



# THE EARLY YEARS STRATEGY

The [redacted] response to the Early Years Strategy (April 2023)



# Overview

The [REDACTED] would like to thank the Australian Government for the opportunity to provide feedback on The Early Years Strategy (the Strategy).

[REDACTED] is proud to represent Australia's single largest and most geographically dispersed healthcare profession, a peak professional body placing issues of relevance to nursing and community health on the healthcare agenda. [REDACTED] organisational response has been informed by its members and speaks for nurses in this submission.

The health and welfare of Australia's children are front of mind within the nursing profession. As nurses provide clinical care to children, their families, and their communities, they have a privileged and unique position to observe the health status of young children. Nurses are highly trained to provide young children with evidence-based effective health care and recommended strategies and improve their health outcomes. [REDACTED] members responded with interest to The Early Years Strategy Consultation, providing valuable insights, feedback, and suggestions of what they believe children aged 0-5 need most to thrive.

This response reflects their professional judgement on the priorities the Strategy should focus on to ensure optimal development of children aged 0-5.

## Submission

### Question 2: What vision should our nation have for Australia's youngest children?

[REDACTED] members expressed concerns with the vision on page 6 of the discussion paper; 'A national Strategy will seek to ensure that all children, wherever they live, enjoy *the same* opportunities to learn, develop and thrive'. Not all children have or require the same opportunities to learn, develop and thrive<sup>1</sup>. For example, the needs and wants of First Nations and culturally diverse children, children living with disability, and children from low-socioeconomic families will be considerably different from children not of these backgrounds<sup>23</sup>. Children need tailored and responsive opportunities to support them and their family's circumstances to learn, develop and thrive<sup>4</sup>. [REDACTED] recommends that the phrase '*the same*' be removed and '*can access the resources they require*' be included. '**A national Strategy will seek to ensure that all children, wherever they live, can access the resources they require to learn, develop and thrive**' acknowledges the diversity of children and their life circumstances. All children deserve the opportunities to learn, develop and thrive, which may not be the same opportunities as others. Replacing '*the same opportunities to learn, develop and thrive*' with '*can access the resources they require to learn, develop and thrive*' provides an inclusive, child-centred, strengths-based vision for Australia's youngest children.

### Question 3: What mix of outcomes are the most important to include in the Strategy?

Members recommend that the most critical strategy outcomes address the broader social health determinants impacting children and families. Housing stress, unemployment, and insufficient income to provide for basic needs are social determinants of health that increase the risk of child maltreatment<sup>56</sup>. The most important strategy outcomes must include the following:

- child safety measures that minimise the risk of child maltreatment and,
- provision of basic needs for all children aged 0-5, emphasising affordable housing and access to nutritional food.

### Question 4: What specific areas/policy priorities should be included in the Strategy and why?

#### 1. Preventive measures to improve child safety

Despite being regarded as a wealthy nation, Australia is a middle-ranked country regarding children's and young people's wellbeing<sup>7</sup>. This is echoed in the recent ACMS report<sup>8</sup>, where child maltreatment in Australia is widespread and results from children's safety, security, health and well-being not being taken seriously as a matter of national policy for decades. For some children, family-related adversity factors like parental separation, family mental illness, family substance problems and family economic hardship double the risk of multi-type maltreatment, with girls experiencing 8.3% more multi-type maltreatment than boys<sup>9</sup>. These adverse factors heavily impact a family's ability to provide a safe, secure, healthy environment for young, developing minds.

#### 2. Provision of basic needs, affordable housing and nutrition

Many members strongly emphasised that the **broad social determinants of health** must be included in the outcomes of the Strategy so all Australian children can thrive.

For children to be physically and emotionally healthy, learn and develop and have a positive sense of identity, they must feel **safe**. For children to feel safe, their basic needs must be addressed. Ensuring that **every child's basic needs are met must be the primary outcome**; otherwise, all other outcomes will be impossible to meet.

