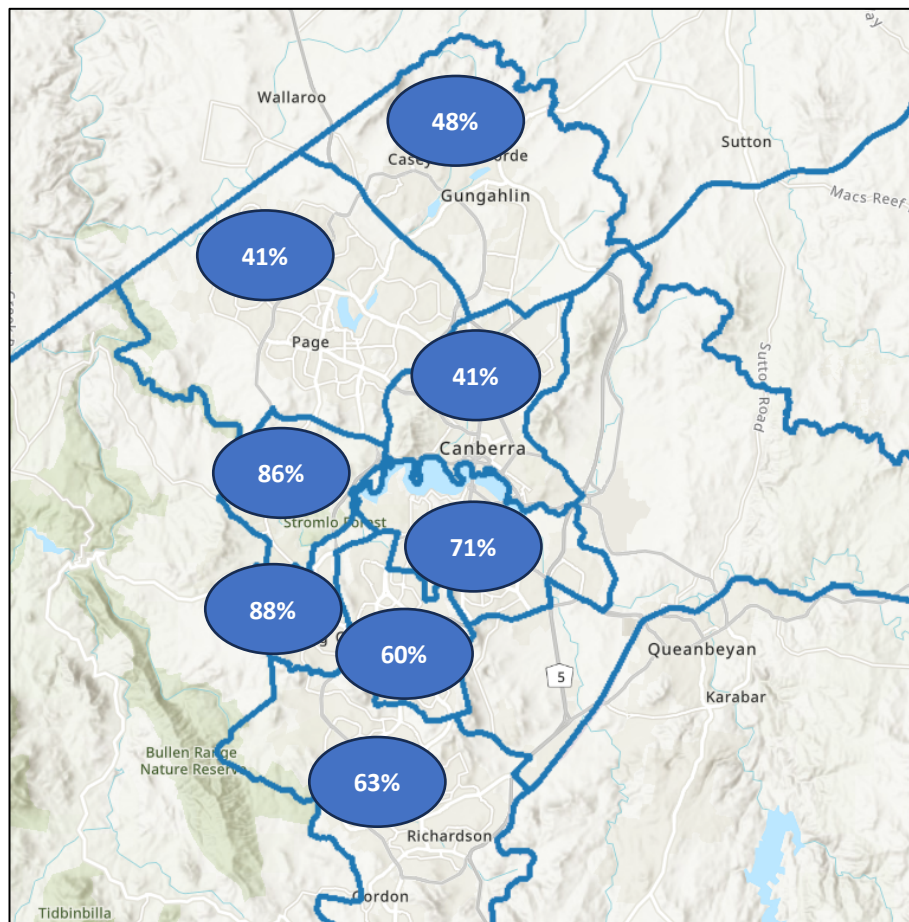


Chart 5: % of Aboriginal and Torres Strait Islander females who gave birth, and had 5 or more antenatal visits during pregnancy, 2020

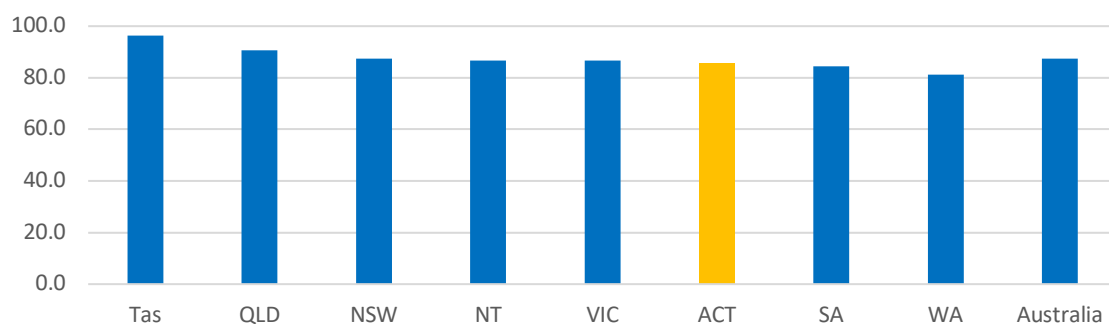
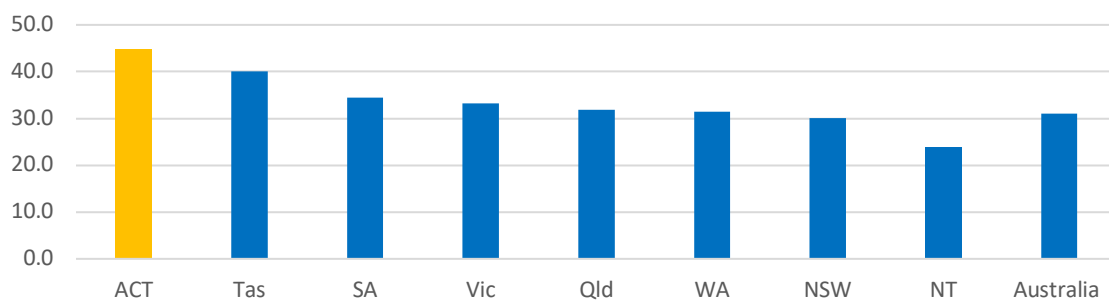


