



Berry Street's Submission on the National Early Years Strategy

30 April 2023



Acknowledgement of Country

Berry Street acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands, skies, and waterways across Australia. We pay our deepest respects to Elders resting in the dreaming, to the Elders of today, and to the Elders to come, who will continue to care, protect and nurture Traditional Lands.

Berry Street acknowledges Elders as the holders, educators, and protectors of cultural knowledge and wisdom. We recognise that Aboriginal and Torres Strait Islander cultures date back 60,000 years and that sovereignty has never been ceded.

Berry Street has learnt that connection to countries, cultures, and communities facilitates pride in identity, resilience, and healing. We are committed to supporting Aboriginal and Torres Strait Islander children and young people in our care, our school, and other services to connect to their heritages, languages, storytelling, dreaming, and songlines.

Introduction

Berry Street welcomes the opportunity to contribute to the consultation process that is informing a National Early Years Strategy. We commend the Australian Government on recognising the importance of establishing a national roadmap to set out a shared understanding of what children and families in Australia need in the Early Years Strategy Discussion Paper, hereafter described as the 'discussion paper'. In our response, we provide background information about Berry Street's services and our recently developed Early Years Strategy. We then respond to each of the questions as outlined in the discussion paper using examples from our suite of services. Throughout our submission, we have made recommendations to be considered as part of the National Early Years Strategy and these are summarised at the end of the paper.

Berry Street believes that children, young people, and families should be safe, thriving, and hopeful. As one of Australia's largest independent family service organisations, Berry Street has been providing services for 145 years. Throughout these years we have delivered services to infants and young children. Over the recent years, in Victoria we have delivered children's contact services, out-of-home care, education, family violence, family services, youth services, and therapeutic programs to around 35,000 children, young people, and families per year. Each year we have worked with more than 8000 at-risk children under nine years of age, with more than 1600 aged under four years. We have also worked with adolescents and adults who are pregnant and potentially at risk due to exposure to violence, substance use, poverty, and other risk factors.

As a child and family and education organisation, our Strategic Plan (www.berrystreet.org.au/about-us/publications-and-policies/strategic-plan) includes a commitment to implementing our own Early Years Strategy in response to unequivocal findings from research, data, and practice that demonstrate the significance of a child's earliest years for their development and future outcomes. Broadly, the objectives of our Early Years Strategy align with the priority areas we put forth in this submission for consideration as part of an overarching national strategy. These are to:



- Protect infants and young children from consequences of neglect, toxic stress, and trauma and enhance protective factors to reduce the need for remediation later in life;
- Enhance supportive and stable relationships to bring about changes in parent/caregiver behaviour that strengthen infant attachment and development;
- Build workforce capability, knowledge, and skills to assess and work effectively with infants and young children, their families, and carers and to support young people who are - or may become – parents;
- Expand delivery of trauma-informed, evidence-based, and evidence-informed recovery-focused therapeutic and treatment services (such as Berry Street’s statewide Take Two therapeutic program) to more infants, children, and their families on the edges of or deeply involved in the child protection and care system.

Berry Street works with some of our community’s most vulnerable infants, children, and families who are living with complex needs. For this reason, our submission focuses on what we believe is required from a National Early Years Strategy to ensure enhanced supports can be provided to those born or raised in more disadvantaged circumstances as well as the broader population. We recognise the current state of science is sufficient to mark the first five years of a child’s life as being the most pivotal for human development, with research demonstrating the negative impacts on neuroanatomy and neurofunction resulting from early adversity within these years, including exposure to maternal stress in utero, child neglect and abuse and family violence (Brandt, 2014; Currie & Widom, 2010; McCrory et al., 2011; Nicolson et al., 2022).

The infants and young children Berry Street support experience a host of vulnerabilities, often as a consequence of exposure to violence, abuse, and neglect. Although early years strategies are recognised as vital for coherent approaches to meeting the needs of all children during their most formative years, this need is elevated for children whose early life is characterised by exposure to traumatic experiences. A report that supports the call for early intervention was commissioned by Berry Street in collaboration with the Victorian Centre for Excellence in Child and Family Welfare and other organisations (Social Ventures Australia, 2020) ([SVA-ResearchPaper-KeepingFamiliesTogetherThroughCOVID-2020.pdf \(berrystreet.org.au\)](https://www.berrystreet.org.au/wp-content/uploads/2020/09/SVA-ResearchPaper-KeepingFamiliesTogetherThroughCOVID-2020.pdf))

1. Proposed Structure of the National Early Years Strategy

The proposed structure described in the discussion paper appears logical, straightforward, and consistent with other frameworks. We are also pleased to see a proposed Implementation Action Plan structure. We recommend that the final structure be linked with other relevant strategies and processes to assist coherent and efficient implementation. In addition to the ones listed in the discussion paper, we recommend the National Early Years Strategy aligns with the National Principles for Child Safe Organisations (Australian Human Rights Commission, 2018) and the National Standards for Out-of-Home Care (Department of Families Housing Community Services and Indigenous Affairs & the National Framework Implementation Working Group, 2011).



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

A vision for Australia's youngest children needs to be ambitious yet close enough to being within reach to enable substantive and genuine opportunities. The vision needs to be for all young children whilst acknowledging the need to address particular constraints and challenges for children who are at increased risk or vulnerability.

In an initiative by Berry Street in 2014 we asked young Australians across each State and Territory aged 13 to 25 the question "What should a good childhood look and feel like in Australia today?" A group of young people synthesised the contributions of words, pictures, music, and film submissions (Noonan, 2017, p. 15), to culminate in the resulting narrative about a good childhood:

My childhood is perfectly imperfect:
 It's the simple things – love, family, friendships, belonging;
 My imagination is where I make my hopes and dreams;
 The freedom to explore lets me be curious, discover and grow;
 When I test my limits and am fearless, I learn more about who I am;
 There is fun, joy, and laughter.
 My childhood is my right – respect it and protect it!

A question to consider when crafting a vision for Australia's youngest children is "What needs to be true for young children to have a good childhood?"

The models proposed in the discussion paper for consideration such as the public health and ecological-systems frameworks are highly relevant for a National Early Years Framework. For example, the vision could provide a platform to influence macrosystemic factors which affect young children and their parents; such as poverty, homelessness, gendered violence, violence in general, systemic racism, intergenerational trauma associated with the Stolen Generations and associated policies, general attitudes to childhood, parenting, pregnancy, and health and wellbeing.

