



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Royal Commission into Early Childhood Education and Care

Submission to South Australian
Royal Commission

May 2023

About NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 145 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islander people – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

1. Any South Australian initiatives intended to address accessibility of and engagement with early years education and care explicitly align with the four Priority Reforms of the *National Agreement on Closing the Gap*.
2. Early childhood education and care for Aboriginal and Torres Strait Islander children in South Australia centre the cultural determinants of health and wellbeing, to drive improved outcomes, including:
 - funding for and the implementation of bilingual education programs for Aboriginal and Torres Strait Islander students which would support English proficiency and align with the National Agreement on Closing the Gap
 - increased investment in community-led and run playgroups in South Australia that promote both ways of learning. This approach supports education values and celebrates culture, with mainstream and Aboriginal learning complementing and strengthening each other.
3. Greater system integration is sought (across health, education, justice etc) to support continuity and coordination of early childhood education and care which supports Aboriginal and Torres Strait Islander children to thrive.
4. Increased funding to Community-Controlled RTOs in South Australia to support growth in a quality, trauma-informed early childhood education and care workforce.
5. Development of culturally-safe, trauma informed training modules for educators about neuro-developmental disorders. This training must be developed in partnership with the community-controlled sector in alignment with the four Priority Reforms.
6. South Australia engage in the design and development of the Early Years Strategy, currently being co-ordinated by the federal Department of Social Services.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the South Australian Royal Commission into Early Childhood Education and Care. NACCHO would like to acknowledge the valuable input into this submission received from the Aboriginal Health Council of South Australia (AHCSA).

For the purpose of this Royal Commission, NACCHO considers the early years as “antenatal care through to school age”, but notes that real and genuine improvements in early childhood education and care outcomes require a holistic, life-course approach that considers the child, their family, kin, and community.

Introduction

Pre-birth and the first years of a child’s life are critical periods, during which a child’s development and lifelong health and wellbeing are shaped by the interrelation of physiological, genetic, socio-economic and environmental conditions. Aboriginal and Torres Strait Islander children are also impacted by Australia’s history of dispossession, marginalisation, intergenerational trauma, disconnection from culture, racism and the impact of Government policies since colonisation, resulting in profound inequity for Aboriginal and Torres Strait Islander families and communities across generations. Disproportionately high rates of poverty among Aboriginal and Torres Strait Islander people take place against a background of structural impediments to full participation in Australian society and are evidenced across multiple drivers and measures of inequality.

National Agreement on Closing the Gap

At the meeting of National Cabinet in early February 2023, First Ministers agreed to renew their commitment to Closing the Gap by re-signing the National Agreement, first signed in July 2020. The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

The Federal Government’s first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets through implementation of the Priority Reforms. This represents a shift away from focusing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments to accelerate policy and place-based progress against Closing the Gap.

Priority Reform Area 2 – Building the community-controlled sector

This Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap. In recognition that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services.

Government procurement processes need to be improved to equitably support community-led service delivery. Funding commitments and models must ensure sustainability for Aboriginal

Community Controlled Organisations (ACCOs) to play a key role in service provision, with resources for adequately supported and qualified staff across a range of professionals and outreach programs.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of mainstream government organisations to improve to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Community-controlled organisations allow Aboriginal and Torres Strait Islander people to bypass mainstream institutions where racism exists.

Priority Reform 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to, and capability to use, location-specific data and information (data sovereignty) to inform local-decision making and support Aboriginal and Torres Strait Islander communities and organisations to support the achievement of the first three Priority Reforms.

NACCHO recommends

Any South Australian initiatives intended to address accessibility of and engagement with early years education and care explicitly align with the Four Priority Reforms of the National Agreement on Closing the Gap including:

- a. Ensuring Aboriginal and Torres Strait Islander people are genuine partners in the co-design, development, implementation and evaluation of antenatal and early childhood education, care and development policies and programs (Priority Reform 1)
- b. The South Australian Government invest in ACCOs to deliver high-quality, holistic, culturally-safe Aboriginal programs across antenatal care, early childhood education, care and development programs (Priority Reform 2)
- c. Funding for the expansion of Aboriginal Community-Controlled health organisations to ensure appropriate continuity of care, strengthened referral pathways and culturally-safe screening, assessment and access for Aboriginal and Torres Strait Islander children to ensure they are able to meaningfully participate in early years and ongoing education.
- d. The South Australian Government and South Australian local governments ensure all funded organisations are accountable for the provision of culturally-safe, appropriate, and accessible services and programs, including through revised grant agreements and reporting requirements (Priority Reform 3)
- e. Ensure the appropriate sharing of data to support local and state level participation in decision making, co-design and development of antenatal care, early childhood education, care and development programs.

