

Early Childhood

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

Overview

Priorities of the Queensland Government are to improve child and maternal health care, support good parenting and strengthen early childhood education and care for Aboriginal and Torres Strait Islander children, especially in the discrete communities.

Below is an outline of Queensland's commitment under the COAG Indigenous reform agenda, which details the measures that will be used to monitor progress and also the programs and services which have been delivered by the Queensland Government (in 2008/09) to address the gap between Aboriginal and Torres Strait Islander and non-Indigenous children.

Reaching Five Years of Age

Queensland's commitment under COAG – Early Childhood (Health)

The health and wellbeing of young Aboriginal and Torres Strait Islander children, babies and their mothers is addressed under the COAG national target to halve the gap in mortality rates for Indigenous children under five within a decade.

Through the **Indigenous Early Childhood Development National Partnership Agreement** (2009–2014) the Queensland Government is funding programs to address outcomes which are health-related. This includes:

- Queensland Government funding of \$21.25 million over five years to increase access to, and use of, maternal and child health services by Aboriginal and Torres Strait Islander families
 - › Queensland Government initiatives in 2009–2010 include, \$3.96 million for Cape York maternal and child health enhancements (including Baby Baskets)

and \$1.6 million for the Deadly Ears, Deadly Kids, Deadly Communities Program

- Australian Government contribution of \$25.5 million over four years from 2009/10 in Queensland, being administered by the Australian Government under its New Directions program
- Australian Government funds of \$4.2 million will be provided to Queensland in 2009/10 to deliver antenatal care, improve pre-pregnancy health as well as teenage sexual and reproductive health.

In terms of health outcomes, the National Partnership concentrates on three elements: integration of early childhood services through children and family centres – 10 Children and Family Centres for Queensland, increased access to antenatal care, pre-pregnancy and teenage sexual and reproductive health services, and increased access to, and use of, maternal and child health services.

The Queensland Government's **Making Tracks Indigenous Health Policy** (due for publication by the end of 2009) focuses on giving Aboriginal and Torres Strait Islander children under eight years a healthy and safe start to life through effective women's health services, antenatal and infant health care, improved education outcomes and child protection services.

The evidence

Perinatal and infant mortality

Perinatal mortality

Perinatal deaths include babies who die within 28 days of birth, and also stillbirths of babies who are either born at 20 weeks or more gestation or weigh at least 400 grams at birth.



Over the two year period 2006–2007:⁴

- 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 (18.7 compared with 9.9 per 1,000 births - see Figure A1)
- a total of 114 babies of Aboriginal and Torres Strait Islander women died during the perinatal period. If Aboriginal and Torres Strait Islander women experienced the same perinatal mortality outcomes as non-Indigenous women, then 60 babies would be expected to die during the perinatal period.

Between 2006–2007 and 2004–2005, there was no significant change in perinatal mortality rates for babies of Aboriginal and Torres Strait Islander women (see Figure A1).

Infant mortality

Infant deaths include all live born babies who die within one year of birth.

- Since 1997,⁵ Aboriginal and Torres Strait Islander mortality rates for Queensland infants have ranged from 2 to 2.5 times non-Indigenous rates.⁶

⁴ Source: Queensland Perinatal Data Collection, Queensland Health.

⁵ Source: Deaths: Child Death Register, 2009, Commission for Children and Young People and Child Guardian (Queensland); Births: ABS Vital Statistics, 2009.

⁶ Infant mortality rates are traditionally derived from the number of registered deaths compared with the number of registered live births each year and therefore are subject to the effects of changes in registration processes. Improvements in birth registration processes resulted in a large increase in the number of births registered in 2007. Many of these new registrations are likely to be for older people not previously registered rather than newborn infants. Delays in death registration may also result in an apparent decrease in mortality for the most recent year's data; for example, there were 309 infant deaths in Queensland in 2006 but only 279 deaths were registered. To mitigate the impact of these changes on infant mortality rates, the rates in this report have been calculated using data sourced by year of death and year of birth.

