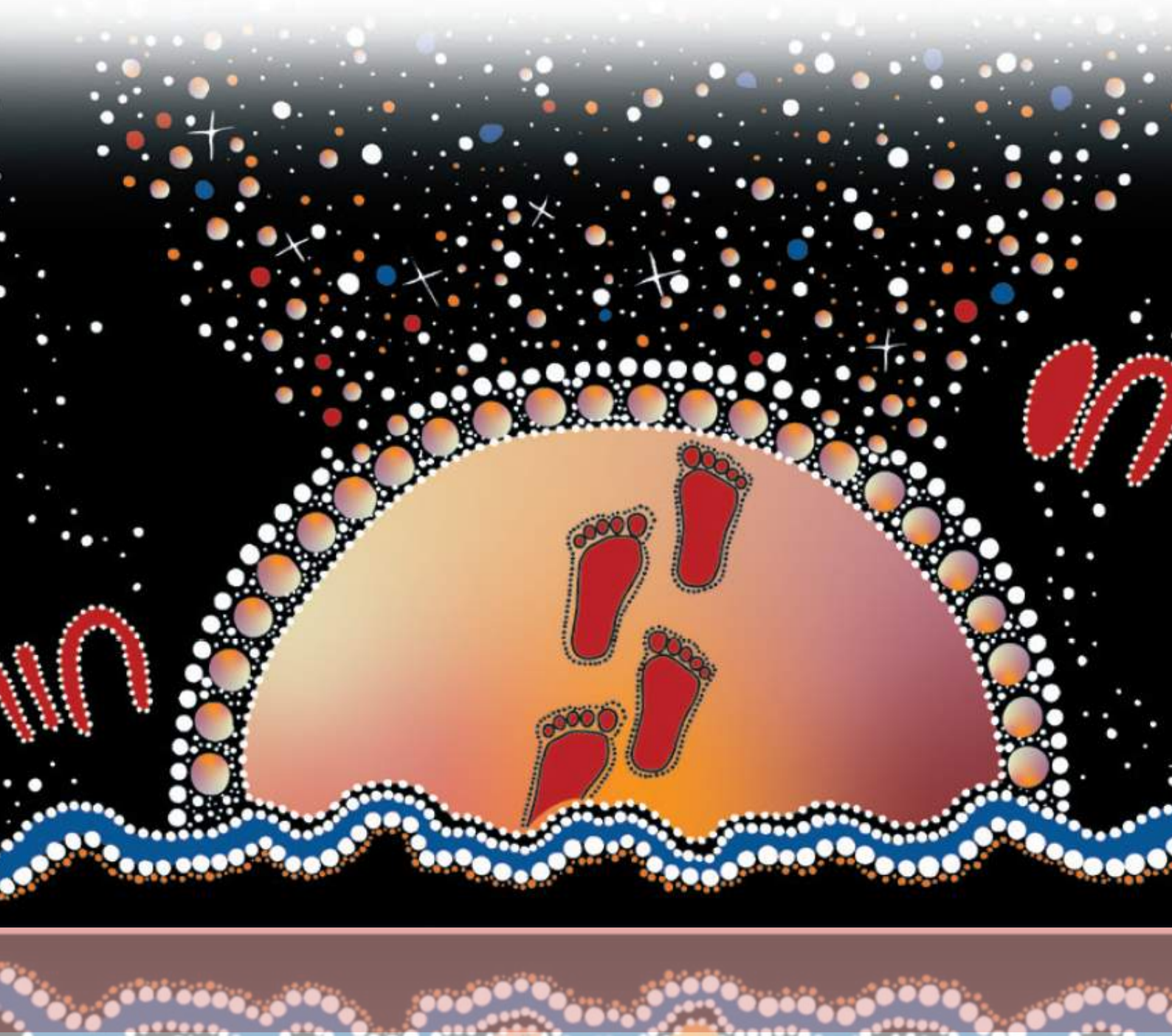




*Empowering Generations of
Culturally Strong, Thriving,
Aboriginal Children
Families and Communities*





Submission to Members of Federal & ACT Parliaments

FROM

Yerrabi Yurwang

Child & Family Aboriginal Corporation

April 2026

Emailed To	Various Members of Federal Parliament & ACT Legislative Council
Name	Adjunct Professor Dea Delaney-Thiele
Position	Chief Executive Officer
& Email	dthiele@yerrabi.org.au
	Dr Guy Gillor Manager of Strategy, Policy & Research ggillor@yerrabi.org.au
Organisation:	Yerrabi Yurwang Child & Family Aboriginal Corporation
Postal Addresses:	245 Lady Denman Drive ACTON ACT 2601 9-11 Lawry Place Macquarie ACT 2614

YERRABI YURWANG SUBMISSION – Priority Action Areas

All are of equal importance

Priority Action Area 1: Access to culturally appropriate, wholistic, no-cost health care for Aboriginal People in the North of Canberra, that is governed and operated by Aboriginal People for Aboriginal People.

Please See Attachment A – Minimum Budget Requested- \$2,380,026/annum.

Priority Action Area 2: Establishment of an Aboriginal Community Controlled Early Childhood Education and Care Centre, including Preschool, to deliver culturally appropriate and safe education for our children, with long-term, secure, and population-based funding arrangements.

