New Directions

An equal start in life for Indigenous children

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Introduction

As we mark the fortieth anniversary of the historic referendum which empowered the Commonwealth to make laws for Australia's first peoples, Aboriginal and Torres Strait Islanders, and to count them in the census, it is important to reflect on the enormity of what remains to be achieved.

Looking to the future, we must make a sustained and determined effort to ensure the fundamentals of a decent life – good health and nutrition, a safe and comfortable home, a high quality education and the opportunity to share in the dividends of participation in the economy through work – are shared by Indigenous Australians.

We know that despite the ambitions of the 1967 referendum, Indigenous people remain the singularly most disadvantaged group in Australia today.

Many Indigenous Australians still face a lack of adequate health services, overcrowded and run down housing, poor access to education and barriers to getting a job.

Past Government policies have inflicted painful damage on the fabric of Indigenous families and communities. This year also marks the tenth anniversary of the Bringing Them Home Report, which documented the systematic removal of up to a hundred thousand Indigenous children and babies from their families. Many communities were broken down.

Today some Indigenous communities suffer from the misuse of alcohol and other substances, which often precipitate violence and abuse. Indigenous Elders and leaders and Governments of all political persuasions have recognised this reality and have acknowledged that the responsibility for improving the lives of Indigenous Australians is a shared one.

Labor is committed to building a national consensus to improve the social and economic wellbeing of Indigenous people, to enable them to exercise their rights and meet their responsibilities as members of the broader Australian community.

We also recognise that Governments have a responsibility to turn this disadvantage around. The mark of a just and fair society is how well it treats its most disadvantaged citizens. Labor is determined to see change through policy rigour. We want to see evidence-based programs which avoid bureaucracy and are designed in partnership with Indigenous people.

The challenge that remains is a significant one.

The health and wellbeing of Indigenous Australians remains dramatically worse than that of the community as a whole.

Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma has noted:¹

> What data exists suggests that we have seen only slow improvements in some areas of health status and no progress on others over the past decade. The gains have been hard-fought. But they are too few. And the gains made are generally not of the same magnitude of the gains experienced by the non-Indigenous population, with the result that they have had a minimal impact on reducing the inequality gap between Aboriginal and Torres Strait Islander peoples and other Australians.

There are a number of disturbing trends which have entrenched health problems for Indigenous Australians including²:

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¹ Aboriginal and Torres Strait Islander Social Justice Commissioner, Social Justice Report, 2005
² Also see ibid.
high rates of infant mortality, and high rates of low birth weight among Indigenous babies
- continuing presence of third world diseases, including rheumatic fever, trachoma, and otitis media
- high rates of chronic diseases such as renal failure, cardio-vascular diseases and diabetes
- continued higher rates of poor health among Aboriginal and Torres Strait Islander infants, as well as far too common occurrence of otitis media (middle ear infection) and eye conditions such as trachoma, which can impact on educational attainment and employment
- a continuing tendency towards poor access to primary health care, as evidenced by high rates of sexually transmitted infections and relatively high rates of HIV/AIDS prevalence, and
- high rates of unhealthy and risky behaviour, including an increased prevalence of substance abuse and alcohol and tobacco use.

This continuing concern has led Commissioner Calma, Oxfam and the Australian Medical Association, among others, to call for governments to commit to closing the gap between the life expectancy of Indigenous Australians and the rest of the community within the next twenty five years.

This policy paper represents Labor’s initial commitment to reaching this goal.

*New Directions: an equal start in life for Indigenous children* continues Labor’s emphasis on the early years as the critical point in human development where we can make the greatest difference over the longer term.

The international evidence for investing in the early years in all aspects of a child’s development, health, education, family and community support is now overwhelming. And it is particularly compelling for children from disadvantaged backgrounds.

Tackling the health and early developmental needs of Indigenous children and their mothers must be a high priority for any Government committed to improving life outcomes.

## Closing the health gap

The seventeen year life expectancy gap between Indigenous and non-Indigenous Australians remains one of the starkest indicators of inequality in Australian society.

