



Submission to South Australia's Royal Commission into Early  
Childhood Education and Care

March 2023

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## Acknowledgement

SNAICC acknowledges the Traditional Owners of the lands on which we live and work, and pays respects to their Elders past and present. SNAICC offices are located on the lands of the Wurundjeri People of the Kulin Nation, and SNAICC operates nationally. SNAICC acknowledges Traditional Owners of all lands and waters across this continent, and pays respects to Elders past and present.

## About SNAICC

Established in 1981, SNAICC – National Voice for our Children (SNAICC) is the national non-government peak body for Aboriginal and Torres Strait Islander children, representing a core membership of Aboriginal and Torres Strait Islander community-controlled organisations that provide child and family welfare and early childhood education and care services.

SNAICC works for the fulfilment of the rights of our children, in particular to ensure their safety, development and well-being by advocating for the rights of Aboriginal and Torres Strait Islander children and families and providing resources and training to support the capacity of communities and organisations working with our families.

The SNAICC vision is an Australian society in which the rights of Aboriginal and Torres Strait Islander children, young people and families are protected; our communities are empowered to determine their own futures; and our cultural identity is valued.

Further enquiries about this submission can be directed to:

Mr John Burton

Director, Social Policy and Research



## Key recommendations

The aim of this submission is to support the South Australian government in facilitating the greatest possible outcomes for all Aboriginal and Torres Strait Islander children by ensuring that they have the best possible start in life. Specifically, it:

- 1) Provides an understanding of the unique needs and experiences of Aboriginal and Torres Strait Islander families in gaining equitable access to critical universal services such as ECEC, and perinatal, services.
- 2) Outlines the implications of these on service systems and delivery.
- 3) Provides recommendations regarding how the South Australian government can uphold the human rights of all Aboriginal and Torres Strait Islander children by addressing the inequitable social, economic and environmental conditions into which they are born.

The below table provides an overview of SNAICC’s key recommendations, corresponding actions, and guiding frameworks.

Recommendation	Actions	Guiding framework
Embed culture as a key protective factor	<ol style="list-style-type: none"> <li>1. All policies, service systems, and funding arrangements overseen by the South Australian government are designed to ensure that Aboriginal children, and their families can access services that are founded on local Aboriginal and Torres Strait Islander cultures and strengthen Aboriginal children and families’ connection to culture. <ul style="list-style-type: none"> <li>Particular consideration must be given to prioritising Aboriginal and Torres Strait Islander Community Controlled Organisations’ (ACCOs’) provision of and/or oversight of: <ul style="list-style-type: none"> <li>• Antenatal (including maternity care) and postnatal services (including community-based maternal and child health services)</li> <li>• Early childhood education and care (ECEC)</li> <li>• Early intervention services that focus on reducing the risk of forced child removal</li> </ul> </li> </ul> </li> <li>2. Aboriginal and Torres Strait Islander people and ACCOs must be engaged through a meaningful process of co-design to assume leadership on the design and implementation of policies and programs that affect them and their families.</li> <li>3. In the context of universal services, require mainstream services to be culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander families and to have meaningful partnerships with ACCOs in their communities.</li> <li>4. Progress toward the above must be regularly evaluated in partnership with local ACCOs.</li> </ol>	<p><b>Closing the Gap: Priority Reform One- Formal Partnership and Shared Decision Making</b></p> <p><b>Safe &amp; Supported: Aboriginal and Torres Strait Islander First Action Plan 2023 – 2026. Action 1- Delegated Authority: Commit to progressive systems transformation that has First Nations self-determination at its centre.</b></p> <p><b>National Aboriginal and Torres Strait Islander Early Childhood Strategy- Goal 3: Aboriginal and Torres Strait Islander Children are Supported to Establish and Maintain Strong Connection to Culture, Country, and Language.</b></p> <p><b>Goal 5: Aboriginal and Torres Strait Islander Children, Families, and Communities are Active Partners in Building a Better Service System</b></p>

<p>Address the intersecting social determinants of Aboriginal and Torres Strait Islander well-being</p>	<ol style="list-style-type: none"> <li>1. Adopt an ecological and ‘joined up’ approach to policy and service delivery that simultaneously address the spectrum of individual, community, and societal determinants that influence well-being outcomes among Aboriginal and Torres Strait Islander children.</li> <li>2. Develop a state-wide Anti-Racism Strategy, overseen by a taskforce who provide strategic advice to ensure the Strategy sets out a clear and targeted roadmap to reducing all forms of racism in South Australia.</li> <li>3. Provide long-term commitment to the expansion of ACCO universal services, including ACCO-led ECEC services (similar to the NSW government’s \$98.7 million commitment to supporting existing Aboriginal Child and Family Centres and opening 6 new centres across their state).</li> <li>4. Commit to preferential and increased funding toward ACCOs, who provide strength-based and culturally appropriate prevention and early intervention services, that address the wide-spectrum of social determinants of Aboriginal well-being</li> </ol>	<p><b>Closing the Gap: Priority Reform Three – Transforming Government Organisations.</b> Government parties commit to identifying and eliminating racism, promoting and protecting Aboriginal and Torres Strait Islander cultures, and practicing meaningful cultural safety across all government agencies.</p> <p><b>Safe &amp; Supported: Aboriginal and Torres Strait Islander First Action Plan 2023 – 2026.</b> Action 2: <i>Investing in the Community-Controlled Sector: Shift towards adequate and coordinated funding of early, targeted and culturally safe supports for Aboriginal and Torres Strait Islander children and families.</i></p> <p>Action 8: <i>Social Determinants of Child Safety and Wellbeing – Work across portfolios impacting Aboriginal and Torres Strait Islander children and families.</i></p>
<p>Keep families together: prioritise prevention starting in the first 1000 days</p>	<ol style="list-style-type: none"> <li>1. The South Australian government is encouraged to commit to transitioning all government led Aboriginal Child and Family Centres to ACCO leadership by a date agreed upon by the SA government and local ACCOs.</li> <li>2. Redesign maternity and neonatal services so that they are ACCO led and facilitate access to culturally responsive and trauma-integrated maternity care.</li> <li>3. Fund ACCOs to educate mainstream services on how to deliver culturally responsive trauma-integrated care.</li> <li>4. ACCOs are supported to lead the design and delivery of systems, services and practice.</li> </ol>	<p>Closing the Gap: <b>Priority Reform One – Formal Partnerships and Shared Decision Making.</b></p> <p><b>National Aboriginal and Torres Strait Islander Early Childhood Strategy-</b></p> <p>Goal 1: <i>Aboriginal and Torres Strait Islander Children are Born Healthy and Remain Strong</i></p> <p>Goal 2- <i>Aboriginal and Torres Strait Islander Children are Supported to Thrive in Their Early Years</i></p> <p>Goal 4- <i>Aboriginal and Torres Strait Islander Children Grow up in Safe and Nurturing Homes, Supported</i></p>

