



Foreword

The Caring Futures Institute at Flinders University is Australia's first dedicated research entity for the study of self-care and caring solutions (<https://www.flinders.edu.au/caring-futures-institute>). With over 200 members, we develop, evaluate, and translate impactful solutions addressing the wicked problems facing health, care, community, and social systems.

The Flinders Caring Futures Institute "Healthy Start to Life" area of focus is generating and embedding evidence-informed policy and practice to ensure children and their families can thrive, be healthy, have access to good food, a stimulating environment, and be nurtured and cared for through their formative years. We commend the dedication in the Early Years Strategy to using an evidence-informed approach.

Our key principles for inclusion in the Early Years Strategy are:

- The Early Years System is multi-sectorial and inter-departmental, and partnerships need to encompass social services, education, and health as well as for-impact and industry sectors.
- Universal prevention and early intervention to support growth, health, and development needs to be a key focus in the first five years.
- Increasing access and engagement with existing universal services through improved navigation and coordination across services, sectors and jurisdictions will deliver better outcomes for children and families.
- Parent and caregiver health and wellbeing need to be positioned as a priority, with an emphasis on normalising help-seeking, to ensure children, caregivers and families reach their potential.

Feedback in response to the discussion paper:

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

The Flinders Caring Futures Institute supports the proposed structure of the Strategy. We applaud many aspects of the structure, particularly the broad focus, and a commitment to a clear vision with outcomes and policy priorities articulated. We do, however, recommend that when developing the short-, medium-, and long-term outcomes, that success indicators are co-designed with the population groups that these outcomes target. We also believe it will be important to support implementation of the Strategy with coordination and governance across Commonwealth and State, including adequate budget and resources.

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

A healthy start to life is something most take for granted. Healthy pregnancies, healthy parents and babies, connected families and strong development are all valued. Despite our best efforts, not all children get the best start to life (1). The multiple and complex factors that lead to some children not receiving the best start to life can be best understood and addressed through the social determinants of health (2). Therefore, within the Flinders Caring Futures Institute, we believe we need to take a universal prevention and early intervention lens, as opposed to treatment or acute intervention, to support Australian children in the early years.

We believe that the vision for the Strategy should be to ensure that **all** children can grow up healthy, have access to good food, a stimulating environment to support their growth and development and where they can be nurtured

and cared for through their early years (3). Based on our research, Australia is unlikely to need to focus resources on generating new or duplicating existing services across the various sectors within the current Early Years System (4, 5). Rather, our research shows that we need to (1) prioritise universal health and development screening, (2) have clear governance, communication, roles and responsibilities within the Early Years System, (3) better support parents and caregivers in their own physical and mental health and wellbeing, (4) embed prevention and early intervention in the perinatal period to support optimal development, (5) establish positive health behaviours and early obesity prevention, (6) better conceptualise our universal and targeted supports, (7) develop a contemporaneous Early Years Data System, and (8) better support navigation and coordination across and between services and sectors.

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

It will be crucial to include outcomes that measure child health, health behaviours, and development to inform both implementation and monitoring the impact of the Strategy. However, aligned with a social determinants approach, holistic outcomes related to social determinants of health and wellbeing, such as social inclusion, food security, income, and social protection, will be critical to ensure that outcomes capture the holistic development of the child (2).

Outcomes related to navigation and coordination of the health, education, and social care system are needed. To understand how family's access, engage with, and move through the system will be important to understand how services and sectors do or do not, adequately support families.

Finally, parents' capacity and capability as caregivers, in addition to outcomes measuring their own health and wellbeing, should be included in the Strategy. While some caregiver performance indicators are incorporated into the National Framework for Universal Child and Family Health Services (1), there needs to be a greater, more targeted, and more meaningful focus on the importance of these supports, how they are delivered, and how they are meaningfully measured.

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

The following specific areas/policy priorities we believe should be included in the Strategy are the areas that we, at the Flinders Caring Futures Institute, actively conduct high-quality, applied research.