Meeting the basic needs of children aged 0-5 is crucial for healthy child development. On page 5, the discussion paper states that the Strategy aims to increase accountability for the well-being, education, health (including mental health), safety and development of Australia's children. Members highlighted that safety and health must be prioritised as well-being, education, and development will be challenging if children are unsafe and unwell. Children's fundamental rights to stable housing and nutritious food must be met to be safe and healthy.

## Question 5: What could the Commonwealth do to improve outcomes for children, particularly those who are born and raised in more vulnerable and/or disadvantaged circumstances?

### *What could the Commonwealth do to improve child safety outcomes for vulnerable children?*

Like the ACMS report recommendations<sup>10</sup>, [REDACTED] members believe that a public health approach that promotes equity of health and wellbeing for vulnerable children from disadvantaged and marginalised families is needed to ensure the safety of children aged 0-5 years.

[REDACTED] encourages that the Strategy policy priorities are ‘not stand alone’ but must be considered and addressed in all social, environmental, and economic policies. Child and family impact must be measured across all social, environmental, and economic policy reforms for Australian children to have the conditions to thrive. Ensuring policies do not hinder a family’s ability to provide their child’s basic needs to grow and develop in a healthy and stable home will benefit Australia’s long-term social and economic future<sup>11</sup>. Australian children who have had their needs met in their early years have the greatest potential to be productive, engaged citizens whose health and well-being benefits improve their lives and future generations<sup>12</sup>.

The cost of *not* ensuring that a child’s basic needs are met is high. Children who have not experienced a safe, loving, and secure home environment are more likely to encounter learning difficulties at school which can reduce their future earnings and impact the well-being and prosperity of their family and greater society<sup>13</sup>. ACOSS and UNSW say one in six Australian children lives in poverty. Children from sole-parent families, families that rely on social security for their income and/or families who rent are the most represented in this group. 7% of families with paid employment are also living in poverty. Critical developmental milestones can be missed due to poverty, which increases the likelihood of learning difficulties<sup>14</sup>. As 16% of Australian children living in poverty are at risk of missing developmental milestones, the future prosperity of Australian society is at stake. It is imperative that the social determinants of health, like poverty and housing, are addressed by the Strategy. This way, vulnerable children and their families can receive the support they need to live with the lifetime health and well-being that every Australian deserves.<sup>1516</sup>

When the COVID support payments were introduced in 2020, child poverty rates decreased from 19.0% in March 2020 to 13.7% in June 2020<sup>17</sup>. The Strategy should include financial support to lift families out of poverty so children from disadvantaged and marginalised groups have a greater chance to avoid harm through protection from this significant determinant of child maltreatment<sup>18</sup>. ACN recommends that welfare payments rise in line with inflation and the real cost of living to allow more women and families from disadvantaged groups to raise their children in good health and safety through an improved capacity to provide for their children’s basic needs.

[REDACTED] members recommended that the Commonwealth invest in the four priority groups of ‘Safe & Supported: the National Framework for Protecting Australia’s Children 2021-2031’<sup>19</sup> to improve the safety of vulnerable children:

- Children and families with multiple and complex needs.
- Aboriginal and Torres Strait Islander children experiencing disadvantage or who are vulnerable.
- Children or parents/carers with disability experiencing disadvantage or who are vulnerable.

- Children who have experienced abuse and/or neglect, including children in out-of-home care.

■■■■ members highlight the need for carers of 0–5-year-olds to be highly supported in the Strategy, given the critical developmental timing in the child’s life. Adoptive and foster families need access to quality support to ensure the emotional and social safety of the child in their care. ■■■■ members report that programs like Maternal Early Childhood Sustained Home-visiting (MECSH)<sup>20</sup> focus on early intervention for and support for biological parents. However, access to programs for adoptive and foster families is lacking. Investment and access to specialised support for adoptive and foster families caring for children aged 0-5 years who have been maltreated are recommended. This will ensure these vulnerable children’s needs are met, and their carers have the support and knowledge to provide the safe environment needed to recover from their maltreatment and regain a sense of trust in others to grow and thrive. Children and carers in social and/or legally constructed families must be regarded with the same legitimacy and access to support and services offered to biological families.

