

ANONYMOUS 17225 - New submission from Early Years Strategy - Public Submissions

Developing the Early Years consultation submission

QUESTION

1. Do you have any comments on the proposed structure of the Strategy?

- It appears to be well thought out and thorough. Timelines are conducive to thorough collaboration.

QUESTION

2. What vision should our nation have for Australia's youngest children?

- Universal support and education for families and communities that will empower all to recognise needs and seek support.
- Equity in access to supports that lead to autonomy in the families' decision making and capacity to reach in and out of support for all.
- More automatic access to special / focused supports – before crisis point – and based on the presenting need and not a diagnosis.
- A understanding that early supports for Australia's youngest will have a flow on benefit for all Australians.

QUESTION

3. What mix of outcomes are the most important to include in the Strategy?

- Improved wellbeing for mothers / primary carers / families – as this directly impacts on children's health, development and wellbeing.
- Removal of any assumption that families without special needs children do not also require support.
- Improved percentage of carers who can afford to work parttime in the early years of their child.
- Improved education content for early childhood workers
- Reduction in number of mothers seeking support for post partem depression – improved feelings of being supported and wait times for those that still need the support.
- Reduction in stress around special needs and having access to the right networks and supports.
- Reduced wait times for essential and support services – such as paediatricians, allied health professionals etc. wait times frequently compound problems.
- Modern policy around working parents and opportunities for healthy work and family balance.
- Policy and strategy around increasing essential workforce – childcare workers, allied health professionals.
- Young professionals have the right curriculum in their training. Best practice and up to date with the landscape and increased scope of what is considered essential knowledge to best ensure they fully understand child development and the key factors affecting wellbeing of kids and their families. The burden of upskilling newly qualified workers sits with organisations – this can break an organisation with high numbers of employees. Look at tax incentives or some other support for ongoing learning in the workplace.

- Improved base level knowledge of child development in all services that deal with children.
- Increased community awareness of the vulnerability of humans and how to look after one another across the ages.
- Improved inclusion of disability and culturally diverse people in all social and educational services.

QUESTION

4. **What specific areas/policy priorities should be included in the Strategy and why?**

- **Comprehensive community and professional education.**
- Professionals can't and shouldn't be the ones that hold all the knowledge about what is safe, healthy, developmental, and what supports are available. There is a power imbalance that needs correcting.
- Social media is a powerful influencer and is currently a platform for a lot of misinformation. The same platform could be used to reach many – in a positive way – along with a multi-pronged approach within schools, health, social etc.
- Furthermore, there is a need for a strategic approach to informing professionals around the latest best practices and ensuring that there is governance around what the family is being 'sold' as a support for their child.
- There is a strong need for placing some educational responsibility into the tertiary professional education.
- Community education should reach down into school curriculum – starting in the early years with strong focus on human psychoeducation to support young people, and their peers to understand themselves and others – resulting in a higher level of social / community empathy.

QUESTION

5. **What could the Commonwealth do to improve outcomes for children—particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?**

- Have a strategy that is a **wrap around the infant and primary carers** from the moment a mother shows up pregnant. Physical and mental wellbeing of the mother. This will cross over health, community, education and social. Social and emotional supports for all mothers should be a given (all mothers regardless of background, socio economic status or culture are potentially vulnerable)
- **Safety and security for pregnant women and young families** – no woman should end up homeless. This is devastating for her and any children. Food, clothing and shelter should be a focus – can't develop without basic needs being met.
- **Education and not just punishment for abusers** – who are often the only source of financial security for the mother – her mental wellbeing has a strong impact on the development of the infant, and the dynamic of the household that children are going up in.
- **Mass community education around being a good human being** – what is the psychology behind healthy relationships etc. This should be part of the school curriculum across all age groups from Kindy to high school. Psycho social education is arguably more important than some school subjects.
- Comprehensive drive to **improve the Australian attitude toward cultural diversity.**
- Support for both undergraduate and qualified professionals to update their knowledge (or ensure some **consistency of understanding and knowledge of child development**) – with the introduction of key online free learning modules covering child development and factors

impacting wellbeing and development of both children and their families as a mandatory compliance for educators, medical professionals working with kids, allied health professionals etc. and available to families too. (Eg. The 'Best Practice in ECI Online Modules' is a suite of informative and interactive online training based on the National Guidelines for Best Practice in ECI includes **twelve units** consisting of six introductory modules on the best practice principles in ECI and six implementation modules on how to apply the principles into practice. [Online Modules: Best Practice in ECI - Early Childhood Intervention Australia Victoria/Tasmania \(eciavic.org.au\)](http://eciavic.org.au))

6. What areas do you think the Commonwealth could focus on to improve coordination and collaboration in developing policies for children and families?