Universal Screening

Identifying health and developmental vulnerabilities early in a child's life is critical for early intervention to achieve better short-, medium- and long-term outcomes (6, 7, 8). Child development screening tools from the Flinders Caring Futures Institute were selected by the South Australian Government as interventions in two new pilot programs to expand free child development checks aligning with the Early Learning Strategy goal of expanding the reach of screening to 80% of South Australian children (9). Research shows that children in households of lower socio-economic status are less likely to present for screening such as eye examinations (10). Therefore, these pilots will achieve the 80% reach by bringing child health and development screening to where families are and utilise the range of workforces within the Early Years System at childcare and playgroups. This commitment to universal screening for prevention and early intervention should be a key priority of the Strategy.

Universal screening should encompass screening for key health behaviours to allow early intervention, and advice to support development of life-long health behaviours. Poor diet, physical activity, sedentary behaviour and sleep behaviours, can present early in life, before growth trajectories are impacted. Current universal child health checks include monitoring weight and height on growth charts, but checks should be expanded to include screening for health behaviours. Early universal screening provides the opportunity to build caregiver-provider rapport and reduce stigma to start conversations about changing child lifestyle behaviours to support growth, health, development. We

have developed short screening tools (11) to measure such behaviours and are currently researching the feasibility and acceptability of screening in Primary Health Care settings (12).

Improved Governance, Shared-Decision Making, Roles and Responsibilities

Nurses, as well as other health and social care professions, are absent from decision processes and production of key policy documents about children's health, welfare, development, and safety (13). When clearly articulated roles and responsibilities are absent, children's health, which should be everyone's business becomes nobody's business, with many assuming someone else is responsible (13). A recently published position statement by the Australian College of Nursing with researchers from the Flinders Caring Futures Institute, outlined how prevention and early intervention requires advanced skills, but nurses often feel underprepared, under-resourced, and unsupported to enact change (14). Given nurses constitute a large part of the Early Years workforce, if they are not prepared, resourced, and supported within the system, it is likely true for other professions in the Early Years workforce. When professionals are not adequately supported for their work in the early years, it contributes to growing issues of frontline workforce stress, burnout and shortages (15, 16). A key policy priority area in the Strategy should therefore focus on clearly articulating the roles and responsibilities of the different services, sectors and professions that work within them.

Help-Seeking and Reducing Stigma

There are many challenges to engaging with and accessing the Early Years System. Our recent research into the Early Years System in South Australia found that a key challenge related to parents and caregivers' feelings of shame and stigma around accessing services and supports, particularly for mental health concerns, their own health needs, or caregiving needs (5). We need to normalise help-seeking behaviours of caregivers related to their own and their child's health and wellbeing needs (5). We need to commit to reducing stigma and shame around caregiver help-seeking in the Early Years System (7, 8, 17, 18), and thus this too needs to be incorporated as a key priority in the Strategy. A coordinated Early Years Strategy and System will be of no use if parents feel too vulnerable or stigmatised to use it.

Maternal and Child Health

The foundations for good health start periconceptually, and continue during the antenatal period, and the first years of life. Developing healthy lifestyle habits prior to or during pregnancy and early postnatal period contributes to better outcomes for children and families (19). The Strategy should have a focus on embedding prevention and early intervention within the perinatal period to ensure better outcomes for Australian children. For example, evidence demonstrates how water softeners can be used as an intervention during pregnancy to prevent childhood eczema (20). Investing in prevention strategies in the perinatal period could reduce the need for intervention during childhood.

