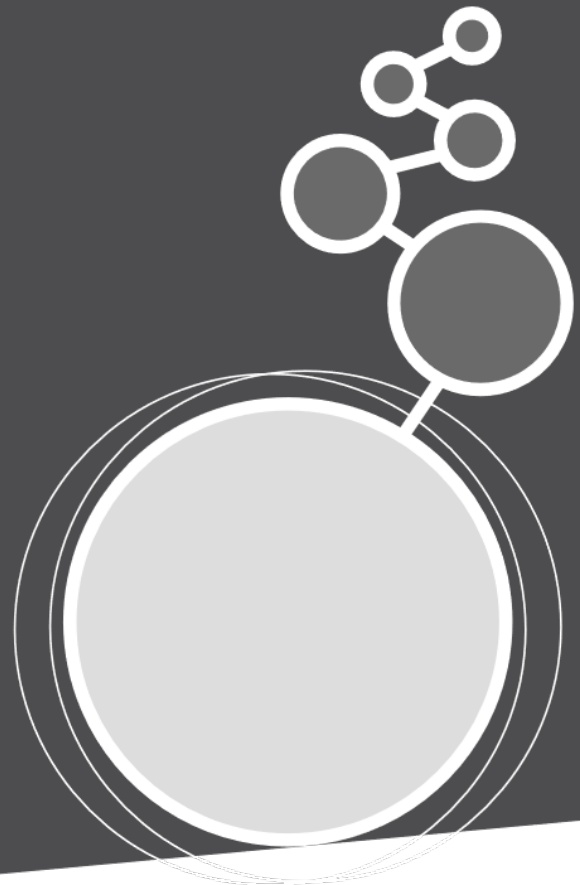


Submission to the Early Years Strategy

A vision for the future of Australia's children and their families

30 April 2023



The Collaboration for Enhanced Research Impact (CERI) is a joint initiative between The Australian Prevention Partnership Centre and a diverse group of related NHMRC Centres of Research Excellence. We are working together to find alignment in the policy and practice implications of our work and to develop shared communications and early career capacity support across our participating centres. Please visit [our website](#) for a list of participating organisations.

About the author

CERI is a joint initiative between [The Australian Prevention Partnership Centre](#) and a diverse group of related NHMRC Centres of Research Excellence. We work together to find alignment in the policy and practice implications of our work and to develop shared advocacy for prevention.

About the publisher

The Australian Prevention Partnership Centre is funded by the NHMRC, Australian Government Department of Health, ACT Health, Cancer Council Australia, NSW Ministry of Health, Wellbeing SA, Tasmanian Department of Health, and VicHealth. The Prevention Centre is administered by the Sax Institute.

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Published April 2023

About the Collaboration for Enhanced Research Impact

The Collaboration for Enhanced Research Impact (CERI) is a joint initiative between The Australian Prevention Partnership Centre and eight NHMRC Centres of Research Excellence. CERI aims to enhance the profile and impact of chronic disease prevention research in Australia.

Established in June 2020, this novel initiative brings together some of Australia's leading prevention researchers to develop shared narratives, work together to translate new knowledge, and support early- to mid-career researchers across all member institutions.

About this submission

The Australian Government is developing an Early Years Strategy (the Strategy) to shape its vision for the future of Australia's children and their families.

This submission was prepared by members of the CERI Coordinating Group on behalf of the CERI member organisations.

Introduction

The Collaboration for Enhanced Research Impact (CERI) is a joint initiative between The Australian Prevention Partnership Centre and 11 NHMRC Centres of Research Excellence. CERI aims to enhance the profile and impact of chronic disease prevention research in Australia. Established in June 2020, this novel initiative brings together some of Australia's leading prevention researchers to develop shared narratives, work together to translate new knowledge, and support early- to mid-career researchers across all member institutions.

Many of our members have particular expertise in prevention of chronic disease in the first 2000 days (from conception to age 5), which we see as a critical window to give children the best possible start in life. In 2022, we published a knowledge synthesis combining combined research evidence drawn from 60 peer-reviewed articles, synthesised and interpreted with guiding input from 12 prevention policy makers from eight jurisdictions convened over two national roundtables.

This knowledge synthesis, along with other national and international research, confirms the importance of a focus on preventive health in an Australian Early Years Strategy. This is because many of the risk factors for lifelong ill health, such as inequity and social disadvantage, also contribute to poor outcomes in other areas of life.

Our research shows that acting early reduces risk of disease in later life, that preventive health at this age is effective and cost-effective, and that there is widespread public support for government action to protect children's health.

We applaud the Department of Social Services' initiative to develop an Early Years Strategy. We believe this constitutes an important opportunity for the Commonwealth to take actions that lay the foundations for good health in the early years. This submission outlines the elements of preventive health that we see as important inclusions in this Strategy.