Other factors to consider in a vision for Australia's youngest children include:

- Safety for all young children. Safety – is broader than physical safety as it includes psychological, relational, and cultural safety. For all – recognises all young children in Australia, not just citizens so has relevance to any young children and their families who are refugees or asylum seekers.
- Relationships are essential for safety and development. The research has been consistent for the past 70 years that for young children to survive and develop from a biopsychosocial and cultural perspective they need attuned, responsive caregivers (e.g., Bowlby, 1952; Dégeilh et al., 2023).
- Children cannot be safe and supported if their caregivers are not safe and supported. Caregivers include parents, other parent figures, extended family, and foster parents. Safety for all must include attention to pregnant women, which the data shows is a time of increased risk for family violence. Any framework aiming to enhance the early years must attend to the safety and wellbeing of the people within the microsystems within which young



children live and play. This aligns with the macrosystem factors such as housing, income safety net, access to universal and prevention-focused services, and cultural safety.

- A national vision must recognise our obligations to ensure ongoing connection to culture through connection with family, community, and spiritual practices including a commitment to addressing the impacts of cultural neglect.

From before birth children are connected to family, community, culture, and place. Their earliest development and learning takes place through these relationships, particularly within families, who are children's first and most influential educators...Children belong first to a family, a cultural group, a neighbourhood and a wider community. (Department of Education Employment and Workplace Relations, 2009, p. 7)

- Whole of government – We commend the aim to break down silos, and we recommend a whole of government approach.
 - At a federal level, there are multiple departments and functions that impact young children and their families and should be influenced by a National Early Years Strategy. The most obvious are the Department of Social Services and the Department of Education, but even within these departments, there are multiple relevant functions, such as disability and inclusion, housing, mental health, benefits and payments, early childhood care and education, undergraduate and postgraduate education for professionals, and school curricula incorporating child development.
 - Other federal government departments and functions that should be informed by the National Early Years Framework include but are not limited to: Department of the Prime Minister and Cabinet; Attorney-General's Department; Federal Circuit and Family Court of Australia; Department of the Treasury; Australian Bureau of Statistics and the Australian Institute of Health and Welfare; Australian Human Rights Commission; National Indigenous Australians Agency; Australian Research Council and the National Health and Medical Research Council; Domestic, Family and Sexual Violence Commission; Department of Defence; Department of Health and Aged Care; Department of Infrastructure, Transport, Regional Development, Communications and the Arts; and National Disability Insurance Agency. Later in this submission, we offer examples of actions that could be taken by the Commonwealth that relates to one or more of these government departments and bodies.
 - At a state and local government area, there are numerous ways in which a National Early Years Framework could facilitate greater coverage, consistency, and coherence of policy, program development, and practice to support the safety and wellbeing of expectant parents, young children, and their families. A requirement would be for equity of place across metropolitan, regional, rural, and remote areas which requires the three tiers of government.
 - The interface between the federal and state government will be a key factor in making meaningful changes to longstanding barriers. For example, we recommend



the federal government explore how to remove impediments to professionalise foster care, such as taxation and other federal laws which constrain models of care and recruitment and retention strategies for foster parents to care for children.

- The vision needs to be informed by the recognition that not all children have the same start in life and nor do all children and their families share the same access to physical, emotional, cultural, and financial resources. In particular, the vision needs to incorporate our hopes for children who are born into disadvantage and who experience violence, neglect, and other adversities, some within their first weeks of life.
- That services engaging with vulnerable infants, young children, and their families, or parents-to-be (all genders) are resourced and able to:
 - identify and assess sensitive developmental stages for infants and young children,
 - identify and assess the impacts of stress, neglect, trauma, and disrupted attachment on a child's development
 - plan and implement tailored strategies with caregivers and young children to support their child's safety, development, and wellbeing
 - provide caregivers with sufficient support to recognise and respond to the needs of their infants and young children
- That parents-to-be (all genders) have access to the information, relationship support and services necessary to support their own and their child's safety, health, and wellbeing
- That families feel confident they can support their child's developmental, health, and other essential needs.

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

Vulnerabilities are experienced by children in their early years in different ways. Children and families can move in and out of vulnerability. The many forms of vulnerability should be defined. The needs of children who experience abuse and neglect, exposure to family violence and/or substance abuse, for example, may differ from the needs of children who have physical or neurological conditions.

Programs need to have the capacity and capability to meet children where they are at; not a generic homogenous response.

Berry Street believes there is a genuine opportunity for the Commonwealth to improve outcomes for the cohort of vulnerable infants and young children we support and expectant parents. An important role of the National Early Years Strategy will be to explore what outcomes look like for young children and how they are measured. In a brainstorming session with our Early Years reference group within Berry Street, we included concepts such as developmental opportunities, strong and enduring relationships, and improving the lives of infants and young children. A National Early Years Strategy that focuses on strengthening protective factors and creating protective conditions at individual, family, and community levels would moderate risk and adversity and promote healthy development and child and family wellbeing. Attending to macrosystemic factors is also critical and the federal government is best placed to lead.



Berry Street supports very young children who have entered the child welfare system often having experienced traumatic events and the disruption of critical attachments known to be essential for healthy brain development. Research demonstrates that while these experiences leave infants and young children at great risk for lifelong impairments, delivering high-quality and intensive relationship-based interventions during this sensitive period, that promote secure attachment to a primary caregiver and focus holistic attention to the child's development needs, can make an important difference in shifting the balance between risk and protective factors.

A large body of evidence indicates the efficacy of protective interventions that draw on attachment strategies. Research identifies that an infant's developing brain is shaped by the quality of the caregiving environment provided by their primary caregivers (Kerns & Brumariu, 2014; Lally & Mangione, 2017). Secure attachment relationships are influential factors in protecting infants and young children's mental health. A secure attachment relationship allows the infant's developing brain to develop capacities in building and maintaining relationships, emotional regulation, attention, and self-control and sets a strong foundation for the later development of resilience, confidence, and adaptability (Balbernie, 2013; Benoit, 2004).

Berry Street recommends the National Early Years Strategy consider the policy, funding, and program parameters to support intensive programs, approaches, and interventions that strengthen conditions conducive to enhancing attachment between infants, children, and their caregivers and strengthened developmental opportunities. Berry Street proposed six key areas of focus for children and families experiencing vulnerability.

