

## Submission

---

---

### National Aboriginal and Torres Strait Islander Early Childhood Strategy – Development Framework

---

---

19 May 2021

The Aboriginal Health Council of Western Australia (AHCWA) welcomes the opportunity to provide feedback on the framework (the Framework) to inform the development of a *National Aboriginal and Torres Strait Islander Early Childhood Strategy* (the Strategy).

#### **General feedback**

We support the general outline for the Strategy, as detailed in the Framework. This is an important project that will support the achievement of the targets in the *National Agreement on Closing the Gap* (the National Agreement). The goals, outcomes and focus areas described in the Framework broadly capture the key elements that will ensure the Strategy is able to deliver on its vision.

Should there be an opportunity to do so, AHCWA may wish to provide more detailed feedback on a future draft Strategy. At this stage, we have made a number of comments and a few questions below:

- AHCWA suggests that all references to ‘community controlled’ sectors should instead refer to ‘Aboriginal Community Controlled’ or ‘Aboriginal and Torres Strait Islander Community Controlled.’
- AHCWA anticipates that the Strategy will have a strong focus on parents and families, as well as children themselves. The Strategy will need to be clear that we are most likely to see healthy and thriving children where families and communities: are also healthy; engage with institutions that are free of racism; are self-determining in all areas of their lives; can access appropriate housing and infrastructure as well as culturally secure services; receive mental health and social and emotional wellbeing support; and, are provided with appropriate support for education and employment. AHCWA welcomes the measures in the Framework that suggest the Strategy will also entail a focus on the needs of families and communities.
- AHCWA notes that there is an emphasis on the alignment between the Strategy and National Agreement. How does SNAICC think the implementation of the Strategy could best complement the implementation of the National Agreement initiatives? How does SNAICC see these projects working together?
- SNAICC’s website says there is an extensive engagement process underway to enable Aboriginal organisations, communities and caregivers to contribute to the development of the Strategy. In addition to the current call for feedback on the Framework, what else will the engagement entail? We note that the consultation guide says a ‘series of consultation meetings will be held by invitation.’ Will these meetings involve stakeholders from the Aboriginal Community Controlled Health Services (ACCHS) sector? As SNAICC’s website says the

Strategy is likely to be finalised by mid-2021, is the current consultation the last opportunity to provide feedback?

- Recommendation 8 in Western Australia's Sustainable Health Review (SHR) is about supporting children and families in getting the best start in life to become physically and mentally healthy adults. It is crucial to ensure that Aboriginal families and children, along with culturally specific services, are included in the implementation of this SHR recommendation. We see potential for SNAICC/National Indigenous Australians Agency (NIAA) to link in with the SHR Recommendation Leads to ensure that the two projects are working together.

### **Goal 1: Aboriginal and Torres Strait Islander children are born and remain healthy and strong**

- The Strategy should emphasise that access to high quality, community-driven and culturally secure health services is best provided by ACCHS, and that sustainable funding of ACCHS will be essential to ensuring Aboriginal children receive the comprehensive primary health care they need to have the best start in life. For this reason, AHCWA strongly supports a focus areas for this goal being to 'continue to invest in Aboriginal Community Controlled Health Organisations.'
- AHCWA agrees that '[a]ccess to high quality, culturally safe and trauma informed mental health services can provide support to Aboriginal and Torres Strait Islander families to get the best outcomes for their children', however, suggests there should be additional content on social and emotional wellbeing services (as discussed below in relation to Goal 2).
- AHCWA suggests that the Strategy should acknowledge the existing strong focus of the ACCHS sector on early intervention and prevention. Therefore, as currently drafted, the following statement in the Framework is somewhat problematic: 'Strengthening ACCHOs will also enable Aboriginal and Torres Strait Islander health services to continue their focus on primary health care provision while also developing a preventative approach, which is essential in order to meet the National Agreement on Closing the Gap targets.' While there is space to expand preventive health activities, and certainly scope for increased government funding in this space, ACCHS *already* have a strong focus on prevention and early intervention.
- Depending on the level of detail the Strategy entails, there are a number areas of maternal health and parenting that are essential to ensuring health in the early years. There are many important services in this space and we suggest consulting with the ACCHS sector if this was going to be unpacked in greater detail in the Strategy. For example, services include (but are not limited to):
  - Preconception counselling;
  - Antenatal shared care by appropriate multidisciplinary teams;
  - Smoking cessation support during pregnancy;
  - STI screening during pregnancy;
  - Healthy eating, alcohol and other drug use;
  - Pregnancy care plan by risk, including health education such as alcohol during pregnancy, antenatal iodine and folate supplementation, treatments as required such as iron supplementation and gestational diabetes screening; and
  - Postnatal review, including mother's mental health and contraception.

