

31 May 2023

Early Years Engagement Team
Australian Government Department of Social Services

By email: earlyyearsengagement@dss.gov.au

Re: Submission to the development of an Australian Government Early Years Strategy

Dear Sir / Madam,

Please accept this as a Submission to the development of an Australian Government Early Years Strategy on behalf of the Aboriginal Medical Services Alliance Northern Territory (AMSANT). Thank you granting an extension for our submission until 31 May 2023.

Key points for the Early Years Strategy

- *Include a clear focus on the needs of Aboriginal and Torres Strait Islander children in the Early Years Strategy.*
- *Recognise that the provision of evidence-informed early childhood development programs are part of the comprehensive model of primary health care*
- *Formally recognise ACCHSs as the providers of choice for all early years services to Aboriginal and Torres Strait Islander communities*
- *Include addressing the social key social determinants of health for Aboriginal and Torres Strait Islander families and children – poverty, inequality, housing, education and adult literacy – as key measures in the Early Years Strategy.*



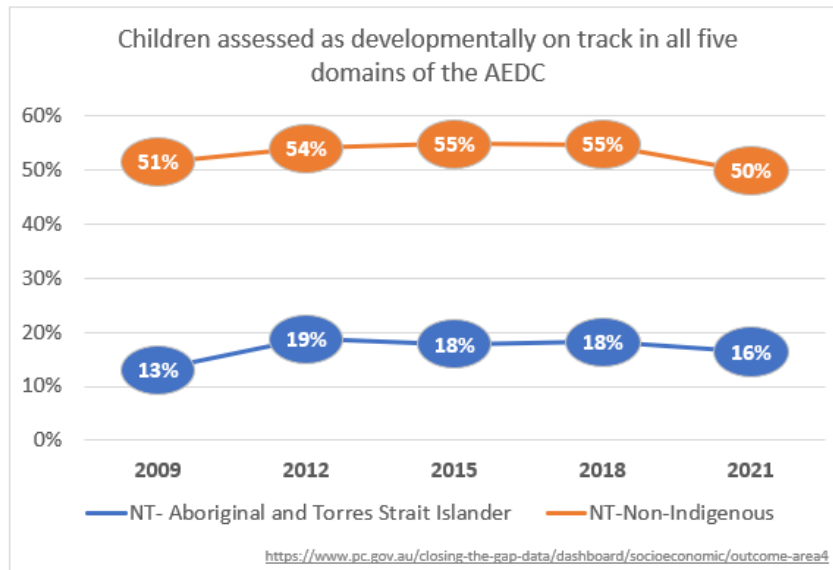
About us

AMSANT is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory. We represent 12 full member organisations (ACCHSs) and 13 associate members across all areas of the Territory. We aim to grow a strong Aboriginal community controlled primary health care sector by supporting our Members to deliver culturally safe, high quality comprehensive primary health care that supports action on the social determinants of health; and representing our Members' views and aspirations through advocacy, policy, planning and research.



Including a focus on Aboriginal and Torres Strait Islander children

Growing up happy, engaged and capable children has been at the heart of the diverse Aboriginal cultures of the Northern Territory for tens of thousands of years. However, the effects of colonisation, dispossession and impoverishment have profoundly affected the capacity of many of our families to continue to do so. According to Australian Early Development Census figures, only 16% of our children are on track in all five developmental domains, over three times less than that for non-Indigenous children in the Northern Territory (see graph below).



This picture is similar – though not generally so severe – across the country which points very clearly to **the need for a clear focus on the needs of Aboriginal and Torres Strait Islander children in the Early Years Strategy.**



Early childhood programs as part of comprehensive primary health care and the role of ACCHSs

The evidence is well-known that the early years of life are fundamental to both the physical and emotional health of children, for their social and cognitive development, and for later educational achievement and life chances. Adverse childhood events are causally linked to poorer long-term outcomes across a whole range of health and social indicators.

It is also well documented that evidence-informed intervention in early childhood can improve long-term outcomes across including education, employment, health and wellbeing, and involvement in the criminal justice system.

