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Early Years Strategy Taskforce
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Submitted via the online portal: <https://engage.dss.gov.au/early-years-strategy-public-submissions/>

Dear Early Years Strategy Taskforce,

Response to the Department of Social Services public consultation about the development of the proposed national Early Years Strategy

The Australian Psychological Society (APS) welcomes the opportunity to contribute feedback at this early stage of the development of the proposed national Early Years Strategy.

The APS is the peak professional body for psychologists in Australia, working to improve the lives of Australians. We advocate on behalf of our members and the community for the implementation of evidence-informed prevention, treatment and system reform that fosters health and wellbeing for all.

The APS commends the Australian Government's commitment to developing the first national Commonwealth strategy to support the early years, which aims to create:

- An enduring vision for Australia's children and families that prioritises positive experiences, relationships and environments to support development, health, wellbeing and learning, and
- A national framework for action and reform in the early years over the next decade, including a new, coordinated approach to early years policies and programs across the Commonwealth.

The APS has been a strong advocate for increased investment in the early years (e.g.,¹⁻⁴). As indicated in the Early Years Strategy Discussion Paper, the significance of the perinatal and early childhood periods cannot be overstated. The evidence is clear that lifelong success begins in these early years, and that investment during these periods benefits the individual, families, communities and national economies (e.g.,⁵⁻⁷).

On the following pages, the APS has responded to questions within the Early Years Strategy Discussion Paper. We hope this feedback is useful as progress is made to the next stages in the development of this important national Strategy. If any further information is required from the APS, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at

Yours sincerely

Responses to Questions in the Early Years Strategy Discussion Paper

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

- The APS highly commends the intent to design the Early Years Strategy in a way that will be guided by a set of principles and informed by evidence.
- We note the intention to develop an implementation action plan and an outcomes and evaluation framework "after the Strategy is finalised" (Discussion Paper, p. 11). However, the approach and reasoning behind this, as illustrated in the two diagrams in Attachment B of the Discussion Paper, is unclear.
- We recommend an approach to development of the Strategy that sets out, simply in the one document, all the priorities, outcomes, actions and accountabilities and offers a clearly articulated line of sight from intention to impact and how the latter will be evaluated.

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

- Ideally, the Early Years Strategy vision statement will be an ambitious and inspiring call to action that can endure over the proposed decade-long period.
- The content of the vision statement should reflect a child-centred view while also acknowledging the importance of supporting the families and communities who wrap around the child.
- Statements and ideas throughout the Discussion Paper point to what the content of a vision statement could include, for example:
 - Every child will have the opportunity for the best start in life.
 - Children will thrive and reach their full potential when supported by strong families and communities and are safe from neglect, harm and abuse.

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

As indicated in the models and guiding frameworks overviewed in the Discussion Paper (p. 13-14), the Early Years Strategy will need to address many different parts of a child's life that work together to impact their outcomes. This will include addressing their psychosocial, cognitive and physical development needs and focusing on factors in the environments that wrap around them, from their immediate family and community environments through to broader societal influences. Thus, improving outcomes in the early years will require individual level support and services plus population level approaches that address the social determinants of health and wellbeing. Children identified as at risk, or from vulnerable communities will also be important to prioritise in the Strategy, including Aboriginal and Torres Strait Islander children, children from culturally and linguistically diverse backgrounds, children from lower socioeconomic backgrounds, neurodiverse children, children with disabilities, children in care and children living in rural and remote communities. As highlighted in the Discussion Paper, the most recent Australian Early Development Census (AEDC) indicates that these children experience the highest levels of developmental vulnerability⁸.

The APS appreciates there will be many important areas to address in this first national Early Years Strategy. Adopting an evidence-informed position, we strongly advocate for consideration of the following specific areas for inclusion in the Strategy.

- *Parenting programs to ensure all parents have the skills and confidence to raise thriving children.* Parents are not always aware of their children's needs, may have misconceptions about development or effective parenting practices, and may experience a range of other stressors that can impact on their parenting role⁹. They may not know where to access help or feel confident in accessing help, sometimes due to stigma and discrimination. Research and large-scale reviews have established that parenting interventions in the first three years of life improve parenting knowledge, practice and parent-child interactions; and improve children's cognitive, language, motor and psychosocial development and reduce behaviour problems¹⁰. Those programs that include responsive caregiving content have significantly greater effects. We believe that consideration must be given in the Early Years Strategy to a range of approaches that ensure Australian parents have timely access to high quality parenting programs in the first three years of a child's life¹¹⁻¹³.