3.1 Recognising and responding to the ordinary and extraordinary needs of young children in Child Protection Services (CPS) and Out-of-Home Care (OOHC)

Nationally, more than 49000 children were the subjects of substantiations of child abuse and neglect of whom 18006 (36.2%) were under the age of five-years-old. In terms of OOHC, 46,000 children were living in OOHC of whom 10,128 were under five-years-old (21.9%)(Australian Institute of Health and Welfare, 2022). For every age group including children under five, Aboriginal children are disproportionately represented (Australian Institute of Health and Welfare, 2022). Although CPS and OOHC are funded and regulated through State and Territory departments, a National Early Years Strategy could promote the wellbeing of young children in OOHC through several areas involving more collaboration and integration between the Commonwealth and the State and Territories; such as ensuring children involved in the CPS system including those in OOHC have priority access to Commonwealth funded services; utilising policy and funding levers to mitigate some of the macrosystemic factors that contribute to children entering or remaining in OOHC; utilising policy and funding levers to strengthen families' capacities to care for their children; further efforts to achieve Target 12 in the Closing the Gap framework to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in OOHC; and working to reduce financial and systemic barriers for extended families and foster parents to care for children.



Children subjected to abuse and neglect and other traumas share the same needs as their age-typical peers but also have extraordinary needs requiring additional attention and support. For example, all children need caregivers to provide love, nutritional food, interactive play, an enriched verbal environment, and a safe place to sleep. For children who have not experienced these fundamental requirements earlier in life, it is not as simple as ensuring these ordinary needs are now met. Many of these children may need help learning to swallow certain foods. They may need to learn floor play and parallel play before they can learn to interact with their caregivers in play let alone form friendships. They may need to develop fine and gross motor skills and 'feel' safe before they can develop the confidence to verbalise their thoughts. They may need a very patient, supported caregiver to help them develop a sleep routine before they can experience restorative sleep. These and other ordinary/extraordinary needs require support and education for their families or other caregivers and input from a myriad of trauma-informed and culturally safe allied health and health disciplines often unavailable, such as speech pathologists, occupational therapists, psychologists, social workers, paediatricians, and child and adolescent psychiatrists. These services are even more scarce in regional and rural areas. If they are available, the suite of services required to assist young children to make developmental gains can be overwhelming and so require effective and informed case management to help navigate the systems. The waiting lists have grown longer since the impact of COVID-19, especially in those States that experienced more significant lockdowns. We recommend the National Early Years Strategy explore ways of funding and supporting place-based multidisciplinary services tailored to the needs of young children at risk or already in OOHC.

As described earlier, Berry Street recommends the National Early Years Strategy is aligned to but exceeds the National Standards for Out-of-Home Care, with specific attention given to the following key standards with young children in mind:

Standard 1: Children and young people will be provided with stability and security during their time in care

Standard 3: Aboriginal and Torres Strait Islander communities participate in decisions concerning the care and placement of their children and young people.

Standard 5: Children and young people have their physical, developmental, psychosocial and mental health needs assessed and attended to in a timely way.

Standard 6: Children and young people in care access and participate in education and early childhood services to maximise their educational outcomes

Standard 9: Children and young people are supported to safely and appropriately maintain connection with family, be they birth parents, siblings, or other family members.

Standard 10: Children and young people in care are supported to develop their identity, safely and appropriately, through contact with their families, friends, culture, spiritual sources, and communities and have their life history recorded as they grow up.

Standard 12: Carers are assessed and receive relevant ongoing training, development, and support, in order to provide quality care.



Berry Street believes a National Early Years Strategy should promote the resourcing of a diversity of programs, frameworks, and interventions that increase the possibility for all infants and young children in OOHC to experience continuity of relationships, specifically continuity of care with predictable, responsive, and committed caregivers. This should begin firstly with all efforts to support children to remain or return safely with their families. When this is not possible, continuity of relationships with their families should continue to be a feature of the child protection and OOHC system.

The need to better support kinship care and foster care is constrained by some factors under the control of the federal government, such as ways of supporting carers with the additional financial costs associated with caregiving. Extensive research coupled with the daily anecdotal experiences of Berry Street staff, carers, and the children we support illustrate the harmful effects of disrupted placements on infants.

Berry Street strongly supports the position statement of the Australian Association for Infant Mental Health (2022) *Continuity of Caregiving Relationships for Infants Involved in Child Protection* that calls for a relational focus to promote sensitive caregiving to traumatised infants, their parents, or caregivers in child protection practice. The AAIMH draws on a significant body of research to substantiate its argument for integrating current knowledge of attachment and early childhood development to ensure child protection decisions better prioritise the needs of infants and young children (Casanueva et al., 2014; Chinitz et al., 2017; Miron et al., 2013). Berry Street shares this concern; we believe a national strategy that considers the needs of infants and young children in the child and family systems must consider the many infants and young children in OOHC as a priority cohort. Principles should be developed to guide policy and implementation under the strategy that ensures the needs of children of children in OOHC are not neglected.

Infants and young children who have experienced child abuse and neglect and who are living with intermittent or ongoing involvement in the OOHC system, need a more intensive and tailored service response. Research suggests these children have poorer outcomes when compared with the broader population in educational attainment, physical and mental health, cultural identity, appropriate attachment behaviours, and community connections (McDowall, 2013; McLean, 2016; Osborn & Bromfield, 2007).

3.2 Prioritising cultural connection and addressing cultural neglect

Berry Street notes that the Discussion Paper states the National Early Years Strategy will build on the Government's commitment to Closing the Gap and the National Aboriginal and Torres Strait Islander Early Childhood Strategy, which aims "to align and coordinate cross-portfolio effort across the whole-of-government and the early childhood systems and sectors." Berry Street welcomes this commitment and acknowledges other national initiatives that support a similar approach. The National Principles for Child Safety, for example, include the principle of upholding equity and respecting diverse needs in policy and practice including what this means for Aboriginal and Torres Strait Islander children and families (Australian Human Rights Commission, 2018). An important part



of the process of designing the National Early Years Strategy will be to consider these and other government policies in terms of what they mean for Aboriginal and Torres Strait Islander young children. As mentioned earlier under Vision, a cultural connection is a powerful protective factor for children of all ages including infancy (Department of Education Employment and Workplace Relations, 2009).

The National Principles emphasise the importance of culturally safe environments and practices for Aboriginal and Torres Strait Islander children and young people. Aboriginal and Torres Strait Islander families and communities are more likely to access services that are culturally safe and experience better outcomes in such services. This includes improving the way organisations engage with Aboriginal and Torres Strait Islander children and their families, recognising the impact of intergenerational trauma, and respecting cultural diversity. (Australian Human Rights Commission, 2018, p. 4)

One of the areas where Aboriginal young children and their families are markedly worse off is their persistent over-representation in the CPS and OOHC systems. For every non-Aboriginal child, there were 8.2 Aboriginal children with substantiated maltreatment (Australian Institute of Health and Welfare, 2022). It is during pregnancy and the early years that real change needs to occur to better support Aboriginal children, families, and communities. For the nation to make inroads into closing the gap, more collaboration and integration of policies and funding to support Aboriginal Community Controlled Organisations (ACCOs) and the broader sector at the universal, secondary, and tertiary levels is required. The macrosystemic factors associated with systemic and individual racism must also be acknowledged and responded to (Bamblett & Lewis, 2007; Cunneen & Libesman, 2000; Human Rights Equal Opportunity Commission, 1997; Newton, 2019).

