

Early Child Development

The physical, mental, emotional and social nurturing, support and opportunities that children receive in the early childhood years are crucial to their development and their life-long health, education, economic and social prospects.

Overview

Improving child and maternal health care, supporting good parenting, and strengthening early childhood education and care for Indigenous children, especially in the discrete communities, are priorities of the Queensland Government.

The measures which will be used to monitor progress, as well as the strategies which will best address the gap between Indigenous and non-Indigenous children, are presented below.

COAG TARGETS	<ul style="list-style-type: none"> • Halve the gap in mortality rates for Indigenous children under five within a decade • Ensure all Indigenous four year olds in remote communities have access to early childhood education within five years • Halve the gap in reading, writing and numeracy achievements for Indigenous children within a decade
Q2 TARGETS	<p>Smart</p> <ul style="list-style-type: none"> • All children will have access to a quality early childhood education so they are ready for school
PROGRESS MEASURES	<ul style="list-style-type: none"> • Perinatal mortality • Childhood mortality (0-4 years) • Low birthweight • Participation in early childhood education
STRATEGIC DIRECTIONS	<ul style="list-style-type: none"> • Improve sexual and reproductive health, especially of young women • Improve access to health services for Indigenous children and mothers • Ensure greater access to early childhood education services • Encourage family participation in early learning health and development • Increase access to universal early childhood health and development services • Ensure all services are delivered in an integrated, culturally competent way



Reaching Five Years of Age

The Evidence

Perinatal mortality (deaths)

Perinatal deaths include stillbirths and deaths of babies within 28 days after birth. Perinatal deaths are most likely to be due to factors arising during pregnancy and childbirth.² The rate of perinatal mortality reflects the health status of the population as well as the accessibility of quality health care.

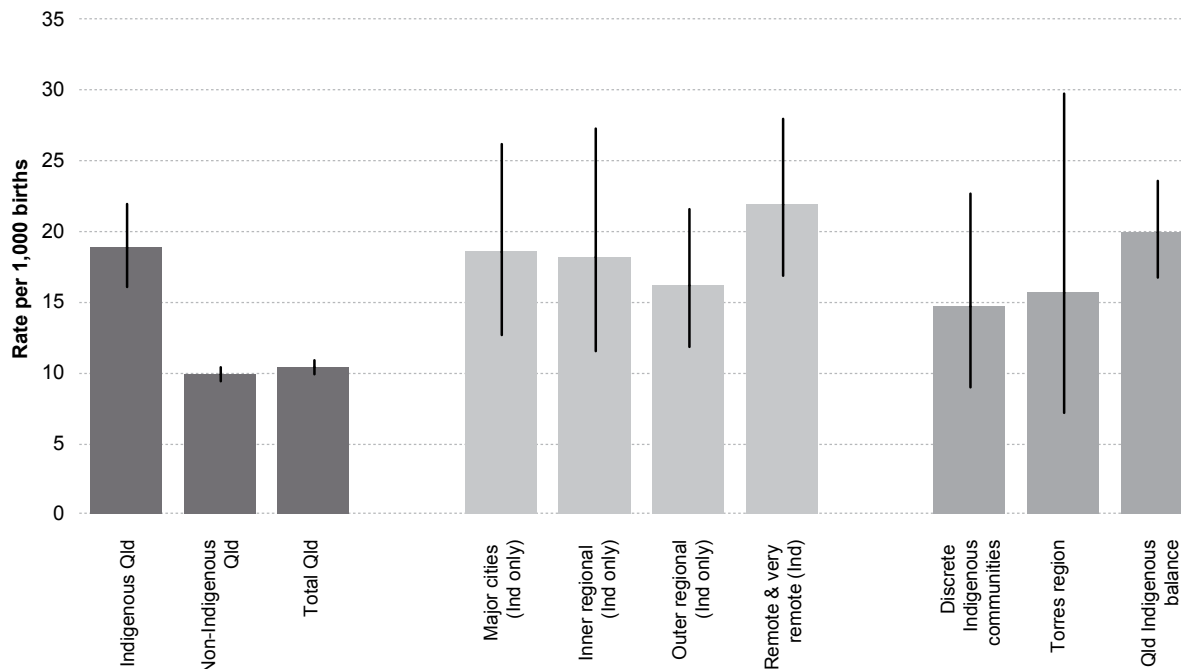
Over the three year period 2004 to 2006:

- the perinatal death rate of babies born to Aboriginal and Torres Strait Islander women was almost twice that of

babies born to non-Indigenous women (18.9 per 1,000 births compared with 9.9 per 1,000 births): see Figure 1.1

- there were 165 perinatal deaths of babies born to Aboriginal and Torres Strait Islander women in Queensland
- there were no significant differences across remoteness areas.³

Fig 1.1 Perinatal mortality, rate per 1,000 births, Queensland, 2004 to 2006



Source: Queensland Perinatal Data Collection, Queensland Health.

Note: The term 'Discrete communities' in these graphs refer to the 19 Aboriginal and mainland Torres Strait Islander communities, namely: Aurukun, Bamaga, Cherbourg, Doomadgee, Hope Vale, Injinoo, Kowanyama, Lockhart River, Mapoon, Mornington Island, New Mapoon, Napranum, Palm Island, Pormpuraaw, Seisia, Umagico, Wujal Wujal, Woorabinda, and Yarrabah. The term does not include the Torres Strait communities. The Torres Region refers to the communities within the Torres Strait Regional Council, and the Torres Shire.

² Laws PJ, Abeywardana S, Walker J and Sullivan EA 2007. Australia's Mothers and Babies, 2005. Perinatal Statistics Unit series no. 20 Cat no. PER 40. Sydney: AIHW National Perinatal Statistics Unit.

³ It should be noted that these rates are based on small numbers of deaths and should be used with caution.

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Low birthweight

Low birthweight is defined as babies weighing less than 2,500 grams at birth. Children with low birthweight are more likely to have problems early in life, or even die in infancy. Low birthweight can also have long-term influences on the development of chronic diseases in adulthood, including diabetes and heart disease.⁴ If Indigenous babies had the same birthweight and gestational age as non-Indigenous babies, it is possible that the perinatal mortality gap would be reduced by 87 per cent.⁵

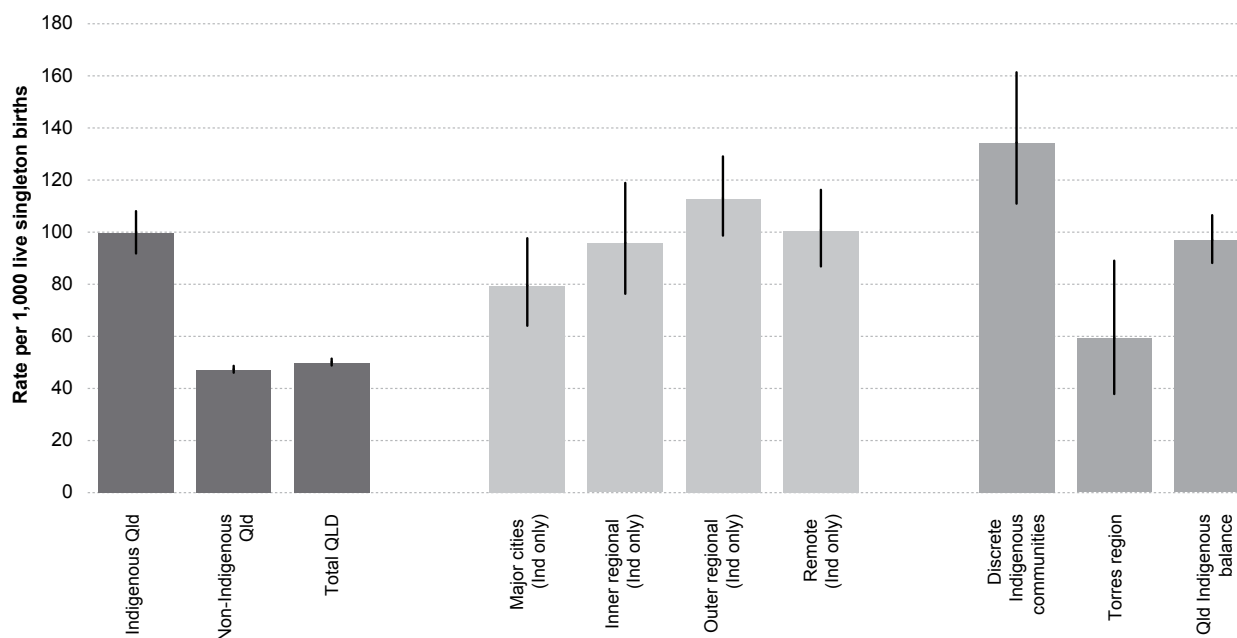
Over the two years from July 2005 to June 2007:

- babies of Aboriginal and Torres Strait Islander women were more than twice as likely to have a low birthweight as babies

born to non-Indigenous women (99.7 per 1,000 births compared with 47.0 per 1,000 births): see Figure 1.2

- there were 577 babies with low birthweight born to Aboriginal and Torres Strait Islander women residing in Queensland
- babies born to Aboriginal and Torres Strait Islander women in the Torres region were least likely to be of low birthweight (59.1 per 1,000 births).⁶ However, this may be a result of obesity and diabetes which can lead to heavier, but not healthier, babies.⁷

Fig 1.2 Low birthweight, rate per 1,000 live singleton births, Queensland, 2005/06 to 2006/07



Source: Queensland Perinatal Data Collection, Queensland Health.

Note 'Singleton births' do not include multiple births.

⁴ Mackerras, D. (1998) Evaluation of the strong women, strong babies, strong culture program: results for the period 1990-1996 in the three pilot communities. Menzies Occasional Papers Issue No. 2/98. Darwin: Menzies School of Health Research.

⁵ Johnston T, and Coory M. 2005. Reducing perinatal mortality among Indigenous babies in Queensland: should the first priority be better primary health care or better access to hospital care during confinement? Australia and New Zealand Health Policy, vol.2, no.11.

⁶ Regional rates are based on small numbers of births and should be used with caution.

⁷ Coory, M. (2000-02) Is birthweight an appropriate health-outcome measure for Torres Strait Islander babies? Australian and New Zealand Journal of Public Health, 24 1: 60-63.



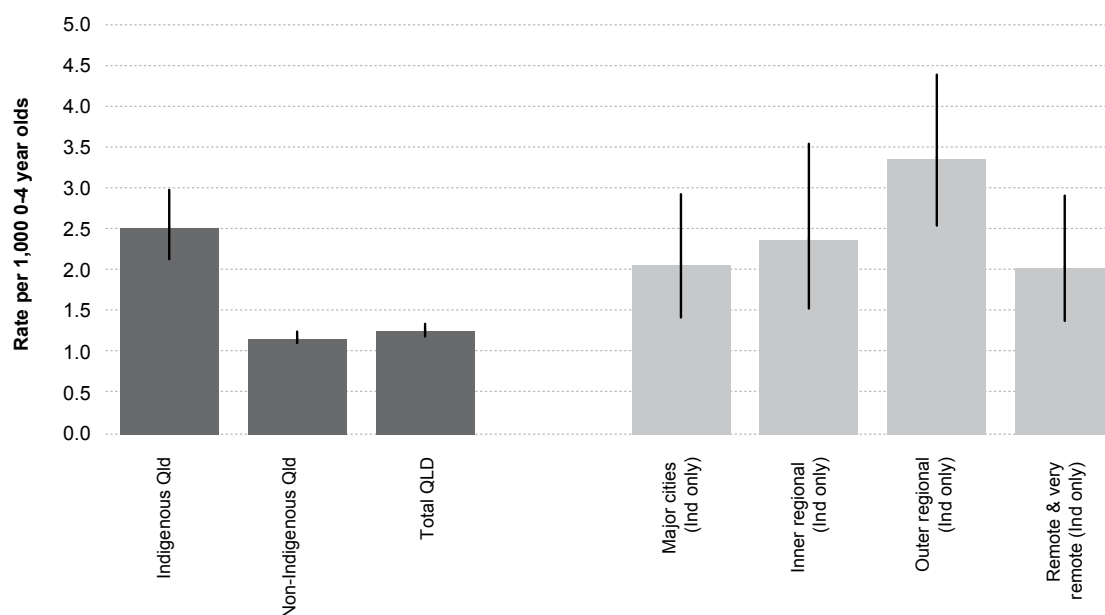
Childhood mortality

Improving the health of Australia’s children has significant implications for the positive social and economic wellbeing of individual families, communities and the country as a whole.

