
Early Years Strategy

Submission to public consultation

30 April 2023

About Healthy Male

Healthy Male is a peak men's health organisation with a proud, twenty three-year commitment to improving men's health.

Healthy Male provides health information and education to health professionals and the wider community, and collaborates with others to facilitate action on men's health. Healthy Male advocates for change, empowers men and boys to act on their health, builds the capabilities of the health system and workforce, and prioritises efforts to close the health and wellbeing gaps between groups in our community. Ultimately, we work towards our vision of 'generations of healthy Australian men'.

Healthy Male was the Australian Government Department of Health and Aged Care's major partner for development of the National Men's Health Strategy 2020-2030 [1]. The strategy is designed to guide action for continuous improvement in the health and wellbeing of men and boys over the current decade. It is informed by evidence, developed with input from a wide range of stakeholders, and reflects feedback from extensive public consultation.

Plus Paternal: A focus on fathers

Healthy Male embarked on the 'Plus Paternal: A focus on fathers' [2] project in response to the National Men's Health Strategy 2020-2030's call for a more inclusive approach to parenthood, and expansion of the maternal and child health infrastructure to include fathers.

We formed a national, multi-disciplinary Advisory Group, which gathered evidence to establish an understanding of the current situation in Australia in relation to fathers. We engaged men, health professionals and policy makers to determine what, if anything, needs to change to improve the health and wellbeing of fathers, prospective fathers and their children.

We discovered a pressing need for change across all levels of the health system and throughout wider society, and found a strong desire for change amongst men and health professionals.

The evidence clearly shows that our health system does not proactively engage men as they attempt to, and/or become fathers. Instead, across many health services, men are viewed as secondary to the child-bearing process – welcome, but not active partners. This mindset reduces men's ability to be engaged and proactive parents, who make positive contributions to the growth and development of their children.

Plus Paternal: A focus on fathers [2] and The National Men's Health Strategy 2020-2030 [1] inform our response to this public consultation.

Submission to Consultation – Early Years Strategy

In setting the scope for The Early Years Strategy, the Discussion Paper states, “The Strategy will focus on the first five years, including the antenatal period” (p6). (We note the term ‘antenatal’, meaning ‘before birth’, is more commonly used in relation to the mother, not the fetus or child). The “first five years of life, including the antenatal period” is not a suitable focus.

In its summary of evidence, the Discussion paper states, “The first 1000 days (from conception, throughout pregnancy and to the end of the second year) is particularly important to health and development” and “If a gap emerges and doesn’t close by the age of 5 it is likely to persist...” (p9). These statements establish evidence based timepoints for the beginning (“from conception”) and end (“age of 5”) of the Early Life Strategy.

In fact, a child’s health and wellbeing is influenced by the health and wellbeing of both parents before conception [3]. In Australia, where 1 in 4 pregnancies is unintended [4], individuals’ preconception health is likely overlooked by many parents.

RECOMMENDATION 1

The Early Years Strategy should focus on the first 5 years after birth AND the health and wellbeing of all Australians as it relates to preconception health.

QUESTION 1

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

The Early Years Strategy Discussion Paper states:

“...policies and programs and their funding are delivered across different departments and agencies. This structure tends to create silos that discourage collaboration across organisations and may hamper the Commonwealth’s efforts to deliver the best outcomes for children and families.”

The proposed structure of the Strategy (Attachment B of the Discussion Paper) risks perpetuation of siloing. It shows each Outcome (or set of Outcomes) linked to separate Policy Priorities (or vice versa).

A depiction of the Strategy that shows interactions between Outcomes (e.g., health at birth is related to education outcomes; parents’ education is related to socio-economic status, health literacy and healthcare access; tax policy influences resourcing for Commonwealth funding of health, educational and social support), and relationships between multiple Outcomes and Policy Priorities, is necessary if “[t]he intention is to create an integrated approach to the early years, including by reducing program and funding silos across Commonwealth departments and better integrating and coordinating functions.”

RECOMMENDATION 2

The structure of the Strategy must provide for interactions between multiple Outcomes and Policy Priorities.