### ***What could the Commonwealth do to improve housing and nutritional outcomes for vulnerable children?***

By investing in and strengthening the existing nursing workforce, MACFNs can lead in coordinating and collaborating with families to organise services to assist with housing and deliver nutritional care and education to vulnerable children and families<sup>21</sup>. Investing in a robust CPHC system where families see a MACFN regularly with access to a multi-disciplinary team and wrap-around services is a way that health care, referrals, and education programs can be delivered. Having well-resourced, continuity of care that encompasses the social determinants of health can help vulnerable families access the services and information they require, including support with secure housing and improved nutrition, to meet their basic needs.

Investing in educating current and potential First Nations MACFNs and health care professionals to devise, lead and deliver culturally focused health programs, support, and services locally is imperative for First Nations children to thrive. Flexible scholarships should be offered to First Nations people to specialise in the health care delivery to children aged 0-5 and their families. A strengths-based program that understands the physical, social, emotional, spiritual, and communal health of Aboriginal and Torres Strait Islander children and families is recommended by the ‘2021 Close the Gap’ strategy for First Nations children to thrive. The basic needs of suitable housing and nutrition for First Nation children in remote communities need prioritisation as adverse health effects with climate, extreme weather, and rising food costs severely impact the health of young children and their families in these communities<sup>22</sup>.

## **Question 6: What areas do you think the Commonwealth could focus on to improve collaboration in developing policies for children and families?**

### ***Child safety***

Focused investment and expansion of Community and Primary Health Care (CPHC) systems that can provide patient-centred, continuity of care to children and their families through Maternal, Child and Family Health Registered Nurses (MCFHNs) will improve child safety outcomes for vulnerable children and families. The role of MCFHNs matches perfectly with coordination and collaboration for child safety outcomes. The nature of the regular, interval appointments that children and families have with an MCFHN means the MCFHN can identify changes in family circumstances that may place the child in danger.

MCFHNs are well-connected and established within their communities. They can assist with referrals to services to prevent child maltreatment or report a child safety concern quickly so appropriate intervention and support can be offered to minimise harm.

MCFH nurses and health professionals are instrumental in advocating for a young child's welfare. Pre-school and School-aged children have their school community report child maltreatment. However, children not in childcare must rely on MCFH nurses and other healthcare providers to advocate for them if they are in danger. [REDACTED] position statement on Maternal, Child and Family Health Nursing reports a shortage of MCFH nurses<sup>23</sup>. Investment in postgraduate scholarships and employment opportunities would encourage nurses to pursue this specialisation. The Strategy's development and this consultation acknowledge the crucial time 0-5 years are in a child's life. Regular contact with an MCFH nurse can ensure vulnerable children and their family's safety. MCFH nurses can be leaders in a public health approach to child safety. [REDACTED] supports promoting scholarships and job opportunities to encourage RNs to pursue post-graduate qualifications in MCFH<sup>24</sup>.

Investment in Community and Primary Health Care (CPHC) service hubs where children and families can be supported by their MCFHN and have easy access to wrap-around services delivered by a multi-disciplinary team will help to provide localised, person-centred care<sup>25,26</sup>. CPHC health providers can offer ongoing health, social and emotional well-being care essential for educating parents and caregivers on giving children a safe home. CPHC health providers identify and help families who need extra support to provide a safe home. Countries with robust CPHC systems keep people well, relieve pressure on hospitals and can treat most uncomplicated cases<sup>27</sup>. [REDACTED] members encourage the Commonwealth to invest in CPHC to deliver child health and safety outcomes effectively.

Having CPHC services that are culturally safe and locally delivered is essential to provide the opportunities vulnerable families need to thrive. Developing a connection and relationship with health care providers to create a trust for support to be accepted and enacted is critical for First Nations families, refugees, low-socioeconomic families and other marginalised groups. Having a centralised service that can reach out and apply for access to social determinants of health services like housing, employment, and financial assistance could help improve coordination and collaboration between services. As systems are siloed, a central hub must be established to enable communication between individuals, private and public health sectors and services. When people relocate, this central hub could be locally based and connect to other regions, cities and states. A mobile CPHC service must be offered for children and families in rural and remote areas to provide health equity and access to patient-centred, continuity of care.

