RESPONSE TO THE DRAFT NATIONAL EARLY YEARS STRATEGY

Contents

Submitted on behalf of the Replanting the Birthing Trees Project team and Gathering the Seeds symposium participants. Enquiries about this submission can be directed to:
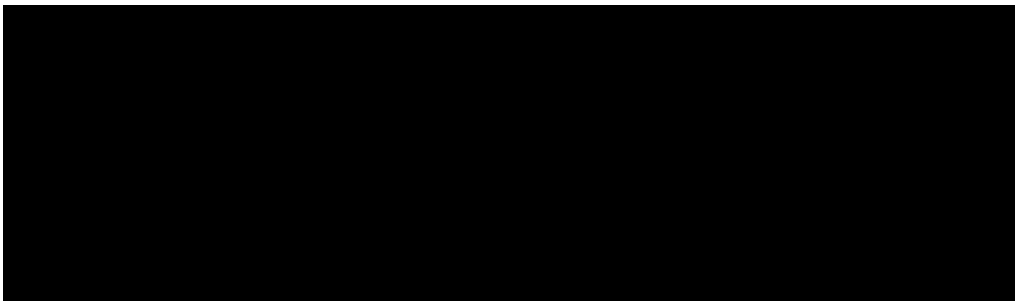
About Replanting the Birthing Trees

The **objective of Replanting the Birthing Trees** is to combine First Nations ways of knowing, being and doing with rigorous prior Aboriginal and Torres Strait Islander-led participatory co-design, research, and practice evidence. We aim to implement and evaluate community-led, holistic, trans-disciplinary, continuity-of-care for the first 2000 days of a child's life and concurrently build infrastructure for scale-up. We are working in partnership with seven perinatal services in two jurisdictions (Western Australia (WA) and Victoria). The metaphor *replanting the birthing trees* illustrates our innovative model: governed in alignment with National Agreement reform pillars, grounded in Aboriginal and Torres Strait Islander knowledge and informed by strong clear evidence to build the infrastructure for translation and scale-up (Figure 1). The comprehensive program of work is categorized into six workstreams led by early to mid-career researchers expanding career trajectories for generational change.
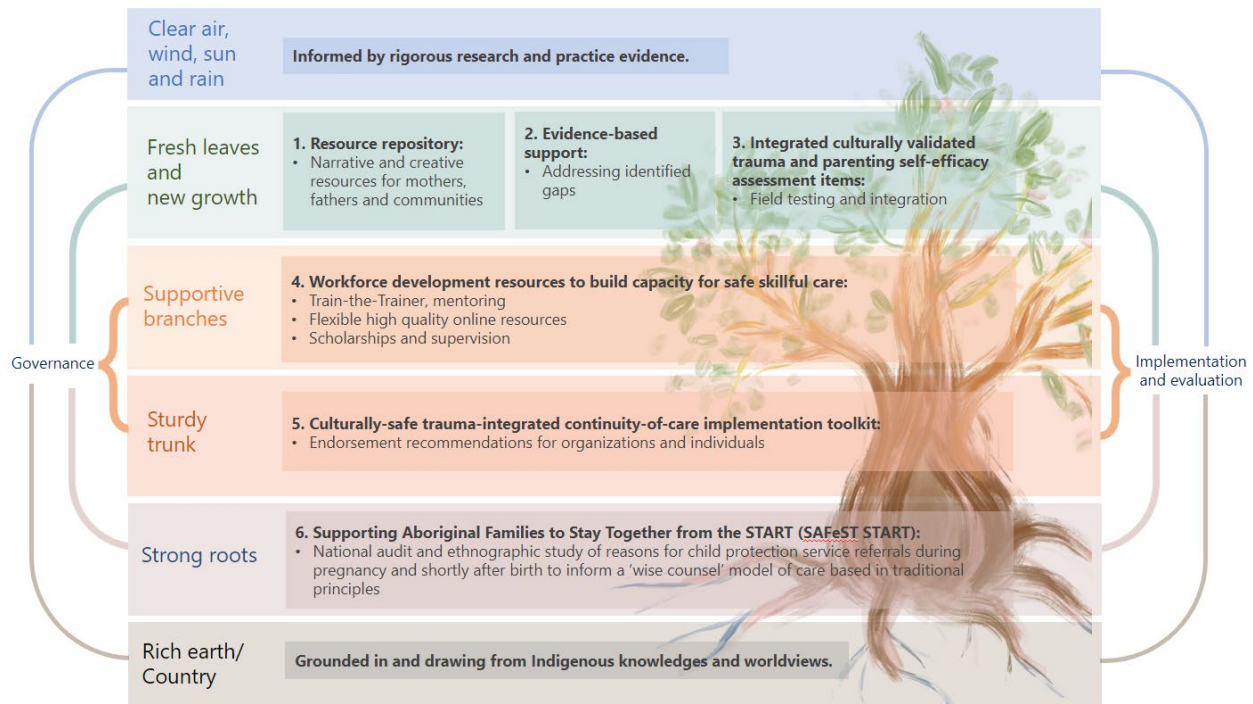
The Gathering the Seeds Symposium, the inaugural meeting for the Replanting the Birthing Trees program held in Boorloo (Perth) on April 3-5, to commence a public dialogue on *closing the gap* with effective community-led strategies that transform intergenerational cycles of trauma to cycles of nurturing, recovery and improved wellbeing for First Nations parents and children across the first 2000 days. We have invited >200 attendees to provide input into this submission and the recommendations reflect the consensus of those listed in Appendix 1.