Holistic approach to health and wellbeing, free from discrimination and racism

Aboriginal and Torres Strait Islander people experience significant barriers to accessing support, across all federal and state and territory education and care systems. These include, but are not limited to:

- difficulty navigating complex health, care, legal and welfare systems
- discontinuity of care

- insufficient local service access, which may require a person to move away from family and Country to access appropriate services
- a lack of culturally appropriate and/or trauma-informed provision of care
- experiences of systemic and interpersonal racism and discrimination
- distrust of institutional care as a result of both personal and historical experiences, coupled with fear of child removal.

A lack of culturally appropriate care leads to unequal, sub-optimal or inappropriate health-service provision¹, which can result in misdiagnoses and dismissal of symptoms. This can mean Aboriginal and Torres Strait Islander people are less likely to seek care and have higher rates of early discharge from services².

Access to culturally appropriate quality early childhood education and care is critical for preparing Aboriginal and Torres Strait Islander children to participate in and enjoy life-long learning, assisting them to build language, cognitive, social and emotional skills, and engage with their peers.

There are current challenges with the lack of equity and appropriate, well-resourced services that Aboriginal and Torres Strait Islander families readily access. There are high levels of existing unmet demand/need with many local communities, and we are aware of the future need created by the growth and the age structure of the Aboriginal and Torres Strait Islander population in South Australia.

The availability and resourcing of appropriate culturally-safe early childhood education services are key to meeting the early childhood targets under the National Agreement on Closing the Gap. Policy development and program funding and modelling requires consideration as to how access is facilitated in alignment with the National Agreement. Simply increasing the number, scope and capacity of services targeting Aboriginal and Torres Strait Islander families will not necessarily result in higher levels of engagement.

Ongoing access to holistic, integrated and culturally-safe supports and services is crucial to the health and wellbeing of Aboriginal children and families³.

Centrality of Culture

Aboriginal and Torres Strait Islander culture and self-determination are powerful protective factors. The National Aboriginal and Torres Strait Islander Health Plan 2021-2031 recognises culture as the foundation of Aboriginal and Torres Strait Islander health and wellbeing.

Early childhood educators and care providers have a responsibility to value, promote and embed a greater understanding of Aboriginal and Torres Strait Islander ways of knowing, doing and being across the Australian population. This is outlined in both Australia's Education and Care Services National Law and the National Quality Framework, and aligns with the National Agreement.

A key priority for Aboriginal and Torres Strait Islander children is access to culturally-safe and linguistically appropriate early childhood development education in every community. Learning

¹ S Artuso, M Cargo, A Brown, M Daniel. 'Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study. BMC Health Serv Res. 2013;13.

² C Shaw. An evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients. Deeble Inst Issues Br. 2016;14.

³ <https://www.snaicc.org.au/wp-content/uploads/2019/02/SNAICC-ECA-Discussion-Paper-Feb2019.pdf>

language and becoming proficient in English are complementary. Bilingual programs strengthen English proficiency provided they are adequately supported and resourced.⁴ The National Aboriginal and Torres Strait Islander Early Childhood Strategy states that “Aboriginal and Torres Strait Islander children should be supported to establish and maintain strong connections to culture, Country and language”.

Further, children who grow up in a safe household and community where they have a sense of belonging are more receptive to learning and, later on, engaging with school. Evidence shows that children thrive when they live with their families in safe, inclusive communities. Well-developed community infrastructure, such as transport, decent housing, recreational and play spaces, and appropriately resourced early learning centres and schools create communities where parents/carers can support the social and emotional wellbeing of their children..

NACCHO recommends that early childhood education and care for Aboriginal and Torres Strait Islander centre the cultural determinants of health and wellbeing, to drive improved outcomes, including:

- a. funding for and the implementation of bilingual education programs for Aboriginal and Torres Strait Islander students which would support English proficiency and align with the National Agreement on Closing the Gap
- b. increased investment in community-led and run playgroups in South Australia that promote both ways of learning. This approach supports education values and celebrates culture, with mainstream and Aboriginal learning complementing and strengthening each other.

[Integrated systems free of racism – health, education, justice etc](#)

Improving the quality and accessibility of early childhood education and care requires integration of federal and state-based systems, which collectively address the full spectrum of social, political, cultural and environmental determinants of health, wellbeing and development.

