

Focus on role of Commonwealth Government in supporting children in early years.
A Commonwealth strategy to guide efforts in how we support children in the first five years.

Questions

1. Do you have any comments on the proposed structure of the strategy? (Appendix B)

This looks like a sound structure

2. What vision should our nation have for Australia's youngest children? Describe what the strategy should achieve?

The strategy should achieve systems of nurturing care that give a *secure base* of support for children and their families, and a secure foundation for each child to achieve their best possible outcomes of development. It should promote cultural security and use a trauma informed approach.

3. What mix of outcomes are most important to include in the strategy? (Policy priorities where the Government should focus its efforts)

Outcomes:

- Secure attachment relationships for children
- Parent mental health, parent wellbeing
- Secure housing and recognition that in addition to housing, home can include connection to family and country
- Timely access to early intervention (health, education, and welfare) using an integrated or transdisciplinary framework, with trauma informed and culturally secure services.

Government has already identified the need to break down silos. We would add the need to fund for secure relational approaches to care for those who are most vulnerable, for example a key worker to coordinate care giving and reduce family burden when negotiating complicated services and structures of care. The complexity of the system and the current need to access multiple different avenues of service are insurmountable obstacles for the most vulnerable and in need. This is consistent with a recommendation for Canada that to reduce inequity there was a need for policy change to promote relational approaches to care for children and families in the early years. The same study promoted a focus on place-based services with timely access to care ¹. Our own research has also identified this as a priority (publications under peer review).

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

- Funding policy to recognise the increased cost of funding toward equity - a moving of funding from remedial to preventative. This would be an increase in funding over to this area but not to the budget overall as the savings to the cost of remedial interventions, including the justice system, would exceed the cost of the early interventions. (I know there is research on this but not sure where)
- Place based interventions - a sense of place, ownership, and shared vision. This could be achieved by greater cooperation with community based organisations.

- Cultural safety, cultural security. Culture includes racial and ethnic identity, ability and disability, gender identity and sexual orientation, age, social class, and other categories. Cultural safety is different to cultural competence - a focus on being competent in understanding the culture of another risks 'othering' with a potential for power imbalanced relationships. The objective of cultural safety is equity, and for children and families to feel respected, heard, empowered, and safe.

Clarity of definitions

- Equity is different to equality - it requires additional resources for those who are most vulnerable.
- Clarity about the use of the words multidisciplinary, integrated, or transdisciplinary. They have been used interchangeably which is unhelpful for research and coordination.

Multidisciplinary. Can refer to parallel services that are often co-located, but services do not collaborate and the family needs to repeat their story for each different service. This can increase parent and child distress.

Integration. In literature specific to interventions for the first 5 years, the definition of integration most often includes a single point of care, providing family support combined with early health care and education. It represents "a shared commitment from interdisciplinary service providers, community, and government to children and their family, working together in a cohesive way to support all aspects of family needs." (Manuscript under review)

Transdisciplinary care. In this model a key worker is recommended to overcome the hurdles that deeply vulnerable people engage with (rather than multidisciplinary parallel services in which the family needs to repeat the story for each different service). Central to this model is a shared vision and sharing of knowledge across disciplines and with the family. This improves communication and reduces the burden on the family.

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

- Fund for equity - allowing for time to build secure and consistent relationships, deep listening, transdisciplinary services (e.g. a key worker); two staff to attend the home of families in areas of risk or identify an alternative to engage with mothers who feel unable to leave their home due to FDV, drugs and alcohol. Strengths-based, non-judgmental care – child and family centred, trauma informed, and culturally safe.
- Promote a relational base to care by recognising that it takes time to listen, hear, and give each parent the opportunity to describe their own experience, name priorities, and to be scaffolded by supportive relationships as they seek to overcome adversity and reach defined goals. This focus aligns with the ecological systems framework, giving a systems concept to resilience rather than attributing resilience to an individual. For example, in our recent focus group discussions, service providers spoke of the overwhelm experienced by parents who grew up with a history of intergenerational trauma and chaos. "Chaotic feels safe because that's how their parents were brought up. You know, chaotic is safe". "Quite often we are talking about families that have already got food insecurity, house insecurity, or, you know, FDV in the home, their own childhood traumas". In our experience, parents who have been able to remove their

children from patterns of abuse and intergenerational trauma have spoken of knowing their worth because of a safe base that they experienced through a secure relationship as they engaged with a service provider.

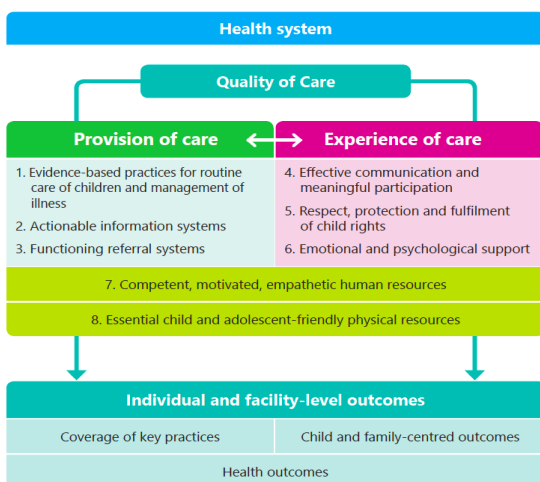
6. What areas do you think the Government could focus on to improve coordination and collaboration in developing policies for the strategy?

- Focus on a secure base of care, and the protection this affords through neurobiological modelling and plasticity. This may reduce the silo effect of focusing on either health, education and early learning, or welfare. They all go hand in hand and a secure base underpins outcomes related to each.
- For Government ministries to work together toward increasing access to care through truly integrated hubs that include health, early learning, and welfare services - with shared vision, soft entry, universal and targeted pathways of care, and transdisciplinary care for those who face the greatest disadvantage.
- Research funding to build the evidence base for sustaining and translating such services in a way that is culturally relevant to each new location while maintaining a shared set of outcome measures.
 - Sustained research funding to develop a sound evidence base for intervention in the early years. Currently (in health services) this has been described as “soft research” because it does not focus on visible clinical outcomes. However, many clinical outcomes stem from neurobiological embedding of risk in the earliest years of life.
 - Standardised measurement outcomes for longitudinal evaluation including program effectiveness; cost effectiveness; developmental health, mental health, education and wellbeing outcomes for children; parent mental health and wellbeing; welfare and housing; experience of care, and cultural safety/security.
- Better enabling public private partnerships with community based organisations who can assist in filling gaps and who can be best placed in community to provide places of safety and a sense of shared ownership for the vulnerable members of the community.

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

f. Evidence-based approach

- (<http://ow.ly/RAQW50L5lbf>).



(Standards for improving the quality of care for children and young adolescents in health facilities. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.)

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

Research evidence: Our recent scoping review protocol identified that there is international recognition of a gap in sustaining integrated care for children in the early years:

Reference

1. Gerlach AJ, McFadden A. Re-envisioning an early years system of care towards equity in Canada: A critical, rapid Review. *Int J Environ Res Public Health* 2022;19(15) doi: 10.3390/ijerph19159594 [published Online First: 20220804]
2. Standards for improving the quality of care for children and young adolescents in health facilities. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.