Life expectancy at birth for Indigenous men is 60 years, compared to all Australian males at 77 years. For Indigenous women, life expectancy at birth is 65 years while for all Australian females it is 82 years (see chart 1).

By comparison, the life expectancy gap between Indigenous and non-Indigenous people is approximately seven years in the United States of America and Canada, and seven and a half years in New Zealand.

In Queensland, South Australia, Western Australia and the Northern Territory approximately 70% of Indigenous Australians who died between 2000 and 2004 were under the age of 65 years. This compares to 21% for the non-Indigenous population.

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4 Oxfam Australia, Close the Gap, Solutions to the Indigenous Health Crisis facing Australia, p.6
The most damning aspect of these figures is that current rates of Indigenous life expectancy are comparable to life expectancy for all Australians born in the 1920s.

The Australian Medical Association notes that ‘the poor state of Aboriginal and Torres Strait Islander peoples’ health is clearly not just a problem of disadvantage or rurality.’ This reflects the fact that some 73 per cent of Indigenous Australians live in urban or regional areas.

Closing the life expectancy gap will require a comprehensive, long-term plan across a range of public policy areas – health, education, housing, employment, justice, to name but a few.

Within the area of health we must make improvements to the rates at which Indigenous people suffer from chronic and preventable diseases later in life.

Indigenous people suffer from chronic disease at much higher rates than non-Indigenous people. For example, Indigenous Australians experience higher rates of death and illness from cardiovascular disease than other Australians. As noted above, Indigenous communities in Australia experience some of the highest rates of rheumatic fever, and subsequently, of chronic rheumatic heart disease, in the world.

Indigenous people are also much more likely to die from cancer than are non-Indigenous people.

Type two diabetes is a particular problem within Indigenous communities and on the most recent evidence may be getting worse. Related to the incidence of diabetes are very high rates of renal disease, particularly in remote areas.

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7 ABS Estimated Resident Population 2001, table A.6
9 This may be because the kinds of cancers which tend to be predominant in the Indigenous population (such as cancers of the lung and liver) are more likely to be fatal, and/or because the stage of cancer tends to be more advanced in Indigenous people by the time it is recognised.
Indigenous Australians are more likely to experience the risk factors associated with chronic disease: they are more likely to be overweight and obese, twice as likely to smoke, and when they consume alcohol, more likely to consume it at unhealthy levels.11

The news is not all bad. Research published in the Medical Journal of Australia last year showed that rising mortality rates for some of these diseases in the Northern Territory Indigenous population may be slowing. The authors of the study suggest that these changes ‘give reason to hope that some improvements … have been putting the brakes on chronic disease mortality among Aboriginal and Torres Strait Islander peoples.’12

However, the significant health gap between Indigenous and non-Indigenous Australians is unlikely to be closed while Indigenous people fail to have equal access to primary health care services.13

The best evidence suggests that improvements to rates of chronic disease in the Indigenous population will be made through improving people's access to primary health care services.

This is where the further efforts of a Federal Labor Government to reduce Indigenous mortality from chronic disease and close the life expectancy gap will be directed.

**An equal start in life**

*Our children are our future, their health and development is everybody's business*14

The demographic characteristics of Aboriginal and Torres Strait Islander population show that to redress the life expectancy inequality, beginning with the young will make a significant impact.

The chart of population distributions (Chart 2 below)15 comparing the Indigenous population to all Australians shows that the Indigenous population is proportionally younger. In fact, the percentage of Indigenous Australians under the age of ten is more than double that of the Australian population.

This is important for two reasons. First, it shows a significant impact can be made by focusing on Indigenous children. Second, that failing to act will compound future problems as the Indigenous population grows.

The international evidence for investing in the early years – in all aspects of a child's development, including health, education, family and community support – is now overwhelming.

Giving children the best start in life is fundamentally important. While not discounting the need to achieve gains across the population, the evidence suggests that significant improvements can be made from commencing the task of closing the health gap with Indigenous mothers and their children.