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

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

Priority Action Area 5: Ensure that local Aboriginal Community Housing in the Australian Capital Territory is supported to meet the community needs long-term, under Community Control.

Funding Recommendation: **Equity**

Yerrabi Yurwang believe that any funds aligned to any strategies and plans need to be equitably distributed, based on the need/data, and guided by Aboriginal perspectives. This is fundamental to the systemic change required to improve outcomes. This approach has been articulated in Commonwealth Productivity Commission Reports, previous Aboriginal Strategies and the current Close the Gap Measure.

Yerrabi Yurwang Child & Family Aboriginal Corporation

ACT Parliamentary Submission April 2026

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, other key partners and stakeholders to ensure the delivery of culturally appropriate, responsive and equitable services to our People, for our People, when they are needed... underpinned by our inherent right of self-determination.

Dea Delaney-Thiele

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 co-existence and 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.

Sadly, this state of affairs has been well documented on many occasions over many decades, including the data/evidence below, which highlights the continuing burden of ill health and wellbeing.

Yerrabi recognise that the achievement of health and wellbeing depends on the co-ordinated and measured interaction of many areas or sectors of development.

It is important to note our concepts and perception of health is the very antithesis of western ideology which is based on individualism and disease driven.

Our concept of health is wholistic and was first coined in the National Aboriginal Health Strategy (p.x, 1989) which shows health is:

“not just the physical well-being of the individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life”.

Siloed funding approaches are ineffective to closing the gaps in Aboriginal disadvantage.

As an ACCHO, Yerrabi calls for an overarching funding model, that is underpinned by equitable, needs based funding.

This overarching funding model should be based on respectful collaboration between, and where appropriate, integration of the different development programs offered by the various service agencies, to reduce duplication of efforts, and improve efficacy, accountability, productivity and outcomes.

These are essential components of a wholistic system and approach, based on our concepts.

Our Submission

In this submission, Yerrabi Yurwang wishes to highlight **Priority Action Areas** that require government support and ongoing funding commitments that are based on equitable funding distributions, to improve the health and wellbeing of Aboriginal People and their Families in the ACT.

These **Priority Action Areas** are in no order of importance and are consistent with the Close the Gap (CTG) Targets highlighted in both the Commonwealth and Territory CTG Implementation Plans.



*Yerrabi Yurwang Child & Family Aboriginal Corporation
@ Yarramundi Reach*

Priority Action Area 1: Access to culturally appropriate, wholistic, no-cost health care for Aboriginal People in the North of Canberra, that is governed and operated by Aboriginal People for Aboriginal People.

What Does Our Community Say?

In the first two surveys of Aboriginal community members conducted by Yerrabi prior to opening the Health Hub (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. In the most recent members survey (2026), the first since the opening of the Yerrabi Yurwang Health Hub, members identified cost of mainstream services as the biggest barrier for access. 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 no-cost 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 2024/25, ACT recorded 1,742 MBS 715 health checks, covering about 17% of the ACT Aboriginal 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 2025)

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 has past 10,000 Aboriginal and Torres Strait Islander population in 2024 by updated ABS estimations. ACT requires a significant increase of available GP services for its existing Aboriginal population, and for any future growth. (ABS 2024).

The spatial analysis (as shown in Chart 3) shows clearly the gap in access to primary care for Aboriginal people between the north and south of Canberra. As of June 2024, the 3 regions that make up most of the north of ACT (Gungahlin, North Canberra, and Belconnen) are ranked 6, 7, and 8 among the 8 ACT SA3 regions for which data exists.

A recent analysis of access to MBS 715 over a 5-year period (2020-2024) 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 (58.3%, compared with 43% 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 (2018 to 20) shows that Aboriginal patients in ACT did record 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.