Trauma aware and healing-informed approaches must be tailorable for the diversity of Aboriginal and Torres Strait Islander communities, and extend beyond health services to include community and family safety, early childhood education, care and development, law and justice, housing, environment and infrastructure, food security, and alcohol and other drugs.

We know that Aboriginal and Torres Strait Islander people continue to experience racism across all systems, state and federal, and that this impacts on outcomes for our people, including our children.

Social and Emotional Wellbeing is foundational for a strong start in life. Trauma, including intergenerational trauma, in early development has a significant impact on brain development, including behaviours, understanding, attachment and relationship development.⁵

Service providers, workforce, schools and parental education and support programs must coordinate to embed Aboriginal and Torres Strait Islander knowledge and holistic wraparound service models.

⁴ Standing Committee on Employment, Education and Training Inquiry into Education in Remote and Complex Environments, November 2020.

⁵ The Healing Foundation and Emerging Minds, *Improving the social and emotional wellbeing of Aboriginal and Torres Strait Islander children*.

NACCHO recommends greater system integration (across health, education, justice etc) to support continuity and coordination of early childhood education and care, which supports Aboriginal and Torres Strait Islander children to thrive.

Cultural Safety in education

Cultural safety for Aboriginal and Torres Strait Islander children in early years care and education is critical. Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person. Cultural safety is met through actions from the majority position that recognise, respect, and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is recipient of a service or interaction can determine whether it is culturally-safe⁶.

In this context, it is important to recognise that mainstream care and education systems have often excluded and been culturally unsafe for Aboriginal and Torres Strait Islander people. It is evident that the Australian care or education system was at no time designed for Aboriginal and Torres Strait Islander students.

Culturally responsive care and teaching is critical in making sure that early years care and education are culturally-safe for Aboriginal and Torres Strait Islander students. To support this, Aboriginal and Torres Strait Islander educators are key. Aboriginal and Torres Strait Islander educators have a deeper understanding of the local context, history, language and culture. Culture is central to understanding and shaping relationships across self, country, kin, community and spirituality.⁷

Enabled by clinical/non-clinical cultural workforce and training

Supporting Aboriginal and Torres Strait Islander children to thrive is not only the responsibility of early childhood educators. Well trained primary and allied health care professionals that have specialised knowledge about how to help children and families learn and grow and develop their skills are also critical. Non-clinical and cultural services and programs are also important key enablers of early childhood education, care and development

Workforce recruitment and retention continue to be a key challenge for communities fortunate enough to have appropriate funding. Early childhood education, care and development resourcing provided to ACCOs and ACCHOs to engage in the planning, development and leadership of health/education integrated service provision is limited.

In order to ensure the community-controlled sector is sustainable into the future and able to reduce the burden of disease so our children can thrive, long term funding is needed to:

- improve staff recruitment and retention (including remuneration)
- recognise the importance of clinical, non-clinical and cultural care
- build local workforce and training pathways
- ensure staff are trained in technological advancements in medicine

⁶ National Agreement on Closing the Gap 2020, [https://www.closingthegap.gov.au/priority-reforms-2Closing The Gap, National Agreement](https://www.closingthegap.gov.au/priority-reforms-2Closing%20The%20Gap,%20National%20Agreement). Retrieved from: <https://www.closingthegap.gov.au/national-agreement/nationalagreement-closing-the-gap/12-definitions> 3 Australian Institute for Teaching and School Leadership. (2021).

⁷ The impact of Aboriginal and Torres Strait Islander educators: Retrieved from: <https://www.aitsl.edu.au/research/spotlights/the-impact-of-aboriginal-and-torres-strait-islander-educators>

- address racism and discrimination in the broader health, education and social sectors.

Aboriginal Community-Controlled RTOs

Aboriginal community-controlled RTOs are an established resource for Government across most states and territories. Community-Controlled RTOs are trusted in our communities and can help support the expansion of culturally appropriate, targeted literacy programs for local communities across their jurisdictions. They have skilled local Aboriginal and Torres Strait Islander facilitators who are able to support community-led literacy and other early years campaigns. In the South Australian context, Community-Controlled RTOs include AHCSA and Nunkuwarrin Yunti of South Australia.

NACCHO continues to work with Governments and advocate for adequate base funding for Community-Controlled RTOs to support culturally-safe participation in vocational education. NACCHO also advocates for Aboriginal and Torres Strait Islander employees to be leaders in the workplace, to provide access to structured development, ongoing training and mentoring programs that enable Aboriginal and Torres Strait Islander employees to build lifelong careers.