Berry Street is firmly committed to self-determination. We understand that ACCOs are best placed to hold authority, choice, power, and control within decision-making processes that relate to the wellbeing of Aboriginal and Torres Strait Islander peoples. Berry Street agrees that to do this critical self-determined work, ACCOs must be appropriately funded to meet the needs of the community across the child and family services sector. We believe this supports healing and reconciliation as a nation.

We also recognise the responsibility of all government and non-government organisations to ensure services are culturally safe and welcoming to Aboriginal and Torres Strait Islander children, families, and communities. To do this work, we believe agencies and education services across the sector should be held to account, through the commitment of Reconciliation Australia's Reconciliation Action Plan program. By implementing Reconciliation Australia's RAP program, we embrace the role of ACCOs, support protective factors for Aboriginal and Torres Strait Islander children and young people, build cultural capability and cultural confidence across program areas, heal as organisations and nation, while combating racism and being or growing as an ally from an early age. We agree that all early years' services should do the work now, so that future generations can build on these foundations.



An important consideration will be the levers to support government and non-government services to be culturally safe and respectful including early childhood education and care services, maternal and child health, general practitioners, allied health professionals, and other services. We recommend that this could include ways of enabling more services to undertake a Reconciliation Action Plan process including how to resource the ACCOs who will be sought after to provide local cultural advice and guidance.

3.3 Enhanced and dedicated prenatal supports for vulnerable populations in early years interventions

Berry Street recognise that the proposed National Early Years Strategy encompasses the pre-birth period. We welcome acknowledgement of the need for positive experiences, relationships, and environments in the early years including pre-birth, the need for quality antenatal care during pregnancy, and regular antenatal care in the first trimester, as being associated with better maternal health in pregnancy, fewer interventions in late pregnancy and positive child health outcomes. Given the intent of the National Early Years Strategy is to improve coordination between Commonwealth Government programs, funding, and frameworks impacting early childhood development and to more effectively coordinate with State and Territory governments we recommend that certain priorities be considered.

Significantly enhanced prenatal support is a particularly urgent priority for pregnant girls and women, and expectant fathers, that Berry Street and similar services support across out-of-home care, family violence, adolescent support, and family services programs and our school. Studies demonstrate the value of service system responses designed to help prevent child maltreatment before it occurs, starting with prenatal support. All levels of government need to prioritise prevention and early intervention services for vulnerable parents-to-be.

The age of the child when first exposed to trauma and neglect as well as the duration and source of harm are key to understanding its implications and to inform the approach to support recovery. Similarly, the children's developmental and relational history as well as their current access to healthy developmental and relational experiences are pivotal to their recovery (Perry, 2006). As the earliest years for children have the greatest impact on their life, this highlights the need for safeguarding pregnant women and infants from harm. According to the Australian Association for Infant Mental Health (2022), screening for risk factors during the antenatal period, and providing individualised interventions targeting parenting and children are successful (Parkinson et al., 2017). In addition, the evidence suggests intensive family services are effective in preventing children from entering care for up to two years post-intervention (Bezeczyk et al., 2020).

Research indicates program effectiveness is highest when it occurs as early as prenatal intervention, helping to prevent maltreatment before it occurs (Asawa et al., 2008; Daro & Donnelly, 2002; First 1000 Days Australia, 2018; Hecht & Hansen, 2001; Warren et al., 2016). A growing body of evidence indicates stress during the prenatal period has potential to impact both maternal and foetal neurodevelopment with negative consequences for the physical and mental health of both the mother and her infant (Buitelaar et al., 2003; Cuijilts et al., 2019; Lautarescu et al., 2020; McCreary &



Metz, 2016; Vohr et al., 2017; Weinstock, 2008; Zhang et al., 2021). Further, a systematic review by Trombetta et al. (2021) analysed studies 19 studies focused on the association between prenatal attachment and parent-to-infant attachment and identified a positive relationship between prenatal attachment and parent-to-infant attachment (Trombetta et al., 2021). For all of these reasons, the prenatal period is increasingly considered a crucial target for primary prevention intervention (Van den Bergh et al., 2018).

Prenatal interventions with parents promote the child's in-utero environment to be more protected from potentially toxic exposure, such as substance use, poor maternal nutrition, avoidable infections, and stress. Improving maternal–child health requires interventions that begin before pregnancy and continue throughout gestation and into the postpartum period and might include supporting maternal nutrition, health/medical care, mental health, and providing social support (Vohr et al., 2017). Such support can assist with planning for birth and perinatal experiences, ensuring the mother is informed and supported by family and other informal and formal social networks.

Acknowledging that decisions regarding curricula within schools fit within both federal and state and territory responsibilities, we recommend exploration of the research evidence on how to strengthen education in secondary schools on child development, prenatal care, and parenting. Aligning this point to 3.1 about children and adolescents in OOHC, we recognise that young women in OOHC who are pregnant are at heightened risks and often have less access to protective factors including education. They need services that offer practical support as well as educational support that focus on their health and that of their babies' need to thrive.

3.4 Adequately train all relevant workforces and align practice with the current science of infant and young child brain development and the impact of childhood trauma and neglect

We recommend undergraduate education cover infant and young child brain development for all disciplines that interface with children in their early years or their parents. This includes early childhood educators, maternal and child health, general practitioners, preschool teachers, social workers, psychologists, speech pathologists, occupational therapists, and physiotherapists. We also recommend strengthened postgraduate education in these fields. This is not only for early years specialists but for roles associated with general health and allied health services, mental health services, child protection, family services and family preservation, family violence services, and out-of-home care services.

As an example, the Berry Street Education Model (BSEM) is a trauma-informed positive education model that is not only being delivered to primary and secondary school teachers and leadership throughout Australia but also to early childhood education and care services and preschools. The BSEM Early Childhood program has been developed, recognising that early learning settings are rich environments where children can develop the foundations they need to succeed in school and life. Trauma-aware early childhood educators must understand the impacts of trauma on childhood development and the importance of creating cultures of wellbeing. This course develops early childhood educators' practice through a focus on trauma-informed strategies that promote the



development of self-regulation and building strong, secure relationships in a therapeutic milieu. Through this lens, participants learn personal strategies, pedagogical connections to the relevant state government frameworks, and whole-centre practices for healing and growth.

