Australasian Association of Parenting & Child Health

AAPCH Submission in response to the National Early Years Strategy Discussion Paper

April 2023

[redacted]

About the Australasian Association of Parenting and Child Health

Established in 1996, the Australasian Association of Parenting and Child Health (AAPCH) is the peak body for early parenting service providers in Australia and New Zealand. Collectively, we support over 1 million families every year in a way that is child-focused, family-centred and community orientated.

Our purpose is to inspire, guide and collaboratively amplify our members' ability to make life-changing positive impacts for infants, children and families.

Over the last 25 years, we have achieved this vision by collaboratively building sector capability and ways of working that ensure the best outcomes for infants and children, growing shared know how, confidence, collaboration and advocacy, and continuing to amplify our shared voices and vision for children during the First 2000 Days.

More information is available at https://aapch.com.au/.

AAPCH member organisations

1. Barwon Health (Victoria)
2. Bendigo Health (Victoria)
3. Ellen Barron Family Centre (Queensland)
4. Figtree Private Hospital (New South Wales)
5. Karitane (New South Wales, Queensland, Tasmania)
6. Mercy Health O'Connell Family Centre (Victoria)
7. Ngala (Western Australia)
8. Queen Elizabeth Centre (QEC) Victoria
9. Royal New Zealand Plunket Trust (New Zealand)
10. SA Child and Family Health Service (South Australia)
11. Tasmania Child Health & Parenting Service (Tasmania)
12. The Queen Elizabeth Centre (Victoria)
13. Tresillian Family Care Centres (New South Wales)
14. Tresillian QE II Family Centre (Australian Capital Territory)
15. Tweddle Child & Family Health Service (Victoria)

Board & Governance

[redacted]

AAPCH has four Board subcommittees leading work in:

1) Workforce and Education; Chair Sharlene Vlahos, Karitane
2) Clinical Models of Care and Practice; Chair Jenny Smit, Tresillian
3) Quality and Research; Chair Marie Dickenson, Tresillian
4) Management and Governance; Chair Amanda Lovelock, Ngala

Opportunities to enhance national coordination and consistency in parenting support.

AAPCH welcomes this opportunity to respond to the National Early Years Strategy Discussion Paper. This important work will set a clearer national vision for the early years sector and provide opportunity to achieve greater national consistency across Child and Family services.

Parenting support services are a critical component of the National Early Years Strategy. We support and emphasise that the parent-child relationship is fundamental to healthy development and wellbeing in young children. Adjustment to parenting presents a myriad of challenges for parents from all walks of life, and evidence tells us that, unequivocally, parenting support services help parents to help their children to thrive.

AAPCH is uniquely positioned to support enhanced national coordination and consistency in parenting support services, and more broadly across the child and family health ecosystem. Our members deliver a wide range of evidence-based programs in each state and territory in Australia (except the Northern Territory). Members have deep knowledge and insights into each jurisdiction's child and family service system, plans, policies and frameworks, services available, accessibility and service gaps. As a collective, AAPCH has a unique national lens across the Child and Family Health sector, and provides the government with a peak agency whose members deliver high quality child and family health services, benchmarking, efficacy, research, education, best practice, clinical innovation and consistency.

AAPCH has published position papers on topics ranging from safe sleeping, healthy eating, the design of residential parenting support units, innovation in digital/virtual models of care, and more. There is an opportunity to extend this work to further enhance national consistency as a key delivery partner of the National Early Years Strategy.

We are engaged with a very wide range of child and family, perinatal and infant mental health research partners, informed by evidence, and our members have several affiliate university relationships.

We are uniquely positioned at the frontline of service delivery ensuring implementation and translation of research into practice, working directly with families and receiving immediate and direct feedback from parents and families. This provides vital insights and perspectives to inform policy, research and practice.