- Put the **family and child at the centre of the funding** – rather than the artificial buckets that currently exist (not sure how this would be achieved, but other countries may be a better approach that we could learn from). Can't have an essential support for a child blocked by education because it doesn't fit their system for example. Child and family comes first – all supports work together to support the family system.

QUESTION

7. What principles should be included in the Strategy?

- **Early psychological development principles** – how does the infant connect with the primary caregiver – and what impact does this have on the trajectory for the child and family.
 - Impact on infants removed from their mother put in foster care and then moved again after a couple of days or weeks. Totally inhumane. Baby's world is shattered for the sake of bureaucracy.
 - Need to support parents who never had good attachment themselves – unable to attach correctly to their own infant.
 - Early attachment disruption is at the heart of later mental health and social issues for older children– such as addictions, eating disorders, violence, depression, social deviant behaviours, school truancy, crime etc.
- **Family centered focus** – truly engaging and co-designing supports with a family (without the power imbalance that our current processes promote)
 - will arguably result in more bespoke support that will mean have quicker and more lasting outcomes.
 - Bring back the concept of a family support person / Local Area coordinator model (but with rigor around the recruitment and skills of these people) – as an optional support for families that need someone to help them advocate for their needs.
- **Empowerment** – respect families for their knowledge about themselves, what is good for them, works for them etc.
 - Focus on regaining a partnership between all supports across health, education, social services, allied health and community.

QUESTION

8. Are there gaps in existing frameworks or other research or evidence that need to be considered for the development of the Strategy?

- **PACE Model – Dan Hughes:** PACE is an attachment and brain-based parenting approach, developed as an effective way for caregivers to communicate with and care for children and young people who have experienced trauma or. The PACE attitude enhances the child’s sense of safety and increases their trust in the caregiver or other significant relationships and is central to developing emotionally safe and supportive group environments.
- **Bronfenbrenner’s Ecological Systems Theory:** According to Bronfenbrenner’s ecological systems theory, children typically find themselves enmeshed in various ecosystems, from the most intimate home ecological system to the larger school system, and then to the most expansive system which includes society and culture. Each of these ecological systems inevitably interact with and influence each other in all aspects of the children’s lives and development. For siblings, the value placed on particular systems can be instrumental in enhancing their social-emotional wellbeing.
- **Impact of early attachment theory** – basis of all self-esteem, identity, security in the world. This is directly related to mental health of both young children and teens. Attention to this could alleviate some of the exorbitant cost around managing anxiety in all age groups. There is an evidenced based 10 session parent program available to achieve this. (Telethon Kids Institute CliniKids)
- Refer to **best practice points** – Early Childhood Intervention Association (ECIA) and in the case of Autism – the CRC recommendations for supporting autistic people and their families – acknowledged and accepted but not imbedded in the work of many who work in early intervention – ECIA best practice point:
 - 1.i.1. **Family – the centre of all services and supports.** Your family works together with early childhood intervention practitioners as active and equal partners where planning and interventions for your child are based on your family life and your priorities and choices.
 - 1.i.2. **All families are different and unique** Early childhood intervention practitioners provide services and supports in ways that are sensitive and respectful of your family’s cultural, language and social backgrounds and your family’s values and beliefs.
 - 1.i.3. **Your child at home and in the community** Your child is fully included and participates meaningfully in home and community life, with additional supports as needed, creating a real sense of belonging.
 - 1.i.4. **Your child practises and learns new skills everyday** Your child engages, learns and practises skills through participation in the activities and daily routines of their everyday life.
 - 1.i.5. **Team around your child** Your family works together with practitioners as a team around your child communicating and sharing information, knowledge and skills, with one main person, called a key worker (key contact), working with your family.
 - 1.i.6. **Building everyone’s knowledge and skills** Building the knowledge, skills and confidence of your family and the important people in your child’s life will have the biggest impact on your child’s learning and development.
 - 1.i.7. **What you want for your child and family** Early childhood intervention practitioners will focus on what you want for your child and family and will work closely with you to achieve the best outcomes for your child.
 - 1.i.8. **Quality services and supports** Ensures that practitioners working with your child have appropriate qualifications and experience and base their intervention on sound clinical evidence and research.