- Between 2004–2005 and 2006–2007, there was a small decrease in Aboriginal and Torres Strait Islander infant mortality rates (from 13.3 to 10.8 per 1,000 live births).⁷ Over the same period, the non-Indigenous infant mortality rate increased (from 4.9 to 5.7 per 1,000 live births - see Figure A2).⁸

Childhood mortality

Childhood mortality (0-4 years)

- The child mortality rate for Aboriginal and Torres Strait Islander children aged less than five years in 2008 was 19.3 per 10,000 children compared with 11.9 per 10,000 non-Indigenous children (see Figure A3).⁹
- Most deaths of children aged less than five years occur in the first year of life and are due to conditions originating in the perinatal period (which accounts for 40.8 per cent of Aboriginal and Torres Strait Islander child deaths during 2004–2008).
- The next most common cause of death for both Aboriginal and Torres Strait Islander and non-Indigenous children are congenital malformations, deformations and chromosomal abnormalities, accounting for 14.5 and 24.0 per cent of deaths respectively in 2008.
- A further 12.3 per cent of Aboriginal and Torres Strait Islander child deaths in 2008 were as a result of external causes such as injury, transport accidents and poisoning. This was similar to the proportion of non-Indigenous child deaths (10.4 per cent).
- The Aboriginal and Torres Strait Islander child mortality rate decreased over time from 29.0 per 10,000 children in 2004–2005 to 19.3 per 10,000 children in 2008. In contrast, the non-Indigenous rate varied little over time.

⁷ This was not statistically significant.

⁸ While there were in fact fewer deaths of Aboriginal and Torres Strait Islander infants in 2007 compared with previous years, there were fewer registrations of infants born in 2006 and 2007 compared with previous years.

⁹ Source: Deaths: Child Death Register, 2009, Commission for Children and Young People and Child Guardian (Queensland); Estimated resident populations: Office of Economic and Statistical Research, 2009.

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Childhood mortality (1-4 years)

Very few Queensland children die between the ages of one and four years.

- The child mortality rate for Aboriginal and Torres Strait Islander children (aged one to four years) over the five years 2004 to 2008 was 5.2 per 10,000 children. For non-Indigenous children the rate was 2.6 per 10,000 children.¹⁰

Antenatal care

Antenatal visits are the visits made to a doctor, clinic, community health officer or midwife by women while they are pregnant to care for themselves and their babies. While there is no national consensus yet on the number of antenatal visits required for optimal care, it has been agreed that the number of visits required to provide minimum acceptable standards of care is five, although more are preferable. These data report on antenatal visits for women who delivered their babies at 32 or more weeks gestation only.

Many risk factors can be identified and managed through antenatal care, including gestational diabetes, poor nutrition, maternal infections, smoking, substance abuse and congenital conditions.

Over the two year period 2007–2008:¹¹

- non-Indigenous women were significantly more likely to attend five or more antenatal visits than Aboriginal and Torres Strait Islander women (94.1 per cent compared with 77.7 per cent)
- there was little variation in antenatal visit patterns across remote areas for both Aboriginal and Torres Strait Islander and non-Indigenous women.

Between 2005–2006 and 2007–2008, attendance levels for Aboriginal and Torres Strait Islander women increased slightly (from 75.1 per cent to 77.7 per cent).

10 Source: Child Death Register, 2004–2008, Commission for Children and Young People and Child Guardian (Queensland).

11 Source: Queensland Perinatal Data Collection, Queensland Health.

Low birthweight

Low birthweight babies are those weighing less than 2,500 grams at birth. These babies are at greater risk of developmental, educational and health problems early in life. Low birthweight is also a risk factor for a range of long-term health conditions, including diabetes, hypertension and kidney disease.¹² Risk factors for low birthweight are many and varied; for example, a woman's socioeconomic status and, in particular, level of education has been shown to be strongly correlated to the birthweight of her baby as have smoking levels and use of antenatal care.