NACCHO recommends increased funding to Community-Controlled RTOs in South Australia to support growth in quality, trauma-informed early childhood education and care workforce.

Life course approach

A life course approach recognises the way certain factors influence health, wellbeing and development at different times in life. While this means understanding the impact of distinct life stages, it also means considering a whole person in the context of their family and community.

To truly affect change for Aboriginal and Torres Strait Islander children, actions need to be joined up, and have a life-course approach, at minimum spanning antenatal care, maternal health care and education, and early childhood education, care and development.

This also means ensuring the health, social and education systems are more broadly equipped to provide flexible, culturally-safe and place-based care that offers choice across the life course.

Neurodevelopmental disorders

Whilst most Aboriginal and Torres Strait Islander children are developing typically, Aboriginal and Torres Strait Islander children are at higher risk of developmental and behavioural problems. In the Australian population overall, about 20% of children start school without the necessary developmental skills for success. This figure is estimated at 40% for Aboriginal and Torres Strait Islander children, recognising there are higher rates of disability. Moreover, Aboriginal and Torres Strait Islander children are known to have high rates of undiagnosed conditions such as fetal alcohol spectrum disorder (FASD) and other neurological conditions.

People with FASD are likely to have impaired motor skills, cognition, language, attention, memory and a variety of co-morbid conditions which may include mental and behavioural disorders, visual impairment, chronic otitis media, hearing loss, expressive and receptive language disorders and conduct disorders. Children who have FASD may present with developmental delays, difficulties adjusting to school, learning problems, attention deficit hyperactivity disorder (ADHD) and symptoms of poor social and adaptive functioning. It should therefore come as no surprise that children with FASD and other neurological conditions often experience behavioural problems which in serious cases may result in school suspension.

Educators and carers need to be aware their student may have FASD, in order to adapt teaching strategies and engage family members to work together in providing the best chance of success at school. Children can be successful at school with sound, FASD informed supports. Individual Education Plans (IEPs) are often recommended for students with FASD at school and requests can be made to the teacher for learning adjustments to be implemented. Additionally, it is important to identify a child's strengths and support (eg. Music, sport, drama).

NACCHO has identified the need for a broad, multi-factorial cross-portfolio program to increase impact, and cultural safety of approaches to address FASD and other neuro-developmental disorders including autism spectrum disorder (ASD) and ADHD within education settings.

NACCHO recommends the development of culturally-safe trauma informed training modules for educators about neuro-developmental disorders. This training must be developed in partnership with the community-controlled sector in alignment with the four Priority Reforms.

Ear and hearing health

Ear infections can affect a child's long-term behaviour, development and engagement in education. Often the result of a virus, it is particularly difficult to prevent the progression of middle-ear infections without improved hygiene facilities, water infrastructure and living conditions. Children with ear infections can sustain hearing loss that has a negative impact on their ability to learn at school.

Prevention of ear disease cannot be discussed without acknowledging the role of the social determinants of health. For instance, Aboriginal and Torres Strait Islander people are significantly more likely to live in overcrowded, poorly maintained housing than other Australians⁸. Inadequate housing is a key indicator and driver of poverty and a critical social determinant of health.^{9,10} Living in overcrowded housing makes Aboriginal and Torres Strait Islander children more susceptible to acute or chronic ear infections.

The evidence demonstrating the powerful links between housing and outcomes for health is abundant. Ensuring Aboriginal and Torres Strait Islander people have access to safe and affordable housing, and addressing overcrowding is key to reducing the burden of disease, such as otitis media, experienced by Aboriginal and Torres Strait Islander communities. Adequate, safe, and environmentally fit for purpose housing must be treated as a key primordial prevention measure for Aboriginal and Torres Strait Islander communities.¹¹

To date, there have been limited public health interventions addressing the role of broader determinants of health in ear disease, with almost all interventions adopting a biomedical and treatment-focused approach. Without significant and systemic improvements in key social determinants of health, responses to prevent and reduce ear disease will continue to fall short.

Aboriginal and Torres Strait Islander people face a range of issues that prevent them from accessing housing that is affordable, adequate, safe and sustainable.

⁸ AIHW, 2.01 Housing. Retrieved from: <https://www.indigenoushpf.gov.au/measures/2-01-housing#implications>

⁹ Australian National Audit Office. Indigenous Housing Initiatives: the Fixing Houses for Better Health program. Canberra: Department of Families, Housing, Community Services and Indigenous Affairs; 2010.