Establishing Health Promoting Behaviours and Early Obesity Prevention

The Strategy should include a focus on early obesity prevention to align with the Commonwealth Government's National Obesity Strategy 2022 (21) and the National Preventive Health Strategy 2021-2030 (22). Early childhood obesity is a critical health issue with prevention efforts demonstrating limited progress. One in four Australian children has overweight/obesity by the time they start school, setting them on a lifelong negative health trajectory. Childhood obesity is more prevalent in underserved populations, necessitating targeted interventions. Despite substantial efforts, rates of childhood obesity remain concerning, and inequalities are widening. Focusing on obesity-related health behaviours such as diet, physical activity, sedentary behaviour and sleep, as previously mentioned can ensure early prevention and support for families before impacts on growth.

Our research as part of the international [TOPCHILD Collaboration](#) and the [Centre for Research Excellence EPOCH-Translate](#), is fast-tracking evidence synthesis and adoption, tailored to caregiver, practitioner and decision maker needs, to support its use in policy and practice settings (23, 24, 25). Our living evidence base of parent-focussed program elements brings together 50 trials and over 38,000 parent-infant pairs. This evidence base platform can drive more effective, scalable, sustainable and integrated supports into the universal child and family health services parents already engage in. This includes research to target supports to different priority populations. Our research focuses on key settings families interact with including primary health care, childcare and playgroups (26, 27, 28, 29, 30).

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

Redefining Universal Prevention

To genuinely improve outcomes for children, the current scope of universal prevention needs to be broadened. The Commonwealth need to recognise that many of the characteristics we commonly associate with those living in vulnerable, disadvantaged, or minority circumstances, represent more than a fifth of South Australian or Australian caregivers (4, 6). As outlined in the National Early Years Strategy Summit (31), Australia needs to develop an Early Years System that includes universal services and support structures that are responsive and bespoke to local contexts. Current universal services, designed to meet the needs of the ‘average’ family, are unlikely to provide the support required by a large proportion of the population, who do not fit this profile or definition (4). Therefore, the Strategy needs to consider how universal supports can be accessible to everyone in a way that reflects the diversity of our Australian population. One way to achieve this is for services and supports go to where people are in the community. An example of this being done successfully is a project led by Flinders Caring Futures Institute researchers that provided health and wellbeing services to housing insecure children and their families at a homeless service (18). The Strategy will need to highlight the importance of services and supports working with partners who have good relationships with priority populations.

Early Childhood Education and Care Settings and Nutrition

Children receive up to two thirds of their nutrition in childcare settings, providing an opportunity to set up lifelong, healthy eating habits. Our research shows that childcare services are not fulfilling children’s rights to healthy food according to the UN Convention Rights of the Child (32, 33). Interventions that support centres to provide high-quality nutrition have positive childhood outcomes, however, this diminishes unless supported by Government investment with external expertise (34). By making Early Childhood Education and Care settings a policy priority, our research supports the Commonwealth improving outcomes for children by providing universal access to heavily subsidised food prepared on-site in centre-based childcare (1), funding state-wide nutrition initiatives in *every* jurisdiction (35), and providing national training, support and resources to build the capacity of the Early Childhood Education and Care sector, co-developed with families (36).

Aboriginal and Torres Strait Islander Children

Aboriginal and Torres Strait Islander families in Australia experience significant disadvantage in health outcomes compared to their non-Aboriginal counterparts. Research within the Flinders Caring Futures Institute has highlighted a lack of continuity of care for Aboriginal families accessing mainstream health services from the antenatal period through to an infants’ first 1000 days (37, 38). Further, Aboriginal and Torres Strait Islander infants remain overrepresented in sudden and unexpected infant death rates (39). However, these rates have been shown to be reduced with culturally safe sleep alternatives (40) Therefore, a policy priority for the Strategy needs to seriously consider cultural safety to improve and support the health and development of our Aboriginal and Torres Strait

Islander children. We would also expect the Strategy to align with the National Aboriginal and Torres Strait Islander Early Childhood Strategy (41).