An evaluation of a Child-Parent Psychotherapy (CPP) project in the Bronx, New York highlighted the significance of training that focused on 'infant mental health, including attachment, brain development, the impact of trauma in infancy and early childhood and the impact of parent-infant visiting on infant mental health and permanency outcomes' (Chinitz et al., 2017, p. 192). The authors of this study recommend child welfare decision-makers be informed of infant brain development and principles of infant mental health and found relevant training can serve to 'infuse decision making with a greater understanding of children's developmental needs in all domains', reducing disruptions in attachment relationships, increasing frequency of parent-child contact and heightening awareness of toxic stress and trauma (Chinitz et al., 2017).

Further, a paper by Lannen and Ziswiler (2014) summarising key literature and approaches from violence prevention and early childhood development emphasises an urgent need for cooperation across the two fields and suggests one pathway for consolidating capacity would be the training to integrate knowledge on violence prevention and early childhood development.

Zeanah Jnr and Zeanah (2018, p. 19) acknowledge there have been widespread efforts to educate professionals across disciplines in various infant mental health practices; they suggest an approach that 'takes into account the experiences of the infant, the parent, and the dyad can provide a paradigm shift, especially in those for whom infant mental health is not their primary role'. Nevertheless, the authors recognise this often requires considerable additional training to be fully integrated into clinical work and, when coupled with the increased number of evidence-based therapies also requiring significant training, presents a challenge for providers to 'develop and maintain skills across many therapies' (Zeanah Jnr & Zeanah, 2018, p. 15).

Zeanah et al. (2018) describe the rapid expansion of training opportunities in infant mental health as exciting but overwhelming. They recommend three overarching goals to underpin a framework to meet training needs in this multidisciplinary field:

- 1) To define and promote a core set of principles pertaining to the understanding of infant development in context that is relevant to the training of all practitioners who work with young children.
- 2) To develop and refine training experiences that differentially incorporate the knowledge and skills appropriate to "discipline of origin" (scope of practice) and the degree to which professionals are involved with infants, young children, and their families.
- 3) To provide a supervision and/or consultation process that promotes professional development aimed at promoting supportive relationships between parents and infants, parents and professionals, and between professionals. (Zeanah et al., 2018, p. 570)

Building workforce competency and knowledge was also identified in a report focused on supporting access to early years services for children experiencing vulnerabilities (Centre for Excellence in Child



and Family Welfare, 2022). While the report is primarily concerned with early childhood education practitioners it is important to note that widespread workforce consultations showed there was ‘no consistent approach to supporting early years professionals to work with children and families experiencing vulnerability or to upskilling child and family services workforces on early years’ service offerings’ (Centre for Excellence in Child and Family Welfare, 2022, p. 5).

We recommend the National Early Years Strategy commit to developing and expanding multidisciplinary workforce education focused on trauma, attachment, infant mental health and wellbeing, infants and their parents or caregivers who are at risk or otherwise vulnerable due to family adversity, violence, and trauma. Such education needs to be based on a developmental, ecological-systems, and cultural perspective.

3.5 Resource and strengthen accessible pathways to trauma-specific services delivered by appropriately trained professionals

Berry Street works extensively with infants, children, and families who have experienced individual traumas, intergenerational traumas, and many who have experienced collective trauma. Our knowledge in this field particularly matured as a result of establishing the Take Two program in 2003. Berry Street's Take Two program is a Victoria-wide therapeutic service helping to address the mental health impacts on children of the trauma they have experienced from abuse, neglect, or adverse experiences (Frederico et al., 2019). The Take Two approach emphasises the need to understand the child’s experience of trauma and disrupted attachment within their developmental, relational, cultural, and environmental context. Take Two intervenes at multiple levels to harness resources available to the children and to build on their strengths (Jackson et al., 2009). The therapeutic response of Take Two is based on the primary understanding that the child has experienced trauma and neglect and has usually been denied important developmental and/or relational experiences, requiring opportunities for recovery and healing. The therapeutic response, which commonly involves direct therapy by a clinician, acknowledges there are several agents for change, especially those in the child's day-to-day life, such as caregivers and teachers (Griffin et al., 2012; Jackson et al., 2019).

Over the past 20 years Take Two has worked with over 4500 infants, children, and young people within Victoria. Take Two is funded primarily to work with children who are clients of Child Protection Services. The demand for therapeutic trauma specialist services however exceeds Take Two’s current capacity and requests for intervention come from beyond the CPS system. Take Two has been described as an exemplar of trauma-informed practice in publications by the Australian Institute of Family Studies (Atkinson, 2013; Price-Robertson et al., 2013) and the Mental Health Coordinating Council (Bateman et al., 2014). Take Two and its partnership with La Trobe University has published many papers from its ongoing research strategy and is currently participating in a Randomised Control Trial conducted by Harvard University partnering with the Department of Prime Minister and Cabinet and the Department of Families Fairness and Housing.

Several implications for a National Early Years Strategy are informed by our experience in delivering the Take Two program, including the following:



- By definition, every child who has had abuse and neglect substantiated by CPS, has experienced trauma and/or neglect and so is at heightened risk of developmental, physical, psychological, and relational harm. This includes infants and young children.
- Take Two is funded to see approximately four percent of the children who have had substantiated abuse and neglect in Victoria. The proportion of children Take Two is funded to work with has diminished over time due to the increased rates of substantiations without a concomitant increase in funding of therapeutic services. It is likely a similar story can be found in other jurisdictions.
- Although the criteria for referrals to Take Two is the child's experience of abuse or neglect, the impetus for many referrals is to help resolve their distressing and dysregulated behaviours. This can result in fewer referrals being made for younger children whose distress may be less visible. For example, although 36% of children who had substantiated abuse or neglect in Victoria were under five-years-old (Australian Institute of Health and Welfare, 2022), only 15% of referrals to Take Two were for this age-group.
- Infancy and young childhood is the time when the brain is most receptive to being shaped by experience which is essential for brain development, but it is also why it is the time of heightened susceptibility and vulnerability when the child's experience is one of trauma and deprivation. It is therefore essential that young children in particular are not placed on waiting lists for referrals to therapeutic services. Being on a six months waiting list for a two-year-old is a quarter of their life. The younger years are the period where there is the greatest opportunity for change and so therapeutic intervention with the child and their caregivers can reduce disruption to brain development and enhance broader developmental outcomes.