Vision

Our proposed vision for Australia's youngest children is: **That all children in Australia should receive the best start in life to achieve their potential through lifelong health and wellbeing.**

We believe that a reference to the importance of lifelong health is central to achieving the vision for this Strategy.

No early years strategy could achieve its goals without also addressing prevention. Prevention, also known as preventive health, aims to protect and promote health and reduce the risk of poor health, illness, injury and early death. Prevention of disease during the early years reduces the burden of illness on children, families and communities, increases health equity, increases community cohesion, and lays the foundations for education and future employment.¹

Prevention includes a broad range of strategies such as government policies and regulation, social marketing and mass media campaigns, settings-based approaches, and individual behaviour change strategies.

Our research confirms that prevention in the early years is crucial. This period is a time when parents and children are receptive to learning and establishing behaviours that support healthier living. It is also a time when children's biology is most amenable to change.

Key opportunities to influence health in the first 2000 days occur during preconception, pregnancy, postpartum and early childhood.²

Preventive health strategies can benefit many other areas of life by targeting:

- **Social determinants:** the conditions in which people are born, live, grow, work and age, such as education, employment, income and social protection, housing, food insecurity and access to health care. These factors are fundamental to a person's opportunity to achieve and maintain good health as well as good outcomes in other areas.
- **Inequity:** as in other areas of life, health risks are not distributed equally across the population, with children's experience of risk closely linked to socioeconomic position. People living with socioeconomic disadvantage are at greater risk of poor health, and experience higher rates of illness, disability and premature death than people from higher socioeconomic groups. Socioeconomic differences in children's

health emerge in early life, and, once established, can be difficult to remedy. Preventive health in early life therefore presents an important opportunity to reduce health inequities.

- Priority populations: Some population groups experience increased burden of disease. This is not solely due to people's behaviour, but arises from circumstances beyond individual control. These risk factors are shaped by economic, social and political mechanisms.

The Early Years Strategy Discussion Paper emphasises the importance of child development for people to reach their full potential. Children will not reach their full potential without a coordinated, system-wide focus on health and wellbeing. The factors necessary for lifelong good health also lay the foundations for the Strategy's stated aims of achieving a sense of identity, wellbeing, learning, safety, and happiness.

Outcomes

We support outcomes that align with those stated in the National Preventive Health Strategy,¹ which aims to ensure that children grow up in communities that nurture their healthy development and that provide the best start to life.

This Strategy identifies seven focus areas where a stronger and better-coordinated effort will enable accelerated gains in health, particularly for communities experiencing an unfair burden of disease. Its targets relate to:

- Reducing tobacco use and nicotine addiction
- Improving access to and the consumption of a healthy diet
- Increasing physical activity
- Increasing cancer screening and prevention
- Improving immunisation coverage
- Reducing alcohol and other drug harm
- Promoting and protecting mental health

Policy priorities

Much current early years policy is focused on interventions that address individual behaviour. We support a systems approach to policy that addresses the wider social determinants, with a focus on priority populations.

The following policy priorities address some of the social, environmental, structural, economic, cultural, biomedical and commercial factors that are outside individual families' control, but that play a crucial role in determining children's future health and wellbeing.

These priority areas have been drawn from our research expertise across the 11 CREs that make up CERl.

- Preconception, pregnancy and postpartum health
- Adequate nutrition for good health and prevention of obesity and related diseases
- Quality, affordable housing
- Social protection including income support
- Ensure availability, affordability and access to healthy food for all Australians
- Reduction the harmful impacts of marketing and advertising of unhealthy foods, tobacco, alcohol and gambling through government-led regulation and monitoring
- Built environment and urban design: read our [work on liveability](#), including tools for policy makers on measuring liveability
- Opportunities for physical activity, for example through increasing walkability, public transport and access to green and public open spaces: read our work on [a consistent systems approach to physical activity](#), and into interventions that influence population physical activity levels
- Climate change/healthy planet

Role of the Commonwealth

In general it is worth noting that, on average, countries with higher levels of public spending on families have lower rates of child poverty.³ Any level of income support or other social protections targeting low-income households with young children would improve outcomes.

Commonwealth actions that are necessary for children to reach their full potential often lie outside the health or social services sectors. There is a clear need for structural change to address the social determinants of health including income and housing, as these factors drive behaviour and outcomes.

Evidence suggests that a comprehensive approach to the early years requires a mix of universal and targeted interventions to support healthy behaviours, promote and support health in different settings (including the home, early childcare, health care), and create healthy and supportive environments.⁴ Rigorous evidence on the costs and benefits of each approach are needed, so that society's scarce resources can be allocated efficiently.

