

**Submission to the
Early Years Strategy
discussion paper**

05/05/2023



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Introduction

The Judith Lumley Centre is a multidisciplinary health research centre in the School of Nursing and Midwifery at La Trobe University in Melbourne, Australia. Our applied research addresses major public health issues for women, children, and families, aiming to improve the health and well-being of Australian families.

We lead research in the following areas:

- breastfeeding
- child, family, and community health
- mother and infant health and maternity services
- preventing and reducing violence against women and children
- sexual and reproductive health
- transition to contemporary parenthood - preparation and support
- work and family

Our work is informed by key values:

- equitable: We are inclusive, diverse, and committed to social justice.
- respectful: in the way we work collaboratively with our community, stakeholders, staff, and students
- innovative: We are progressive, flexible, and creative in all that we do.
- courageous: We are willing to tackle the difficult issues.

We welcome the opportunity to provide feedback on the development of the Early Years Strategy. We note the focus of the discussion paper is on **the role of the Commonwealth Government in supporting children in the early years**, to develop a national approach to benefit children and families. The intention is to create an integrated approach to the early years across Commonwealth departments.

Scope and key considerations

First five years

We note the focus of the strategy is on the first five years, including the antenatal period. Previous policy documents have not focussed on the antenatal period (COAG, 2009), so this inclusion is welcome.

Population-level prevention strategies that positively affect maternal health and the infant's first 2000 days should underpin maternity care. For example, continuity models of care have the potential to reduce the burden of disease in mothers and infants, with significant flow-on benefits for infant and family wellbeing across the population.

Continuity models of maternity care have been shown to reduce poor outcomes, such as high (and increasing) caesarean section rate, the rate of preterm and low birthweight infants, and the increasing proportion of women who suffer anxiety related to pregnancy and birth¹. All these can have negative short- and long-term implications for women, infants, and families. These evidence-based models of care need to be offered more widely and more equitably.

In Australia, new parents' experiences of Child, Family and Community nursing services are generally positive, although continuity of care, and in particular the importance of relational care with Child, Family and Community nursing nurses has been identified as an area for service improvement by parents and nurses alike (Clark, Beatty and Fletcher, 2016; Rossiter et al., 2019; Psaila et al, 2014)

Research related to continuity of maternity care has typically focussed on pregnancy, childbirth, and the early postpartum period, with positive effects indicated for maternal and child health in the early postnatal period {D'Haenens et al., 2020}. However, few studies have assessed continuity of care across the broader postpartum period. As a potential model of care for improving family outcomes during the transition to parenthood, further research into continuity of care models in Child, Family and Community nursing services is required.

A focus on breaking down silos

Please provide some evidence of “silos that discourage collaboration across organisations ... which hamper the Commonwealth's efforts to deliver the best outcomes for children and families”. This concept is an underlying rationale for the creation of the Strategy, and the “inherent value in a national overlay”, also needs an evidence base to justify this statement. How will a national strategy break down silos?

Consideration of how the Commonwealth connects to broader supports in the early years

It is concerning that the Strategy “will not focus on state and territory policies and programs but may note their points of intersection with Commonwealth activities”. The state and territory policies and programs have long-term strategies – up to 2032, so it will be critical to at least acknowledge the relationship between this national strategy and the pre-existing documents – the points of intersection, and points of difference, if they exist.

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The state and territory responsibilities were listed as including antenatal and birthing services, maternal and child health services, preschool delivery, child protection systems and early childhood education, but omitted to include Early Intervention and Integrated Family Support Services.

A focus on maternity care is vital but the Commonwealth currently has little impact on provision or guidance of these systems. Consideration of how Commonwealth strategies will impact this crucial area needs to be articulated.

The experience of families is so varied across Australia in the provision of child and family health services. More work needs to be done on the variation in service delivery, and the impact on families of minimal support in some states in monitoring infant and child growth and development, and maternal and family health and wellbeing.

Respectful of diversity and inclusivity

The strategy aims to be inclusive of children with disability or developmental concerns. The strategy should also consider how services engage with care-giving parents with disability, including neurodivergence.

The case for an Early Years Strategy – the evidence

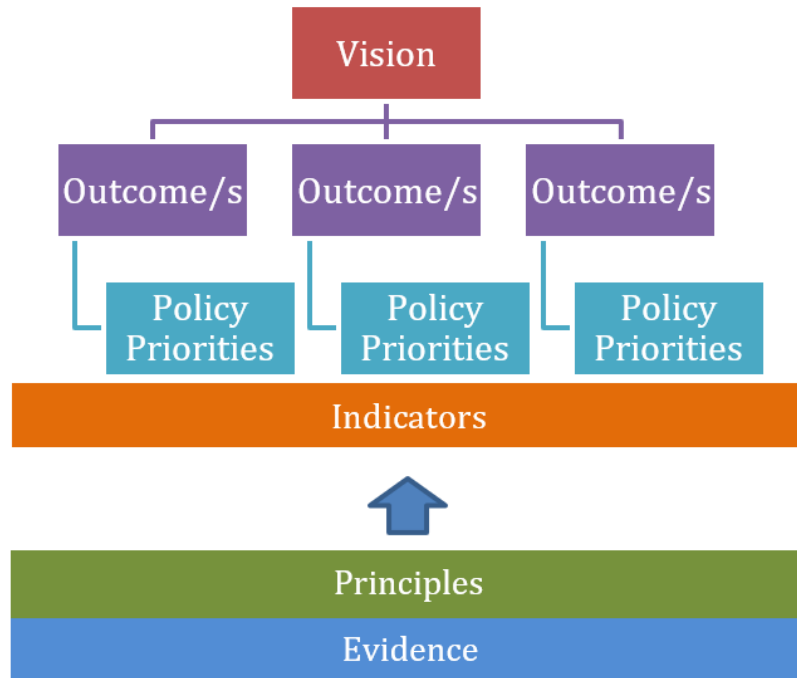
There is more contemporary evidence on brain architecture than 2007.