- *Address the impacts of adverse childhood events (ACEs).* There is strong evidence of long term poor health and wellbeing outcomes associated with the accumulation of trauma due to adverse childhood experiences (ACEs), such as child maltreatment and abuse, household drug use and violence, living in care, and significant family change and adversity such as parental separation, illness or poverty^{14,15}. Exposure to ACEs is widespread with 1 in 7 Australian children exposed to 3+ risk factors¹⁶. The evidence indicates that enabling parents and children access to psychological interventions to mitigate trauma and address the mental health and behavioural consequences of ACEs is important to consider as part of the Early Years Strategy¹⁷. This must, however, form part of broader population-level strategies which aim to address the social factors which may mediate the negative impacts of ACEs (e.g., socioeconomic disadvantage) and preventative approaches that aim to reduce the incidence or extent of ACEs in the early years (e.g., psychological and psychosocial supports that prevent child abuse)^{17,18}.
- *Psychological and psychosocial support during the perinatal period.* The evidence is clear that parental mental ill-health is associated with an increased risk of developmental, psychological and behavioural problems for children in the early years and beyond. These outcomes are, however, not inevitable. Research indicates that this risk can be minimised by providing psychological support to parents with mental ill-health (pre- and postnatally) and delivering psychosocial interventions such as parenting support and social/partner support¹⁹⁻²¹. Interventions may be especially key in the context of additional adversities (e.g., socioeconomically disadvantaged populations) or where several risks are present and resources are scarce (e.g., rural and remote contexts). This again points to the importance of the Early Years Strategy including structurally embedded interventions that address the social determinants of health and enable positive mental health as a potential mechanism to prevent adverse outcomes for future parents and children^{21,22}.

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

The mix of outcomes should be broad to reflect the range of stakeholders and factors that interact to influence young children, for example:

- Children's development, health, wellbeing and learning
- Family factors such as parental health and wellbeing, parenting skills and efficacy
- Outcomes for priority disadvantaged and vulnerable groups
- Outcomes associated with the quality and capabilities of the diverse early years' workforce (e.g., educators, allied health professionals, psychologists, child health nurses, medical professionals (GPs, paediatricians))
- Social determinants of health
- Adverse childhood experiences (ACEs)
- Research and scholarship outcomes

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?

- Support all families and communities, and especially those who are vulnerable and disadvantaged, to navigate and gain access to the available Government and other systems of care (e.g., NDIS, Centrelink, community and social services)²³. This includes supporting families to access teams of early childhood allied health practitioners (psychology, speech pathology, occupational therapy, and social work services) for timely assessment and access to high quality early intervention and treatment services when needed.
- The APS urges the inclusion of psychologists in the Strategy as a critical workforce for improving outcomes in the early years. Psychologists are uniquely placed to deliver evidence-based community-level mental health promotion and prevention approaches and targeted early intervention and treatment to parents and children. Psychologists can also lead, co-ordinate and oversee psychological and psychosocial supports and services in partnership with other health professionals and care teams; and they can train and support other health professionals, educators and care staff. However, the current psychology workforce only meets 35% of the national demand for psychologists²⁴. Sustainable growth and development of the psychology workforce can be achieved by increasing investment in university training places, professional supervision, and enhancing digital supports for Australian seeking

psychological treatment. More details about these initiatives, including the return on investment is available [here](#).

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

- Assign overall accountability for the Early Years Strategy (not just certain actions) to multiple departments to encourage shared development, implementation and evaluation of policy goals and outcomes, as well as shared indicators to measure progress. For example, the Early Years Strategy could be the shared responsibility of the Departments of Social Services, Education and Health and Aged Care. Shared accountability would also require developing data collection and analysis systems that are common across departments and jurisdictions (e.g., developing whole of government common data standards and protocols) that enable data sharing for policy planning, decision-making and evaluation.
- Develop public service capabilities and allocate sufficient resources (human and time) to enable departments to shift from policy consultation approaches to deeper engagement and policy co-creation with stakeholders and the community.
- Invest and partner more with the university sector in a broad range of areas that intersect with the early years (e.g., education, psychology, allied health, public health, medicine, arts/humanities, science). Targeted investment in research grants and scholarships will support the current and next generation of Australian researchers to assist the Commonwealth with the design, delivery and evaluation of evidence-informed interventions specific to the Australian context and for identified priority areas and populations (e.g., rural and remote contexts).

7. What principles should be included in the Strategy?

- The APS believes that the eight principles in the National Children's Mental Health and Wellbeing Strategy²⁵ (see below), with some adaptation and extension, could form the basis of the principles for the Early Years Strategy. The National Children's Mental Health and Wellbeing Strategy principles, in many ways, reflect the scope and considerations outlined for proposed Early Years Strategy as per the Discussion Paper (p. 6), including child and family centred, strengths-based, respectful of diversity and inclusion, and data-driven.