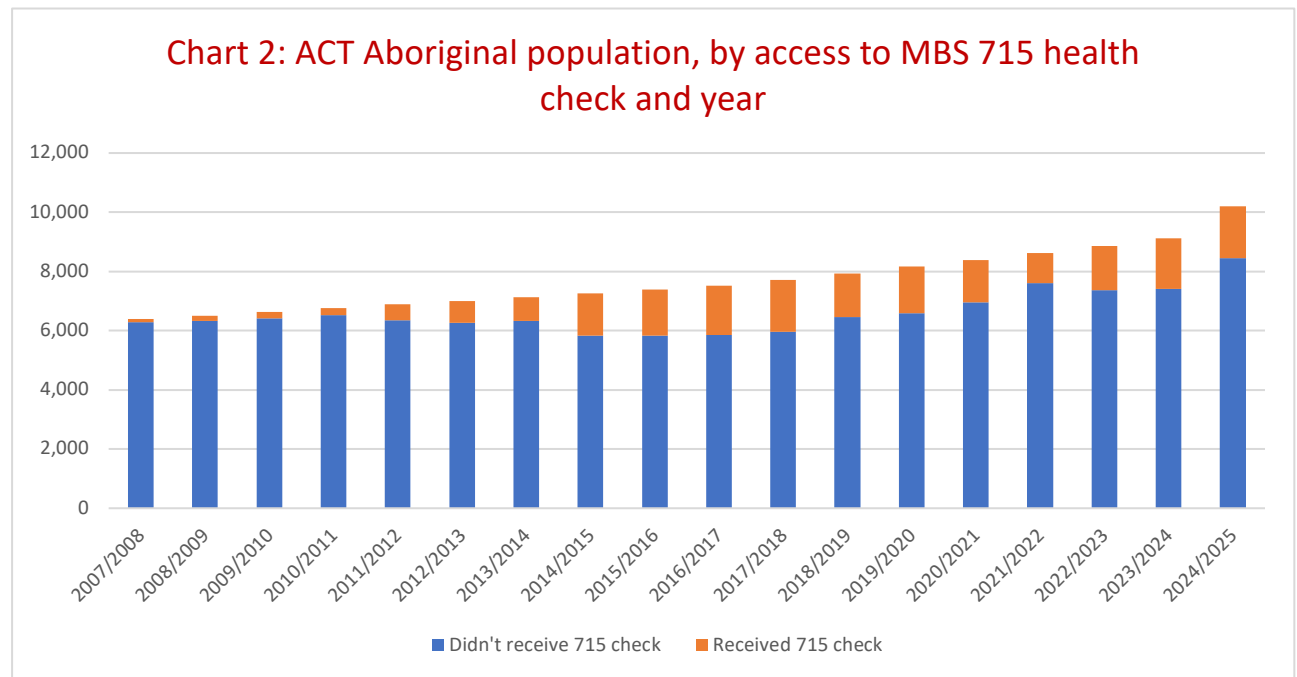
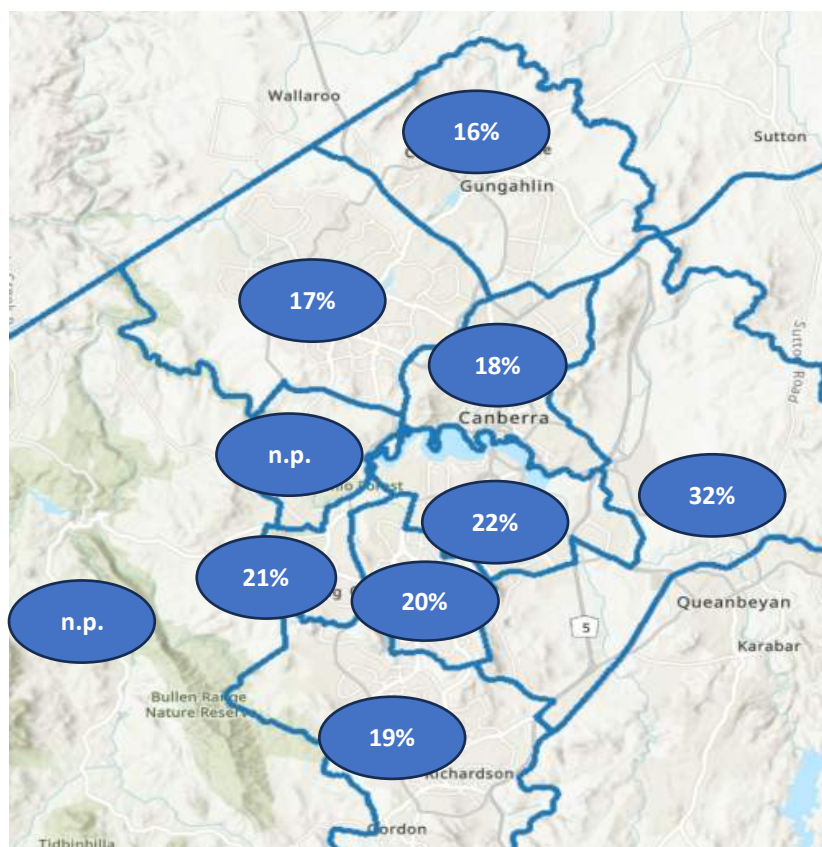
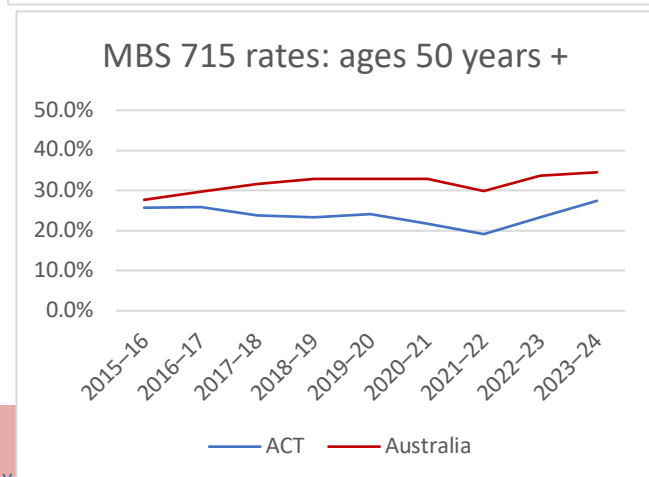
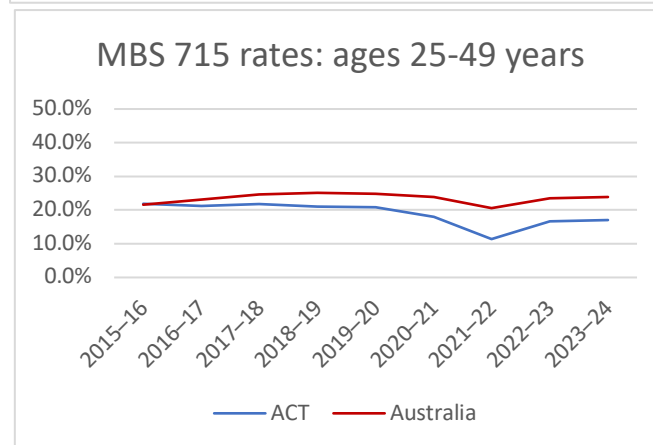
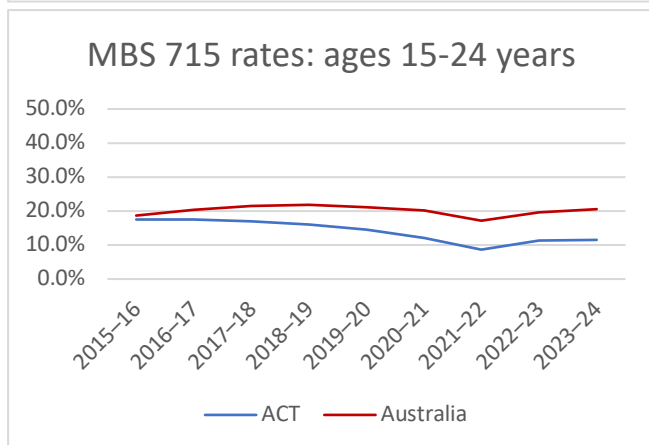
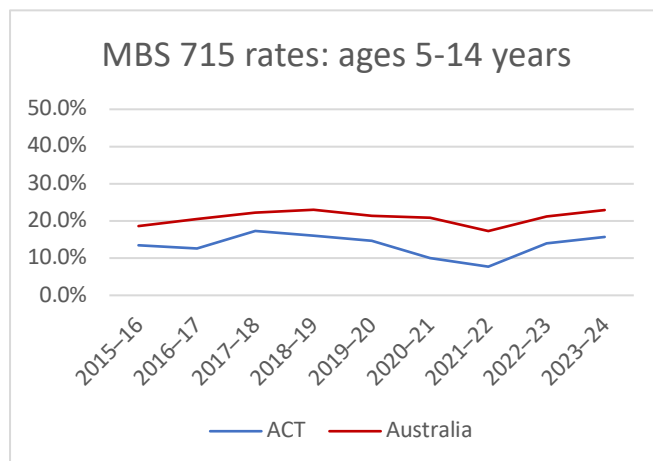
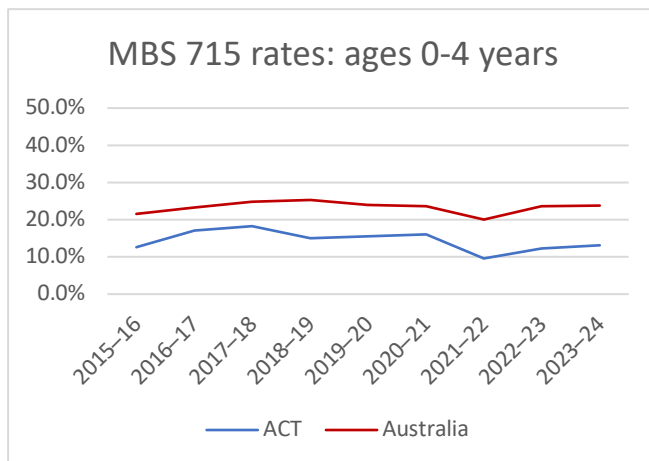