### ***Provision of basic needs for children and families***

Providing stable housing and nutritious food for children is becoming increasingly difficult for Australian families. Many families need help finding safe, secure, and affordable housing. Rents have never been higher, and the social housing shortfall is enormous<sup>28</sup>. A safe, secure home with community support is foundational for a child's sense of safety and connection with others<sup>29</sup>. Safe and secure housing is a critical protective factor for a child's development and health outcomes<sup>30</sup>. The discussion paper does not explicitly state that the basic right of safe and secure housing is guaranteed for children and their families

Affording to buy nourishing, healthy food is becoming increasingly difficult for working families, refugees, single parents, and families from marginalised and disadvantaged backgrounds due to stagnating wages, inflation, cost of living pressures and housing stress<sup>31</sup>. Foodbank Australia<sup>32</sup> reported that households with children were more likely to experience food insecurity, the most vulnerable being single and two-parent

households with children under 18. Households who rent, live in social or transient housing arrangements, and families with a mortgage were also vulnerable. The reality of children who come from food-insecure homes is that they skip meals, go hungry and reduce the size of meals because food is unaffordable<sup>33</sup>. Children who are hungry and malnourished from poor nutrition are at risk of developing chronic conditions and comorbidities<sup>34</sup>. The National Action Plan for Health of Children and Young People 2020-2023<sup>35</sup> lists nutrition as a critical health intervention pathway for antenatal, infancy, preschool, and primary key life stages. The Strategy must include access to nutritious food for all 0-5-year-olds before any other policy priorities are considered.

Public health education that can equip parents and carers to prepare easy, nutritious meals is essential for growing children. MCFNs and allied health professionals, like dietitians and nutritionists, could facilitate public health education regarding preparing nutritious family meals. A public awareness campaign or government-funded program available on mainstream and social media platforms by trusted health professionals and chefs are ways to improve the accessibility and skills of parents and carers to provide and prepare nutritious meals for their families. Healthy food must be affordable for families with children aged 0-5. ■■■ members suggest fruit and vegetable vouchers funded through a tax on sugary foods could be offered.

## Question 7: What principles should be included in the Strategy?

■■■ members listed the following principles that the Strategy should include:

- Social determinants of health are met first; programs will be ineffective if the basic needs of stable housing, insufficient income, employment and quality child-care issues are not addressed.
- Strengths-based, public health approach, with a strong focus on protective and preventive factors that will allow children to grow and develop healthily
- A child-centred approach. Any program must consider the child's needs first. Supports and measures must be offered to all family types to provide a safe, stable environment the child needs to grow, develop, and thrive.
- Inclusive of diverse, disadvantaged, and marginalised families, with an equitable approach to providing the specific supports, services, and programs a child and its family needs for them to grow and thrive.

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<sup>1</sup> OECD (Organisation for Economic Cooperation and Development) (2022) [Starting unequal: How's life for disadvantaged children](#), OECD website, accessed 14 April 2023.

<sup>2</sup> Ibid.

<sup>3</sup> DOSS (Department of Social Services) (2021) [Safe & Supported: The National Framework for Protecting Australia's Children 2021-2031](#), DOSS website, accessed 14 April 2021.

<sup>4</sup> ACECAQ ( Australian Children's Education and Care Quality Authority) (2022), [Belonging, Being & Becoming: The Early Years Learning Framework for Australia](#), accessed 12 April 2023.

<sup>5</sup> ACN (Australian College of Nursing) (2023) [The role of nurses in a public health response to child abuse and neglect](#), ACN website, accessed 20 April, 2023.