Principles from the National Children's Mental Health and Wellbeing Strategy²⁵
<i>Child-centred:</i> Giving priority to the interests and needs of children.
<i>Strengths-based:</i> All services have a perspective that builds on child and family strengths, to inform a holistic and family-centred approach.
<i>Equity and access:</i> Ensuring that all children and families have access to health, education and social services.
<i>Universal system:</i> Programs and services are developmentally appropriate, culturally responsive and treat children in the context of families and communities.
<i>Prevention-focused:</i> Both universal and targeted prevention of mental illness by promoting mental wellbeing.
<i>Early intervention:</i> Early intervention for those in need, while addressing the impacts of trauma and social determinants.
<i>Needs based - not diagnosis driver:</i> Service delivery based on individual needs and reduced focus on requiring a diagnosis to access services.
<i>Evidence-informed best practice and continuous quality evaluation:</i> The use of data and indicators to create continuous feedback loop between research and practice.

- Other considerations when developing the Early Years Strategy principles include:
 - A concern for the whole child, including their mental, physical, intellectual, familial, social, educational and functional health and wellbeing.

- Promoting awareness of and respect for the rights of children as per the Convention on the Rights of the Child (CRC)

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

Together, the child-centred guiding frameworks referred to in the Discussion paper (pp. 13-14) capture at a broad level the evidenced-informed understanding about how parts of a child's life work together to contribute to positive outcomes, and the breadth of intervention that will be required to improve outcomes in the early years. There is also a need for greater attention to frameworks and approaches that are more nuanced and culturally safe for particular populations, for example Aboriginal and Torres Strait Islander children and families and communities from culturally and linguistically diverse backgrounds.

The Strategy will need to draw on prevention and intervention sciences to inform the direction of the social, health and psychological approaches that are most likely to deliver benefits across the various elements reflected in the child-centred frameworks. The evidence is clear overall that early childhood intervention is effective and the return on investment is strong. The science is, however, more robust in some areas than others, but generally more research is needed from within our uniquely Australian context. There is also more work to be done by researchers in collaboration with Governments to better understand the social and economic outcomes associated with prioritising investment in different early childhood interventions²⁶.

Thus, the APS is a strong advocate for including early years research as a key policy priority within the Early Years Strategy. A critical part of this research priority will involve supporting service providers with translational resources that help them to apply the latest research and evidence to practice. Investment is also needed to develop service providers' evaluation skills and capabilities so they can demonstrate that their interventions are making a difference for the those they are supporting and are contributing to improving national early childhood outcomes.

References

1. Australian Psychological Society. (2022). *APS Pre-budget submission 2022-23—Prevent, respond, adapt: Improving the mental health and wellbeing of all Australians*. Australian Psychological Society. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2022/pre-budget-submission-2022-23>
2. Australian Psychological Society. (2023). *APS Pre-budget submission 2023-24—Build, support, prepare: Investing in Australia's future*. Australian Psychological Society. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2023/aps-pre-budget-submission-2023-24>
3. Australian Psychological Society (APS). (2021). *APS submission to the National Mental Health Commission National Children's Mental Health and Wellbeing Strategy*. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2021/submission-nmhc-children-mh-and-wellbeing-strategy>
4. Australian Psychological Society (APS). (2021). *APS submission to the NDIS on supporting young children and their families early*. <https://psychology.org.au/psychology/advocacy/submissions/professional-practice/2021/submission-to-ndis-early-childhood-support>
5. Moore, T. G., Arefadib, N., Deery, A., Keyes, M., & West, S. (2017). *The first 1000 days: An evidence paper*. Centre For Community Child Health. <https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf>
6. Heckman, J. J. (2023). *Invest in early childhood development: Reduce deficits, strengthen the economy*. <https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy/>
7. Richter, L. M., Daelmans, B., Lombardi, J., Heymann, J., Boo, F. L., Behrman, J. R., Lu, C., Lucas, J. E., Perez-Escamilla, R., & Dua, T. (2017). Investing in the foundation of sustainable development: Pathways to scale up for early childhood development. *The Lancet*, *389*(10064), 103–118.
8. Commonwealth of Australia. (2022). *Australian Early Development Census national report 2021: Early childhood development in Australia*. <https://www.aedc.gov.au/resources/detail/2021-aedc-national-report>
9. Cavanagh, S. (2017, December). Early childhood matters most. *InPsych*, *39*(6). <https://psychology.org.au/for-members/publications/inpsych/2017/dec/early-childhood-matters-most>
10. Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2021). Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLoS Medicine*, *18*(5), e1003602. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003602>
11. Sanders, M. R., Dadds, M. R., Havinghurst, S., Toumbourou, J. W., & Mathews, B. (2020). *Ensuring children and adolescents receive optimal evidence-based treatment for mental health conditions: Parenting interventions as a core component in Medicare. A submission of a Mental Health Policy Working Group prepared on behalf of the Parenting and Family Research Alliance (PAFRA)*. https://www.pafra.org/_files/ugd/25588d_37980b908cdf4a90a9582a9706a2d8d4.pdf
12. Sanders, M. R. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, *22*(4), 506.
13. Salari, R., & Enebrink, P. (2018). Role of universal parenting programs in prevention. In M. R. Sanders & A. Morawska (Eds.), *Handbook of Parenting and Child Development Across the Lifespan* (pp. 713–743). Springer International Publishing. https://doi.org/10.1007/978-3-319-94598-9_32