Chart 3: MBS 715 distribution, % of Aboriginal population by SA3, June 2024



SA3 Mame	FN Population (2021)	Patients (2024)	Uptake (%) (AIHW calculation 2024)	N/S	Rank
Belconnen	2207	398	17.2%	N	7
Canberra East	136	55	31.9%	S(N)	1
Gungahlin	1434	238	15.8%	N	8
North Canberra	847	163	17.9%	N	6
South Canberra	418	100	22.3%	S	2
Tuggeranong	2728	549	19.3%	S	5
Weston Creek	433	94	20.8%	S	3
Woden Valley	549	112	19.5%	S	4
Molonglo	123	n.p.	n.p.	N	
Urriarra- Namadgi	21	n.p.	n.p.	S	

Chart 4: MBS 715 rates, % of Aboriginal and Torres Strait Islander population, in the ACT and Australia-wide, by age group



Priority Action Area 2: Establish an Aboriginal Community Controlled Early Childhood Education and Care Centre, including Preschool, to deliver culturally appropriate and safe education for our children, with long-term, secure, and population-based funding arrangements.

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, 2026).


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.

The below overviews key data from the Australian Early Development Census (AEDC) of 2024 (released 2025):

1. Over 50% of all Aboriginal children in the ACT live in the north of Canberra (AEDC, 2022).
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, 52% were developmentally vulnerable in one or more domains (AEDC, 2025). This means most of the ACT's Aboriginal and Torres Strait Islander children are developmentally vulnerable, at a rate which almost doubles the non-indigenous percentage.
4. In 2024, only 24% 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, 2025).
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 52% in 2021; Being developmentally on track has decreased from 41% in 2009 to 24% in 2021.
6. For Aboriginal children in the ACT, vulnerability rates for have gone up considerably, across all 5 domains. The biggest step backs were in the physical health and emotional maturity domains. Rate increases across domains are: Physical health- 33% vulnerable (up from 26% in 2021); Emotional maturity- 26% vulnerable (15% in 2021); Communication skills and general knowledge- 18% vulnerable (up from 15%); Social competence- 29% vulnerable (up from 25%); and Language and cognitive skills- 24% vulnerable (up from 20%).