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12 MJA 2006; 185: 145–149

13 Australian Bureau of Statistics and Australian Institute of Health and Welfare, 2005, op. cit., p. 180. For example, average Medicare benefits per capita for the Indigenous population are less than half of those for non-Indigenous Australians. Pharmaceutical benefit payments per capita are less than a third of those for non-Indigenous Australians.


Currently, Indigenous children do not enjoy an equal start in life.

Infant mortality rates for Indigenous children are unacceptably high. Indigenous babies are up to 3.5 times more likely to die in their first year than non-Indigenous babies. The infant mortality rate for Indigenous babies is highest in the Northern Territory (at 15.4 deaths per 1000 live births) and Western Australia (at 14.1 deaths per 1000 births). The infant mortality rate in the general population is around 5 deaths per 1000 births.

Indigenous children are also more likely than non-Indigenous children to die in their first five years of life.

And as we know, an Indigenous baby born today can expect to live 17 years less than a non-Indigenous baby.

One of the key contributors to high Indigenous infant and child mortality rates is low birth weight. 12.9% of babies born to Indigenous women in 2003 were of low birth weight – twice the rate for babies born to non-Indigenous women (6.1%).

Surviving low birth weight babies are also more likely to develop significant disabilities and chronic diseases later in life, increasing the probability of premature death.

As well as low birth weight, poor infant and child health often results from a range of factors, including smoking and excessive alcohol consumption during pregnancy, and poor nutrition during pregnancy and in the early years.

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16 The infant mortality rate is the number of deaths in a calendar year of children aged under one year per 1,000 live births in the same calendar year.
18 Ibid
20 AIHW Australia's Health 2006 p. 229
Good maternal health is fundamental to good health outcomes for children. For this reason, efforts to reduce infant and child mortality need to focus on mothers as well as babies.

A low infant mortality rate is a major contributor to improving life expectancy.\(^{22}\)

Improvements in Maori life expectancy in New Zealand over the last 60-70 years, for example, are in part attributable to a lowering of infant mortality rates.\(^{23}\)

While the infant mortality gap is cause for great concern, there is some reason for optimism. For example, there were some significant declines in Indigenous infant mortality between 1991 and 2002.\(^{24}\) These improvements provide a foundation for the future.

Further, evidence from the general population over the last century indicates that improved infant mortality rates were associated with declines in infectious diseases and a greater focus on preventative and public health programs.\(^{25}\)

There are some outstanding Indigenous Mother and Baby programs operating in several communities leading the way in ensuring babies born are of a healthy weight and infant mortality rates are reduced. These include:

- the *Townsville Mums and Babies program*;
- the *Congress Alukura Program* in Alice Springs;
- the *Strong Women, Strong Babies, Strong Culture Program* in the Northern Territory; and
- the *Winnunga Nimmityjah Aboriginal Health Service* in the Australian Capital Territory

In other words, there is sufficient knowledge within communities across Australia to reduce Indigenous infant mortality (and in doing so, to make a contribution to improving Indigenous life expectancy).

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**Improved maternal and child health outcomes**

Since 2000, the Townsville Aboriginal and Islander Health Service’s Mums and Babies Project increased the numbers of women presenting for antenatal care from 40 to over 500 visits per month in one year. The number of antenatal visits made by each woman has doubled, with the number having less than four visits falling from 65% to 25%. Pre-natal deaths per 1,000 reduced from 56.8 prior to the program, to 18 in 2000; the number of babies with birth weights less than 2,500 grams has dropped significantly; and the number of premature births has also decreased.

Since 1990 an antenatal program at Daruk Aboriginal Community Controlled Medical Service, Western Sydney has achieved increased awareness among Aboriginal women of the importance of antenatal care. 36% of Indigenous women presented within the first trimester, compared with 21% at Nepean and 26% at Blacktown Hospitals’ antenatal clinics; and women attended more antenatal visits (an average of 10 at Daruk compared to 6 at Nepean and 9 at Blacktown).\(^{26}\)

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\(^{22}\) ABS 4102.0 - Australian Social Trends, 2002.