Over the two year period 2007–2008:¹³

- babies of Aboriginal and Torres Strait Islander women were around twice as likely to be born with a low birthweight as babies of non-Indigenous women (9.4 per cent compared with 4.4 per cent - see Figure 1)
- the birthweight gap between babies of Aboriginal and Torres Strait Islander women and non-Indigenous women was greatest in remote/very remote areas (10.2 per cent compared with 3.0 per cent).¹⁴

Between 2005–2006 and 2007–2008, the proportion of low birthweight babies born to Aboriginal and Torres Strait Islander women decreased (from 10.2 per cent to 9.4 per cent), with the greatest decrease evident in outer regional areas (11.9 per cent to 9.6 per cent).

Tobacco smoking during pregnancy

The evidence that smoking harms unborn babies and children is well documented. This can include increased risk of foetal death, pre-term birth, low birthweight, sudden infant death syndrome and respiratory problems. A recent Queensland study suggested that an extra risk for low birthweight and pre-term births in Aboriginal and Torres Strait Islander

12 Lackland, D.T. and Barker, D.J. P., 2009, Birth weight: a predictive medicine consideration for the disparities. *CKD American Journal of Kidney Diseases*, 54(2):191-193.

13 Source: Queensland Perinatal Data Collection, Queensland Health.

14 This may be due to small numbers of babies born and also better identification of Aboriginal and Torres Strait Islander women in these areas.



babies results from the higher prevalence of smoking among Indigenous mothers.¹⁵

During 2008:¹⁶

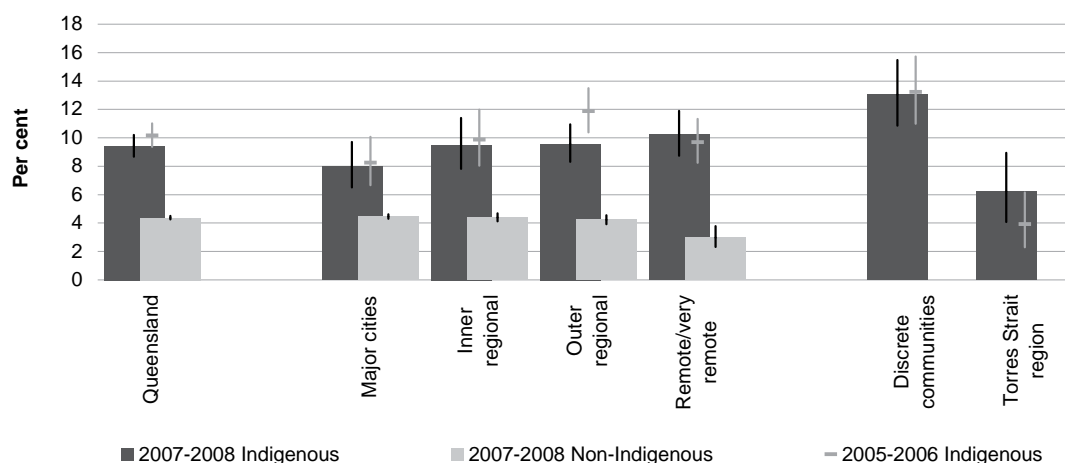
- more than half (53.7 per cent) of Aboriginal and Torres Strait Islander women who gave birth reported that they smoked during pregnancy compared with 17.5 per cent of non-Indigenous women
- of those Aboriginal and Torres Strait Islander women who smoked, only 7.3 per cent had ceased smoking by 20 weeks (pregnancy) compared with 15.1 per cent of non-Indigenous women
- smoking rates were lower in major cities for Aboriginal and Torres Strait Islander women and non-Indigenous women than elsewhere

- over two-thirds (68.6 per cent) of Aboriginal and Torres Strait Islander women living in the discrete communities reported that they smoked during pregnancy.

Childhood hospital admissions (0-4 years)

Hospitalisation data do not describe the prevalence of conditions included in this report. For example, it is not possible to determine the actual number of people with diabetes from counts of hospital admissions for diabetes.