Introduction

The Replanting the Birthing Trees project team, partners, and participants in the inaugural public meeting (Gathering the Seeds) welcome the opportunity to contribute to the Australian Government's Early Years Strategy.

We particularly support the focus on breaking down silos between health and social services using a child and family-centered model to ensure that all families receive support sufficient to meet their needs in the Early Years. We propose that culturally-safe, trauma-integrated continuity of care and carer is critical to reduce the risk of 'support' being perceived or lived as an additional threat for parents experiencing complex trauma. Cultural safety is about creating an environment that is safe for Aboriginal and Torres Strait Islander people. This means there is no assault, challenge or denial of their identity and experience. Cultural safety is about: Shared respect, shared meaning and shared knowledge.

We commend the use of human rights frameworks and upholding the United Nations Rights of the Child, as we have outlined in a [published position statement.[1]](#)

We also support the focus on strengths. Aboriginal and Torres Strait Islander people have adapted and thrived in Australia for thousands of generations. Practices to foster wellbeing were underpinned by knowledge and social systems developed over millennia. New parents were supported using principles of 'Grandmothers law' and children's development was nurtured through extended kinship and community care.[2][3] Violence, dispossession, discrimination, and human rights abuses since colonisation, including removal of children from families, even shortly after birth in maternity care, has left a legacy of intergenerational and complex trauma. This has serious impacts on physical, social and emotional wellbeing of the child and family. These relational impacts reverberate within communities and can affect parents' capacity to provide safe nurturing care for their children,[4] creating a compounding intergenerational effect that is driving persistent health inequities.[5] Concurrently, Aboriginal and Torres Strait Islander knowledge, languages and practices have been suppressed and disregarded; while evidence 'about' Aboriginal people has been generated predominantly by non-Indigenous researchers, through a lens distorted by privilege, racism and assumptions of knowledge superiority. This distorted knowledge is then reflected in current societal policies, health care programs – and education systems which compound and reinforce the 'legitimacy' of this 'evidence'. Hence, the physical, social and emotional health of Aboriginal people has deteriorated following colonisation, and despite being stated as a national priority to redress these disparities for over a decade, we see persistent failure of strategies for Closing the Gap.