Support Aboriginal Community Controlled ECEC	<ol style="list-style-type: none"> <li>1. Provide adequate, long-term and flexible funding to integrated ACCO ECEC services that support children and families in South Australia.</li> <li>2. The SA government actively supports the removal of the activity test, which can act as a barrier to ECEC access for Aboriginal families.</li> <li>3. Invest in local workforce attraction, retention and qualification, particularly in regional rural and remote areas:             <ul style="list-style-type: none"> <li>- SA Government to fund the co-design, with ECEC services, of education and training models which support ACCO ECEC to train local Aboriginal people on Country</li> <li>- SA Government to provide adequate funding for infrastructure and resources to achieve the above (e.g. office space, internet access etc).</li> </ul> </li> <li>4. Support Aboriginal services that are not Accredited under the National Quality Standards (NQS):             <ul style="list-style-type: none"> <li>- Actively advocate for the amendment of the National Quality Framework and Quality Standards in collaboration with Aboriginal and Torres Strait Islander people to ensure that mainstream ECEC services meet the needs of all children.</li> <li>- c.</li> </ul> </li> </ol>	<p>Closing the Gap: <b>Priority Reform One – Formal Partnerships and Shared Decision Making.</b> Supports place-based partnerships which are “based on a specific region, between government and Aboriginal and Torres Strait Islander representatives, and others by agreement, from those specific areas”, and which “respond to local priorities”.</p> <p>Closing the Gap: <b>Priority Reform Two – Building the Community-Controlled Sector.</b> Calls on state governments to build a strong community-controlled sector through capacity building and “a dedicated, reliable and consistent funding model designed to suit the types of services required by communities, responsive to the needs of those receiving the services, and developed in consultation with the relevant Peak body.”</p>
Facilitate data sovereignty	<ol style="list-style-type: none"> <li>1. The SA government to embed Indigenous Data Governance protocols and principles developed by the Maïam nayri Wingara Indigenous Data Sovereignty Collective (2018) in the use (including collection, access, storage and analysis) of data in relation to all aspects of Early Childhood Education and Care, Child protection and services which support the well-being and health of Aboriginal families.</li> </ol>	<p>Closing the Gap: <b>Priority Reform Four – Shared access to Location Specific Data.</b> Calls on state governments to provide equal access to disaggregated data to all Aboriginal and Torres Strait Islander organisations and communities to inform local priorities and local solutions.</p>

## Introduction

SNAICC welcomes this opportunity to contribute to the Royal Commission into Early Childhood Education and Care (ECEC). We commend the South Australian government for adopting a proactive and holistic approach to ECEC by expanding the scope of the Royal Commission to encompass the first 1000 days, the period with the greatest potential to effect health and well-being across the life course. SNAICC has a long-standing history of trusted and meaningful relationships with a wide range of Aboriginal Community Controlled Organisations and broader sector stakeholders. This provides us with a deep understanding of the needs and aspirations of Aboriginal children and families and communities and enables us to have confidence in providing expert advice to this Royal Commission.

## Context

SNAICC has adopted a 'well-being' lens in its discussion of 'health and wellbeing' in this submission. This is consistent with the Aboriginal and Torres Strait Islander peoples' holistic conceptualisation of health as *"not just the physical well-being of an individual but ...the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their community. It is a whole of life view and includes the cyclical concept of life-death-life"* (National Aboriginal Health Strategy Working Party, 1989). Aboriginal and Torres Strait Islander people also recognise connection to land, spirituality and ancestry, kinship networks, and cultural continuity, as essential well-being protective factors (Zubrick et al., 2014).

This submission is also informed by national (e.g. Closing the Gap) and international commitments which uphold the rights of Aboriginal and Torres Strait Islander children:

### **Convention on the Rights of the Child (CRC) (UN General Assembly, 1989)**

Ratification of the CRC in 1990 means that the Australian government has a duty to ensure that all Australian children, including Aboriginal and Torres Strait Islander children, are granted the rights set out in the treaty. Specific Articles pertinent to the well-being of Aboriginal and Torres Strait Islander children that the South Australian government must strive to uphold are:

- **Article 30:** *"In those States in which ethnic, religious, or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion or to use his or her own language."* It is essential to stress that this article is conceived as being both individual and collective and is a significant recognition of the collective traditions and values in Indigenous cultures. The Committee on the Rights of the Child, which is tasked by the United Nations with supporting and evaluating implementation of the Convention, notes that the right to exercise cultural rights among indigenous peoples may be closely associated with the use of traditional territory and the use of its resources (Committee on the Rights of the Child, 2009).