Chart 6: % of Aboriginal and Torres Strait Islander females who gave birth, and had BMI >=30 (obese)



Priority Action Area 4: Enhanced access to nutrition programs and food security for Aboriginal mothers and families in Canberra

What Does Our Community Say?

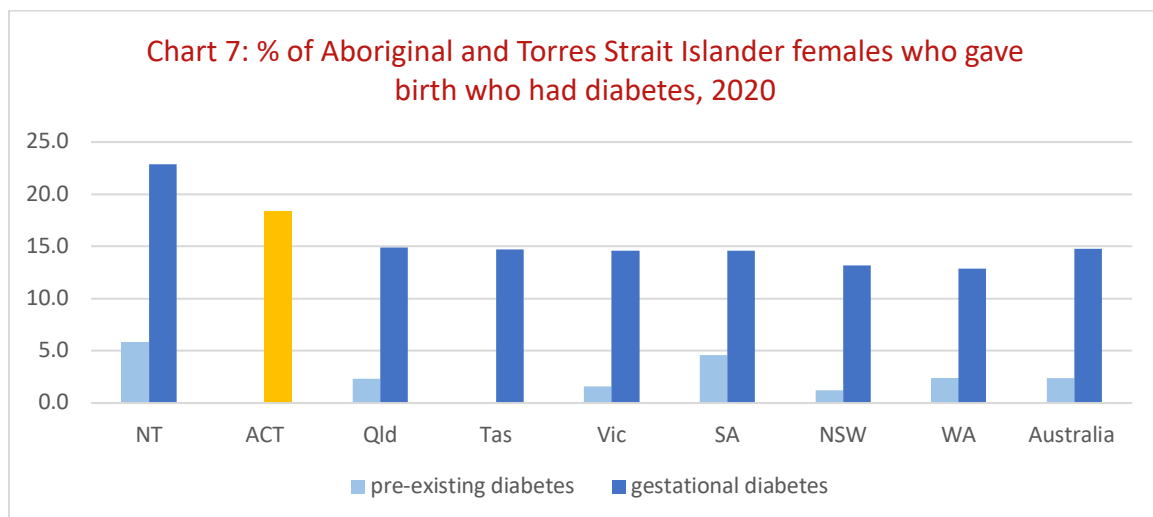
In our internal members survey, 13% indicated that food insecurity was the single biggest struggle for their family, due to financial barriers. Food insecurity is particularly impactful on mothers and on young children.

What Does the Data Show?

Aboriginal mothers in the ACT suffer from higher rates of both obesity and gestational diabetes compared with other States and Territories.

1. Obesity rates for Aboriginal and Torres Strait Islander females in the ACT who gave birth in 2020 (45%) were higher than any other States and Territories (31% nationally). Obesity during pregnancy is associated with poorer health outcomes of both mothers and babies. (chart 5)
2. ACT recorded the second highest rate in 2020 for gestational diabetes for Aboriginal and Torres Strait Islander females who gave birth (18%), higher than the national rate (15%) and second highest among the States and Territories. Pre-existing diabetes rates for ACT are not published due to population size. (chart 6)

Appropriate investment in to accessible nutrition programs and associated health promotion programs that contribute to food security are crucial for the health and wellbeing of Aboriginal mothers, children, and families in the ACT.