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

Early Years Data Systems

Providing a single point of leadership and governance for the Early Years is a successful strategy for improving coordination and collaboration. The Office for the Early Years in South Australia is a good model that the Commonwealth should consider. To specifically understand how families are moving through the system, and to identify any issues (e.g., with referral processes, waitlists for services, or follow up), evidence is required from outcomes related to navigation and coordination across the system. As outlined in the Australia's Children report (42) there are currently no national indicators measuring how children and families are interacting with and moving through different systems. This paucity of data makes it impossible to track children through the different data sources to assess their health and development outcomes (42). To address this, we recommend a policy priority area dedicated to the development of Early Years Data System where data related to the health and development of children and families is centralised under the guardianship of the Commonwealth Government. Specifically, a Data System that incorporates a core outcome set developed in partnership with key stakeholders should be created (43). The development of such a system is supported by the South Australian government, as outlined in the interim report released by the Royal Commission into Early Childhood Education and Care (44).

Coordination and Navigation

We are supportive of the Government priority of addressing and breaking down silos within the System. These silos exist across the Commonwealth and within states (5). In South Australia, services are currently siloed, and caregivers and service providers face difficulties navigating the breadth of services. The siloed nature of the system has also resulted in referral pathways that are inefficient, disconnected and multilayered, creating system produced barriers, and at times insurmountable gaps, for the children at greatest risk (5, 6, 17, 45). The current Early Years System in South Australia is complex, overwhelming and difficult to navigate (5) and this is reflected nationally. We need coordination and consistency across the State Governments within the Commonwealth, and also across sectors within the states, across services within the sectors, and across providers within services. All to ensure that the Commonwealth Strategy directly reaches individual families. Consequently, there is a need to prioritise a Strategy focused on integrating and coordinating across sectors and services within the Early Years System (5).

7. What principles should be included in the Strategy?

The following key principles should be included in the Strategy:

- The Early Years System is multi-sectorial and inter-departmental, and partnerships need to encompass social services, education, and health as well as for-impact and industry sectors.
- Universal prevention and early intervention to support growth, health, and development needs to be a key focus in the first five years.
- Increasing access and engagement with existing universal services through improved navigation and coordination across services, sectors and jurisdictions will deliver better outcomes for children and families.
- Parent and caregiver health and wellbeing need to be positioned as a priority, with an emphasis on normalising help-seeking, to ensure children, caregivers and families reach their potential.

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

The work undertaken within the Flinders Caring Futures Institute is informed by The Caring Life Course Theory (46). This theory articulates the importance of supporting the health and wellbeing of caregivers as it is vital for ensuring their ability to care for others. Recognition that there are changes to our care needs and our care capacity over the life course is a foundational component of any health or care system (46). Our research shows that the current Early Years System overlooks the needs of parents and caregivers (4, 5). Therefore, making space for caregivers to receive the support they need for their own health and wellbeing, needs to be a policy priority for the Strategy.

To ensure parents and caregivers can access and engage with an integrated and coordinated Early Years System, they need to be supported in their health literacy relating to their own health and wellbeing. As outlined in the National Framework for Universal Child and Family Health Services (1) a key role of services is to promote “parental social and emotional wellbeing” and provide “support for mothers, fathers, and carers”. We believe the Caring Life Course Theory (46) should inform the Early Years Strategy, to ensure care needs and care capacity of caregivers along their parenting journey are incorporated to facilitate the best outcomes for caregivers, families, and children through the Early Years System.

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On behalf of:

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References

1. Schmied V, et al. National framework for universal child and family health services. 2011.
2. World Health Organization. Social determinants of health 2023. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.
3. Caring Futures Institute. Healthy Start to Life 2022. <https://www.flinders.edu.au/caring-futures-institute/healthy-start-to-life>.
4. Johnson BJ, et al. Navigating the Early Years System in South Australia Desk-based mapping of transition points and touchpoints. Flinders University; 2023.