The Committee on the Rights of the Child has also adopted a series of General Comments to aid governments in meeting their obligations under the Convention (Committee on the Rights of the Child, 2005, 2006, 2009, 2013). Of these, the ones most pertinent to Aboriginal and Torres Strait Islander children are:

- **General Comment No 7:** (GC7; United Nations, 2006): *“Implementing child rights in early childhood”* – stresses that young children’s experiences are significantly shaped by their culture, and the opportunity to play an active role in their family and community. Emphasis is placed on the unique vulnerability of young children to discrimination, poverty, and other adversities that significantly undermine their well-being, and the importance of addressing these. Importantly, there is an emphasis on the need for ECEC services to be culturally relevant and to achieve this by *“working with local communities rather by imposing a standardised approach to early childhood care and education”* (GC7; United Nations, 2006, p 14).
- **General Comment No 11:** (GC11; United Nations, 2009): *“Indigenous children and their rights under the Convention”* – asserts that, when determining the best interest of Indigenous Children, government bodies must always *“consider the cultural rights of the indigenous child and his or her need to exercise such rights collectively with members of their group. As regards legislation, policies and programmes that affect indigenous children in general, the indigenous community should be consulted and given an opportunity to participate in the process on how the best interests of indigenous children in general can be decided in a culturally sensitive way. Such consultations should, to the extent possible, include meaningful participation of indigenous children.”*

#### **United Nation Declaration on the Rights of Indigenous Peoples (UN General Assembly, 2007)**

- **Article 14 (1):** *“Indigenous peoples have the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning.”*
- **Article 22 (1):** *“Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.”*

## Supporting equitable outcomes for Aboriginal and Torres Strait Islander children

The following sections will describe how a strengths- and evidence-based approach to ensuring the overall well-being of Aboriginal and Torres Strait Islander children can be implemented in the early years. Each section concludes with a discussion regarding the implications of the evidence on policy and practice, followed by corresponding recommendations.

### Protecting and promoting cultural identity as a key protective factor

Cultural identity is a robust protective factor for Aboriginal and Torres Strait Islander children (Dockery & Colquhoun, 2012; Dockery, 2020; Lohoar et al., 2014; Salmon et al., 2019).

Traditional policies that target social determinants often focus on poverty reduction and other more recognised (i.e. better researched) social determinants. However, to improve outcomes for Aboriginal and Torres Strait Islander children, there is an urgent need to concurrently address the ‘causes of the causes’ of inequitable social gradients. Specifically, the intergenerational trauma, discrimination, and erosion of families and cultural identity resulting from colonial policies and actions, including the historic and ongoing forced removal of Aboriginal children, including infants



(Davis, 2019; Markham & Biddle, 2018; Newton, 2019, 2020; O'Donnell et al., 2019). Despite the robust body of evidence which demonstrates that the merging of these uniquely Aboriginal experiences have directly resulted in generational poverty, poor educational attainment, underemployment etc., (Griffiths et al., 2016; Paradies, 2016; Shepherd et al., 2012), the experiences of Aboriginal and Torres Strait Islander people continue to be framed from a 'deficit' perspective and ironically, often used to justify policies that perpetuate inequities between Aboriginal and non-Aboriginal children (Chamberlain et al., 2022; Harrison et al., 2015).

To adequately address the 'causes of the causes', it is necessary to understand and strengthen the protective factors that enable Aboriginal and Torres Strait Islander children and families to thrive by reframing well-being from the perspective of Aboriginal and Torres Strait Islander people (Salmon et al., 2019). Specifically, for Aboriginal and Torres Strait Islander children, well-being cannot be fostered in isolation from connection to family and kinship, strong cultural identity, connection to country, sovereignty, and Indigenous knowledges (Anderson, Baum, & Bentley, 2007; Carson, Dunbar, Chenhall, & Bailie, 2007). Moreover, these 'domains' are deeply interconnected and cannot be separated from one another, where connection to family and kinship is synonymous with connection to culture (Davis, 2019) and vital to the continuous and generational renewal of connection to Country, spiritually, community, and language.

Using data from the Longitudinal Study of Indigenous Children<sup>1</sup> (LSIC) (Kneebone et al., 2012), findings from recent studies have highlighted the robust association between pride and identification with culture and optimal well-being and health outcomes among Aboriginal and Torres Strait Islander children. Of particular note:

- Where parents/caregivers place a high value on instilling a strong sense of identification with their Aboriginality, including pride, respect and knowledge of their family networks and history, those children display better developmental and health outcomes (Dockery, 2017).
- Strong kinship is associated with better overall child health and school attendance and achievement Dockery (2017).
- Participation in cultural and community activities significantly strengthen Aboriginal and Torres Strait Islander children's connection to culture, confidence, and self-identity, which in turn increases resilience and overall well-being for children (Lovett, 2017; Salmon et al., 2019).

The significance of strong family connections, kinship and culture on the development of a strong sense of identify and resilience among Aboriginal and Torres Strait Islander children is supported by an extensive body of evidence (Higgins et al., 2006; Raman et al., 2017; Silburn et al., 2006). Evidence also indicates that a strong sense of identity, fostered by connection to family, community and culture is a strong protective factor against the experience of racism among Aboriginal Torres Strait Islander caregivers (Priest et al., 2012).

Findings from a recent systematic review showed that connection to culture improved the effectiveness of programs for Aboriginal and Torres Strait Islander parents and caregiver and improved early childhood development outcomes (McCalman et al., 2017). In contrast, results from the Western Australian Aboriginal Child Health Survey (Silburn et al., 2006) showed a clear

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<sup>1</sup> A national study of 1759 Aboriginal and Torre Strait Islander children living in a range of social and cultural environments across metro, regional and remote Australia.

association between the experience of forced separation of Aboriginal and Torres Strait Islander children from their natural families, culture and Country and adverse health and social outcomes in later life.

Aboriginal and Torres Strait Islander community-controlled early years services (discussed in section 3 of this submission) are trusted by families and the communities in which they operate, making them uniquely positioned to promote and strengthen children and caregiver's connection to culture beyond mainstream early learning services. Moreover, Aboriginal Community Controlled Organisations (ACCOs) are established on a foundation of local cultural principles, which means that culture is not only at the heart of *what* is provided, but also *how* services are delivered, and community members are supported.