Pregnancy, birth, and the transition to becoming a parent is particularly critical time when both risk and protective factors for trauma-related distress and recovery converge with unique life-course opportunities[6][7] in what is, for most people, their first regular healthcare contacts since leaving school. Here we can *Heal the Past by Nurturing the Future* and support parents to *transform a 'vicious' cycle of trauma to a 'virtuous' cycle of nurturing and recovery.* However, this requires a highly skilled and well-supported workforce, structural competence of the system to address complex social and emotional issues, and extending the emphasis of 'safety' in perinatal care to include holistic cultural, social and emotional safety. Continuity-of-carer, shown to reduce preterm births and improve perinatal survival, is essential for establishing trusting relationships with parents, a fundamental pre-requisite for providing culturally safe, effective support for parents experiencing trauma. However, Aboriginal and Torres Strait Islander women currently have limited access to perinatal continuity-of-care, and there is variable accessibility and acceptability of family violence support services.[8] In a national survey of primary

maternity care providers, <u>98% reported trauma is a significant issue impacting on First Nations parents; yet nearly half (43%) were 'not satisfied' with the ability of their service to address this</u>.[9] The lack of Culturally safe and skillful continuity-of-carer for parents experiencing trauma and violence is <u>a serious service gap,</u> and a <u>national priority</u>.

Our symposium attendees concur, and cite frustrations of a fractured system, including:

- Fragmented/ piecemeal/ second or third hand interpretations of people's lives, leading to an ad hoc judgement and perception of people's capacity.
- Absence of compassionately obtained insights into where families sit with their needs.
- Not acknowledging lack of effective evidence-based interventions or care before engaging with actions that inflame or trigger vulnerable people.
- No real auditing of the health providers journey or interactions with clients to see the moments of missed opportunities for appropriate engagement with continuity of carer and individualised services.
- Lack of focus on healing Men and embedding cultural support to men by men in community.
- The need for a known support navigator in addition to continuity of care. Someone who can oversee, advocate, provide guidance and direction to those in need.
- Lack of effective action to address serious challenges around alcohol, drug use and violence.

The 'do nothing' alternative – i.e., not transforming compounding cycles of trauma to positively reinforcing cycles of nurturing and recovery - risks ever-rising numbers of Aboriginal and Torres Strait Islander babies being removed from their parents and admitted to out of home care, estimated to rise to more than 20 times that of non-Indigenous children by 2031, based on current trends. Closing the Gap in other outcomes is highly unlikely from these weak foundations and impacts of trauma across the life course. Finally – if we get this right for Aboriginal and Torres Strait Islander parents, the approach is likely to be <u>more acceptable and effective for other Australian 'priority' populations</u>, than strategies retrofitted from dominant settler populations.

Response to the Early Years Strategy questions

Together with the new National Partnership Agreement on Closing the Gap, the Early Years Strategy offers a critical opportunity to reform state-based systems to make meaningful progress on closing the gap in health outcomes the first 2000 days, which is foundational for meeting all Closing the Gap targets. This is the best life course opportunity for transforming compounding cycles of intergenerational trauma to cycles of nurturing and recovery. Additionally, pregnancy, birth and the early years are a critically important period for fostering physical, social, and emotional wellbeing, there is an opportunity to learn from millennia of knowledge about how this can be achieved in Aboriginal and Torres Strait Islander cultures.

1. Do you have any comments on the proposed structure of the Strategy?
Consider if a <u>circular structure</u> that reflects children and families at the centre may more accurately embody the vision, outcomes, and indicators than a hierarchical structure.

Align areas and policy priorities with Closing the Gap reform pillars and targets.

2. What vision should our nation have for Australia's youngest children?

For all children to receive safe nurturing care in the First 2000 days (and beyond), to foster physical, social, and emotional wellbeing, cognitive, language and motor development and to be able to flourish.

3. What mix of outcomes are the most important to include in the Strategy?

As this is a child and family centered policy, the Strategy should include outcomes that reflect family and kinship wellbeing as well as child wellbeing.