\(^{25}\) ABS 4102.0 - Australian Social Trends, 2002.

Third world conditions in a first world country

With concerted action, serious health problems faced by Indigenous Australians could be addressed.

Acute rheumatic fever is almost unknown in developed countries, but rates in some Indigenous communities, particularly throughout the Northern Territory, the Kimberley region of Western Australia and North Queensland, are among the highest in the world. In 2004, there were 1,133 cases of chronic rheumatic heart disease among Indigenous Australians in the Top End and Central Australia.27

Rheumatic heart disease amongst Indigenous Australians today is as common as it was in Melbourne in the 1940s.28

According to Professor Jonathan Carapetis, Director, Menzies School of Health Research, ‘an annual investment of $2-3 million is needed for a nationally co-ordinated strategy to ensure people get access to what is a very simple regimen of treatment and prevention for acute rheumatic fever and rheumatic heart disease.’29

Indigenous children also suffer from other conditions not usually seen outside the third world, such as trachoma and otitis media.

The prevalence of these third world health problems in Australia is largely a result of the poor conditions in which many Indigenous people live, but can be treated with the right medication. While rheumatic fever, trachoma and otitis media can only be eradicated completely when Indigenous people have equal access to decent housing and sanitation, access to medication and health services is the important first step.

Early years services for families and their children

Labor has recognised the wide-ranging benefits that result from increased investment in early childhood services.

Early childhood education was the first commitment in Labor’s Education Revolution. Our New Directions for Early Childhood Education Policy laid the basis for making the early years a national priority.

There is now an overwhelming international consensus that children’s formative years has a lifelong impact on their wellbeing and health. It is also clear to parents that children’s early experiences lay the foundations for what lies ahead.

Leading developmental researcher Jack Shonkoff argues that ‘all children are born wired for feelings and ready to learn’, and that it is from birth to age five that ‘children rapidly develop foundational capabilities on which subsequent development builds’.30

During this early period of life, brain cell growth and ‘wiring’ of connections drives ‘remarkable linguistic and cognitive gains’ and development of ‘emotional, social, regulatory and moral capacities’.31

High quality early intervention programs in the United States, particularly in disadvantaged communities, can produce large economic and social dividends for individuals. As the Australian Institute for Family Studies notes:

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27 AIHW, p.65.
28 Sydney Morning Herald, 3 August 2006.
29 Sydney Morning Herald, 3 August 2006.
31 Ibid.
Growing evidence has emerged from a wide research base in health, developmental psychology, neuroscience, education and criminology, of the importance of promoting positive family and community experiences for young children during the earliest years of childhood. The importance of early childhood prevention and early intervention programs is based on the premise that the first few years of life of a child's development are crucial in setting the foundation for lifelong learning, behaviour and health outcomes. \(^{32}\)

**Literacy and numeracy**

Labor's *New Directions for our Schools: a national action plan for literacy and numeracy* detailed a comprehensive approach to improving literacy and numeracy for all Australians.

Labor's plan recognises that literacy and numeracy are the building blocks upon which every individual builds his or her participation in society, capacity to work, and lead a healthy and active life.

Dr Ken Rowe, Research Director of the Australian Council of Education Research, highlights that:

> Literacy competence is foundational, not only for school-based learning, but also for children’s behavioural and psychosocial wellbeing, further education and training, occupational success, as well as for productive and fulfilling participation in social and economic activity. \(^{33}\)

Unfortunately, the literacy and numeracy performance of Indigenous children often falls behind.

The 2005 National Report on Schooling in Australia indicates the proportion of Indigenous year 3 students achieving benchmark levels of reading, writing and numeracy continues to be substantially lower than for non-Indigenous students (Chart 3 refers).

The Report shows that 22 per cent of Indigenous students did not meet the Year 3 reading benchmark. In year 5, the percentage of students failing to meet these benchmarks is higher. By, year 7, approximately one in ten students is achieving below the benchmark level for reading; one in twelve is not meeting the benchmark level for writing; and one in five does not meet the benchmark level for numeracy.