How AAPCH can support Government

By engaging regularly with AAPCH, the Federal Government has an opportunity to tap into the unique expertise of AAPCH members on policy and strategy areas including:

- Understanding the voice of the child, including infants, young toddlers and pre/non-verbal young children
- Perinatal Infant Mental Health

- Clinical best practice in Child and Family Health
- Strategic prototyping, novel methodologies, innovation, research and research translation
- Service co-design with families, including First Nation families and vulnerable communities (e.g. CALD, young parents, new arrivals)
- Working models of integrated care hubs & care navigators across health, social services, early education sectors
- Virtual and hybrid models of care delivery for families
- Competency standards for the Child and Family Health and Perinatal & Infant Mental Health workforce
- Workforce needs, including workforce development, training and university level education programs
- Discuss complexities in service funding, including how organisations blend revenue streams such as state and territory funding, short-term grants, Commonwealth funding, C4C, Medicare & private health insurance billing, and philanthropy.

Essential concepts in parenting and child health for inclusion in the Strategy

The child and family health service system is complex with many interweaving components. The following is a short **non-exhaustive** list of essential concepts that should be considered in the development of the National Early Years Strategy.

Voice of the child

The Strategy and future implementation work must include the 'voice' of infants and pre/non-verbal children as well as young pre-school children who can speak/draw. The Child and Family Health and Perinatal Infant Mental Health workforce can provide expertise on understanding and interpreting behaviours and non-verbal cues that demonstrate the needs and preferences of very young children and babies.

The role of prevention and early intervention

By the time children start school, research has demonstrated two clear issues: high rates of preventable health and developmental problems, and clear inequities already evident**.** Prevention models do more than address vulnerabilities – they orient the system to prevent vulnerabilities from arising. Strong prevention-oriented universal services improve well-being and reduce overall system cost, resulting in more efficient and more effective services, and shorter waitlists for secondary and tertiary services. This starts in pregnancy. Such models are consistent with salutogenic approaches, emphasising the factors that lead to overall good health and wellbeing beyond a focus on disease only. Universal prevention models also create opportunity for screening and early identification of risks, enabling early intervention so that any concerns can be addressed before they escalate.

Early intervention is shown to have major positive effects on an infant's life trajectory, and results in more efficient service delivery across a system. There are lots of ways to support children to thrive in the first 2000 days of life. It makes economic sense to support families earlier rather than later. Late intervention is estimated to cost Australia $15.2 billion/year through high-intensity and crisis services. These costs are borne across government sectors, including health, child protection, policing, and

welfare, among others. The opportunity exists to improve the lives of children and families, whilst reducing pressure on government budgets, **through early intervention**. Investing in early childhood produces a return on investment of $13 for every $1 you put in. Children who develop within nurturing environments are more likely to become happy and productive members of society. The evidence is clear, early intervention is smart investment and AAPCH member organisations are leading experts in the delivery of evidence-based early intervention programs across Australia.

Understanding infant mental health

Good mental health is an essential component of wellbeing in people of all ages. In infants, good mental health includes being content, feeling safe, developing the ability to express and understand different emotions, beginning to form social relationships, enjoying learning and play, and developing independence, confidence and agency. Strong relationships with parents and caregivers are essential for infant mental health.

Cultural safety

First Nations communities bring millennia of parenting expertise. Cultural safety is fundamental to ensuring First Nations families can access any needed and wanted parenting support and family and child health services. Aboriginal Liaison Officers, First Nations Clinical Leads, and identified positions are important in achieving this, as is continued engagement in the Reconciliation Action Plan program. Service design with First Nations families must be undertaken collaboratively with authentic co-design, listening, and implementation of Cultural Improvement Practice Principles identified by communities.

Equitable, diverse and inclusive practices that welcomes all families

Parenting support must be inclusive of all families, including families with non-parent carers, same-sex parent families, intergenerational families, single parent families, parents with disabilities and others. The role of fathers is important, and parenting services should be accessible to and welcoming to fathers, including fathers who are the primary carer, and not focused only on mothers. Renaming services with more inclusive language beyond “maternal” (where relevant) should be considered.

Opportunities for reform in the current system

The range of parenting support services available across Australia is varied. AAPCH members offer high-quality primary, secondary and tertiary parenting and child health services, but various funding models and inclusion criteria can impose restrictions on which families can access different services.