An example of where the Commonwealth could address underlying issues is food insecurity in remote Aboriginal communities. Here, our research shows that poverty, overcrowding, food budgets, food availability and affordability are risk factors for communities, despite the resourcefulness of Aboriginal people living in remote communities in securing food despite experiencing poverty and adversity.⁵ We note that structural reform should draw on the strengths of individuals and communities.

Another example is in the provision of housing that is conducive to children's health and wellbeing. To improve outcomes for children, we would like to see increased provision of social housing, greater regulation of the private rental sector to improve housing conditions, and an increase in Commonwealth Rent Assistance. There is also need for stronger building codes to improve protection from extreme temperatures and increase energy efficiency.

Our research indicates that when implementing and scaling up effective interventions, considerations of program fidelity and tailoring to local need must be carefully balanced. Additional factors for successful intervention scale-up include costing and economic modelling of intervention approaches, the use of evidence-based approaches, participatory methods and engagement with the target community, strong leadership and champions, political will, and infrastructure to support implementation.⁶

Improving coordination and collaboration in developing policies for children and families

Supporting children and families requires the breakdown of sectoral silos in order to focus on children's health in a holistic way. In 2022, the Director General of the World Health Organization called for initiatives across sectors that enable, in a collective way and with shared vision, healthy and secure populations, and stated that health does not start in hospitals but in the community.

Therefore, whole-of-government approaches are needed to align action and improve the environments in which young children to live, grow, learn and play.

In addition, collaboration and partnerships between researchers, policy makers, health service delivery practitioners and consumers are central to the design, implementation and scale-up of interventions in the first 2000 days. Our research shows that co-design is an important feature of interventions to ensure translation into practice.^{7,8}

The Australian Prevention Partnership Centre has 10 years of experience in forging research-policy-practice collaborations for prevention. Based on what we have learned, we suggest the following approaches to improve coordination and collaboration in developing policies for children and families.

- Apply systems thinking, methods and tools to explore the interrelated parts, boundaries and perspectives within the systems that influence health and wellbeing in the early years.
- Provide mechanisms and funding models that support cross-sectoral and cross-discipline collaboration for the public good.
- Consider a pooled funding model for research that is applicable to multiple jurisdictions, and that has shared priorities and outcomes.
- Explore and emphasise the co-benefits of action for other sectors.
- Invest in infrastructure for convening collaborations, communication support and relationship building.

- Invest in data, research and evidence that can be easily accessed.
- Develop capacity, tools and networks to support research and strengthen research-policy pathways.
- Engage and share decision-making with non-government organisations and communities.

The National Preventive Health Strategy presents an opportunity to build a sustainable prevention system that will shore up the future health of young children. A key focus of the Strategy is to ensure children grow up in communities that nurture healthy development. The Strategy states that investing in prevention and early intervention during the first 2000 days will deliver significant health gains and healthcare expenditure savings with immediate and long-lasting benefits. The Strategy also places an emphasis on health equity, bringing an equity focus to prevention that ensures populations with poorer health outcomes experience greater improvements in health. The Strategy recognises that inequities in health are shaped by the environments and conditions in which people go about their lives. The Strategy also acknowledges that ongoing racism and discrimination including intergenerational trauma experienced by Aboriginal and Torres Strait Islander peoples impacts health and wellbeing and requires a trauma-informed approach to prevention.

The National Preventive Health Strategy is complemented by the National Obesity Strategy,⁹ which has a strong focus on prevention. These strategies outline an approach to prevention that addresses Australia's burden of chronic disease, reduces health inequities and protects and promotes health in early life.

Principles

We support the following principles:

- Invest and act early
- Apply proportionate universalism (i.e. actions must be universal, not targeted, but with a scale and intensity that is proportionate to the level of disadvantage)¹⁰
- Draw on the strengths and leadership of individuals and communities
- Apply an equity lens that focuses with compassion on the underlying causes of inequalities
- Support partnership and collaboration across sectors

Evidence-based approach

Our work has identified the following gaps in evidence relevant to prevention in the early years:

- Further evidence is required to support the design, implementation, scale-up and evaluation of prevention interventions in the first 2000 days that meet the unique needs of priority population groups such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, and people who experience socioeconomic disadvantage. In keeping with the notion of proportionate universalism, this may include universal programs and targeted efforts proportionate to the level of need.
- There is a need for increased monitoring of health and development risk factors across the first 2000 days at a population level and according to population sub-group (e.g. race, ethnicity, socioeconomic position, rural/remote living), to ensure future prevention efforts can be designed to address ongoing and emerging health risks.
- Policy partners have identified evidence gaps including how to address specific risk factors such as food insecurity and parents' mental health across the first 2000 days.

We note that our research confirms that co-design and collaboration between researchers, policy makers and health service delivery practitioners is important in planning and implementing effective interventions and in monitoring and evaluation.

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