Consider use of the Aboriginal social and emotional wellbeing tool in selecting outcomes that reflect holistic wellbeing for the child and family.[10]

Align with Closing the Gap (CTG) indicators/targets for children and amplify the relevance of the four Priority Reforms to reset the way governments and services work with Aboriginal and Torres Strait Islander people and communities.

4. What specific areas/policy priorities should be included in the Strategy and why?

4.1 Acknowledge the importance of equity, addressing poverty and ensuring all families have access to the essential social determinants of health from the start.

4.2 Recognise principles of self-determination for Aboriginal and Torres Strait Islander communities to determine the systems and supports for their children to thrive in the early years (CTG Target 4) are an important element of success. This includes community-led governance for programs and supporting Coalition of Peak Body representatives, aligned with CTG targets, and structured around the four priority reforms of the National Agreement on Closing the Gap:

    a. **Formal partnerships and shared decision-making**:

- A focus on reducing rates of Aboriginal and Torres Strait Islander children in out of home care and reforming the child protection sector (which is currently missing from the Strategy and is the elephant in the room for Aboriginal and Torres Strait islander families).
- Develop therapeutic 'wise counsel' model of care to support parents with complex social and emotional needs to Stay Together from the Start, including more secure, evidence-driven and effective wrap-around services and interventions.[1]

    b. **Building the community-controlled sector (and strong communities for whole of population)**:

- Culturally safe, trauma-integrated (or healing-informed), continuity of care and carer is critical to reduce the risk of child and family-centered 'support' being perceived or lived as an additional threat for parents experiencing complex trauma. These models, aligned with the Birthing on Country[11] movement and Family Wellbeing programs,[12] should be implemented as a priority with rigorous evaluation to build the evidence base and infrastructure across the sector to ensure all babies get the best start to life (CTG Target 2). Birthing on

Country is a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families, an appropriate transition to motherhood and parenting for women and an integrated, holistic and culturally appropriate model of care for all. This model of care should be available for people who are unable to give birth physically 'on country' for a range of reasons.

- **A comprehensive range of support services** available for parents, built on the priority reforms, that enables them to make intergenerational change, not just medical and 'mental health'.[13]
- **Strengths-based and 'hope-inspiring' approaches,** including incorporating Aboriginal and Torres Strait Islander approaches of Dadirri (deep listening), storytelling and yarning to gently raise awareness of trauma with hope.

c. **Transforming government organisations:** through building authentic partnerships with communities, engaging communities in design and evaluation of programs and services, and increasing employment of Aboriginal and Torres Strait Islander peoples within organisations.

- **Comprehensive education** and mentoring for developing a highly skilled workforce (e.g. midwives, Aboriginal Health Workers etc) with expertise in social and emotional care, as well as physical care.
- **Consider adaption of culturally responsive trauma informed framework** developed for public health emergencies to apply this lens to minimize risk of perceived 'threat' of support.[14]
- **Urgent legal and policy reform** is needed to reduce violence and prevent trauma, including:
  - A legal and policy initiative to delink reporting of family violence incidents and policy from child protection agency involvement in the family home which too often automatically leads to removal of children into out-of-home care. We need intensive community-led initiatives to support sophisticated approaches to deal with complex issues.
  - Health, social care and justice systems must respond earlier and provide supports to families to avoid not just violence but also the removal of children into out-of-home care. Too often victims of domestic violence and 'complex trauma' then become victims of institutionalised violence and 'compacted trauma' with the arbitrary removal of children, including from hospitals shortly after birth.[1]
  - Systems must respond earlier by counselling the perpetrator of the violence and removing the perpetrator from the home when necessary. Why are the victims the ones displaced from their homes and communities? Are there other options?
  - Family violence orders (FVO) are not working well, and perpetrators exploit, manipulate and weaponise the system at the victim's cost. Victims are tricked into breaching FVOs and are subject to FVOs and

police charges, sometimes leading to imprisonment. Training of courts, police and service providers is also required to enable them to avoid destroying families through removal or children into out of home care.