Priority Action Area 5: Enhanced housing options and access through a local, appropriately-funded Aboriginal Community Housing provider for the Australian Capital Territory.

What Does Our Community Say?

Housing has been repeatedly identified by Yerrabi members as an area in which support is needed to ensure long-term stability and safety. The Yerrabi Yurwang Board, Management and Community members have identified as a key priority to achieve the fundamental social and affordable housing needs of Aboriginal Families. We recognise that good housing supports Aboriginal Peoples' particular histories, cultures, and communities, and to maximise these benefits, we need to be part of the planning and design of any such future program.

What Does the Data Show?

Safe secure and appropriate housing is a key social determinant of health. In a child and family health context, safe, secure and appropriate housing means a healthier environment to grow and develop. It can also mean a safe environment from family, domestic and sexual violence, with access to the needed wrap-around wholistic social and health support services. Safe secure and appropriate housing also means implementing sustainable long-term planning, investing in enough housing stock to keep up with projected population-level needs.

The ACT is the only jurisdiction in Australia that doesn't currently have an Aboriginal-specific community housing program. Yerrabi believe this is unacceptable, especially considering that specialist homelessness services supported 725 Aboriginal and Torres Strait Islander People in the ACT in 2022-23. (AIHW 2023b).

Yerrabi are dedicated to providing new innovative ways in the delivery of social and affordable housing and home ownership, to be designed to improve social outcomes. A public investment in appropriate and sustainable housing stock is much needed. An ACT Aboriginal-specific housing program will be a good first step.

Yerrabi's Housing aims are to:

1. Transform Aboriginal lives through quality, social and affordable housing and home ownership options.
2. Empower our tenants to grow in Community with connection and purpose.
3. Provide rewarding careers for our People.

Priority Action Area 6: Establish an Aboriginal Community-Controlled early childhood education and care centre, including Preschool, to deliver culturally appropriate and safe education for our children.

What Does Our Community Say?

High-quality, culturally appropriate and accessible early childhood education is a priority for Yerrabi's community, board and staff. Community has been asking for Aboriginal specific early childhood services since Yerrabi's consultations began in 2021. Our community is repeatedly asking for more Aboriginal educators and teachers in the ACT Koori Preschools and mainstream ECECs to ensure they are culturally informed and culturally appropriate. In addition, more than 50% of the community surveyed stated that an absence of Aboriginal specific services in the North of Canberra is a major barrier to access (Yerrabi Yurwang 2021, 2023).

What Does the Data Show?

The ACT remains the only jurisdiction in Australia without an Aboriginal Community-Controlled Early Childhood Education and Care Centre or Preschool, despite over 100 such services now operate across Australia.

There is a great need to service Aboriginal and Torres Strait Islander children in the ACT in a culturally appropriate, strengths-based and self-determined way. This is evidenced by the number of children in the ACT and North Canberra requiring services, developmental needs of ACT Aboriginal and Torres Strait Islander children and the wellbeing needs of Aboriginal and Torres Strait Islander families.

1. Over 50% of all Aboriginal children in the ACT live in the north of Canberra (AEDC, 2021).
2. Connected Beginnings data (2024) shows there are currently 558 Aboriginal children aged 0-5 living in the north of Canberra.
3. Despite 90% of the ACT's Aboriginal and Torres Strait Islander children attending a Preschool Program, 43% were developmentally vulnerable in one or more domains (AEDC, 2021). This is almost double the non-indigenous percentage.
4. In 2021, only 27% of Aboriginal and Torres Strait Islander children were developmentally on track in all five development domains, well below the national indigenous and non-indigenous average (AEDC, 2021).
5. ACT's outcomes for Aboriginal children in the AEDC domains has been declining since records began in 2009: Developmental vulnerability has increased from 37% in 2009 to 43% in 2021; Being developmentally on track has decreased from 41% in 2009 to 27% in 2021.

The data suggests that the ACT's Aboriginal children are not coming to school as ready as their non-Aboriginal peers, and are lagging behind national rates for both general population and the Aboriginal and Torres Strait Islander population.