#### *Implications for practice and recommendations:*

Evidence shows that starting in the first 1000 days, a strong sense of cultural identity (for parents and children) acts as a robust protective factor and is central to the overall well-being of Aboriginal and Torres Strait Islander children. Cultural identity and connection to family and kinship are inextricably linked insofar that separation from family and kinship entails separation from culture. Based on this fact, it is critical that:

- All policies, service systems, and funding arrangements overseen by the South Australian government are designed to ensure that Aboriginal children, and their families can access services that are founded on local Aboriginal and Torres Strait Islander cultures and strengthen Aboriginal children and families' connection to culture. SNAICC urges the South Australian government to consider prioritising ACCOs to provide and/or oversee:
  - Antenatal (including maternity care) and postnatal services (including community-based maternal and child health services);
  - Early childhood education and care; and
  - Early intervention services that focus on reducing the risk of forced child removal.
- To facilitate the above, Aboriginal and Torres Strait Islander people and ACCOs, which are designed by and for Aboriginal people, must be engaged through a meaningful process of co-design to assume leadership on policy and service provision issues affecting them and their families.
- In the context of universal services, require mainstream services to be culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander families and to have meaningful partnerships with ACCOs in their communities.
- Progress toward the above must be regularly evaluated in partnership with local ACCOs.

## Addressing the social determinants of Aboriginal and Torres Strait Islander well-being

For policies, services, and programs to be truly effective in promoting better outcomes for Aboriginal and Torres Strait Islander children, they must adequately address the full spectrum of social, political, and environmental determinants of Aboriginal well-being.

An established body of evidence demonstrates the link between life-long well-being outcomes and the social, political, economic and environmental conditions in which families are conceiving and raising children (Moore et al., 2017; World Health Organization, 2021). These conditions include, but are not limited to: poverty, housing, neighbourhood quality and geographic location, as well as systematic and interpersonal discrimination and racism (World Health Organization, 2021). Racism is a social determinant of health and can occur at concurrent levels, including: internalised (the incorporation of racist attitudes and beliefs into one's worldview), interpersonal (interactions between individuals), systemic (e.g. the racist control of and access to labour and resources within a society) (Paradies et al., 2015), and vicarious (indirect exposure to the prejudice and discrimination experienced by friends, family, and strangers) (Harrell, 2000). All of these forms of racism can have an adverse impact on early childhood development (Heard-Garris et al., 2018; Priest et al., 2013).

Starting in the first 1000 days (the period from conception to the end of a child's second year), these conditions have a greater impact on shaping life-long well-being outcomes than any service a child may receive (Moore et al., 2017). For example, evidence shows that family and maternal experiences of racism (structural or interpersonal) including during pregnancy, increases the likelihood of preterm birth and infant mortality (Arnett, 2017; Petersen et al., 2019), poor social and emotional development (Bécares et al., 2015; Rosenthal et al., 2018) and poor infant sleep (Powell et al., 2020). The significance of this issue in South Australia has been highlighted by recent research which showed that compared to the general population, Aboriginal and Torres Strait women in South Australia are significantly more likely to report experiences of unfair, judgemental or discriminatory perinatal care (Brown et al., 2019). Similar findings were reported in the Aboriginal Families Study (Yelland et al., 2012) where just over half of the Aboriginal and Torres Strait Islander participants in South Australia (and Victoria) reported receiving care that they perceived to be discriminatory, compared with only one in four women in the general population. Alarming, the experience of racism is common among Aboriginal and Torres Strait Islander families and children (Priest et al., 2012; Shepherd et al., 2017). In the LSIC study, racism was reported by 14% of Aboriginal and Torres Strait Islander children and almost half (45%) of the children's families. This adverse experience can significantly limit access to optimal well-being determinants, such as education and employment; weaken positive self-identification; increase substance abuse, and self-harm; limit access to social supports; and restrict access to cultural activities, which, as noted, are strong protective factors for Aboriginal and Torres Strait Islander children's overall well-being (Moore et al., 2017).

Social determinants are interconnected and families who experience adversity often do so in multiple areas of their lives (Braveman & Gottlieb, 2014). There is also a dose-response relationship between the number and duration of adversities children experience and the likelihood of poorer health and well-being outcomes in later life (Lange et al., 2019; Merrick et al., 2017; Oliveira et al., 2016), with the capacity to alter developmental trajectories decreasing with age (Hertzman, 2010; Siddiqi et al., 2012). For Aboriginal and Torres Strait Islander children conceived and raised in the aftermath of a colonial legacy that has resulted in socioeconomic disadvantage, intergenerational trauma, systematic and interpersonal racism, and the dismantling of traditional family units and culture, these concurrent conditions interact and result in disproportionately poorer well-being and health outcomes across the lifespan (Kairuz et al., 2021; Markham & Biddle, 2018; Pearson et al., 2020).

### *Implications for practice and recommendations:*

Addressing the full spectrum of social, political, and environmental determinants of Aboriginal health and well-being requires long-term commitment from across government and a 'joined up' approach. This demands a re-examination of policies that have historically been viewed as inconsequential to early childhood development (housing, environmental, transportation policies etc) and a coordinated approach to improving early childhood outcomes for Aboriginal and Torres Strait Islander children (Goldfeld et al., 2019). Moreover, policy and service delivery frameworks must be reflective of the fact that in addition to the 'traditional' social determinants, for Aboriginal and Torres Strait Islander families, the experience of racism is a robust social determinant of well-being and health, and that cultural connectedness (also a social determinant) is a strong protective factor against the experience of racism. To that end, there is an urgent need to simultaneously:

- Adopt an ecological and 'joined up' approach to policy and service delivery that simultaneously address the broad range of individual, community, and societal factors that influence health and well-being outcomes of Aboriginal and Torres Strait Islander children.
- Develop a state-wide Anti-Racism Strategy (similar to that which is being developed in Victoria<sup>2</sup>), to proactively prevent and address racism in South Australia. The Anti-Racism Strategy will be overseen by a Taskforce who provide strategic advice and recommendations to ensure the Strategy sets out a clear and targeted roadmap to reducing all forms of racism in South Australia.
- Provide long-term commitment to the expansion of ACCO universal services, including ACCO-led ECEC (similar to the NSW government's \$98.7 million commitment to supporting existing Aboriginal Child and Family Centres and opening 6 new centres across the state).
- Commit to preferential and increased funding toward ACCOs, who provide strength-based and culturally appropriate prevention and early intervention services, that address the wide-spectrum of social determinants of Aboriginal well-being.

