Submission

No 29

INQUIRY INTO CHILDREN AND YOUNG PEOPLE 9-14 YEARS IN NSW

Organisation: Maari Ma Health Aboriginal Corporation

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Maari Ma Health Aboriginal Corporation

In Association with: • The Royal Flying Doctor Service

• The Greater Western Area Health Service

• The University Department of Rural Health

Attention: Inquiry Secretariat

Parliamentary Inquiry into Children and Young People aged 9-14

Committee on Children and Young People

Parliament House
Macquarie St
SYDNEY NSW 2000

Dear Committee Members

SUBMISSION

Maari Ma Health is an Aboriginal community-controlled health corporation based in Broken Hill, far west NSW, providing health services to the indigenous people of Broken Hill and to the broader population of remote NSW outside Broken Hill under a management agreement with Greater Western Area Health Service (GWAHS).

Maari Ma has been implementing a chronic disease strategy in this region aimed at addressing the significant disparity between Aboriginal and non-Aboriginal people's health and life outcomes. Part of that strategy, our Healthy Start program, is aimed at the antenatal period and 0-15 years for children: the crucial time to give children the best possible physical start in life and education and awareness of the healthy choices to be made and behaviours to develop to improve their health into the future. Based on best practice and strong research evidence, this approach has the best chance of improving the long term health of children.

However, the health sector is not the only sector which has a critical role to play in a child's development and emotional well-being. Maari Ma recently hosted a Child Development Forum in Broken Hill with more than 80 participants from the health, education, social/welfare, child protection and NGO sectors where the critical research and evidence behind the key activities to benefit child development were set out by Associate Professor, Dr Garth Alperstein, from Notre Dame University, Sydney.

Dr Alperstein, a well respected community paediatrician now consulting with Maari Ma on our Healthy Start program, set out the overwhelming evidence demonstrating the critical impacts to be made when a child is aged between 2 and 5 years of age, particularly in literacy and the obvious flow-on through life of education and ultimately employment. The various programs available that can make a resounding difference to the outcome of a child throughout its life include

- sustained nurse home visiting,
- breastfeeding,

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- Inoking prevention/cessation,
- paid parental leave,
- literacy/parenting programs such as PEEP and SHELLS.
- parenting programs such as PPP,
- qualify early childhood education and care such as Early Head Start and Perry Preschool.
- Community development programs such as Schools as Community Centres
- Transition to schools.

The literature also indicates that resilience can still be built in a child between the ages of 9 and 14 (ref. Silburn Improving the educational experiences of Aboriginal children and young petile, Telethon Institute of Child Health Research, 2006) through strength thing the trajectories of development: communities supportive of children ting responsive schools and carers involvement. Programs such as health promoting schools (mental health, physical activity and nutrition, antividence & bullying), school and family connectedness (e.g. Gatehous, Mild Matters, Circles of Care) and community development (e.g. Circles of Care and Links to Learning) can still impart resilience later in a child's life there this might not have been learned in the earlier years.

Maari Ma's purpose in addressing this submission to the figury is the dearth of such programs in far west NSW with an Aboriginal tools. While the evidence is comprehensively set out for the value in investing in the party years of a child's life, the investment is still beneficial in the initial year research is unequivocal on the value to be gained individually, on and community-basis, and across the population, by taking such steep as any of the above programs.

The reality is that that investment has not yet been made and while a play goes by without government investing in the early years of a child's life the ledger shows a mounting debt to be paid in the future in welfare payments, corrective services and health services.

Maari Ma, and those attending our recent forum in far west NSW, would strongly support any moves to invest in the future by putting in place evidence-based programs that support children and their communities in the early and middle years of life. Money well spent.

Should your Committee wish to discuss this submission, I can be contacted on 08 8082 9888.

Yours sincerely

RICHARD WESTON Regional Director

5.5.08.