5. Middleton G, et al. Navigating the Early Years System in South Australia: Exploring the Caregiver Journey from Multiple Perspectives. Flinders University; 2022. <https://fac.flinders.edu.au/items/2dad5c2-2685-4425-ae68-2d264e8da950>
6. Parry YK, et al. Enhancing lifelong development and the health and wellbeing of marginalised children 0 to 18 years. 2020. <https://researchnow.flinders.edu.au/en/publications/addressing-the-gaps-in-health-for-children-innovative-health-serv>
7. Parry Y, et al. Meeting the needs of marginalised children: An innovative nurse practitioner led health care model at uniting care Wesley Bowden. 2020. <https://search.informit.org/doi/pdf/10.3316/informit.041421113733431>.
8. Parry Y, et al. A Nurse Practitioner led care service at Uniting Care Wesley Bowden - Research Snapshot. 2023.
9. South Australia Department for Education. Early Learning Strategy 2022: <https://www.education.sa.gov.au/department/strategies-and-plans/early-learning-strategy>.
10. Findlay R, et al. Vision screening in New Zealand pre-school children: Is it equitable? 2021. <https://doi.org/10.1111/jpc.15548>
11. Caring Futures Institute. Tools to measure food intake, diet quality and obesity-related behaviours across childhood. 2023. <https://www.flinders.edu.au/caring-futures-institute/dietary-assessment-tools>.
12. Dutch D, et al. Screening tools used in primary health care settings to identify health behaviours in children (birth – 16 years); A systematic review of their effectiveness, feasibility and acceptability. 2023. <https://doi.org/10.1101/2023.03.02.23286714>.
13. Lines LE, et al. Invisibility of nurses and midwives in the public health response to child abuse and neglect: A policy review. 2022. <https://doi.org/10.1016/j.colegn.2022.09.002>.
14. Australian College of Nursing. The role of nurses in a public health response to child abuse and neglect - Position statement. 2023.
15. Leo CG, et al. Burnout Among Healthcare Workers in the COVID 19 Era: A Review of the Existing Literature. 2021. <https://doi.org/10.3389/fpubh.2021.750529>.
16. Chan XW, et al. Managing intense work demands: How child protection workers navigate their professional and personal lives. 2021. <https://doi.org/10.1080/13668803.2020.1830030>.
17. Sivertsen N, et al. Aboriginal children and family connections to primary health care whilst homeless and in high housing mobility: Observations from a Nurse Practitioner-led service. 2022. <https://doi.org/10.1017/S1463423621000384>.
18. Parry Y, et al. A Nurse Practitioner service designed to address the health needs of children living in housing instability: A non-randomised, concurrent mixed methods study protocol. 2022. <https://doi.org/10.1111/jan.15152>.
19. Inskip H, et al. Influences on Adherence to Diet and Physical Activity Recommendations in Women and Children: Insights from Six European Studies. 2014. <https://doi.org/10.1159/000365042>.
20. Jabbar-Lopez ZK, et al. Randomized controlled pilot trial with ion-exchange water softeners to prevent eczema (SOFTER trial). 2022. <https://doi.org/10.1111/cea.14071>.
21. Health Ministers Meeting. The National Obesity Strategy 2022-2023.
22. Australian Government. National Preventive Health Strategy 2021–2030.
23. Johnson BJ, et al. Unpacking the behavioural components and delivery features of early childhood obesity prevention interventions in the TOPCHILD collaboration: a systematic review and intervention coding protocol. 2022. <http://dx.doi.org/10.1136/bmjopen-2020-048165>.
24. Hunter KE, et al. Transforming Obesity Prevention for CHILDren (TOPCHILD) Collaboration: protocol for a systematic review with individual participant data meta-analysis of behavioural interventions for the prevention of early childhood obesity. 2022. <http://dx.doi.org/10.1136/bmjopen-2020-048166>.
25. Seidler AL, et al. The complex quest of preventing obesity in early childhood: Describing challenges and solutions through collaboration and innovation. 2022. <https://doi.org/10.3389/fendo.2021.803545>.
26. Bell LK, et al. Identifying opportunities for strengthening advice to enhance vegetable liking in the early years of life: qualitative consensus and triangulation methods. 2022. <https://doi.org/10.1017/S1368980021001907>.