In recognition of this window of opportunity and risk, Take Two has implemented several initiatives. Our model is informed by the Neurosequential Model of Therapeutics (NMT; Perry, 2006) and the Child-Parent Psychotherapy (CPP) model (Lieberman & Van Horn, 2005) and we have employed infant mental health consultants for over a decade. NMT developed by Dr. Bruce D. Perry (Neurosequential Network) is a neurodevelopmental model that guides clinical practice when children have been exposed to relational trauma and neglect. This model "helps match the nature and timing of specific therapeutic techniques to the developmental stage and brain region and neural networks mediating the neuropsychiatric problems" (Perry & Hambrick, 2008). NMT offers a valuable perspective for understanding the physical, sensory, psychological, and social implications of trauma and neglect and child recovery. It consists of a set of neurodevelopmental principles that have informed policy, programs, and practice (Jackson & Perry, 2021; Perry, 2014, 2020).

We recommend the Commonwealth work with States and Territories to ensure there is access to trauma and attachment-informed therapeutic services for young children and their caregivers including but not limited to children involved with CPS. We also recommend that these services have clinical staff who are trained in age and developmentally appropriate models of trauma-specific interventions and approaches.



3.6 Addressing and reducing late diagnoses of developmental delays or disabilities among vulnerable cohorts of young children

Even when children are not yet showing difficulties, their experience of trauma and disrupted attachment suggests they are highly vulnerable. A large proportion of children enter OOHC at ages of developmental malleability – from 0 to 5 years - and a strong evidence base indicates that rates of developmental delay are disproportionately high among children in child welfare systems (Costello & Angold, 2016; Landesman Ramey & Ramey, 1999; Laurens et al., 2020; Leslie et al., 2005; Zimmer & Panko, 2006). A range of developmental deficits is strongly associated with exposure to adverse childhood experiences early in life. Wade et al. (2018) examined the prevalence of motor deficits among a sample of high-risk preschool children and found that overall, children with maltreatment showed rates of impaired motoric development five to seven times higher than expected compared to established norms, with those exposed to sexual or physical abuse having the highest rates. In their study, Cprek et al. (2020) also found a strong correlation between exposure to adversity and risk of developmental delay among children aged 1–5 years.

Berry Street observes that many vulnerable young children and their families do not have adequate access to developmental screening and timely responses. These delays can lead to difficulties in physical and mental health, speech, disability, oral health, hearing, and sight domains. Although many families access services when and where they need them, others (often the more vulnerable) do not. This is an especially significant issue for Aboriginal and Torres Strait Islander families and children who may have contact with services but then cease attendance, attend infrequently, or not fully engage with support. This can reflect generational patterns of distrust in mainstream services. It can also be that many health and allied health services are tailored primarily to work with families who can navigate their services without assistance or perception of constraints.

Berry Street believes there is both scope and demand for child and welfare systems to partner with Maternal and Child Health Services to target families with children under five who, for a range of reasons, may be struggling to access health and allied health service systems. This became considerably more difficult as a result of the COVID-19 pandemic and associated lockdowns, especially in Victoria. We recommend a multidisciplinary approach to the navigation of early development supports is required to work with families and services to complete necessary assessments and identify any barriers to accessing health and allied services for families with infants and young children. Multidisciplinary teams could include social workers, Aboriginal cultural workers, maternal and child health nurses, psychologists and/or speech pathologists, and/or occupational therapists.

Berry Street proposes that a National Early Years strategy consider resourcing multidisciplinary approaches for families who may not be comfortable within the service system whilst also helping the service system be more accessible for vulnerable families. Early navigation supports would ease the way for families to feel comfortable and supported when accessing these services. Multidisciplinary teams could screen and assess young children's development to determine whether further specialised assessment and intervention are required, link children to professional assessment, and



facilitate their family to attend, comprehend and engage in these assessments. Such support would help families to regularly attend follow-up appointments and problem solve with them and the services regarding any barriers. Outreach, provided in locations families already feel comfortable attending, could be provided to families to ensure they can attend appointments. This could be supported by a research partnership with a university to measure the outcomes in comparison to the proposed program logic.

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

Vulnerable families at risk or under stress are often characterised by a limited capacity to navigate the complex mix of systems that together would deliver the supports they need to ensure their infants and young children can be healthy, safe, and well. Given the multiple causes and combinations of risk for vulnerable children in their early years, a strategy inclusive of programs and initiatives that address those risk factors and seek to enhance protective factors at multiple levels of intervention, including parent factors, child factors, immediate context, and broader community context – multi-component interventions offering multiple choices in supports – is critical.

Research indicates the most successful and sustainable early childhood interventions to improve developmental outcomes are implemented as packages that target multiple risks applied at developmentally appropriate times during the life course, building on existing delivery platforms to enhance the feasibility of scaling up (Britto et al. 2017). As mentioned in 3.6 we recommend funding, researching, and implementing holistic approaches, such as the developmental navigation program described.

In terms of how the Commonwealth could improve coordination and collaboration in developing policies for young children and families, we also recommend the following:

- The National Early Years Strategy is a requirement to be considered when designing and implementing initiatives across government departments, in addition to those which have specialist areas focusing on young children. This would support a more coherent approach across government departments. Examples include:
 - Department of Social Services – ensuring there is accessible housing and supports for families of young children.
 - Department of Education – ensuring under- and postgraduate tertiary education for professionals from a range of disciplines including strong foundations in child development, neuroscience, trauma, and attachment.
 - Department of Defence – responding to the implications for young children when their parent returns from combat or disasters with posttraumatic stress or other symptoms which may affect their parenting and their wellbeing.
 - Family Court – the implications of decisions and implementation of decisions when young children are involved.



- Australian Research Council and the National Health and Medical Research Council promote and fund research that is relevant for infants and young children and pregnancy.
- Commonwealth government departments consult more with non-government organisations as well as state government departments and go further than consulting with services they directly fund.
- When implementing initiatives from the Early Years Strategy, to work with local communities including Aboriginal Community Controlled Organisations, Community Service Organisations, and State, Territory, and Local government departments to focus on place-based initiatives with references to what can be learned and implemented more broadly.

5. What principles should be included in the Strategy?

We recommend the application and expansion of principles of current frameworks to ensure they apply to pregnant women, infants, and young children. For example, the guiding principles from the National Framework for Protecting Australia’s Children (Commonwealth of Australia - Department of Social Services, 2021) expand how these apply to younger children. Building on extant principles assists implementation and reduces confusion across frameworks. Nonetheless, some additional elements need to be explored for younger children and for younger children who are at increased risk. As seen in the table below, we recommend separating culturally safe and inclusive practice as a separate principle to ensure it is recognised in its own right. We also recommend when focusing on infants and young children it is imperative to have a developmental and relational perspective as well as being trauma-informed. Finally, as documented earlier, when applying any framework to children who have experienced trauma and neglect, we recommend attention is paid to supporting caregivers whether it is parents, family members, foster parents or others to meet their ordinary (typical) and extraordinary needs that have occurred as a result of harmful experiences.