RECOMMENDATION 3

The Strategy should include an overarching authority, such as a Minister for Children and an Office for Children (see Recommendation 12, below).

QUESTION 2

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

RECOMMENDATION 4

The Strategy's vision should be: Every child in Australia can achieve their full potential.

QUESTION 3

What mix of outcomes are the most important to include in the strategy?

- Improved parental mental and physical health and wellbeing
- Improved pregnancy health (e.g. reduced rates of preeclampsia, gestational diabetes)
- Improved birth outcomes (e.g., low birth weight, gestational age at birth, perinatal morbidity and mortality, congenital abnormalities)
- Improved infant physical growth and development (e.g., length or height, weight)
- Improved neurodevelopment (e.g., language acquisition and other milestones)
- Reduction in disability (e.g., reduced NDIS service utilisation)
- Improved social and emotional development (e.g., Australian Early Development Census)
- Improved socioeconomic status (e.g., household income, housing, household structure, non-resident parent access)
- Increased availability and use of parental leave
- Increased availability and use of high-quality childcare and early childhood education

- Increased availability and use of health services
- Increased availability and use of structured play and/or sports participation
- Closing gaps between demographic groups (e.g. gender differences in child health, socioeconomic differences in educational outcomes)

QUESTION 4

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

RECOMMENDATION 5

The Early Years Strategy should prioritise health, education and safety of children, with a focus on the following principles:

- i. Diversity and inclusion

Australian families are very different than they were a generation ago [5], and they are likely to become more diverse in the future. The Early Years Strategy must consider the various social and cultural environments of children, and avoid stereotypical approaches to supporting child development. For example, social norms can marginalise fathers and other non-birthing parents, limiting their involvement in their children's lives.

RECOMMENDATION 6

Policies and procedures should deliberately work towards breaking down outdated social norms that disadvantage children.

- ii. Equity

Children living in Australia are not all conceived or born in Australia, and the beginning of life for Australian-born children is not the same for all. As examples: maternal smoking rates vary from 5-20% across states and territories; and disease burden at birth is 20% higher for males than females [6].

RECOMMENDATION 7

The Early Years Strategy must prioritise policies that address inequity and help disadvantaged children to catch up with their more fortunate peers.

iii. Evidence

High quality evidence should be used to guide development and implementation of policies and programs under the Strategy. Where necessary evidence is not available, research should be commissioned to ensure approaches to policy and program development and implementation are justified. Data collection should be built into policy and program implementation, to enable rigorous and robust assessment of outcomes.

As an example, there is a wealth of evidence showing improved outcomes for children if mothers' partners are better involved in care during pregnancy and early childhood, yet effective policies to facilitate partners' involvements are lacking.

RECOMMENDATION 8

The Strategy should use and generate evidence to inform continuing improvements to development and implementation of policies and programs.

QUESTION 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?

There is much for children to gain from optimising their relationships with their parents. The Commonwealth should remove obstacles to mothers' and fathers' involvement in their children's lives. Existing systems favour involvement of one primary caregiver (usually the mother) in a child's healthcare, development and education, rather than treating both parents as equally important.

Policies and programs that include equal importance of both parents have economic, social and health benefits for children. The Early Years Strategy Discussion Paper reflects norms that emphasise mothers as primary caregivers for children (i.e. it makes repeated references to "maternal and child health services"). This creates a barrier to equal involvement in children's lives of mothers and fathers (or others in parenting roles), thereby limiting child development.

RECOMMENDATION 9

The Commonwealth should facilitate equal involvement of both parents in all aspects of children's lives.

The support needed to help disadvantaged children to achieve equitable outcomes with their more advantaged peers will vary, depending on the nature of the disadvantage and the individual. For example, closing the gender gap in perinatal health may be achieved by population based interventions to improve maternal

care during pregnancy; whereas tailored learning support might be needed to help children overcome limitations stemming from family conflict.

RECOMMENDATION 10

The Commonwealth should work towards identifying children most at risk of disadvantage and target suitable support to help them achieve their potential.