## Keeping families together: prioritising prevention starting in the first 1000 days

### *Fostering environments and conditions which support and build the capacity of parents*

The best way to ensure that Aboriginal and Torres Strait Islander children are connected to family and community, is to make sure that they are raised within their families and communities. Aboriginal and Torres Strait Islander parents have robust cultural practices in family life and child rearing and know how to keep their children safe and to raise them to be active contributors to family and community life (Lohoar et al., 2014). However, many Aboriginal and Torres Strait Islander families have experienced pervasive violence, loss of land, displacement, punitive social and legal policies, and child removal practices, resulting in complex traumas (Reid et al., 2022).

Promoting positive maternal mental health is critical to children's development in the first 1000 days. The experience of trauma, perinatal depression and/or anxiety (PNDA) is associated with reduced likelihood of infant-mother bonding and reduced parental responsiveness and verbal

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<sup>2</sup> <https://www.vic.gov.au/anti-racism-taskforce>

content (Slomian et al., 2019). Aboriginal and Torres Strait Islander women are significantly more likely to experience PNDA than their non-Aboriginal counterparts (Black et al., 2019; Owais et al., 2020). In a study involving 344 mothers of Aboriginal and Torres Strait Islander babies born in South Australia, Weetra et al. (2016) found that nearly one in four women reported 'high' to 'very high' psychological distress in the first 12 months postpartum. Furthermore, 56% faced at least three social health risk factors while pregnant (including family violence), with one in two women who experienced violence during pregnancy reporting 'high' or 'very high' psychological stress postnatally.

Given that significance of maternal mental health on maternal and child health outcomes, early identification of PNDA, as well as its associated risk factors (e.g. financial hardship, family violence, social isolation and limited supports etc) and facilitating timely access to culturally appropriate and affordable supports are paramount to keeping Aboriginal and Torres Strait Islander children in the care of their families (Arefadib et al., 2022).

The fear of child protection intervention during the perinatal period is a persistent source of depression and anxiety for many Aboriginal and Torres Strait Islander women (Hine et al., 2023). In an essay which explored the impact of systematic discrimination within maternity services, Dr Murrup-Stewart (2021), an Aboriginal mother and academic, echoed this sentiment, stating: *"Essentially, it comes down to being terrified to the core of my being that this little being growing inside me will be taken. That someone in the hospital who knows of my Aboriginality, will find some reason, some cause, some excuse to rip this child from my arms. To declare that my identity makes me unfit to mother. To jump straight to harmful and false stereotypes of black motherhood."*

This fear is supported by evidence which shows an increase in the number of 'at-risk' pregnant Aboriginal women being reported to child protection services, as well as an increase in the number of Aboriginal and Torres Strait Islander newborns and infants (<1 year of age) entering out-of-home care (O'Donnell et al., 2019). Between 2019 and 2020, one in five Aboriginal and Torres Strait Islander children who entered out-of-home care was less than one year old, a rate that was ten times greater than that of non-Aboriginal infants entering out-of-home care (Australian Institute of Health and Welfare (2021); (Chamberlain et al., 2022).

It's important to highlight that between 2008 and 2018, South Australia's expenditure on child protection services almost tripled (from AU\$174 million to AU\$503 million), driven by a significant increase in the cost of out-of-home care (from AU\$120 million to AU\$425 million) (Productivity Commission, 2018). By age 3, 15% of Aboriginal and Torres Strait Islander children born in South Australia between 2010 and 2017 were the subject of a child protection substantiation, compared with only 2% of non-Aboriginal children (Segal et al., 2019). A recent report by the South Australian Commissioner for Aboriginal Children and Young People (2022), South Australia has one of the highest rates of guardianship orders (to age 18) in Australia, the lowest reunification rate, and one of the lowest rates of expenditure on early intervention services for Aboriginal children. These findings are alarming and must be addressed by the South Australian government as a matter of urgency.

Separating infants from their mothers, family, kin, supports and Country under the guise of 'protection' only serves to perpetuate the social and cultural dislocation, as well as the collective and intergenerational trauma, of Aboriginal and Torres Strait Islander peoples (Hine et al., 2023). It is also contrary to the objectives of the Aboriginal and Torres Strait Islander Child Placement Principle

(Hunter et al., 2021) and the Australian Government Closing the Gap commitments (Australian Government, 2021b). Moreover, it deters Aboriginal and Torres Strait Islander women from accessing mainstream health services, results in grief and cumulative loss, and has long-term adverse well-being and health outcomes for Aboriginal women, their babies, families and communities (Hine et al., 2023). Aboriginal and Torres Strait Islander children's inherent right to family and culture is also protected by Article 30 of the Convention on the Rights of the Child (UN General Assembly, 1989) and reflected in the right to self-determination enshrined in Article 3 of the United Nations Declaration on the Rights of Indigenous Peoples (UN General Assembly, 2007). SNAICC is concerned that despite Aboriginal and Torres Strait Islander communities and organisations having put forth robust recommendations which will support Aboriginal children to remain in the care of their families, insufficient efforts have been made to implement these recommendations. Specifically, we refer to the Aboriginal and Torres Strait Islander Child Placement Principles (SNAICC, 2019a), The Family Matters Roadmap (SNAICC, 2016), and more recently, the Safe and Supported Action Plan (Commonwealth of Australia, 2022).

