Dear Mr Wise

Joint Select Committee on Preventative Health Care

I am writing in relation to the Joint Select Committee on Preventative Health Care established by the Tasmanian Parliament. We commend the Parliament on establishing this important Committee.

Across the world there is a strong body of evidence and acknowledgement that the early years are a crucially important stage of human development. Early childhood experiences set the stage for later development, learning and wellbeing. Evidence demonstrates that interventions during early childhood are likely to be more cost effective and influence a wider range of health, social and economic outcomes than interventions later in life.

The Tasmanian Early Years Foundation (TEYF) was established under legislation to support the well-being, learning and development of Tasmania's young children. The TEYF has had a particular focus on improving outcomes for Tasmania's young children, particularly through preventative mechanisms. We do this through a number of activities, which include:

- providing significant funding to support the implementation of Child and Family Centres in 12 disadvantaged communities across the State;
- supporting robust data collection on children's outcomes through the Kids Come First Outcomes Framework. Organised around 30 outcome areas and 115 specific indicators, it compiles information down to suburb level, by age, gender and Aboriginal status, as well as over time. An update on selected data is currently being finalised;
- providing professional learning and development opportunities for practitioners working with children, carers and families, such as convening the Tasmanian Infant Mental Health Conference in November 2011;
- supporting the Empowering Parents, Empowering Communities program, which is a community based-program, training local parents to run the “Being a Parent” course within their own communities. The model assumes that parents will find it less stigmatising and more supportive to attend parenting groups run by local parents who are in similar circumstances to themselves; and
partnering with the Tasmanian Museum and Art Gallery to develop the Creative Connections in the Early Years project, which supports and promotes the crucial role of creativity and arts experiences in the health and wellbeing of children.

We know that children’s health and development is influenced by a complex interplay of genetic, family, community and environmental risk or protective factors, with research demonstrating that the more indicators of family adversity a child has, the more the risks of poor outcome are multiplied. There is a growing body of evidence showing that early childhood safety, stability, development and the attachment relationships between infant and carer are critical elements for establishing the foundation for positive learning, health and behaviour throughout a child's school life into adult life (Phillips and Shonkoff, 2000).

While early attachment and nurturing relationships are critical, poverty still remains one of the biggest threats to child and adult health - outcome indicators of child health and development show strong correlations with socio-economic status. Children with negative early experiences are more likely to have later behaviour and learning problems, substance abuse, involvement in crime, low earning capacity, poor physical health and subsequent poor parenting.

We also know that while the data shows improvements in some child health outcomes in recent years, there is still more to be done. It should be noted that outcomes remain poor for many Aboriginal children and their families (data available from Kids Come First), and particular emphasis is needed on support for vulnerable parents through early parenting services and better availability of Child and Adolescent Mental Health Services.

Child and Family Centres, which aim to improve the health, wellbeing, education and care of children from birth to five by supporting parents and enhancing the accessibility of local services, will be a crucial element in supporting positive outcomes for children and families in each of those communities. Integration of services across the early years sector is also needed for all those communities that do not have Child and Family Centres.

If it would be beneficial to the Committee's work, we would be pleased to brief Committee members in person on the importance of early intervention in improving the health outcomes for Tasmania’s young children, and how organisations and government departments might implement an integrated and collaborative preventive health model.

We look forward to assisting the Committee in its important inquiry into preventative health care.

Yours sincerely

Dr Sue Jenkins
Chair

25 February 2013