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 2025 (ACT Government, 2025), only 117 students were enrolled in Koori preschool programs. The AEDC data of 2024 shows that there were 192 ACT Aboriginal and Torres Strait Islander Children in kindergarten, demonstrating that there are potentially 75 children or almost 40% of ACT's Aboriginal children not engaged in a Koori Preschool.

In addition, the 117 children being serviced by Koori Preschool represents only about 20% 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.

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

What Does Our Community Say?

In the most recent survey of community members (2026 internal members survey), lack of access to paediatric care was raised by several participants as a key issue they are facing in the North. This is in addition to the lack of transport and high cost of services being raised consistently in our community surveys as existing barriers (2021, 2023, 2026). There is a strong identified need in establishing better access to wraparound Aboriginal antenatal support programs, especially in northern Canberra, including mental health support, however such services need to be well integrated with existing Aboriginal Community Controlled Services like Yerrabi to ensure support is wholistic and not fragmented.

What Does the Data Show?

The urgent need for access to better paediatric care is strongly grounded in the data presented for the last two recommendations – the worsening access of Aboriginal children to health checks (as detailed under recommendation 1), with the well-documented and alarming increased developmental vulnerability of Aboriginal children in the ACT as recorded in the recent Australian Early Development Census (as detailed under recommendation 2) gives a strong evidence base for the need to a thorough overhaul of access to paediatric healthcare for Aboriginal children in the Territory.

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 5: % of Aboriginal and Torres Strait Islander females who gave birth, who had an antenatal care visit in first trimester, 2020

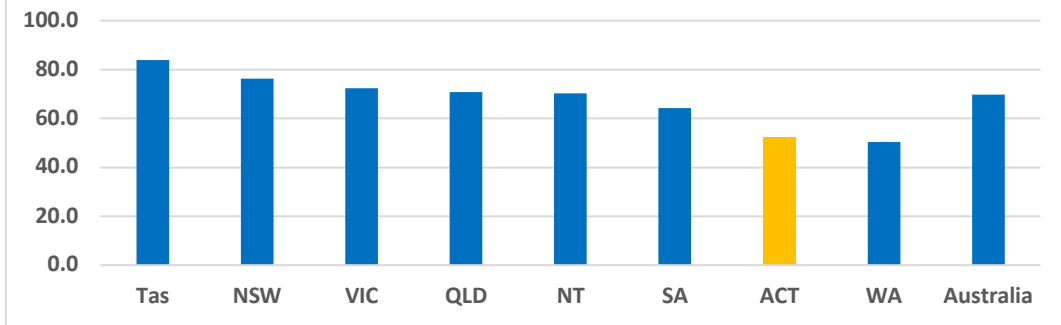


Chart 6: % of Aboriginal and Torres Strait Islander females who gave birth, who had an antenatal care visit in first trimester, 2017-2020, mapped to ACT SA3

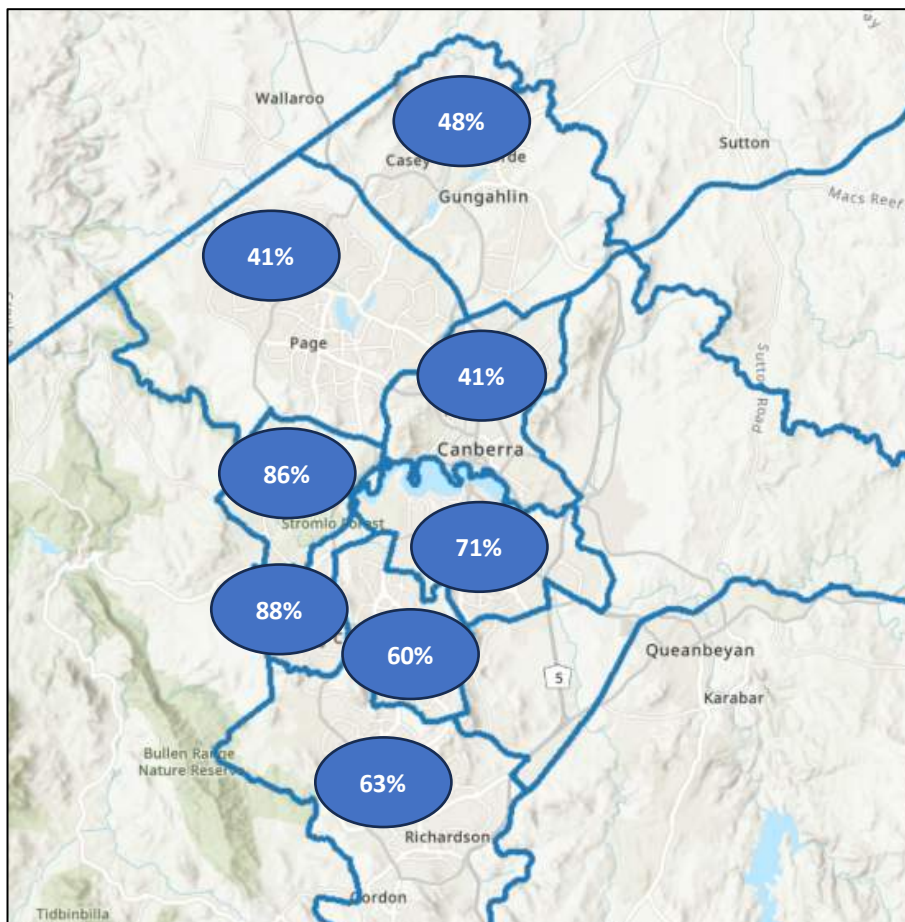




Chart 7: % of Aboriginal and Torres Strait Islander females who gave birth, and had 5 or more antenatal visits during pregnancy, 2020