Over the three years 2004 to 2006, Indigenous children were 2.1 times more likely to die before reaching the age of five than non-Indigenous children (2.5 per 1,000 compared with 1.2 per 1,000): see Figure 1.3. It is worth noting that 80 per cent of these deaths occurred before the age of one year for both Indigenous and non-Indigenous children and that the causes of mortality in infants are quite different from those in children aged one to four years.

Hospital separation data for 2005/06 to 2006/07 indicate that children of Aboriginal and Torres Strait Islander descent were more at risk of being hospitalised than non-Indigenous children, particularly for preventable conditions, including those impacted by overcrowding. For example, children of Aboriginal and Torres Strait Islander descent were hospitalised at twice the rate of non-Indigenous children for acute respiratory conditions and 3.6 times for disease of the skin and subcutaneous tissues.

Fig 1.3 Childhood mortality, rate per 1,000 (0-4 Years), Queensland, 2004 to 2006



Note: Discrete Indigenous communities and Torres Strait region – numbers too small to report.

Under-identification is likely to have impacted on the results reported, particularly for the remoteness regions.

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Key Queensland Government actions to close the gap

Improved health services for children and mothers

Maternal and child health services are essential to all aspects of the growth and healthy development of children. In Queensland, these are provided through both general and Indigenous-specific facilities and programs.

Key strategies to improve health services for Indigenous children and mothers in Queensland include:

- the Queensland Government's \$10 billion **Health Action Plan** and the **Advancing Health Action Plan**
- the \$564 million **National Partnership Agreement (NPA) on Indigenous Early Childhood Development** agreed in July 2008 by COAG, which includes \$77 million for Queensland for child and maternal and related health services
- development of a **proposed NPA on Indigenous Health**
- The Queensland Government's 2006 **Best Start** initiative which included an extra \$11.5 million for Indigenous parenting programs
- the Queensland Government's new **Aboriginal and Torres Strait Islander health strategy**, to be released in 2009, will also prioritise Indigenous child and maternal health services.

Specific initiatives being implemented by the Queensland Government include:

- funding Apunipima Cape York Health Council in 2008/09 to deliver **improved maternal and child health services** in the Cape York communities of Kowanyama, Lockhart River, Pormpuraaw and Napranum. This will build on existing

services and capacity in the region, including through community involvement, and support a universal and targeted primary health care model. Core local services will be enhanced through services such as: community based Chalali roles ('women supporting women'), parent carers, Indigenous Maternal and Child Health Workers and provision of Baby Baskets (containing pamphlets, baby slings and pharmaceutical products) on attendance at antenatal and post natal services. This scheme will be expanded to other Indigenous communities later in 2009

- \$4.4 million over three years allocated to target the high rates of ear disease amongst Indigenous children through the **Deadly Ears Program**. This initiative includes systematic screening and surveillance of Indigenous children up to 14 years of age and training for health workers to undertake screening and health promotion activities
- **Health checks** of young Indigenous children conducted to catch early indications of preventable diseases including in discrete communities such as Aurukun, Coen, Hope Vale and Mossman Gorge
- **support, training, resources and scholarships** to develop the skills and expertise of child health workers are also being provided to strengthen the Indigenous child health workforce.