Again, Indigenous students trail the rest of the population, with 36 per cent not meeting the reading benchmark, 28 per cent not meeting the writing benchmark, and a staggering 51 per cent not meeting the numeracy benchmark.

Adequate and dedicated resources must be provided to Indigenous children if the proportion of students failing to meet literacy and numeracy benchmarks is to be lowered.


\(^{33}\) National Inquiry into the Teaching of Literacy, DEST, 2005, p.25.
Chart 5: Percentage of Indigenous and non-Indigenous students meeting literacy and numeracy benchmarks, 2005

Source: MCEETYA 2006 National Report on Schooling
An equal start in life for Indigenous Children: the first step in closing the gap

Labor’s plan: A New Partnership with Indigenous Australians

The life expectancy gap between Indigenous and non-Indigenous Australians remains one of the starkest indicators of inequality in Australian society.

Federal Labor commits to a comprehensive set of policies within the framework of an agreed national objective of closing the 17-year gap in life expectancy between Indigenous and non-Indigenous Australians within the next generation.

Labor will begin with a commitment to the generation of Indigenous children who are being born now.

Within a generation, Indigenous and non-Indigenous children should be able to expect the same healthy life outcomes.

As part of our overall commitment to close the gap in life expectancy, a Rudd Labor Government will establish two new national objectives:

- halving the gap in mortality rates between Indigenous and non Indigenous children under the age of five within a decade, and
- halving the gap in reading, writing and numeracy achievement within a decade by introducing a comprehensive package focusing on Indigenous children's early years.

Agreed national objectives to radically reduce Indigenous mortality are necessary in order to shape the policy programs that will give these objectives practical effect. Without such agreed objectives, there is a grave danger of a dispersal of policy effort with little achieved.

Labor’s priority is to give Indigenous children an equal start in life.

Focusing on the critical years from birth to eight, Labor’s plan has three component parts:

- Child and Maternal Health services;
- Early Development and parenting support; and
- Literacy and numeracy in the early years.

Labor’s plan represents a total investment of $261.4 million over four years, comprising $186.4 million in Commonwealth expenditure, supported by $75 million from the States and Territories.

For these New Directions to make a measurable and practical difference to the lives of Aboriginal and Torres Strait Islanders, not only must government act to deliver a coordinated program, Indigenous leaders must also act. Local leadership, participation and ownership are essential ingredients in turning these policies into local reality.

In other words, for Labor’s New Directions to work effectively there must be a vital, committed and reciprocal partnership between Government and Indigenous Australians.
Child and Maternal Health services

Labor will invest $112 million over four years to provide national coverage of child and maternal health services to Indigenous Australians.

This is Labor’s first step towards closing the life expectancy gap, and towards our goal of halving the rate at which Indigenous children die before the age of five, within a decade.

Comprehensive Mothers and Babies Services

Indigenous mothers and their babies will have access to a comprehensive Mothers and Babies service.

Labor will invest $92.2 million over four years providing new Indigenous mothers, babies and children with health care and early learning support during the antenatal phase, through child birth and until their child reaches age eight.

Where possible our aim is for these services to be provided within a single centre or networked service to maximise mother’s access and participation. Where services already exist, these will be able to be supplemented.

Under Labor’s Mothers and Babies proposal:

- Indigenous women will have access to antenatal care during pregnancy that includes a visit to a midwife, general practitioner or obstetrician. Through this, a maternity history will be established, ultrasounds taken, general health checks provided and treatment of pre-existing conditions undertaken, screening for infections can occur, and counselling about smoking and other health issues can be provided.
- Pregnant Indigenous woman will be given standard information about baby care (for example: how to prevent Sudden Infant Death Syndrome which is still twice the rate in Indigenous babies than non-Indigenous babies).
- Indigenous mothers will be given practical advice and assistance with breastfeeding, nutrition, and parenting skills.
- Indigenous children will have their weight gain, immunisation status, infections and early developmental milestones monitored by a primary health care service that sees itself responsible for that child’s health and development. Where needed, children will be referred to services, such as specialist medical care, allied health and other drug, housing or child protection services.
- Indigenous children’s hearing, sight, speech and other development issues will be tested before starting school to ensure they can hear the teacher and fully participate in class.