The Aboriginal community-controlled ECEC sector provides a broad range of education, family and early intervention services ranging from community-based playgroups to fully integrated early education and family support hubs which provide holistic wraparound services to families that are impacted by the ongoing consequences of the Stolen Generations. These services have a significant impact on preventing child protection intervention, support self-determination in child protection and work to ensure children are connected to their families, communities, cultures and Country (Australian Government, 2021a).

#### *Implications for practice and recommendations:*

It is critical that keeping Aboriginal and Torres Strait Islander children in the care of their family is a priority for the South Australian government. To do this, we urge the South Australian government to action key recommendations made by Aboriginal and Torres Strait Islander peoples, as outlined in the Aboriginal and Torres Strait Islander Child Placement Principle, the Family Matters Roadmap and the Safe and Supported Action Plan. Specifically:

- The South Australian government is encouraged to commit to transitioning all government led Aboriginal Child and Family Centres to ACCO leadership by a date agreed upon by the SA government and local ACCOs.
- Focus of prevention by:
  - Redesign maternity and neonatal services so that they are ACCO led and facilitate access to culturally responsive and trauma-integrated maternity care, shown to significantly increase attendance and engagement in antenatal care and reduce preterm births by 50% (Kildea et al., 2021).
  - Funding ACCOs to educate mainstream services on how to deliver culturally responsive trauma-integrated care.
  - Embedding culturally responsive models that include trauma-integrated care through:
    - Resources to support parents to foster cultural ways of promoting children's social and emotional well-being, the effects of trauma, practical strategies to help and available culturally safe support services.

- Access to holistic and culturally safe support services to offer compassionate support, provide opportunities to develop parenting skills, reduce isolation and offer holistic healing approaches (Austin & Arabena, 2021);
  - Providing education to service providers in culturally responsive trauma-integrated care. Incorporating and relearning Aboriginal and Torres Strait Islander ways of communicating effectively about sensitive issues, including using Dadirri, yarning and storytelling, are critical (Chamberlain et al., 2020).
- Focus on partnership by ensuring that:
  - All aspects of development and implementation of culturally embedded models of care for new and expectant parents are led by Aboriginal and Torres Strait Islander communities.
  - ACCOs are supported to lead the design and delivery of systems, services and practice. Research shows that Aboriginal and Torres Strait Islander community-led, preventive services and solutions are extremely cost-effective and economic reports on the effectiveness of preventive, community-led services demonstrate significant increased returns on investment for vulnerable Aboriginal and Torres Strait Islander families (Hunter et al., 2021).

## Self Determination: Supporting Aboriginal Community Controlled Organisations

Aboriginal and Torres Strait Islander community-controlled services (ACCOs), have a key role to play in addressing the cultural and social determinants of health for Aboriginal and Torres Strait Islander children. Within the context of the early years, Aboriginal community-controlled ECECs (discussed in this section) are uniquely positioned to facilitate this effort for a variety of reasons, including, but not limited to the following:

- **ACCOs are place-based and implement the right to self-determination.** ACCOs are among the few Aboriginal and Torres Strait Islander organisations that are governed by, and entirely accountable to, the local Aboriginal and Torres Strait communities they serve (Mazel, 2016), making them a best practice example of the implementation of the right to self-determination as enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (Davis, 2012). It is the existence of these organizations that form the basis of the self-determining process, making ACCOs the ‘practical expression of Aboriginal self-determination’ (Couzos, 2004; Mazel, 2016). The National Agreement to Closing the Gap acknowledges the significance of meaningful partnerships with local Aboriginal and Torres Strait communities and organisations and has committed Australian governments at all levels to build “a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people across the country<sup>3</sup>”

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<sup>3</sup> <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/3-objective-and-outcomes>

Because ACCOs are place-based, they draw on local strengths and resources to deliver locally driven solutions to local circumstances. This is especially important because Aboriginal Australians are not a homogeneous group, and the importance of local community knowledge, relationships with community members and an understanding of effective learning methods for Aboriginal and Torres Strait Islander children cannot be underestimated (SNAICC, 2020). In the context of the Closing the Gap Refresh, the Australian Government has acknowledged the significance of place-based responses and the urgency of implementing local solutions.

- **ACCOs are embedded in Aboriginal and Torres Strait Islander cultures.** ACCOs integrate culture into all aspects of service delivery to provide culturally safe and holistic services that are responsive to the unique needs of Aboriginal and Torres Strait Islander children and families (Harfield et al., 2018; South Australian Health and Medical Research Institute, 2020), as well as the diversity of community needs (Pearson et al., 2020).
- **ACCOs are holistic and address the social determinants of health.** ACCOs provide a holistic, integrated, and responsive model of care that addresses the social determinants of health and integrate significant community participation (Campbell et al., 2018). Analysis by the Australian Institute of Health and Welfare (2014) revealed, that ACCHOs provide many community supports (for which they do not receive funding). Specifically, they found that 80% of ACCHOs advocate on behalf of community members for health care, Centrelink and housing access; 73% of ACCHOs advocate on community-wide health issues; 69% of ACCHOs supported research by government or research institutes; and 43% conduct or commission research that meets the needs of local communities.

Aboriginal community-controlled ECEC services (discussed in greater detail below) are based on an integrated service delivery model and are often regarded by community as ‘one-stop shops’ that offer families with access to the wraparound supports they need (e.g. maternal and child health, speech and occupational therapy, and family supports and referral pathways to specialist services), in addition to ECEC.

- **ACCOs promote partnership and bridge social capital.** ACCOs promote positive and respectful relationships between Aboriginal and non-Aboriginal people, organisations and communities by supporting collaboration and partnerships. ACCOs also act to connect Aboriginal and Torres Strait Islander families with mainstream services (e.g. housing, education) that may otherwise be difficult to access (Pearson et al., 2020).