National Framework for Protecting Australia’s Children	Implications for the National Early Years Framework
<ul style="list-style-type: none"> ● Access to quality universal and targeted services designed to improve outcomes for children young people and families. ● Having clear responsibilities and strong monitoring evaluation and achievement of outcomes ● Having excellence in practice and policy development based on evidence, data, and information sharing ● Being trauma-informed culturally safe and inclusive in terms of policies and actions 	<ul style="list-style-type: none"> ● Access to quality universal and targeted services designed to improve outcomes for infants, young children, and expectant parents ● Having clear responsibilities and strong monitoring, evaluation, and achievement of outcomes ● Having excellence in practice and policy development based on research, evidence, data, and information sharing ● Being trauma-informed, attachment-informed, and developmentally-informed in terms of policies and actions



- Listening and responding to the voices and views of children and young people and the views of those who care for them
- Embedding the 5 elements of the Aboriginal and Torres Strait Islander Child Placement Principle — Prevention – Partnership – Placement – Participation and Connection
- Being culturally safe and inclusive in terms of policies and actions
- Ensuring infants and young children are seen and heard in their own right as well as those who care for them.
- Ensuring infants and young children have their ordinary and extraordinary needs met to reach their developmental potential.
- Embedding the 5 elements of the Aboriginal and Torres Strait Islander Child Placement Principle — Prevention – Partnership – Placement – Participation and Connection

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

6.1 Trauma-informed

There was minimal mention in the discussion paper about trauma theory and trauma-informed practice. As reflected throughout our submission, we believe any early years' framework must be trauma-informed, recognising this looks different for young children than it does for older children, adolescents, and adults. We recommend that a trauma-informed model entails supporting a population-based trauma-aware health promotion and public education approach, a service system (health, education, allied health, family violence, child development, etc) that is trauma-informed; and the availability of trauma-specific services, such as Berry Street's Take Two program, for children who require therapeutic interventions.

Trauma-aware – knowledge about aspects of trauma available to the general public to increase understanding, empathy, and compassion – a universal and health promotion construct.

Trauma-informed – knowledge, skills, and capabilities across multiple roles to support an informed approach and to minimise further harm, such as in all forms of human services, education, emergency services, the defence force, human relations, and other fields and roles.

Trauma-specific – specialist trained, and supervised mental health clinicians equipped with the knowledge, skills, and capabilities to support individuals, families, and communities integrate and making sense of their experience of trauma as part of their recovery.



6.2 Child neglect

In addition to trauma, we know that serious neglect of children's essential developmental needs including psychological, physical, social, educational, and cultural needs is demonstrably harmful (Jackson et al., 2022). Neglect is not a monolithic construct (Esposito et al., 2021) but is made up of overlapping subtypes reflecting the child's unmet needs, such as physical, emotional, supervisory, developmental, medical, and cultural neglect. We also know children can be impacted by system neglect such as a result of systemic decisions or inactions (Blackstock, 2016; Jolly, 2018; Slee, 2012). It should be noted that in the recent Australian Study on Child Maltreatment, emotional unavailability was part of the emotional abuse measure rather than the neglect measure, thereby making it difficult to explore the implications of this study on the prevalence and impact of neglect which commonly includes emotional neglect (Scott et al., 2023).

We recommend that the National Early Years Strategy draws attention to multidiscipline strategies to prevent and respond to child neglect for infants and young children across all relevant fields.

6.3 Evidence-based programs and practices (EBP)

An evidence base exists for the effectiveness of evidence-based parenting/caregiving programs and supports at key developmental milestones to improve parent/caregiver-child interactions, increase parental/caregiver knowledge of child development, reduce violence within families, and produce changes in caregiver behaviour that improve infant attachment (Bjørknes & Ortiz-Barreda, 2021; Britto et al., 2017; Fraser et al., 2013; Hays & Morris, 2020; Knerr et al., 2013; Lannen & Ziswiler, 2014). Britto et al. (2017, p. 92) identified 15 EBPs that showed benefits on multiple outcomes, based on high-quality systematic reviews, with most encompassing aspects of parenting support and care for the caregiver.

A recent study examining the longitudinal association between parenting stress and children's negative emotionality and its modification through targeted prevention programs drew data from a sample of 903 families with infants with results suggesting prevention programs help 'build resources and have a direct positive effect on the child, especially for parents with high parenting stress' (Ulrich et al., 2022, p. 1). Crouch et al. (2019) also contend lowering parenting stress through parenting interventions has the potential for decreasing the level of childhood trauma experienced by a child or may at least lessen one type of stress in a home where other stressors exist. Further, a scoping review by Bjørknes and Ortiz-Barreda (2021) examining parental satisfaction in parenting programs examined 420 studies and found that while only 23 studies had collected parental satisfaction data, all of those that did found parents were very satisfied with the parenting program they had received. The National Children's Mental Health and Wellbeing Strategy lists the following key objective under Focus Area 1: Family and Community: "routine offering of evidence-based parenting programs ... promoted to all families at key developmental stages as a way of supporting child development" (Australian Government, 2021, p. 9)



As mentioned under 5. *Principles to be included in the strategy*, we recommend that practice and policy development be based on research and the best evidence available. We also recognise that the level and depth of evidence are insufficient to solely rely on EBPs and that policies and practice should also draw on the underlying research and theoretical models in design and implementation. Policies and practices also need to be informed by other forms of knowledge including Indigenous and practice wisdom, along with the voices of those with lived experience.

Berry Street is currently implementing several evidenced-based programs for our work with young children and their families or carers, including SafeCare®, Child Parent Psychotherapy, Triple P, and Tuning in to Kids. As an example, SafeCare has over 40 years of evidence in reducing and preventing child maltreatment and enhancing the safety and wellbeing of children. SafeCare is a structured parenting program to provide families with the skills and knowledge they need to keep their children safe and healthy. SafeCare focuses on three key outcomes that are universally important for families: creating positive relationships between caregivers and their children, ensuring homes are safe to reduce the risk of child unintentional injury, and keeping children as healthy as possible. In an evaluation of the Brighter Futures-SafeCare Program in NSW, SafeCare was implemented in 8 sites as part of the broader child and family support system. The evaluation found that families who received the program showed significant improvements in their parenting skills, as well as the reduction in child maltreatment incidents. The evaluation also found that the program was cost-effective, producing cost savings for the child and welfare system by reducing the need for out-of-home-placement. https://www.facs.nsw.gov.au/_data/assets/pdf_file/0007/797983/Evaluation-of-Brighter-Futures-SafeCare-Program.pdf

Child-Parent Psychotherapy (CPP) is an evidence-based trauma treatment for young children (aged 0-5) and their parents or caregivers, to restore and promote the child's mental health through enhancing parent-child relationships. The goal of CPP is to support and strengthen the parent-child relationship, which acts as the vehicle to restore the child's sense of safety, attachment, and social and emotional wellbeing. The CPP methodology offers an early intervention pathway to mitigate the long-term effects of intimate partner violence on families and developing children so they can be safe, thriving, and hopeful. Berry Street successfully tendered for and began to formally implement CPP within the Restoring Childhood pilot when we also partnered in an Australian CPP feasibility research study (Hooker et al., 2022). Over 60 babies, toddlers, pre-schoolers, and their carers have directly benefitted from CPP delivery within Berry Street. Nationally, Berry Street has supported the development of a workforce that prioritises children earlier in their life, and often earlier in the trajectory of their family's contact with the statutory system.