Home visiting

Labor will build on the $37.4 million funding for home visiting provided in the 2007-08 Federal Budget to provide comprehensive nurse-led home visiting services of up to 20 visits in the first year and up to 12 visits in the second year.

Some State and Territory Governments currently provide intensive services to Indigenous mothers and their children, however coverage is often not universal. Federal Labor will seek matching funding of $75 million from State and Territory Governments to deliver on our commitment to provide comprehensive coverage for maternal and child health services.

Indigenous Mother’s Accommodation Fund

To complement our commitment to child and maternal health services, Labor will provide a $10 million capital funding pool to establish new hostels and expand existing accommodation.
facilities in major cities and regional centres to accommodate Indigenous women who need to leave their communities temporarily to have their babies.

This new fund will help provide accommodation options to enable Indigenous mothers in remote areas to receive proper medical care in the final weeks of their pregnancy, and during and immediately following the birth of their child.

**Rheumatic Fever Strategy**

Federal Labor will make the tackling Rheumatic Heart Fever a priority.

Labor will invest $10.3 million in tackling Rheumatic Heart Fever by:

- establishing a National Coordination Unit to coordinate efforts to tackle Rheumatic Heart Fever; and
- establishing program sites in the Northern Territory, Western Australia and Queensland, which will focus on providing proper diagnosis and improving access to necessary antibiotics.

Acute rheumatic fever is almost unknown outside the third world, but rates in some Indigenous communities, particularly throughout the Northern Territory, the Kimberley region of Western Australia and northern Queensland, are among the highest in the world.

Acute Rheumatic Fever most commonly occurs in children aged between 5 and 15 years. Repeated Acute Rheumatic Fever could be prevented with secondary prophylaxis, typically in the form of Benzathine penicillin injections every 3-4 weeks.

Rheumatic Heart Disease presents as damage to the heart valves as the result of repeated Acute Rheumatic Fever. If not diagnosed and managed early, Rheumatic Heart Disease can result in heart failure and premature death.

**Early Development and parenting support**

*Supporting parents and their children: Parent-Child Services*

Labor believes that there must be comprehensive coverage of parenting and early development services for Indigenous parents and their babies. These services help families through the challenges that raising children often present, and provides support and assistance. This form of early intervention service enables young families to make sure their young children are on the right track, right from the start.

Labor will provide $17.5 million over four years to develop new parent-child services in areas of need, to improve parenting skills and the development, learning and wellbeing of Indigenous children, from birth to 8 years old.

While the Commonwealth, States and Territories provide these types of services to many Indigenous families, coverage is not comprehensive, particularly for children aged 0-2 years. Comprehensive access is needed to give Indigenous children the best start in life.

Labor will build on the $23 million allocated in the 2007-08 Budget to establish new Child Care Service Hubs in rural and remote communities.

The Secretariat of National Aboriginal and Islander Child Care have identified a preliminary list of locations in need of integrated parent-child services. These will be used as a basis for determining priority areas.
Early education for all four year olds

Under Labor, all Australian four year olds will have enshrined in a new Commonwealth Early Childhood Education Act a universal right to access early learning programs. All four year olds will be eligible to receive 15 hours of Government-funded early learning programs per week, for a minimum of 40 weeks a year. The additional Commonwealth investment required to implement these new programs is $450 million per year when fully operational. It is estimated at least $21 million per year will help provide these services to Indigenous four year olds. Around 4,500 Indigenous four year olds currently miss out on these services and will benefit from increased access.

Considerable evidence demonstrates that early learning programs have particular benefit for children from disadvantaged backgrounds. A priority for Labor will be expanding these early learning programs into Indigenous communities.