We know that children are adversely affected by paternal mental illness, but we have only a rudimentary understanding of the causes, and consequences for their children, of mental illness in fathers [7].

RECOMMENDATION 11

The Commonwealth should invest in better understanding the impact of fathers' mental health on their children, and work towards improving men's perinatal mental health.

QUESTION 6

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

There is a need for coordination of the Commonwealth's approach to nurturing Australian children. The governments of several countries (e.g. Ireland, UK, New Zealand) have a Minister for Children to achieve this.

The Commonwealth has a Minister for Women, who works with other Ministers to ensure that issues relevant to women are considered during the development and implementation of policies and programs. The Office for Women supports the Minister for Women, and is the central source of advice for Government agencies about the impact of policies and programs for women.

RECOMMENDATION 12

Australia should have a Minister for Children who would work with other Government Ministers to ensure that children's issues are considered during policy and program development and implementation. The Minister for Children should be supported by an Office for Children, which would be the principal source of advice for Government agencies about the impact on Australian children of Government policies and programs.

QUESTION 7

What principles should be included in the Strategy?

RECOMMENDATION 13

The Early Years Strategy should be evidence-based – informed by those with expertise in child development (e.g., parents, early childhood educators, paediatric health professionals) – and centred on children.

RECOMMENDATION 14

The Strategy should aim to achieve an optimal start to life for all children in Australia, and equitable resourcing of programs to achieve this goal.

RECOMMENDATION 15

The Strategy should respect the diverse lives of children, and challenge social norms and practices that would constrain children’s development or restrict their freedom and safety.

RECOMMENDATION 16

The Strategy should be child- and family-centered.

QUESTION 8

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

Bronfenbrenner’s Ecological Systems Theory (described in the Early Years Strategy Discussion Paper) has similarities to Family Systems Theory [8], which considers a family as a group of individuals with unique interactions between members (e.g., interactions between father and mother differ from those between siblings, or between parent and child). The whole family system is influenced by external factors, via impacts on individuals (e.g., mum getting a promotion at work, a child’s conflict with a peer) and the repercussions resulting from interactions between family members.

Brofenbrenner’s work, and Family Systems Theory, emphasise the importance of families for achieving what is best for children.

RECOMMENDATION 17

The Strategy should be informed by wide consultation to obtain sufficient representation of the diversity in Australian families.

Attachment Theory [9] relates to relationships between children and multiple other people who provide care, are in regular contact with the child, and provide the child with security when needed. Attachment figures may be parents, siblings, grandparents or other extended family members, childcare workers and others.

Secure attachment fosters healthy emotional development and empowers individuals to build healthy, satisfying relationships with others. It protects against poor physical health and improves social, psychological and neurobiological function.

RECOMMENDATION 18

Attachment Theory should be considered during development of the Strategy.

The concept of the Developmental Origins of Health and Disease [10] explains current high rates of chronic non-communicable diseases (e.g., cardiovascular disease, diabetes, asthma, mental illness) as a consequence of the long-term programming effects of the early life environment, and offers hope for disease prevention by optimising health and development in the first years of life. Maternal and paternal preconception health [3] similarly impact a child's health, with the preconception period offering an opportunity for intervention to improve the health of women and men who may be motivated by the benefit to their children.

RECOMMENDATION 19

The Strategy should include consideration of the biological underpinnings of child development (i.e. the developmental origins of health and disease, preconception health).

Ends-

References

1. <https://www.healthymale.org.au/plus-paternal>
2. <https://www.health.gov.au/resources/publications/national-mens-health-strategy-2020-2030?language=en>
3. <https://www.thelancet.com/series/preconception-health>
4. <https://doi.org/10.5694/mja17.01094>
5. <https://aifs.gov.au/research/research-reports/diversity-and-change-australian-families>
6. <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2022>
7. <https://aifs.gov.au/resources/policy-and-practice-papers/fatherhood-and-mental-illness>
8. <https://www.healthymale.org.au/news/family-systems-theory>
9. <https://www.healthymale.org.au/news/how-attachment-theory-helps-guide-talking-dads>
10. <https://doi.org/10.1126/science.1095292>