Figure 1. Low birthweight, live single births, Queensland, 2005-2006 and 2007-2008.



This graph compares the proportion of low birthweight babies born to Queensland women in two time periods for a range of geographic regions within Queensland. The earlier time period, the two years 2005-2006 is represented by a floating line for Aboriginal and Torres Strait Islander women and is compared with the two years 2007-2008, represented by a solid bar. Source: Queensland Perinatal Data Collection, Queensland Health. Notes: (1) Includes live single births of 20 weeks gestation or more or of 400 grams or more birthweight to residents of Queensland. (2) Data are presented in two-year groupings because of small numbers each year. These groupings represent two calendar years. (3) Data relate to the Indigenous status of the mother only and therefore underestimate Indigenous births. (4) Non-Indigenous data include births where the mother's Indigenous status is not stated. (5) Confidence limits are used to aid analysis in this graph. Please refer to Appendix 1 for further information on how to read these figures.

15 Wills, R. and Coory, M.D., 2008, Effect of smoking among Indigenous and non-Indigenous mothers on pre-term birth and full-term low birthweight. *Medical Journal of Australia*, 189(9):490-494.

16 Source: Queensland Perinatal Data Collection, Queensland Health.

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One person may have several admissions each year for the same condition. Admissions data are primarily collected to measure service need and use and can only be indicative of the wellbeing or excess burden of ill health in the community. As such, increases in hospital admissions may reflect increased access and improved early detection and management of disease or, alternatively, increased burden of disease and poorer management.

Variations in observed hospitalisation rates with remoteness are likely to be, in part, due to higher levels of under-identification of Aboriginal and Torres Strait Islander peoples in urban and regional areas. Hospitalisation rates in urban areas in particular may be much higher than reported, hence differences across remoteness areas may not be as great as those reported.

Over the two year period 2006/07–2007/08 Aboriginal and Torres Strait Islander children were:¹⁷

- hospitalised for infectious and parasitic diseases at a significantly higher rate than non-Indigenous children (28.7 compared with 18.2 per 1,000 persons - see Figure A4)
- hospitalised for injury, poisoning and certain other consequences of external causes at a similar rate to non-Indigenous Queensland children (21.3 per 1,000 persons compared with 20.5 per 1,000 persons - see Table A1)
- hospitalised for diseases of the ear and mastoid process in the discrete communities (18.7 per 1,000 persons) and remote/very remote regions (12.2 per 1,000 persons) at a significantly higher rate than in major cities (5.7 per 1,000 persons) and outer regional areas (6.1 per 1,000 persons)¹⁸
- hospitalised for diseases of the respiratory system at a significantly higher rate than non-Indigenous children (63.4 compared with 44.0 per 1,000 persons - see Figure A5)
- hospitalised for diseases of the skin and subcutaneous tissue at more than three times the rate of non-Indigenous children (13.6 per 1,000 persons compared with 3.7 per 1,000 persons - see Figure A6).

¹⁷ Source: Queensland Hospitals Admitted Patient Data Collection.

¹⁸ The relatively low rate in major cities may not reflect need, but service access, provision and use.

Between 2004/05–2005/06 and 2006/07–2007/08, the rate at which Aboriginal and Torres Strait Islander children were hospitalised for:

- infectious and parasitic diseases significantly decreased in inner regional areas (from 30.0 to 21.8 per 1,000 persons) and significantly increased in remote/very remote areas (from 51.8 to 64.1 per 1,000 persons - see Figure A4)
- injury, poisoning and certain other consequences of external causes significantly decreased in Queensland (from 25.3 to 21.3 per 1,000 persons) and decreased in inner regional areas (from 27.6 to 20.2 per 1,000 persons)
- diseases of the respiratory system did not change significantly in any regional category
- diseases of the skin and subcutaneous tissue significantly increased in remote/very remote areas (from 23.5 to 33.3 per 1,000 persons - see Figure A6).