In light of the robust body of evidence demonstrating the far-reaching positive impacts of ACCOs, SNAICC is alarmed that, according to the South Australian Commissioner for Aboriginal Children and Young People (2022), the increase in the number of non-Aboriginal organisations receiving funding to deliver services to Aboriginal and Torres Strait Islander families has led to a decline in the number of ACCOs in South Australia. Existing ACCOs continue to respond to the needs of their respective communities, often stretched with inadequate resources. This Royal Commission has already heard the ACCO ECEC sector express concerns regarding the potential redistribution of much needed resources and funding from ACCOs to support the facilitation of universal 3-year-old



kinder, and the adverse impact that this would have on ACCOs' capacity to deliver culturally focussed care.

Supporting ACCOs, and thereby promoting Aboriginal and Torres Strait Islander peoples' right to self-determination, necessitates appropriate, 'flexible' and long-term funding commitments that allow ACCOs to make autonomous decisions regarding how to best support and meet the needs of their community. This will ultimately facilitate the transfer of power and resources back to Aboriginal and Torres Strait Islander communities, allowing ACCOs to take the lead rather than catering to short-term funding agendas that may be culturally inappropriate or limited (Hewitt et al., 2022). To that end, there is an urgent need to increase the number of (and funding for) ACCO ECEC services.

'Flexible' funding emphasises that the allocation of funds is not contingent on pre-determined outcomes and/or outputs established by funders, including government. This has the practical effect of enabling ACCOs to set goals that have been defined and prioritised by the community (Hewitt et al., 2022) and provide services that engage and support families. Similarly, the uncertainty of short-term funding cycles significantly misaligns with the long-term commitment required to address the complex social determinants of health. Research suggests that place-based initiatives, such as ACCOs, that address complex socioeconomic issues should be viewed as a 25-year investment (Rae, 2011), with some benefits for children becoming apparent only when they reach adulthood (Burgemeister et al., 2021).

## Building capacity of Aboriginal Community-Controlled (ACC) ECEC

Overwhelming evidence shows that high-quality early education programs have an overall positive effect on children's physical and mental health, school readiness, and social and academic outcomes (Moore & Arefadib, 2022). However, there is no explicit requirement to embed culture in mainstream ECEC services, and critical questions regarding the appropriateness, cultural safety and inclusivity of 'mainstream' ECEC services for Aboriginal and Torres Strait Islander children and families. For example, a recent study involving 5051 Aboriginal and Torres Strait Islander pre-school children from across Australia, Falster et al. (2021) found that while preschool participation was associated with better developmental outcomes among Aboriginal and Torres Strait Islander children and non-Aboriginal children, the extent of benefits was smaller for Aboriginal children than their non-Aboriginal counterparts. Moreover, findings from this study indicated that government initiatives to increase ECEC participation (e.g. introduction of universal 3-year-old kinder) must be carried out in conjunction with efforts to address the social determinants of Aboriginal and Torres Strait Islander health and well-being (Falster et al., 2021).

The ECEC community-controlled sector addresses the social determinants of health by incorporating a broad range of wrap-around and integrated services in addition to early childhood education and care. These unique services are also rooted in Aboriginal learning principles and values that focus on the child in the context of family, community and culture. The impact of this is increased engagement by the whole family and ultimately Aboriginal and Torres Strait Islander children who are resilient and strong in their culture. One example of this is the Tjitji Tjapu Tjuta childcare centre in Cooper Pedy in South Australia, that offers long day care, allied health and family support services to the entire community. The centre has strong relationships with families, which is central to the high participation rates by Aboriginal and Torres Strait Islander children. They also provide home visits, allowing staff to reach children and families who may otherwise not access any form of

support. Evidence also shows that Aboriginal community-controlled ECEC services' committed to hiring Aboriginal staff makes Aboriginal families feel connected to the service and know that it is a culturally safe setting for their children, and that their children are learning in the context of culture, family and community (SNAICC, 2019b).

Local Aboriginal staffing of ACCO ECEC services is essential to their capacity to provide culturally safe care. As such, efforts must focus on developing and funding of strategies that enable the employment, training and retention of Aboriginal and Torres Strait Islander People, particularly in rural and remote areas. The Kimberley Development Commission has profiled several examples of ECEC services which have developed training programs and processes to assist the recruitment and retention of Aboriginal staff from their local community as ECEC educators.<sup>4</sup> Not only does this approach minimise the need to provide housing and other incentives to entice an external workforce to the region, it concurrently facilitates the employment of local Aboriginal and Torres Strait Islander staff who have a commitment to and connection with their local community. Early learning programs that do not reflect the culture and knowledge of the local Aboriginal community are not seen as culturally safe and tend not to be used by families in that community.

Other impediments to the provision of ECEC by Aboriginal service providers include inadequate funding (described above) and the fact that, South Australia has no residual state-based standards for ECEC services which do not fall within the scope of the National Quality Framework (NQF)-specifically, those funded under the Community Child Care Fund Restricted (CCCCF R) program. Furthermore, the current quality and regulatory frameworks fail to acknowledge or address the unique needs and circumstances of Aboriginal and Torres Strait Islander communities, which serves as a barrier to sector development and quality improvement. Aboriginal and Torres Strait Islander services that are not NQF approved and therefore not in the scope of the NQF are not assessed under its National Quality Standard (NQS). To address this, efforts must be made to examine the requirements of the NQF in partnership with the Aboriginal and Torres Strait Islander sector and consideration must also be given to service types and contexts for which the NQF may not be an appropriate regulatory framework.