According to the Census of ACT Schools in 2022 (ACT Government, 2022), only 83 students were enrolled in Koori preschool programs in 2022. The AEDC data of 2021 shows that there were 188 ACT Aboriginal and Torres Strait Islander Children in kindergarten, demonstrating that there are potentially more than 100 or over 50% of ACT's Aboriginal children not engaged in a Koori Preschool. In addition, the 83 children being serviced by Koori Preschool represents only 14% of the total number of Aboriginal children aged 0-5 in the ACT (Connected Beginnings, 2024).

The AEDC data revealed that Aboriginal children are performing the worst in the Language and Cognitive Skills domain, which has the largest gap out of all domains with their non-indigenous peers, and the domain most directly connected with school-based skills and performance. Significant gaps are also evident in the transition to school indicators between Aboriginal and non-Aboriginal

children. 70% or more of non-indigenous children are performing well in all transition to school indicators, compared with an average of 50% or less for Aboriginal children.

The ACT Government-run Koori Preschools are not achieving optimal outcomes for the ACT's Aboriginal children. Aboriginal Community Controlled Early Education Services are demonstrating excellent outcomes and participation interstate (Productivity Commission, 2023, Social Research Centre, 2016) and need to be implemented in the ACT.

There are 80 ACEQA approved ECECs in the north of Canberra (Connected Beginnings, 2024), but none are Community Controlled. Aboriginal children are half as likely to attend a Child Care Benefit approved early childhood service than non-Aboriginal children (SNAICC and Early Childhood Australia, 2019).

Building the capacity of the Community-Controlled early years sector is a key reform priority of the Closing the Gap Agreement. This initiative would have a significant Aboriginal and Torres Strait Islander sector and workforce development focus contributing to federal government objectives to further employment and economic development for Aboriginal and Torres Strait Islander communities. It would work to build the sustainable local sector capability necessary to deliver on Closing the Gap targets (SNAICC, 2020).

Yerrabi's Early Childhood Education aims are to:

1. Establish an Aboriginal Community-Controlled Early Childhood Education Centre, including a pre-school that implements the ACT's Koori Curriculum in the north of Canberra;
2. Train and employ Aboriginal educators and early childhood teachers through Yerrabi's training partnerships with Baringa Early Childhood Centre.

Conclusion

The health and wellbeing of Aboriginal mothers, children, and families in the ACT demands a significant, equitable investment and support in order to meet population-level needs.

Current level of access to key services, and in particular, to improve health outcomes for Aboriginal mothers, children and their families, are not on par with the general population, and not even with other States and Territories. In particular, investment in more services in the northern Canberra region are required, where access to primary health and medical services for the local Aboriginal population is noted to be particularly low.

If you would like to discuss any elements of this submission further, please contact us for more information.

Yours Sincerely



A/Professor **Dea Delaney-Thiele**

Chief Executive Officer

Company Secretary/Public Officer

CAPO CSDCAPO029 Responsible Person

REFERENCES

1. Australian Early Development Census (AEDC). 2021. Results for the ACT. Available from: https://www.communityservices.act.gov.au/_data/assets/pdf_file/0005/2073686/CSD_AEDC_2021_WCAG_a.pdf
2. Australian Bureau of Statistics. 2022. Estimates of Aboriginal and Torres Strait Islander Australians. Available from: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>
3. Australian Institute of Health and Welfare. 2023a. Aboriginal and Torres Strait Islander mothers and babies. Available from: <https://www.aihw.gov.au/reports/mothers-babies/indigenous-mothers-babies/contents/about>
4. Australian Institute of Health and Welfare. 2023b. Specialist homelessness services annual report 2022–23. Available from: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about>
5. Services Australia. 2024. Medicare Statistics. Available from: <http://medicarestatistics.humanservices.gov.au/>
6. SNAICC. 2020. Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle: A Resource for Legislation, Policy, and Program Development. Available from: https://www.snaicc.org.au/wp-content/uploads/2017/07/Understanding_applying_ATSICCP.pdf
7. SNAICC and Early Childhood Australia. (2019). Position Paper: Working Together to Ensure Equality for Aboriginal and Torres Strait Islander Children in the Early Years. Early Childhood Australia. <https://www.earlychildhoodaustralia.org.au/wp-content/uploads/2019/02/SNAICC-ECA-Early-Years-Position-Paper-.pdf>
8. Yerrabi Yurwang Aboriginal Community Member Surveys. 2021 & 2023. Unpublished.