- The Strategy could also reflect some of the challenges regarding maternal and child health. Based on feedback from a WA ACCHS, AHCWA offers the following examples:
  - The investment in family planning is steadily falling even though the demand is growing, and the cost of long acting reversible contraceptives is still prohibitive in Australia. Part of this issue could be addressed through ensuring there are no co-payments required for women seeking contraception, and that MBS items reflect the time and necessary skill of GPs who choose to participate in this line of work. Access to post-partum contraception in Perth and WA is poor. Contraceptive planning during the antenatal period has been demonstrated to increase uptake and acceptability after delivery.
  - Aboriginal women in Perth and other parts of WA experience culturally unsafe care in tertiary centres due to a lack of cultural training and awareness, systemic racism and poor transfer and support processes. Women who are high risk must often travel from rural to urban centres for support for delivery, and whilst their medical needs might be met, their cultural and social needs are ignored. This results in poor engagement in antenatal care which again increases poor maternal and child health outcomes. ACCHS are best situated to provide culturally appropriate care, and strong collaboration between ACCHS and tertiary centres improves engagement and maternal and child health outcomes. However, a lack of willingness from some tertiary centres to engage with ACCHS around antenatal and post-natal care has led to a perpetuation of the poor health outcomes which pervade Aboriginal women seeking health care whilst pregnant.
  - There has been a concerning increase in the rate of infectious syphilis in women of child-bearing age in recent years. More investment in high risk areas in point of care testing, as well as culturally responsive staffing support for contact tracing and treatment purposes will improve the capacity of ACCHS to provide the support to patients who are infected, reduce the stigma and provide treatment.
  - Gonorrhoea, chlamydia and HIV within Aboriginal communities is also of significant concern. This has devastating consequences in terms of medical complications for women and mothers. Increased funding in the ACCHS sector to ensure sexual health care is provided in a culturally secure manner is vital in reducing numbers and consequences of STIs.
- Regarding food security and nutrition, the Strategy should also include water security and quality in this section, as this remains a problem for a number of Aboriginal communities. It is also important that the Strategy considers a wide range of sources on issues related to food security. While the Report on food pricing and food security in remote Indigenous communities may have some recommendations worth pursuing, AHCWA suggests that the Strategy should remain open to exploring other possible ways of improving food security and nutrition that may not be canvassed in this report. It would also be useful if the Strategy unpacked the impact of food insecurity on child development and health, including linkages between food insecurity and a range of diseases and chronic health conditions.
- Environmental health is another important area that could receive significant attention in the Strategy. AHCWA considers environmental health as an essential component of comprehensive primary health care. This is because environmental health measures are essential to eradicating many of the preventable health problems that impact Aboriginal people, such as acute rheumatic fever and rheumatic heart disease, trachoma and otitis media. Positive environmental health conditions include access to, and availability of, safe food, clean water and adequate sanitation, as well as housing that supports healthy living practices, such as capacity to cook and clean and housing that is not overcrowded. Governments need to commit

to investing in ACCHS capacity to deliver environmental health services and grow the environmental health workforce.

- Outcome 4 of this goal makes reference to ‘cognitive milestones’. We suggest a culturally secure approach is taken to the definition and assessment of cognitive milestones, given that such assessment are typically based on a Western paradigm (e.g. IQ tests).

### **Goal 2: Aboriginal and Torres Strait Islander children are supported to thrive in their early years**

- We note that one of the outcomes of this goal is: ‘Aboriginal and Torres Strait Islander children enjoy high levels of physical, social and emotional wellbeing in their early years’. However, there is little in the focus areas under this goal that explicitly discusses this. As noted above, this could be an opportunity to include additional detail about ACCHS’ provision of social and emotional wellbeing (SEWB) services. SEWB services complement (without replacing) acute mental health services, but also provide an alternative and more culturally responsive form of support that understands wellbeing in a broader and more holistic sense in comparison to the narrower model often characteristic of mainstream mental health services. AHCWA anticipates that this will be an area of increasing focus for the ACCHS sector, and it would be useful to have this reflected in the Strategy, particularly given the importance of positive SEWB across the community for healthy childhood development.

### **Goal 4: Aboriginal and Torres Strait Islander children grow up in safe nurturing homes, supported by strong families and communities**

- The focus area under this goal on housing notes that the National Agreement seeks to ensure that 88% of Aboriginal and Torres Strait Islander people live in appropriately sized (not overcrowded) housing by 2031. AHCWA strongly agrees that it is important to address overcrowding and related issues, however, as noted above, housing issues are also related to the broader topic of environmental health. Either in Goal 4 or Goal 1, AHCWA suggests additional content on environmental health should be added.

### **Goal 5: Aboriginal and Torres Strait Islander children, families and communities are active partners in building a better service system**

- Under the ‘supporting evidence’ section on building the Aboriginal Community Controlled sector, there is the following description of one of the commitments in the National Agreement: ‘Jurisdictions have agreed to implement measures to increase the proportion of services delivered by community controlled organisations by allocating a meaningful proportion of funding to Aboriginal community controlled organisations.’ We suggest this is expanded to also include the commitment to prioritise Aboriginal organisations in funding decisions where the services provided are predominantly for Aboriginal people. As per the National Agreement: ‘Government Parties agree to implement measures to increase the proportion of services delivered by Aboriginal and Torres Strait Islander organisations, particularly community-controlled organisations, including by... implementing funding prioritisation policies across all Closing the Gap outcomes that require decisions about the provision of services to Aboriginal and Torres Strait Islander people and communities to preference Aboriginal and Torres Strait Islander community-controlled organisations and other Aboriginal and Torres Strait Islander organisations’. We suggest this is emphasised in the Strategy.

- While we strongly support the four outcomes articulated under this goal, none of them explicitly mention the establishment of partnerships with governments – Outcome 4 could be strengthened by making reference to partnerships and shared decision making, and this would also better align the outcomes with the first focus area of this goal.
- Pages 28-9 discuss the need to invest in quality workforce development and to grow the Aboriginal and Torres Strait Islander workforce. We suggest that this could entail a focus on utilising and upskilling the local community, which will also require a focus on culturally secure training.

### **About AHCWA**

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for 23 ACCHS providing primary health services across diverse regional, rural and remote locations in Western Australia. AHCWA exists to support and act on behalf of our 23 Member ACCHS, and our principal vision is for Aboriginal people in Western Australia to enjoy the same level of health and wellbeing as all Western Australians.