Postcode lottery

Typically, funding for child and family health services is based on geographic divisions. This includes online and virtual services, which can be delivered anywhere but are typically restricted to delivery only along specific geographic funding boundaries. This means that the services available to a family vary immensely depending on where that family lives, and will change if they move. This creates difficulties for families accessing services, and for health professionals seeking to support families.
We consider and emphasise the importance of access to services for rural & regional populations as essential and that families have opportunities to access services in their most convenient location regardless of postcode boundaries (e.g., C4C strict postcode boundaries).

No secondary or tertiary child and family services in the Northern Territory

There is a major service gap in the Northern Territory, with no health organisation funded to deliver secondary and tertiary child and family services or stepped perinatal infant mental health services. This means that when issues are detected in the primary service system, there are limited additional services to refer families onto. Opportunity exists to expand AAPCH service providers to the Northern Territory to scaffold the existing service delivery ecosystem.

More broadly, geographical coverage of secondary and tertiary child and family services across Australia is patchy with higher accessibility predominantly in the main capital cities. Accessibility gaps need to be identified and robust, transparent, equitable mechanisms to commission service providers for underserviced and remote areas should be established.

Complexity of funding arrangements

AAPCH members all have complex funding arrangements, with revenue coming via state and /or federal government across health, mental health, social services (C4C), Indigenous affairs, multicultural, and other portfolios, as well as through Medicare and private health insurance, short-term grants, philanthropic donations, and own-source revenue. Each funding source has different requirements regarding record-keeping, measurement, acquittal, data collection, legal, compliance, contract duration and more. Managing these administrative requirements is a major overhead expense, has often short lead funding commitment and affects ability to attract and retain a skilled workforce. Longer term grant cycles or extension terms need to be undertaken at least 12 months before contracts are due to expire and simplified funding mechanisms and reporting requirements would be welcomed.

Need for Service mapping – minimise duplication and increase efficiency

The diversity of services and programs available is not well understood across the system. The Commonwealth government should allocate resources to fully map available services, consolidate and review any mapping activities which have been conducted recently or are underway, prioritising C4C, TEI, Health and NGO services, and building on work carried out through the PHN network. This will help to ensure new initiatives dovetail/do not conflict with jurisdictional initiatives, and enable excellent practice to be identified, recognised and replicated.

Incentivise collaboration through a well-articulated governance model.

Service providers across the sector are broadly collaborative and support each other to support families. Contracting arrangements could better incentivise collaboration by requiring a commissioned collaborative approach. We agree there is added value of states working together from a national landscape – e.g., learned experience and practice wisdom shared with new EPCs in Victoria is most welcomed and provides the opportunity to see what other jurisdictions are doing. A shared approach to care & support is highly valuable in the development of models of care, and for grant applications. Offering much longer lead time for grant applications would enable time for appropriate collaborations to be developed and put in place before an application is due. Collaboration should occur at each layer of the system: Ministerial Portfolios, state & Commonwealth departments, research and education universities, peak representative organisations, service delivery providers including health, early education and social services. A visual key stakeholder map would be welcomed.

Further, there is an opportunity to incentivise integrated interagency service delivery. The *WHO Integrated Care Models: An Overview* and *NSW Integrated Care – Vulnerable Families* documents demonstrate potential ways this could be achieved, and this could be adapted to the Commonwealth level. **AAPCH fully supports the separate submission made by the National Integrated Care Hub Network.**

"A siloed approach risks duplicating functions, unnecessary competing for resources and missing opportunities to work collaboratively to improve outcomes". (National Early Years Discussion Paper)

AAPCH Collaboration Exemplar: ForWhen National Perinatal Infant Mental Health Navigator Program

AAPCH has come together as a Commonwealth Government funded consortium along with University of NSW and Parenting Research Centre to deliver the ForWhen National Perinatal Infant Mental Health Navigator Program. This ambitious systems-changing program seeks to improve access to perinatal infant mental health services nationally, and includes mapping the system. Rather than centralising the service, the ForWhen model operates with a spoke-and-hub design, with state-based AAPCH members taking responsibility for understanding and navigating the perinatal infant mental health ecosystem in their state. This recognises the complexity of the system and the major differences between states, and the strengths of a place-based framework incorporating a national lens through peer support.