14. Choi, J.-K., Wang, D., & Jackson, A. P. (2019). Adverse experiences in early childhood and their longitudinal impact on later behavioral problems of children living in poverty. *Child Abuse & Neglect, 98*, 104181. <https://doi.org/10.1016/j.chiabu.2019.104181>
15. Liming, K. W., & Grube, W. A. (2018). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. *Child and Adolescent Social Work Journal, 35*(4), 317–335. <https://doi.org/10.1007/s10560-018-0532-x>
16. Guy, S., Furber, G., Leach, M., & Segal, L. (2016). How many children in Australia are at risk of adult mental illness? *Australian & New Zealand Journal of Psychiatry, 50*(12), 1146–1160.
17. Lorenc, T., Lester, S., Sutcliffe, K., Stansfield, C., & Thomas, J. (2020). Interventions to support people exposed to adverse childhood experiences: Systematic review of systematic reviews. *BMC Public Health, 20*(1), 657. <https://doi.org/10.1186/s12889-020-08789-0>
18. Selph, S. S., Bougatsos, C., Blazina, I., & Nelson, H. D. (2013). Behavioral interventions and counseling to prevent child abuse and neglect: A systematic review to update the US Preventive services task force recommendation. *Annals of Internal Medicine, 158*(3), 179–190.
19. Stein, A., Pearson, R. M., Goodman, S. H., Rapa, E., Rahman, A., McCallum, M., Howard, L. M., & Pariante, C. M. (2014). Effects of perinatal mental disorders on the fetus and child. *The Lancet, 384*(9956), 1800–1819. [https://doi.org/10.1016/S0140-6736\(14\)61277-0](https://doi.org/10.1016/S0140-6736(14)61277-0)
20. Howard, L. M., & Khalifeh, H. (2020). Perinatal mental health: A review of progress and challenges. *World Psychiatry, 19*(3), 313–327.
21. Ormel, J., Cuijpers, P., Jorm, A. F., & Schoevers, R. (2019). Prevention of depression will only succeed when it is structurally embedded and targets big determinants. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA), 18*(1), 111–112. PubMed. <https://doi.org/10.1002/wps.20580>
22. Phua, D. Y., Kee, M. Z., & Meaney, M. J. (2020). Positive maternal mental health, parenting, and child development. *Biological Psychiatry, 87*(4), 328–337.
23. Carey, G., Malbon, E., Reeders, D., Kavanagh, A., & Llewellyn, G. (2017). Redressing or entrenching social and health inequities through policy implementation? Examining personalised budgets through the Australian National Disability Insurance Scheme. *International Journal for Equity in Health, 16*(1), 192. <https://doi.org/10.1186/s12939-017-0682-z>
24. University of Queensland. (2020). *Analysis of national mental health workforce demand and supply: Stage 1 report. 30 October 2020. Report for the Australian Government Department of Health*. The University of Queensland.
25. Australian Government. (2021). *The National Children's Mental Health and Wellbeing Strategy*. Commonwealth of Australia. <https://www.mentalhealthcommission.gov.au/Mental-health-Reform/Childrens-Mental-Health-and-Wellbeing-Strategy?msclkid=637b1dd0a9b611ec87979707d8d1ca72>
26. Geelhoed, E. A., Bloom, D. E., Bock, C., Flatau, P., Mandzufas, J., Li, I., & Cross, D. (2022). Informing resource allocation for investment in early childhood: A review of the international peer-reviewed evidence. *Australian Economic Review, 55*(2), 215–231. <https://doi.org/10.1111/1467-8462.12452>

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