ACCHSs have been leaders in early childhood program development in the Northern Territory, taking evidence-based programs that work in other contexts and thoughtfully adapting them to be effective in the social and cultural context in which they operate. Central Australian Aboriginal Congress in particular has successfully delivered the Australian Nurse Family Partnership Program (ANFPP) including in two remote communities, as well as the Abecedarian enriched learning program for pre-school-age children.

ACCHSs have a number of significant benefits as platforms for delivering early childhood programs for Aboriginal and Torres Strait Islander communities. These include:

- a holistic approach to service delivery, including through addressing the social determinants of child and family wellbeing,
- culturally safe services,
- better access, based on community engagement and trust: particularly when dealing with culturally sensitive issues relating to pregnancy, childbirth and child-rearing
- Aboriginal empowerment including through formal governing Boards and significant numbers of Aboriginal women in governance positions;

- an Aboriginal workforce: community-controlled services are significantly better at attracting, training and retaining Aboriginal staff;
- high levels of accountability: highly accountable to funders through robust data collection and reporting regimes.

The key role of ACCHSs in was confirmed by one major study which concluded that:

up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services.ⁱ

With respect to early childhood services, ACCHSs have a further important advantage because, as primary health care providers, they deliver antenatal and postnatal care to women, and thus have established relationships with Aboriginal families with young children – relationships with other sector (e.g. the education or pre-school sector) do not have until much later in a child's life.

For these reasons, the Early Years Strategy should ***recognise that the provision of evidence-informed early childhood development programs are part of the comprehensive model of primary health care embodied by ACCHSs.***

ACCHSs should therefore be formally recognised as the providers of choice for all early years services to Aboriginal and Torres Strait Islander communities.



Action on the social determinants of health

Children growing up in poverty carry considerably greater risks across their lifetime in a whole range of health, economic and social domains. There is also important evidence around inequality: as well as absolute deprivation (poverty), relative deprivation (inequality) is related to higher infant and adult mortality rates, to reduced life expectancy, and to higher rates of illnessⁱⁱ.

The powerful effects of poverty can be seen in the Northern Territory where between a half- and a third- of the gap in life expectancy between Aboriginal and non-Indigenous Territorians is due to socioeconomic disadvantageⁱⁱⁱ. However, on average Aboriginal and Torres Strait Islander household income is only two-thirds that of the non-Indigenous population and nationally remote Aboriginal and Torres Strait Islander incomes are falling in real terms, and the income gap is widening^{iv}.

A similar story can be seen in many other of the vital social determinants of health that determine the social and economic context in which Aboriginal and Torres Strait Islander children grow up. Despite some improvements, housing remains inadequate and overcrowded; educational achievement considerably lower than for the mainstream population; and adult literacy (a key determinant of child health and wellbeing) much worse than for non-Indigenous people.

Addressing the social key social determinants of health for Aboriginal and Torres Strait Islander families and children – poverty, inequality, housing, education and literacy – must therefore be included as key measures in the Early Years Strategy.

I trust these brief comments are useful in guiding the development of the Early Years Strategy, especially in relation to the needs of Aboriginal and Torres Strait Islander children.

I understand that a consultation round-table is being organised by the National Aboriginal Community Controlled Health Organisation (NACCH) with AMSANT and other NACCHO Affiliates, and would be pleased to expand on these matters at that time.

Thank you for your attention to these important matters and please feel free to get in contact should you require more information.

Yours sincerely,

[Redacted signature]

[Redacted contact information]

ⁱ Vos T, et al., *Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report*. 2010, ACE-Prevention Team: University of Queensland, Brisbane and Deakin University: Melbourne.

ⁱⁱ Baum F, *The new public health (third edition)*. 2nd ed. 2007, Oxford: Oxford University Press.

ⁱⁱⁱ Wilson, T., Y. Zhao, and J. Condon, *Limited progress in closing the mortality gap for Aboriginal and Torres Strait Islander Australians of the Northern Territory*. Australian and New Zealand Journal of Public Health, 2019. **43**(4): p. 340-345

^{iv} Markham F and Biddle N, *Income, poverty and inequality*. 2018, Centre for Aboriginal Economic Policy Research, Canberra.