Key Queensland Government actions to close the gap

Preventative and primary health initiatives

In 2008/09, the Queensland Government invested an additional \$9 million over four years to enhance maternity care in rural regions, improve services to at-risk population groups and implement new midwifery continuity of care models in nine locations across Queensland.

A total of \$29.7 million over four years has been allocated for the **Universal Post-natal Contact Services** initiative, to ensure all families are offered follow-up care within the first weeks after a birth.

A total of \$5.39 million was provided in 2008/09 and 2009/10 for **maternal and child health service enhancements** in Cape York, including the provision of 'baby baskets' to pregnant women linked to health service visits.



Recognising the additional effort required to address Indigenous health inequalities, in 2005/06 the Queensland Government committed \$68.8 million over four years for an **Indigenous Health Package**. \$21 million in funding from this package was provided to increase access for Aboriginal and Torres Strait Islander children and their families to early intervention and prevention, maternal and child health services and to increase access to sexual and reproductive health services in urban, rural and remote areas.

A total of \$4.4 million over four years from 2008/09 was allocated for the **Deadly Ears, Deadly Kids, Deadly Communities Program** to undertake early detection and hearing screening and surveillance, intervention and treatment for Indigenous children up to 14 years of age identified with otitis media.

Newborn and family drop-in services have been established in Cairns, Townsville, Sunshine Coast, Logan, Toowoomba, Gold Coast, Mackay, Mount Isa and Hervey Bay, with a further six locations opening by December 2009.

Indigenous Child Health Workers, Young Parent Support Workers, a Hearing Health Team, a Rheumatic Heart Disease Coordinator and Sexual Health Workers are working with families, children and young people to improve health outcomes.

Early Childhood Education

Queensland's commitment under COAG – early childhood education

The education of young Aboriginal and Torres Strait Islander children is addressed by two national COAG targets:

- ensuring all Indigenous four year olds in remote communities have access to early education within five years

- halving the gap for Indigenous students in reading, writing and numeracy within a decade.

Through the **National Partnership on Early Childhood Education** (2008–2013), the **National Early Childhood Development Strategy** (2009–2020) and the **National Early Years Learning Framework** (currently under development), the Queensland Government is implementing an extensive range of reforms in early childhood education and care including a nationally agreed **Quality Agenda for Early Childhood Development**.

Together with reforms to mainstream early childhood education and care provision, the reforms specifically target improved outcomes for Aboriginal and Torres Strait Islander children and increased Indigenous participation in quality early childhood education across urban, regional and remote locations.

Queensland's implementation of the national agenda includes an investment of up to \$889 million to provide universal access to kindergartens. The Queensland Government aims to increase the participation rate for Aboriginal and Torres Strait Islander children across the state to 95 per cent by mid 2013. This investment will provide an extra 240 kindergarten services in Queensland, including services located in areas with high proportions of Aboriginal and Torres Strait Islander children. It will also address cost barriers to participation through a new funding scheme. This funding scheme will be designed to offset kindergarten fees to parents and target government resources to areas of need.

Under the **Indigenous Early Childhood Development National Partnership Agreement**, the Queensland Government is establishing 10 Children and Family Centres to provide quality early childhood education, care parenting and family support services for children aged 0-8 years and their families. The first Children and Family Centre will be established in Mount Isa in 2010. The Australian Government will provide funding of \$75.18 million over six years (from 2009).

The **Bound for Success pre-Prep in Indigenous communities** initiative is a key Queensland Government commitment to ensure three-and-a-half to four-and-a-half-year-old children

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living in 29 Cape York and Torres Strait communities, and six other Aboriginal communities have access to high quality, consistent early childhood education programs. This has contributed to approximately 70 per cent of Aboriginal and Torres Strait Islander children living in remote areas accessing quality early education (compared with 29 per cent across Queensland accessing early education).

