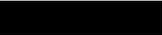


Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

Your Personal Details	
<i>This information will be used only for contacting you in relation to this submission</i>	
Title	Dr
Organisation	WACHS Kimberley
First Name(s)	Linda Anne
Surname	Irvine
Contact Details	

IF THE SHIP IS SINKING, FIX THE HOLE - LEVERING PRIMARY HEALTH CARE

There is abundant research and well evaluated evidence that the determinants of health in a broad sense lie in people having a healthy and un-traumatised start to life, where the UN Rights of Children are met.

Social disadvantage and early childhood trauma (physical, emotional , psychological and social) causes more :

- Chronic disease -obesity, diabetes, heart disease, kidney disease, rheumatic heart disease
- Mental illness
- Drug and alcohol problems
- More accidents trauma and hospitalisations
- Family and domestic violence, suicide
- Lack of education and increased unemployment
- Increased juvenile justice incidents and incarcerations in later life
- Unwanted teenage pregnancies
- Dysfunctional families , poor parenting, acute trauma and long term misery

Social disadvantage and trauma in early childhood are both tragic and extremely costly. The cost of providing subsequent health care is exponential and “The Gap” cannot close.

Undervaluing early childhood is the hole that will sink the ship.

Fortunately, there is also abundant research in Australia and overseas, to say that investing in early childhood is a very smart business decision, with the most “bang for the buck” occurring in the first two years of life when the brain grows the fastest. (James Heckman, Nobel Prize winning economist, 2007)

A lot of money is spent on the problematic outcomes of social disadvantage and early childhood trauma, but relatively very little on stopping the problem at the source and preventing it occurring in the first place.

Between \$6.80 and \$13 is the return on \$1 invested in early childhood when the person is 20 years old, and the gains are another 17% when the person is 40 years old. It is a return on the investment of between 7 and 13% per annum, the higher returns relating to earlier investment in the child's life. The return is also higher per dollar spent the more marked the disadvantage is and at risk the families are. (Heckman)

The NT government funding the Menzies School of Research put out a paper in 2011 (Robinson, Silburn) outlining the value of investment in the early years which outlines why it matters, the benefits, the implementation issues and future investment scenarios.

Some examples of programs with strong evidence of efficacy and effectiveness include Parenting and child/parent programs , Nurse –Family partnership from birth, Triple P positive Parenting Program and The Incredible Years – a program targeting parenting training) , as

well as enriched 2-5 year old preschool programs.

Community and family strengthening will be a particularly important outcome for Aboriginal families disrupted by generational trauma.

Across the health sector, there are many people and agencies working in this area. There could so easily be a more imaginative and effective blueprint for early childhood health and well-being, with improved coordination of existing services, and with the gaps being filled with relatively low cost programs.

Easily measurable evidence of change (outcomes) will be after 7 years when the better cared for babies grow up and enter school. Lesser quality evidence (outcomes) will be available year by year.

In summary, after decades of providing health care to high risk disadvantaged W.A. communities with a disproportionate amount of complex health needs compared to the general population, and having read a lot of international literature regarding achieving better health outcomes, I realise we need to be a lot smarter and act on the simple and clear evidence before us.

Commitment to preventing damage to the young brain will repay our health dollar manyfold and will diminish the need for consumer access to the burdened health system.

ALL the key SHR themes are underpinned by this and will be positively affected by investing in early childhood.

How about a Minister for Early Childhood, or at least a portfolio, to enable rapid and better coordinated and better delivered services which will benefit all of us? It is also Australia's future, not just the health sector's troublesome budget.

IF THE SHIP IS SINKING, FIX THE HOLE. DESPITE BETTER PUMPS, BETTER ANALYSIS, BETTER INFORMATION TECHNOLOGY, BETTER COMMUNICATION, BETTER EXPERIENCES , BETTER PARTNERSHIPS AND NETWORKS, BETTER SAFETY AND QUALITY OF SERVICE DELIVERY etc. THE SHIP WILL STILL SINK. WE MUST FIX FIX THE HOLE.