Early Childhood Education

The Evidence

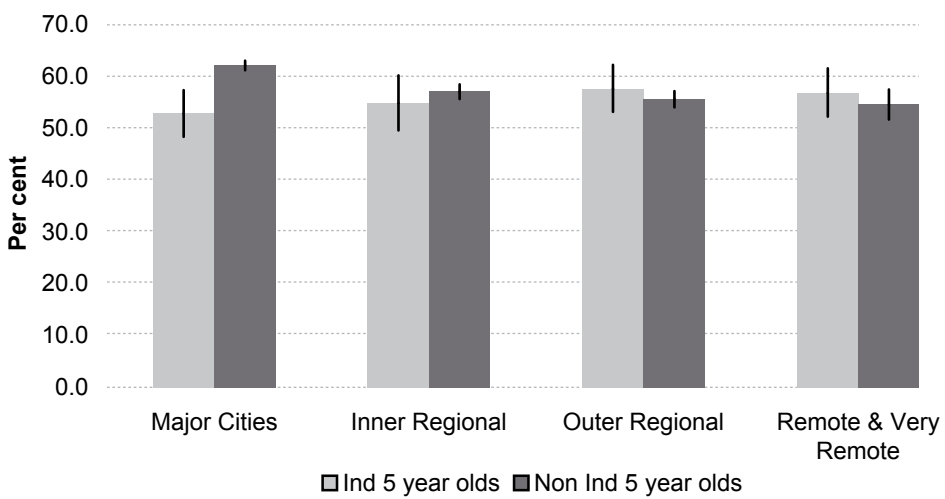
As at August 2007, 6.6 per cent of the children enrolled in prep-Year were Aboriginal and Torres Strait Islander children. The proportion of Aboriginal and Torres Strait Islander five year olds in the population in 2007 was estimated to be similar (7.0%).

Aboriginal and Torres Strait Islander five year olds in major cities were less likely to be enrolled in prep-Year than their non-Indigenous peers (53% compared with 62%): see Figure 1.4. To some extent these differences may be because Indigenous people in major cities are relatively less likely to identify as being of Aboriginal and Torres Strait Islander origin.

Across the remote areas, between 53 per cent and 58 per cent of Aboriginal and Torres Strait Islander five year olds were enrolled in prep-Year in 2007: see Figure 1.4.

Participation in the prep-Year is relatively high in the discrete communities, with just under 90 per cent of all five year olds enrolled in 2008.⁸

Fig 1.4 Proportion of 5 year old children enrolled full-time in prep-year, August 2007



Note: Includes both state and non-state schools, geo-coded by the location of the school facility.
 2007 was a half-cohort year, and as such, the numbers are likely to be lower than those reported in subsequent years.
 2007 is the latest available data for all Queensland students (inclusive of the non-state sector).

⁸ Note that this estimate is subject to variation due to the level of uncertainty in the denominator populations in remote and very remote zones (the latest available population estimates for each community are based on 2007 data).

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Key Queensland Government actions to close the gap

Greater access to early childhood education services

The critical role that quality Early Childhood Education and Care (ECEC) can play in providing children with the best possible start is widely recognised. High quality early childhood education facilitates the development of the cognitive, physical, emotional, social and language skills required for positive life outcomes.

Early childhood education options in Queensland encompass a broad range of alternatives including formal childcare, kindergarten, preschool and preparatory year. Compulsory education for Queensland children does not commence until children are at least 5½ years old and can commence year one of primary school. Prior to compulsory schooling, Queensland schools offer a preparatory (prep) year – a fulltime play-based program for children who are 4½ to 5½ years old. Following a trial period, prep-Year was introduced in 2007 on a ‘half cohort’ basis. The first ‘full cohort’ year for prep-Year is 2008.

Queensland has, relative to other jurisdictions, lower levels of participation by children in early childhood education and care. In contrast, Queensland has high levels of access to early childhood education in discrete communities. Due to the Government’s **Bound for Success** initiative implemented since 2007, children have access to pre-Prep programs across 35 discrete Aboriginal and Torres Strait Islander communities. The Queensland Government is committed to increasing the participation of Indigenous children across Queensland in high-quality, accessible and affordable integrated early childhood education and care services.

In 2006, the Queensland Government committed \$32 million over four years to develop integrated **Early Years Centres** where

parents can access early education services, child care, child health services, parenting programs and other family support all at one location. Two centres are now operating with planning underway for further centres.