The Queensland Government is spending more than \$40 million over four years (2006–2010), which included \$20.7 million in 2008/09 on enhancements of pre-Prep programs which includes the development of Foundations for Success: Guidelines for an early learning program in Aboriginal and Torres Strait communities, establishment of a professional learning community, and the provision of new resources and purpose-designed facilities.

The evidence

Early childhood education

Many studies show that children who access quality preschool programs reap significant benefits including better intellectual development and independence, sociability, concentration, and preparedness to succeed in school.¹⁹

The Aboriginal and Torres Strait Islander preschool enrolment rate is defined as the number of Aboriginal and Torres Strait Islander children enrolled in preschool services, as a proportion of all Queensland children enrolled in preschool services, and is only a broad indication of level of access to preschools in Queensland. Preschool is generally referred to as kindergarten in Queensland, and children accessing kindergarten are usually aged four years of age (as at 30 June of that year).²⁰

19 Australian Institute of Health and Welfare (AIHW), 2005, *A picture of Australia's children*, AIHW cat. no. PHE 58, Canberra: AIHW.

20 The national *Children's Services Working Group* have agreed on a range of performance indicators for children's services. The performance indicators for 'Access' refer to Indigenous preschool enrolments as a broad indicator of access to preschool. The current indicator relates to all Indigenous 4 year olds in Queensland. Data specifically relating to Indigenous 4 year olds in remote communities will be available for future reports.

- The proportion of Aboriginal and Torres Strait Islander children enrolled in kindergarten services in 2008/09 was estimated to be eight per cent of total enrolments.²¹
- This proportion was similar to the proportion of Aboriginal and Torres Strait Islander children in the total population (in 2008/09 as well as in 2007/08 and 2006/07 - see Table A2).²²
- Enrolments of Aboriginal and Torres Strait Islander children in the discrete communities and the Torres Strait region account for approximately 40 per cent of the statewide enrolment figures, but children living in these areas represent only an estimated 17 per cent of all Aboriginal and Torres Strait Islander four year olds in Queensland.

Key Queensland Government actions to close the gap

Greater access to early childhood education services

The Queensland Government has committed \$54 million over four years to support young children and their families through the **Best Start initiative**. In 2008/09, funding was allocated to support the:

- **Early Years Health and Wellbeing** program to assist Preparatory children in Mackay and Ipswich. The program provides information, advice and referral to prevention and early intervention services to children (including services for Aboriginal and Torres Strait Islander children) in Preparatory year and their families

21 This figure is not comparable to rates from previous years due to a change in collection methodology.

22 Source: Steering Committee for the Review of Government Service Provision (SCRGSP), 2009, *Report on Government Services 2009*, Productivity Commission, Canberra; 2008–09 data: Office for Early Childhood Education and Care, Department of Education and Training, Queensland, sourced from the Early Childhood Education and Care Services Census. Also includes pre-prep enrolments for Bound for Success schools.



- **Parentline** program to provide parent education and support services focusing on Aboriginal and Torres Strait Islander families, families with a child with a disability and also families in rural and remote areas
- **Triple P – Positive Parenting Program** with courses provided in Mackay and Brisbane (including specific training elements to assist Aboriginal and Torres Strait Islander client groups)
- **Early Childhood Education and Care Services**, for the refurbishment of former preschool sites in Mackay, Ayr, Beenleigh, Nanango and Toowoomba North
- four **Indigenous Child and Family Support Hubs** for parent education and support for Aboriginal and Torres Strait Islander families in Aurukun, Pormpuraaw, Mount Morgan and Mackay
- **Reading to Children** programs (to increase access to early language and literacy activities for children under school age) across 12 locations.

In addition, the **Remote Area Aboriginal and Torres Strait Islander Child Care** initiative continues to develop child care and family support in remote Indigenous communities in North and Far North Queensland and the Torres Strait. Funding was provided in 2008/09 to services in locations such as Bamaga, Mornington Island and Wujal Wujal to provide a range of long day care, limited hours care, children’s activity services and playgroups.