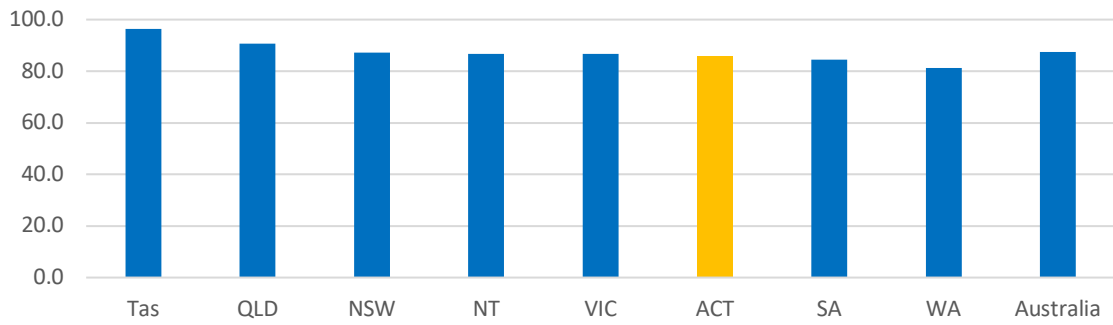
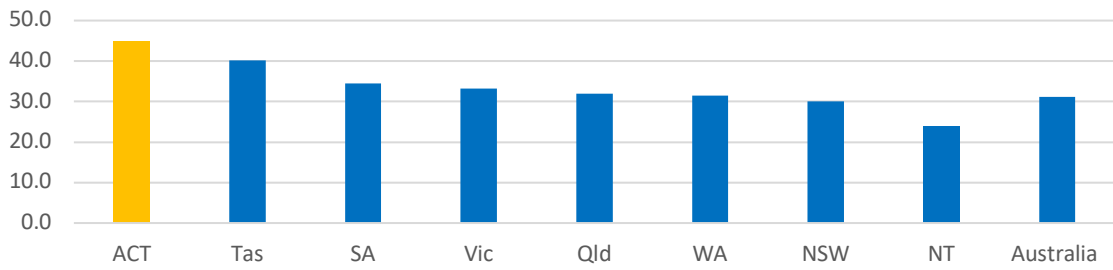


Chart 8: % of Aboriginal and Torres Strait Islander females who gave birth, and had BMI ≥ 30 (obese)



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

What Does Our Community Say?

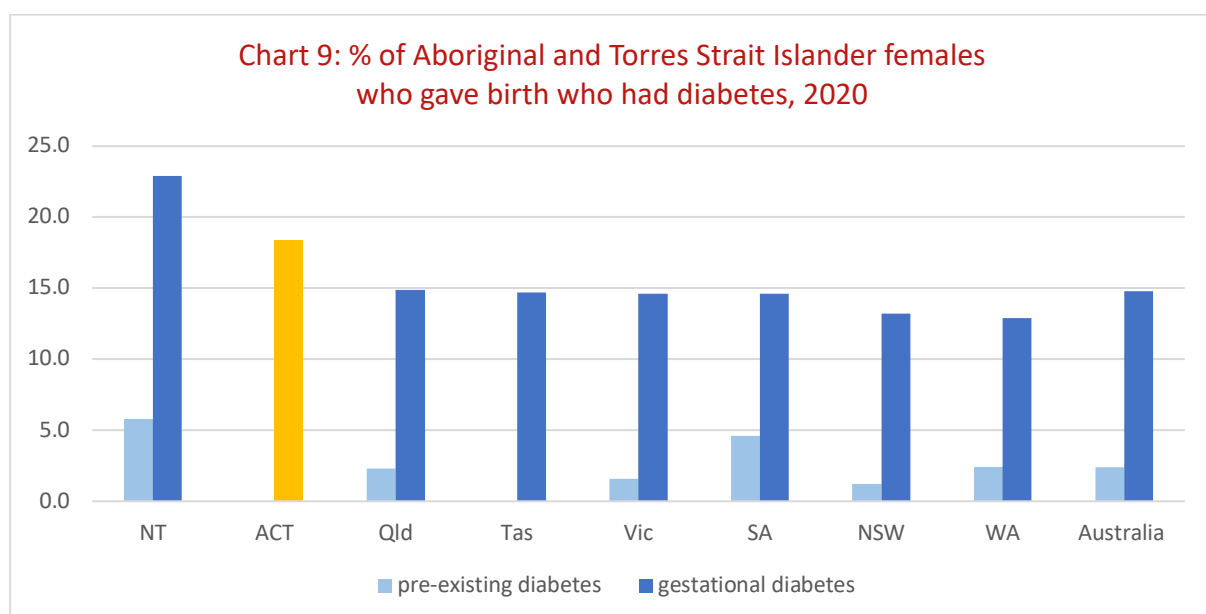
Food security, together with financial insecurities, have been consistently raised in Yerrabi Yurwang internal surveys as concerns. In our most recent survey (2026), members expressed the need for better support to be able to ensure they have access to food. In the previous survey (2023), 13% indicated 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 and needs to be considered and addressed as part of a wholistic care approach.