- o Restrictions on takeaway alcohol limits should be aligned more closely with the Australian health guidelines, and alcohol supply restrictions aligned across jurisdictions.
- o An economic evaluation of the cost of alcohol and family violence to communities should be undertaken.

d. Collection of data that is relevant for communities and **shared access to data at a national and regional level**.

- Culturally tailored and meaningful approaches to implementation science to not only get research evidence into practice but implementation science into practice. This will mean a new vision for how we partner across ALL sectors to ensure the best start in life for ALL First Nations children.
- The need to foster connectedness, wellbeing and practical support for families[15] concurrently with training and support for all staff to provide skilled non-judgmental care.
- Develop therapeutic 'wise counsel' model of care to support parents with complex social and emotional needs to Stay Together from the Start as outlined in our Position Statement,[1] including more secure, evidence-driven and effective wrap-around services and interventions.[1]

5. What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?

The Commonwealth plays a critical role in addressing poverty and the key structural drivers of entrenched disadvantage - and ensuring all families and children have access to the essential social determinants of health.

Ensure that all policies and programs for Aboriginal and Torres Strait Islander children are developed by and with Aboriginal and Torres Strait islander communities and allow capacity for local communities to develop local solutions. Early Years services need to not only be culturally safe, but to lead with culture and improving the quality of early learning for children. The suggestions in this response are made with the needs of Aboriginal and Torres Strait Islander children and families in mind. However, we feel that if we can get this right for Aboriginal and Torres Strait Islander families, the strategies are more likely to be effective for other vulnerable and/or disadvantaged families. This approach is certainly more likely to be effective that strategies adapted from dominant settler populations or based in bureaucratic responses.

6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

The commonwealth has a critical role in improving coordination and collaboration. While there are 'pockets of excellence' in some areas, there is not consistent care and support for families across the nation. Key areas the commonwealth can help to improve this are in:

a) Encouraging alignment with the UN Rights of the Child, UNDRIP (Article 24), WHO/UNICEF Nurturing Care Framework and other key strategies such as Closing the Gap; whilst also enabling innovation and diffusion of innovation across the sector.
b) Funding/supporting an Aboriginal and Torres Strait Islander Childrens commissioner nationally and in each jurisdiction to provide coordination and oversight of the strategy implementation, with a rights-based lens.
c) Fostering assessment of core indicators and outcomes to build a strong evidence base.
d) Appropriate distribution of funding to support local leadership and community control.
e) Supporting high quality evaluation and sharing of learning across the sector.

However, we also recognize the important role of states/territories and local government in the delivery of critical support in the Early Years, and the need to ensure coordination/alignment of this Early Years Strategy with state-based systems.

7. What principles should be included in the Strategy?

Safety, responsiveness, human rights, respect, choice, equity, transparency, empowerment/strengths-based, holistic, collaboration, compassion, caring/nurturing, evidence base, co-creation, culturally safe and trauma-informed.

8. Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

Suggest incorporation or consideration for using as a 'lens' use of:

- The Aboriginal social and emotional wellbeing framework[10]
- Culturally-responsive trauma-informed frameworks[14]
- Healing the Past by Nurturing the Future framework (see appendix with principles and values)[5]
- National Academies of Science *Fostering Healthy Mental, Emotional, and Behavioral Development Among Children and Youth*[16]
- Lancet *Nurturing Care* model and series[17], and WHO/UNICEF and WBG Nurturing Care Framework
- National Aboriginal and Torres Strait Islander Health Plan, including State and Territory intersecting strategies outlined in appendix 4 of the Health Plan.
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (currently being revised by Gayaa Dhuwi (Proud Spirit) Australia).
- National Plan to End Violence against Women and Children
- Safe and Supported

- National Aboriginal and Torres Strait Islander Early Childhood Strategy
- National Aboriginal and Torres Strait Islander Workforce Strategic Framework Implementation Plan
- National Nursing Strategy

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Appendix 1: Endorsees of this response