The \$564 million National Partnership Agreement on Indigenous Early Childhood Development agreed in July 2008 by COAG, will see an extra \$75 million invested in this area in Queensland by the Australian and Queensland Governments.

Nationally, \$126.6 million over four years has been committed for **early childhood workforce strategies** with a strong focus on high need areas and the establishment of at least 50 integrated children and family centres in identified areas for vulnerable children and families.

The Queensland Government has allocated funding of \$21.3 million over four years for **Child and Family Support Centres** at Pormpuraaw, Mackay, Aurukun and Rockhampton and there are plans for nine new integrated Indigenous Child and Family Centres, with four in urban areas and five in rural and remote locations, where there is a high proportion of Indigenous children aged 0 – 5 years. These centres will incorporate services for early learning and development, teenage sexual health and pre-pregnancy support, and antenatal, child and maternal health.

The Queensland Government has also recently established the **Office for Early Childhood Education and Care** to implement the up to \$300 million Q2 commitment to roll out 240 new and expanded kindergartens across the State. This initiative will build on the existing 347 State Government funded kindergartens and has expanded coverage to include areas where approximately 12,000 children are not currently accessing a centre-based early childhood education and care service.



As part of the Queensland Government's commitment to ensure all Indigenous four year olds in remote communities have access to early childhood education within five years, the Department of Education, Training and the Arts has **enhanced the provision of pre-Preparatory education services** in 34 discrete Aboriginal and Torres Strait Islander communities.

This initiative had a budget in 2007/08 of \$6.3 million for the development and delivery of a curriculum resource in Indigenous communities, professional development and capital works; in 2008/09 the budget for this initiative has increased to \$20.7 million.

CASE STUDY: Deadly Ears

Deadly Ears is a state-wide Aboriginal and Torres Strait Islander Ear Health Program which supports screening programs and increased access to speech pathology, audiology and ear, nose and throat (ENT) services in rural and remote communities. In particular, it seeks to detect, treat and prevent otitis media (glue ear), a condition of the middle ear which is well documented as limiting educational outcomes for Indigenous children. An additional \$4.4 million has been allocated over the next three years to support increased screening and surveillance to ensure essential services are provided to all rural and remote communities.

Otitis media and its more serious forms such as Chronic Suppurative Otitis Media (CSOM) are best regarded as a disease of poverty. CSOM is very rare in developed nations, and the World Health Organisation indicates that a prevalence of more than 4 per cent in a defined population is a public health problem which requires urgent attention. In Aboriginal communities, CSOM affects up to ten times this proportion. The associated hearing loss of otitis media and CSOM has a life-long impact, as it generally occurs during speech and language development in early childhood and education, which impacts heavily upon not only educational outcomes of young children, but also on their social and emotional development due to their reduced ability to communicate.

Comprehensive screening programs have been undertaken in Cherbourg, Woorabinda, and the inner islands of the Torres Strait and the Northern Peninsula Area. ENT clinics have been held in Cherbourg, Woorabinda, Eidsvold, Mornington Island, Doomadgee, Bamaga and Mt Isa. Additionally, low level ENT surgery such as grommet insertion has also been performed in Kingaroy Hospital, Bamaga Multipurpose Health Centre, Woorabinda Multipurpose Health Centre, Rockhampton Hospital, Mornington Island Multipurpose Health Centre and Mt Isa Base Hospital.

Training of health care staff across agencies has occurred in the Torres Strait, Cape York, Woorabinda and in regional centres such as Rockhampton, Cairns and Bundaberg as well as at the Brisbane Youth Detention Centre. The program has also undertaken an extensive campaign in the Torres Strait Islands to increase public awareness of ear disease in Aboriginal and Torres Strait Islander children and young people.

Due to the extremely high prevalence of otitis media and CSOM in Indigenous communities, and the life-long impacts of the associated hearing loss, the work of the Deadly Ears program is essential to the future development of Aboriginal and Torres Strait Islander children, and performs a critical role in helping to close the gap on Indigenous outcomes in Queensland.