The recommendations from Victoria's Royal Commission into Family Violence and more recently from the Royal Commission into Victoria's Mental Health System highlighted the need for evidence-based interventions like CPP to be available for families with young children impacted by violence, trauma, and other adversity. This requires more clinicians to be trained and supported in these models. The need for this trained workforce will have undoubtedly increased due to the implications of COVID with the associated isolation, mental health concerns, and increased incidence of family violence faced by children and their families.



Conclusion and Recommendations

In conclusion, we again commend the Commonwealth for undertaking this process of developing a National Early Years Strategy and for the consultation process. As illustrated throughout our submission, we believe the vision needs to be both ambitious and yet within reach to enable genuine opportunities for change. We have provided commentary on some of the broader principles and applications but have focused on those young children and their families who are at greatest risk, and therefore the greatest need of such a strategy. At Berry Street we are eager to participate further in the development and implementation of the National Early Years Strategy if the opportunity arises.

Our recommendations embedded throughout the report include the following:

1. The final structure be linked with other relevant strategies and processes to assist coherent implementation. In addition to the ones listed in the discussion paper, we recommend it also aligns with and stretches beyond the National Principles for Child Safe Organisations (Australian Human Rights Commission, 2018) and the National Standards for Out-of-Home Care (Department of Families Housing Community Services and Indigenous Affairs & the National Framework Implementation Working Group, 2011).
2. The strategy should provide a platform to influence many macrosystemic factors which affect young children and their parents; such as poverty, homelessness, gendered violence, violence in general, systemic racism, intergenerational trauma associated with the Stolen Generations, and associated policies, general attitudes to childhood, parenting, pregnancy, and health and wellbeing.
3. The strategy should include a focus on safety for all young children, an emphasis on relationships, the need to support the children's caregivers, and to recognise our obligations to ensure ongoing connection to culture through connection with family, community, and spiritual practices including a commitment to addressing the impacts of cultural neglect.
4. The strategy should be applied across the whole of government and at each level.
5. The strategy should promote the wellbeing of young children in OOHC through several funding and policy levers at the Commonwealth level.
6. The strategy should explore ways of funding and supporting place-based multidisciplinary services tailored to the needs of young children at risk or already in OOHC.
7. The federal government explores how to remove impediments to professionalise foster care, such as taxation and other federal laws which constrain models of care and recruitment and retention strategies for foster parents to care for children.
8. The strategy should consider the policy, funding, and program parameters to support intensive programs, approaches, and interventions that strengthen conditions conducive to enhancing attachment between infants, children, and their caregivers and strengthened developmental opportunities.
9. The strategy should consider ways of enabling more services, such as early childhood education and care services, to undertake a Reconciliation Action Plan process including how to resource the ACCOs who will be sought after to provide local advice and guidance.



10. The strategy should support the exploration of the research evidence on how to strengthen education in secondary schools on child development, prenatal care, and parenting.
11. The strategy should enable undergraduate education to cover infant and young child brain development for all disciplines that interface with children in their early years. This includes early childhood educators, maternal and child health, general practitioners, preschool teachers, social workers, psychologists, speech pathologists, occupational therapists, and physiotherapists.
12. The strategy should support the strengthening of postgraduate education in these fields. This is not only for early years specialists but for roles associated with general health and allied health services, mental health services, child protection, family services and family preservation, family violence services, and out-of-home care services.
13. The strategy should commit to developing and expanding multidisciplinary workforce education focused on trauma, attachment, infant mental health and wellbeing, infants, and their parents or caregivers who are at risk or otherwise vulnerable due to family adversity, violence, and trauma. Such education needs to be based on a developmental, ecological-systems, and cultural perspective.
14. The Commonwealth works with States and Territories to ensure there is access to trauma and attachment-informed therapeutic services for young children and their caregivers including but not limited to children involved with CPS. We also recommend that these services have clinical staff trained in age and developmentally appropriate models of trauma-specific interventions and approaches.
15. The strategy should enable the piloting of a multidisciplinary approach to the navigation of early development supports to work with families and services to complete necessary assessments and identify barriers to accessing health and allied services for families with infants and young children.
16. The strategy is a requirement to be considered when developing and implementing initiatives across government departments, in addition to those which have specialist areas focusing on young children.
17. Commonwealth government departments consult more with non-government organisations as well as state government departments and go further than consulting with services they directly fund.
18. The strategy includes attention to implementation principles, such as supporting local participation of Aboriginal Community Controlled Organisations, Community Service Organisations, and State, Territory, and Local government departments. That it incorporates place-based initiatives with references to what can be learnt and implemented more broadly.
19. The strategy should apply and expand upon the principles of current relevant frameworks and ensure they apply to pregnant women, infants, and young children, such as the National Framework for Protecting Australia's Children (Commonwealth of Australia - Department of Social Services, 2021). Specifically, we recommend separating culturally safe and inclusive practice as a separate principle to ensure it is recognised in its own right. We also recommend when focusing on infants and young children it is imperative to have a developmental and

relational perspective as well as being trauma-informed. Finally, when applying any framework to children who have experienced trauma and neglect, we recommend attention be paid to supporting caregivers whether it is parents, family members, foster parents, or others to meet their ordinary (typical) and extraordinary needs that have occurred as a result of harmful experiences.

20. The strategy has an embedded trauma-informed model that entails supporting a population-based trauma-aware approach, a service system (health, education, allied health, family violence, child development, etc) that is trauma-informed; and the availability of trauma-specific services.
21. The strategy draws attention to multidiscipline strategies to prevent and respond to child neglect for infants and young children.
22. The strategy support practice and policy development to be based on research and the best evidence available. We also recognise that the level and depth of evidence is insufficient to solely rely on EBPs and that policies and practice should also draw on the underlying research and theoretical models in design and implementation. Policies and practices also need to be informed by other forms of knowledge including Indigenous and practice wisdom, along with the voices of those with lived experience.

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