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 into 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: Enhance 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.

Before Yerrabi Yurwang Housing Program was launched, the ACT was the only jurisdiction in Australia that that didn't have an Aboriginal-specific community housing program. Yerrabi believe this is unacceptable, especially considering that specialist homelessness services supported 798 Aboriginal and Torres Strait Islander People in the ACT in 2024-25. (AIHW 2025).

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.

Conclusion

The health and wellbeing of Aboriginal People and their 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 and wellbeing outcomes for Aboriginal People and their Families, are not on par with the general population, and not even on par 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



Professor **Dea Delaney-Thiele** (WSU)
MPH (UNSW) Post Grad HM (UNE)

Chief Executive Officer

Company Secretary/Public Officer

CAPO CSDCAPO029 Responsible Person

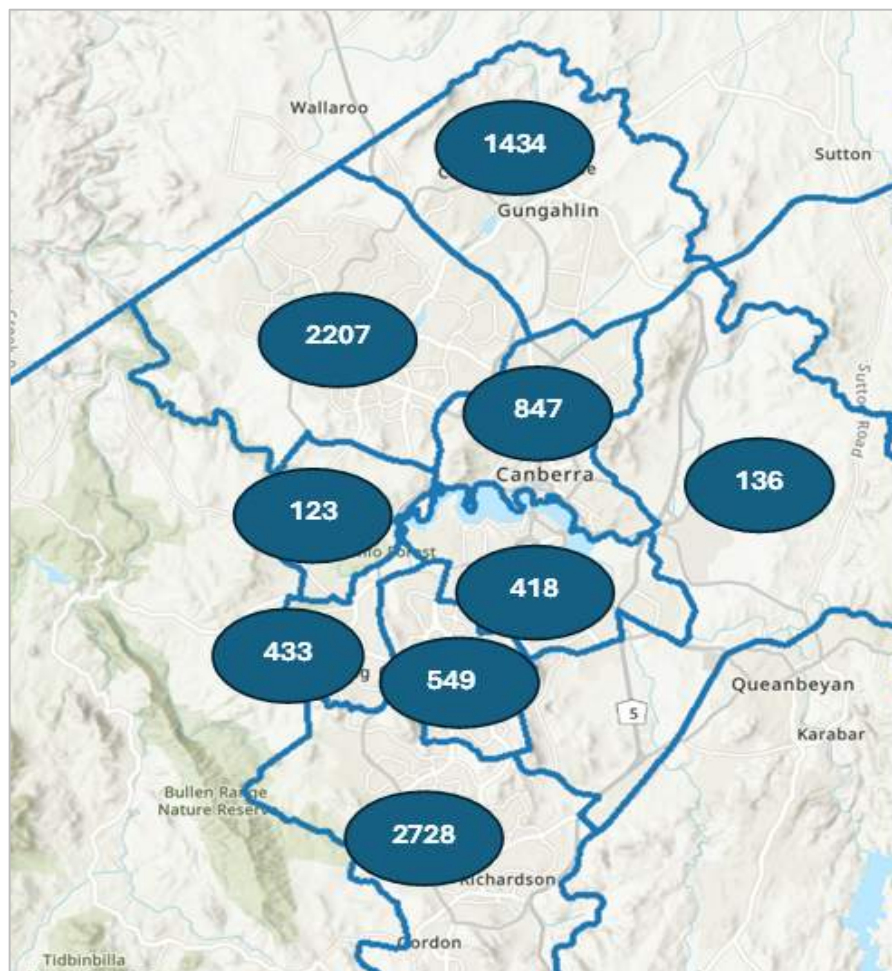
*Empowering Generations of
Culturally Strong, Thriving,
Aboriginal Children, Youth,
Families & Communities*

Other Data

2021 Census Data | First Nations Population

The 2021 census data in bold font below, shows over half (approx. 53%) of the ACT's Aboriginal population lives in the Northern Canberra region.