¹⁰ Baker E, Mason K, Bentley R. Exploring the bi-directional relationship between health and housing in Australia. Urban policy and research. 2014;71–84.

¹¹ NACCHO, Core Services and Outcomes Framework <https://csof.naccho.org.au/>

Overcrowding is increasingly prevalent, making household members, and especially babies and children, further susceptible to the burden of disease, psychological distress and other health and wellbeing issues, including rheumatic heart disease, trachoma and hearing loss. Overcrowding also impacts on children's ability to engage in education, including lack of sleep, lack of privacy to complete homework and challenging hygiene conditions.

Nutrition

Physical activity and nutrition are important factors to not only reduce the risk of co-morbidities and chronic conditions, but also as a key enabler for optimal learning. Maternal nutrition is foundational for foetal and early development.

Food insecurity is linked to overall poorer health in adults and children. It contributes to being overweight, to obesity, higher gestational weight gain, as well as to weight loss. Food insecurity can affect stress levels, mental health and lead to feelings of shame. Childhood development and learning can also be adversely impacted by iron deficiency and anaemia. Poor diet quality can also increase the risk of non-communicable diseases, such as type two diabetes and cardiovascular disease, which account for 80% of the mortality gap between Aboriginal and Torres Strait Islander people and other Australians.¹²

Immunisation

Immunisations protect our children and Communities against preventable conditions, and promote health across the life course. Aboriginal and Torres Strait Islander children have been historically a highly-vaccinated cohort, however to ensure this effectiveness is maintained, all Governments must ensure immunisation remains accessible, culturally-safe and responsive. Recent decreases in immunisation rates have anecdotally been linked to a lack of workforce able to carry out the vaccinations.

Links to broader policy context

[National Aboriginal and Torres Strait Islander Health Plan 2021-2031 \(Health Plan\)](#)

The vision of the Health Plan is that Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focused, culturally-safe and responsive, equitable and free of racism. The Health Plan focuses on preventing health issues before they occur, and has a life course approach. It aims to give Aboriginal and Torres Strait Islander people and communities the skills and knowledge to make healthy decisions, and effectively navigate the health system.

The plan's focus on holistic and place-based care will provide the best opportunity for Aboriginal and Torres Strait Islander people to live long, healthy lives that are centred in culture. It enables access to services that are prevention-focused, culturally-safe and responsive, equitable and free of racism.

Policies and programs in South Australia must have regard to the Health Plan's objectives.

[The National Early Years Strategy](#)

The Australian Government is developing a ten-year Commonwealth Early Years Strategy (the EY Strategy) to shape its vision for the future of Australia's children (0-5 including perinatal), and their families. The EY Strategy is intended to be whole-of-population and informed by broad consultation.

¹² Australian Institute of Family Studies. *Healthy lifestyle programs for physical activity and nutrition*. Melbourne: Australian Institute of Family Studies; 2011

The intention of the EY Strategy is to support improved integration and coordination across all Commonwealth programs, expenditure, functions and activities that impact early childhood development. However, state and territory governments, including South Australia, despite having responsibility for critical systems (education, tertiary health, child protection, justice) are excluded from the scope of the strategy.

NACCHO continues to recommend that the EY Strategy also take into account critical state-based systems, and be developed in alignment with the National Agreement, to support better outcomes for young children in Australia, their families and communities. This Royal Commission should consider the implications of this strategy in the South Australian context.

NACCHO recommends South Australia engage in the design and development of the Early Years Strategy, currently being co-ordinated by the federal Department of Social Services.

Data

To achieve better outcomes, the evaluation of programs and policies utilised by Aboriginal and Torres Strait Islander peoples, including children, must reflect Aboriginal and Torres Strait Islander people's values, expertise and lived experiences.

All Governments must have regard to Priority Reform 4 of the National Agreement across all Aboriginal and Torres Strait Islander, and mainstream, early childhood education and care programs and policies.

Conclusion

To see real and sustained improvements for Aboriginal and Torres Strait Islander communities, improvements in peoples' ability to participate fully in the education of their children is essential to ensure improved outcomes, and systemic reforms are vital to achieving this.

Without commensurate investment, and structural reforms, Aboriginal and Torres Strait Islander early childhood education and care will remain a pervasive problem and will continue to adversely impact lifelong health and wellbeing outcomes for our communities.