Feedback from families accessing the services has been exceptionally positive. 78% of parent/carers are "extremely satisfied" with the ForWhen service; 97% of parent/carers rated the ForWhen clinician "very good" or "excellent"; and **95% of parent/carers are likely to recommend ForWhen to others**. Challenges continue to arise where there are service system gaps – for some families, there is simply no service available to refer them to, and this presents an ongoing challenge which we are sharing with the Department.

An unexpected result has been that **up to 45% of calls to Navigators come from health professionals** seeking advice of where to refer their patients. Health professionals find the system just as complex to navigate as families and have jumped at the opportunity for this support.

Need for workforce capacity-building

We agree building capacity and capability in the current and future early childhood workforce is a critical factor. We need to explore opportunity to develop diverse workforce structures / multidisciplinary roles including allied health to enable workforce sustainability in the future. There is a national shortage of child and family health nurses, and an ageing workforce suggests this will continue to worsen. As a nursing speciality, additional postgraduate study is required, and in the current economic climate many are choosing not to take on the additional financial burden. As a sector, we need to devise ways to attract and retain people into child and family health roles. Government should consider subsidies for postgraduate study in child and family health. However, the need for workforce initiatives goes beyond child and family health – the early years sector needs

a diverse interdisciplinary and multi-disciplinary workforce, and skill-building initiatives are needed to achieve this in both health and NGO sectors.

Encourage University partnerships

Several AAPCH members have one or more partnerships with a university. There is an opportunity to work more strategically across the university sector to share best-practice in upskilling the child and family health and perinatal infant mental health workforces. This may include clinical or graduate placements, virtual placements that expose students to different specialities and perspectives. A university roundtable of course providers could be considered. Competition between universities for student enrolments, costs of post graduate studies and scholarship programs for First Nations students and others needs to be addressed.

Interdisciplinary workforces and micro-credentialling

The global workforce and economy are at a crossroads. Amidst the dramatic economic fallout of the COVID-19 pandemic, organisations in the public and private sector are increasingly faced with new economic and workforce imperatives for the future (Carnevale et al., 2020). Moreover, recent trends in the high cost of higher education, employer concerns about graduate skills and competencies, and student frustrations about the lack of job opportunities have all been catalysts for universities, independent credentialing agencies, and leaders of national qualification reference frameworks to rethink the broader credentials continuum (Bates, 2020; International Council for Open and Distance Education (ICDE), 2019; Matkin, 2018; Matkin, et al., 2020; Oliver, 2019; Selvaratnam, & Sankey, 2020). There is also a need to upskill the non-medical workforce in key child and family health topics.

Micro-credentialling through a university partnership can enable access to key topics of interest without the commitment of a whole degree. This can also be used for maintaining and refreshing existing skillsets. Staff need to be supported by their employer to attain these micro-credentials. This will have significant benefits to families accessing skilled and competent support services.

Employers and organisations need to be appropriately funded for nurse educators, allied health educators and micro credentialing activities to ensure competency frameworks and supervision, training and upskilling is occurring effectively in the workplace. Benchmarking on ratios of these roles should be considered along with a National Community of Practice for Child & Family/Perinatal Infant mental health educators e.g. through the AAPCH workforce sub-committee, for staff in these roles.

Understanding the impact of short-term funding

Many early years services are funded through short-term contracts and grants. This results in low job security, as there is no guarantee of funding for these roles beyond short-term funding arrangements. This in turn makes it hard to attract and retain great staff. The child and family sector has a feminised workforce, and job security is particularly important to women with caring responsibilities. More secure funding will help alleviate some workforce concerns, increase greater gender equity and workforce participation rates. Short term funding for programs established to support First Nations communities also erodes trust with service providers and organisations who establish services which may be short-term in nature. Families speak of their frustration at programs that work hard to engage families in services that are then dismantled after short-term funding expires. Families may then

disengage from organisations who ebb and flow service offerings in their community. Funding sustainability and service sustainability are inextricably linked.