<sup>6</sup> Doidge J, Higgins D, Delfabbro P and Segal L (2017) 'Risk factors for child maltreatment in an Australian population-based cohort', *Child Abuse & Neglect*, 64:47-60. <https://doi.org/10.1016/j.chiabu.2016.12.002>

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- <sup>7</sup> Grant J, Gregoric C, Jovanovic J, Parry Y and Walsh K (2018) [‘Educating professionals who will work with children in the early years: an evidence-informed interdisciplinary framework’](https://doi.org/10.1080/09575146.2018.1488819), *Early Years*, <https://doi.org/10.1080/09575146.2018.1488819>
- <sup>8</sup> ACMS (Australian Child Maltreatment Study) (2023), [The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment study](#), ACMS website, accessed 6 April 2023.
- <sup>9</sup> Ibid.
- <sup>10</sup> Ibid.
- <sup>11</sup> WHO (World Health Organisation) (2022), [Human Rights](#), WHO website, accessed 14 April 2023.
- <sup>12</sup> Ibid.
- <sup>13</sup> Ibid.
- <sup>14</sup> WHO (World Health Organisation) (2022), [Human Rights](#), WHO website, accessed 14 April 2023.
- <sup>15</sup> UNSW and ACOSS (University of New South Wales Sydney and Australian Council of Social Service) (2022) [Poverty in Australia 2022: A snapshot](#), Poverty and Inequality website, accessed 14 April 2023.
- <sup>16</sup> WHO (World Health Organisation) (2022), [Human Rights](#), WHO website, accessed 14 April 2023.
- <sup>17</sup> UNSW and ACOSS (University of New South Wales Sydney and Australian Council of Social Service) (2022) [Poverty in Australia 2022: A snapshot](#), Poverty and Inequality website, accessed 14 April 2023.
- <sup>18</sup> ACMS (Australian Child Maltreatment Study) (2023), [The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment study](#), ACMS website, accessed 6 April 2023.
- <sup>19</sup> DOSS (Department of Social Services) (2021) [Safe & Supported: The National Framework for Protecting Australia’s Children 2021-2031](#), DOSS website, accessed 14 April 2023.
- <sup>20</sup> MECCH ( Maternal Early Childhood Sustained Home-Visiting) ( 2023) [About MECCH](#), Early Childhood Connect website, accessed 14 April 2023.
- <sup>21</sup> ACN (Australian College of Nursing) (2021) [Maternal, Child and Family Health Nursing](#), ACN website, accessed 12 April 2023.
- <sup>22</sup> LI (Lowitja Institute) (2021) [Close the Gap Campaign Report 2021](#), Lowitja Institute website, accessed 16 April 2023.
- <sup>23</sup> ACN (Australian College of Nursing) (2021) [Maternal, Child and Family Health Nursing](#), ACN website, accessed 12 April 2023.
- <sup>24</sup> Ibid.
- <sup>25</sup> Ibid.
- <sup>26</sup> ACN (Australian College of Nursing) (2015) [Community & Primary Health Care Nursing](#), ACN website, accessed 12 April 2023.
- <sup>27</sup> OECD (Organisation for Economic Cooperation and Development) (2021) [Health at a Glance 2021](#), OCED website, accessed 12 April 2023.
- <sup>28</sup> Azize M (15 January 2023) [‘More social and affordable housing is the only solution to Australia’s rental crisis’](#), The Guardian website, accessed 14 April 2023.
- <sup>29</sup> DOH Department of Health (2019) [National Action Plan for the Health of Children and Young People 2020-2023](#), The Department of Health and Aged Care website, accessed 14/04/2023.
- <sup>30</sup> Ibid.
- <sup>31</sup> Foodbank Hunger Report (2021) [Foodbank Hunger Report 2021](#), Foodbank website, accessed 19 April 2023.
- <sup>32</sup> Foodbank Hunger Report (2022) [Foodbank Hunger Report 2022](#), Foodbank website, accessed 19 April 2023.
- <sup>33</sup> Ibid.
- <sup>34</sup> DOH Department of Health (2019) [National Action Plan for the Health of Children and Young People 2020-2023](#), The Department of Health and Aged Care website, accessed 14/04/2023.
- <sup>35</sup> Ibid.