27. Bell LK, et al. Supporting strategies for enhancing vegetable liking in the early years of life: an umbrella review of systematic reviews. 2021. <https://doi.org/10.1093/ajcn/nqaa384>.
28. Trost SG, et al. Study protocol for Healthy Conversations@ Playgroup: a multi-site cluster randomized controlled trial of an intervention to promote healthy lifestyle behaviours in young children attending community playgroups. 2021. <https://doi.org/10.1186/s12889-021-11789-3>.
29. Kashef S, et al. Cluster randomised controlled trial of a menu box delivery service for Australian long day care services to improve menu guideline compliance: a study protocol. 2021. <http://dx.doi.org/10.1136/bmjopen-2020-045136>.
30. Zarnowiecki D, et al. Application of the multiphase optimisation strategy to develop, optimise and evaluate the effectiveness of a multicomponent initiative package to increase 2-to-5-year-old children's vegetable intake in long day care centres: A study protocol. 2021. <http://dx.doi.org/10.1136/bmjopen-2020-047618>.
31. Australian Government Department of Social Services. The National Early Years Strategy Summit. 2023.
32. Matwiejczyk L. Understanding the translation of evidence-based nutrition practice into daily routines in centre-based childcare Flinders University; 2020.
33. Unicef. Convention on the rights of the child. 1989. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.
34. Matwiejczyk L, et al. Characteristics of Effective Interventions Promoting Healthy Eating for Pre-Schoolers in Childcare Settings: An Umbrella Review. 2018. <https://doi.org/10.3390/nu10030293>
35. Spence A, et al. Childcare Food Provision Recommendations Vary across Australia: Jurisdictional Comparison and Nutrition Expert Perspectives. 2020. [10.3390/ijerph17186793](https://doi.org/10.3390/ijerph17186793)
36. Matwiejczyk L, et al. Factors influencing food service provision decisions in centre-based early childhood education and care services: Cooks' perspective. 2021. <https://doi.org/10.1002/hpja.308>
37. Sivertsen N, et al. A call for culture-centred care: Exploring health workers' perspectives of positive care experiences and culturally responsive care provision to Aboriginal women and their infants in mainstream health in South Australia. 2022. <https://doi.org/10.1186/s12961-022-00936-w>.
38. Sivertsen N, et al. Aboriginal and Torres Strait Islander family access to continuity of health care services in the first 1000 days of life: A systematic review of the literature. 2020. <https://doi.org/10.1186/s12913-020-05673-w>.
39. Grant J, et al. Collaboration and cultural safety: Safe sleep space alternatives with aboriginal families. 2017. <https://search.informit.org/doi/10.3316/informit.732535075804810>.
40. Grant J, et al. 'It looks like a breadbox': A pilot study investigating implementation of the Pepi-Pod® program with Aboriginal families in metropolitan South Australia. 2021. <https://doi.org/10.1017/S1463423621000293>.
41. National Indigenous Australians Agency. National Aboriginal and Torres Strait Islander Early Childhood Strategy. 2021.
42. Australian Institute of Health and Welfare. Australia's children. 2020.
43. Brown V, et al. Core outcome set for early intervention trials to prevent obesity in childhood (COS-EPOCH): Agreement on "what" to measure. 2022. <https://doi.org/10.1038/s41366-022-01198-w>.
44. Government of South Australia. Royal Commission into Early Childhood Education and Care Interim Report. 2023.
45. Parry YK, et al. A scoping study: Children, policy and cultural shifts in homelessness services in South Australia: are children still falling through the gaps? 2016. <https://doi.org/10.1111/hsc.12309>.
46. Kitson A, et al. Towards a unifying caring life-course theory for better self-care and caring solutions: A discussion paper. 2022. <https://doi.org/10.1111/jan.14887>.