Grow Virtual, Hybrid and AI models of care.
We encourage investment to develop and maximise use of technology (e.g. telehealth) to facilitate timely access to support, advice and connection to other services – particularly for families in rural and regional areas, but also for all families who preference virtual care options. There is an urgent need to upskill service delivery organisations in virtual and hybrid models of care. Delivered well, virtual models of care are not second-tier services and can achieve equal or even better outcomes for families. For example, Virtual Residential Units/Virtual Residential Parenting Services attain outcomes on par with in-person services, and Internet Parent-Child Interaction Therapy (I-PCIT) services can even exceed outcomes compared to in-person services.

AI models such as chat-bot e-navigators, are showing significant potential in supporting triage and navigation and is an area for further development, acknowledging clinical governance, safety & risk and data/cyber-security matters need to be robustly undertaken.

Many early years' service providers rapidly but inconsistently introduced virtual models of care in response to COVID-19. Workforces were expected to adapt with little training or preparation, and there are gaps in robust Virtual Clinical Practice Frameworks and governance.

Opportunity: National Communities of Practice for Hybrid Models of Care
Communities of Practice and peer learning models have significant potential to upskill the child and family sector at an organisational and clinical practice level on hybrid and virtual models of care. This could comprise a practice framework, competency framework, implementation and support toolkit, and shared resources grounded in evidence and experience. Joint learning will ensure the sector builds practice collaboratively, without reinventing the wheel, and ensures families can access services in the way that suits them. A separate submission to Commonwealth Government from Parenting Research Centre and Karitane has been provided with a proposed framework based on a two year completed strategic prototype.

Importance of evidence-based services

We agree that evidence-based practice is vital in understanding what works and what should be prioritised in child and family health. Evidence must also be a primary factor in determining need (see for example, the **QEC Our Children Our Future** strategy that maps need based on specific evidence). Research, research translation and evaluation are key practices in ensuring a robust and effective system, and funding must be available to support these types of work and stipulated in all contracts.

Foster Innovation and prototyping

Evidence-based innovation can shift the needle on outcomes for some families. At the same time, funding must be available for those programs that demonstrate success at the prototype stage, and

programs with a long and successful history of service delivery. There must be balance in funding availability for innovative new programs and proven evidence-based programs and a mechanism for identifying pilots and protypes across Australia to ensure the service system is aware of the "innovation pipeline".

Measuring outcomes

Outcomes must be measured across individuals, organisations and sector/community wide, with good data governance practices to enable confidence in the data. Good outcome frameworks can be applied across providers – for example, a new outcome framework will be operational across all seven Early Parenting Centre providers in Victoria. This approach is aligned to the Value Based Health Care (VBHC) principles.

There are significant opportunities to enhance the DEX system operated by the Department of Social Services and other data collection platforms to better meet the realities of data collection in the sector, and to engage with important qualitative data.

Opportunity: Benchmarking – Child and Family Roundtable forum

Establish a Child and Family Roundtable to regularly bring together researchers, providers and clinicians across sectors to showcase exemplar models, benchmark services and be a source of information sharing to government. This forum could be modelled on the existing and highly successful Health Roundtable and Ability Roundtable, forming a practice-based community of practice group that supports translational research and identification of best-practice nationally. A group of organisations are currently exploring what this could look like.

Opportunity: Produce an Australian version of a toolkit to support good mental health in infancy and early childhood

In early 2023, UNICEF UK published *Understanding and Supporting Mental Health in Infancy and Early Childhood – a Toolkit to Support Local Action in the UK.* This document sets out a practical set of actions to build whole-system approaches that promote positive mental health in infants and young children. An Australian adaptation of this toolkit could identify ways to reorient Australian system actors toward a better understanding of infant mental health.

AAPCH welcomes the opportunity to further discuss and expand upon the contents of this paper, and the ways that we can support the National Early Years Strategy development.

Contact details:

[redacted]