All Indigenous four year olds will be eligible to receive 15 hours of Government-funded early learning programs per week, for a minimum of 40 weeks a year. This would include a requirement for all early childhood education or care services catering to four year olds to have sufficient degree-qualified early childhood teachers to meet this entitlement. Structured play-based learning would be provided to assist the development of pre-literacy and pre-numeracy skills.

Further details of this proposal can be found in Labor’s New Directions for Early Childhood Education released in January 2007.

Australian Early Development Index

Labor will provide $16.9 million over four years to support the rollout of the Australian Early Development Index in every Australian primary school.

According to former Australian of the Year and child health expert Fiona Stanley, the AEDI is a ‘fantastic tool for governments, because communities can see whether their services are being effective’. Labor will adapt the AEDI to establish a culturally appropriate and nationally consistent means of assessing key aspects of Indigenous children’s early child development which are central to their readiness for learning at school.

Further details of this proposal can be found in Labor’s New Directions for Australian Children released in April 2007.

Literacy and Numeracy

Literacy and numeracy are the building blocks upon which every individual builds his or her participation in society, capacity to work, and lead a healthy and active life.

The under-performance of Indigenous students against the national reading, writing and numeracy benchmarks must be improved.

Labor wants to halve the gap between Indigenous and non-Indigenous students’ performance in reading, writing and numeracy achievement within a decade.

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36 quoted in The Australian 16 July 2006
Individual Learning Plans

Labor will ensure that every Indigenous student has an Individual Learning Plan, to be updated twice a year for every year of schooling, up to Year 10.

These plans will be based on the individual child’s needs, as determined by the teacher’s professional judgements, the results of assessments (including national literacy and numeracy testing in years 3, 5, 7, and 9) and through new initiatives such as the Australian Early Development Index.

The plans will identify the individual strengths and weaknesses of every child, and set out in what areas the student and the teacher will target for improvement across the basics of reading, writing, and numeracy.

Labor will spend $34.5 million over four years providing professional development support to teachers to enable them to complete these learning plans. Through their child’s teachers, parents will be able to access these plans so they can be part of their children’s learning improvements.

Once children’s learning needs have been identified, clear and precise intervention programs can be better implemented.

Data available through teacher assessments will be pooled along with other student achievement and demographic data already available, and an independent analysis commissioned annually in collaboration with the states and territories to provide governments with the best quality foundation for policy decisions and resource allocations.

Intensive literacy and numeracy programs

Labor will provide $21.9 million over four years to expand intensive literacy and numeracy programs in our schools.

Intensive literacy programs, such as Accelerated Literacy, Making Up Lost Time In Literacy, and the Yachad Accelerated Learning Project, provide a heavily-structured approach to teaching literacy, within a nationally consistent framework, that assists underachieving students to catch up to the average level of the rest of their class.

These programs use a range of learning methods including phonics and decoding in combinations with whole of language and textual understanding. What is important is that each student’s level is identified and all relevant methods are used. It is critical that students who are falling behind can be given extra help to help them catch up.

As part of this commitment, a new intensive numeracy program will be developed and implemented. The educational gap between Indigenous and non-Indigenous students is widest in numeracy, up to 33 percentage points in year 7, yet there are few structured programs in this area.

Intensive literacy and numeracy programs will focus on those foundational literacy skills which are essential to success in school. These skills will be part of the English component of the national curriculum, and underpin effective participation in all learning areas.

More information on how Labor will improve literacy and numeracy in our schools is contained in Labor’s New Directions for our Schools: a national action plan for literacy and numeracy released in April 2007.38

Bringing it all together

To make a difference, these new and expanded services must be delivered in partnership between all levels of Government and with the cooperation and input of local Indigenous communities.

*Indigenous Child and Family hubs*

Where practical Federal Labor will seek to combine Mother and babies services with Parent-Child services and other existing infrastructure to create Indigenous Child and Family hubs. Labor’s aim is to ensure that mothers who establish a close relationship with Mothers and Babies services are encouraged to maintain a connection with health and early childhood workers as their young child grows. This will allow greater continuity of care and attention to the individual needs of Indigenous children.