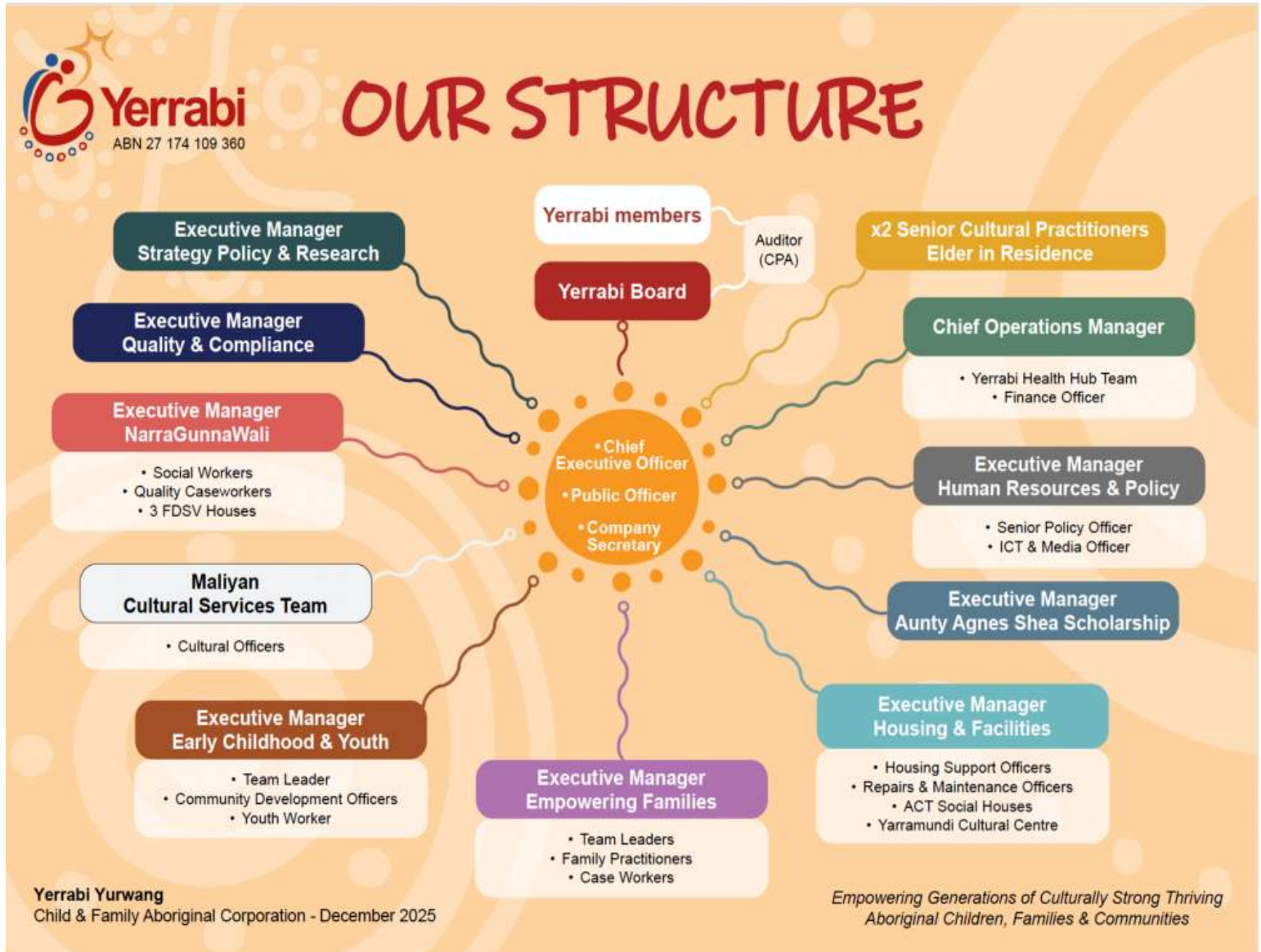
Chart 10: First Nations population in ACT by SA3, 2021



SA3 Name (2021)	FN Population (2021)	FN % of Population	North (N) South (S)
Belconnen	2207	2.2%	N
Canberra East	136	7%	S/N
Gungahlin	1434	1.6%	N
North Canberra	847	1.4%	N
South Canberra	418	1.3%	S
Tuggeranong	2728	3%	S
Weston Creek	433	1.8%	S
Woden Valley	549	1.4%	S
Molonglo	123	1.1%	N
Uriarra- Namadgi	21	3.4%	S/N

Our Structure

Please find our current structure



REFERENCES

Australian Early Development Census (AEDC). 2025. Results for the ACT. Available from: https://www.act.gov.au/_data/assets/pdf_file/0007/2965471/AEDC-2024-Results-for-Aboriginal-and-Torres-Strait-Islander-children-ACT.pdf

Australian Bureau of Statistics. 2024. Estimates and Projections, Aboriginal and Torres Strait Islander Australians. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-and-projections-aboriginal-and-torres-strait-islander-australians/2011-2031>

Australian Institute of Health and Welfare. 2023. Aboriginal and Torres Strait Islander mothers and babies. Available from: <https://www.aihw.gov.au/reports/mothers-babies/indigenous-mothers-babies/contents/about>

Australian Institute of Health and Welfare. 2025. Child protection Australia 2023–24. Available from: <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2023-24/data>

Australian Institute of Health and Welfare. 2025. Specialist homelessness services annual report 2023–24. <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about>

Australian Institute of Health and Welfare. 2024. Health checks and follow-ups for Aboriginal and Torres Strait Islander people. Available from: <https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/summary>

Services Australia. 2025. Medicare Statistics. Available from: <http://medicarestatistics.humanservices.gov.au/>

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

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>

Yerrabi Yurwang Aboriginal Community Member Surveys. 2021, 2023, 2026. Unpublished.

Yerrabi Yurwang. 2024. Position Statement: Enduring Parental Responsibility for Aboriginal Children in Non-Aboriginal Care Arrangements. Available from: https://yerrabi.org.au/wp-content/uploads/2024/09/Yerrabi-Yurwang_Position-Statement_EPR_Sept2024-contact.pdf



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