For those ACCO ECEC services which are in scope, Quality Area 5 of the NQS requires positive and responsive relationships with children that uphold the dignity and rights of each child, and engages and supports each child to feel secure, confident and included. Quality Area 6 calls for collaborative partnerships with families and communities where the expertise, culture, values and beliefs of families are respected, and families share in decision making about their child's learning and well-being. In the Approved Learning Frameworks Aboriginal and Torres Strait Islander past, present and contributions into the future are acknowledged and valued, and it is acknowledged that Aboriginal and Torres Strait Islander people are the owners and custodians of all their cultural tools. However, there is currently no specific provision in the NQF and NQS regarding how these principles and standards will be implemented or assessed, including on cultural competence with respect to Aboriginal and Torres Strait Islander people or services.

Further to the factors which affect the operation of ACCO ECEC services, families experience structural and administrative barriers to accessing ECEC services, including the requirements of the activity test in order to receive subsidised childcare, which disproportionately disadvantaging Aboriginal and Torres Strait Islander families. While SNAICC welcomes increased childcare subsidies

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<sup>4</sup> Kimberley Development Commission (December 2022) Sector Profile # 1 Childcare in the Kimberley accessed 17/1/23 from: <https://kdc.wa.gov.au/sector-profiles/childcareinthekimberley/>

and guaranteed ECEC access of 36 hours per fortnight for Aboriginal and Islander children, we note that 1) this falls significantly short of the 30 hours ECEC per week which has been shown to provide positive outcomes for vulnerable children; and 2) this does not fully address the barriers to ECEC access imposed by the activity test. The requirements of the activity test are difficult to navigate for some families who are unsure as to which activities satisfy the test's guidelines, or who have fears about the financial consequences of incorrectly reporting their activity. There is evidence to suggest that a higher percentage of families experiencing socio-economic disadvantage are not accessing due to the activity test.

### *Implications and recommendations*

With a view to ensuring and building on holistic place-based responses to early developmental needs, the Sector Strengthening Plan: Early Childhood Care and Development (2021) focuses on supporting community-controlled services that provide centre-based day care and/or pre-school education services, alongside other integrated supports to address the needs of families and young children. SNAICC supports the position that there is an urgent need to address and achieve the following through targeted strategies, some of which are stipulated in the Sector Strengthening Plan:

- The South Australian government commits to providing adequate, long-term and flexible funding to integrated ACCO ECEC services that support children and families in South Australia.
- The South Australian government actively supports the removal of the activity test, which can act as a barrier to ECEC access for Aboriginal families.
- Invest in local workforce attraction, retention and qualification, particularly in regional rural and remote areas:
  - South Australian government to fund the co-design, with ECEC services, of education and training models which support ACCO ECEC to train local Aboriginal people on Country.
  - South Australian government to provide adequate funding for infrastructure and resources to achieve the above (e.g. office space, internet access etc).
- The South Australian government to support Aboriginal services that are not accredited under the National Quality Standards (NQS):
  - Actively advocate for the amendment of the National Quality Framework and Quality Standards in collaboration with Aboriginal and Torres Strait Islander people to ensure that mainstream ECEC services meet the needs of all children.
  - Advocate for co-design of NQS in Quality Area 5 and 6, as well as measuring success of strategy implementation with Aboriginal Communities and ECEC providers.
  - Co-design, with Aboriginal and Torres Strait Islander people, a regulatory framework for South Australian ACCO ECEC services which fall outside the scope of the NQF/NQS. (e.g. services funded under the CCCFR).

## Supporting data sovereignty

Aboriginal and Torres Strait Islander data sovereignty is intrinsically linked with Aboriginal and Torres Strait Islander peoples' right to sustain, control, protect and develop their cultural heritage, traditional knowledge and cultural expressions. Unfortunately, debates about Aboriginal and Torres Strait data sovereignty have long been dominated by governments with little to no regard about the inherent rights and interests of Aboriginal and Torres Strait Islander peoples relating to the

collection, ownership and application of data about their people and communities (Kukutai & Taylor, 2016).

An area that requires urgent attention by the South Australian government is the lack of disaggregated data regarding whether (and what) efforts have been made by Child Protection to comply with the requirement in section 12 Children and Young People (Safety) Act 2017 (Child Safety Act) to consider the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP). There is also an urgent need for data regarding whether consultation with Recognised Aboriginal Torres Strait Islander Organisation (RATSIO) about placement has taken place before a child is brought into care (Commissioner for Aboriginal Children and Young People South Australia, 2022). Finally, despite the SA government's welcomed policy commitments to support the 5 pillars of the ATSICPP to the standard of "active efforts" in policy (Safe and Well), there is currently no data regarding what compliance efforts have been made or how implementation will be measures (Commissioner for Aboriginal Children and Young People South Australia, 2022).

#### *Implications and recommendation*

Accurate and appropriate data is the foundation upon which place-based initiatives such as ACCOs identify priorities and make decisions, as well as providing a mechanism to monitor the effectiveness of universal services for Aboriginal and Torres Strait Islander People. Collecting and reporting data about Aboriginal and Torres Strait Islander communities in a way that is culturally safe and community owned is an essential part of Aboriginal place-based initiatives, including ACCOs (Hewitt et al., 2022). Aboriginal data sovereignty is practiced through Aboriginal data governance which ensures that data collection supports the priorities of Aboriginal and Torres Strait Islander communities and organisations, implements agreed standards for quality control, and supports the availability of data in a timely manner (Lowitja Institute, 2021).

SNAICC recommends that the SA government embeds Indigenous Data Governance protocols and principles developed by the Maïam nayri Wingara Indigenous Data Sovereignty Collective (2018) in the use (including collection, access, storage and analysis) of data in relation to all aspects of Early Childhood Education and Care, Child protection and services which support the well-being and health of Aboriginal families:

1. Exercise **control** of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure.
2. Data that is contextual and disaggregated.
3. Data that is relevant and empowers sustainable self-determination and effective self-governance.
4. Data structures that are accountable to Indigenous peoples and First Nations.
5. Data that is protective and respects our individual and collective interests.

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