Is there an explanation for the disparity for Return on Investment for high quality early childhood programs, ranging from \$4 and \$1 for every \$1 invested, compared with \$2 benefit for every \$1 invested?

Response to questions

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

The proposed structure of the Strategy includes a vision, outcomes, policy priorities and indicators which will measure success against each of the outcomes and priority reform areas. We note that indicators will be developed after the policy priorities are established.



The proposed structure is hierarchical and rigid. This top-down approach does not overtly place the child and family at the centre of the Strategy. The proposed strategy would benefit from applying a more circular, iterative approach, with built-in opportunities for ongoing consultation with consumers and services.

The Strategy would be strengthened with the inclusion of key dates for review, evaluation and revision if required. An outcomes and evaluation framework is mentioned in the proposed Implementation Action Plan, but more detail is required on the evaluation methodology, the timing, and the options for revision to the Strategy if indicated.

The Early Years Strategy is described as a decade-long road map, however, the Commonwealth and State Governments have a range of pre-existing strategies and plans in place with timelines up to 2032. How will this strategy influence and align with these existing plans?

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

A future where all children can grow, thrive, and reach their full potential in terms of physical, mental, and emotional well-being.

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

A vision of healthy children involves ensuring that children have access to the resources, opportunities, and environments they need to thrive physically, mentally, and socially. It includes:

1. **Physical Health:** Healthy children are physically active and have access to nutritious foods and safe environments to play and explore. They receive regular check-ups, vaccinations, and preventive care to maintain good health and detect and treat any health issues early on.
2. **Mental Health:** Healthy children have a positive sense of self and have the skills and support they need to cope with challenges and stress. They have access to mental health resources and support when needed, and their emotional well-being is prioritized in their homes, schools, and communities.
3. **Social Health:** Healthy children have positive relationships with their families, peers, and communities. They have opportunities to engage in activities and experiences that promote social connections, empathy, and a sense of belonging.
4. **Safety:** Injury prevention, safe at home and in the community, strong connection to culture
5. **Learning and Development:** Healthy children have access to quality education and opportunities to learn and develop their skills and abilities. They receive support for their cognitive, social, and emotional development, and their individual strengths and interests are encouraged.
6. **Equity and Inclusion:** Healthy children come from diverse backgrounds and are valued and respected for their unique identities and experiences. They have access to resources and opportunities that are equitable and inclusive, regardless of their race, ethnicity, gender, socioeconomic status, or ability.

To achieve these outcomes, supportive, nurturing environments are needed from conception onwards. In addition to outcomes at the level of the child, the strategy should address the key proximal environments during pregnancy and the early years.

1. **Maternity Care:** The antenatal period allows for engagement with healthcare practitioners and is a supportive period to change lifestyle behaviours that can have long-term impacts on family health, wellbeing and development such as reduction in smoking, healthy weight gain, seeking assistance with parental mental health and engaging with services to assist with housing and financial support etc. Pregnancy is a period of high motivation for engagement and lifestyle changes so making use of these opportunities through continuity of care and preventative programs or strategies would be advised.
2. **Parents/Carers and the Home Environment:** Parents/carers are the most influential agents in shaping their young child's physical, emotional and cognitive development. Early childhood is a lifecourse stage when the developing brain is particularly sensitive to environmental influences, including the pervasive adverse effects of family economic and socio-cultural disadvantage. Delays in development during this critical time cascade in achievement gaps that widen and are associated with a range of poorer academic and other life outcomes (Shonkoff et al., 2012). The strategy should address systemic approaches to supporting families to optimise the provision of a nurturing and developmentally stimulating

home environment and ensure equitable access to high quality early childhood care and education services.

3. **Parenting Programs:** Evidence-based parenting programs can positively impact a range of child (mental health, physical health, social competencies, academic outcomes), parent (parenting skills and competencies, wellbeing, mental health), and family outcome (prevention of child maltreatment and family violence). Despite extensive research showing effectiveness, these are not yet widely available at a population level and many parents are unable to access support (Doyle et al., 2022).

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

- Policies which address the impact of gender-based violence, recognising this a national emergency.
- Policies which address housing and food insecurity, and poverty.
- Policies which address equitable access to evidence-based early childhood health care and education services
- Policies which address equitable access to evidence-based parenting programs.
- Explicit consideration of the impact of intersectionality on outcomes for families and children.
- Trauma-informed care
- Consideration of more inclusive practice and services
- Strength-based practice
- Woman centred maternity care and family- and child-centred care

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

- Reconsider the use of the word “vulnerable” (Munari et al., 2021).
- A universal platform of services – non-stigmatising
- Continuity of care - there is clear evidence that culturally specific and tailored midwifery continuity models like ‘Birthing on Country’ can help close the gap in the health outcomes between First Nations and non-First Nations peoples. Widespread scale-up must be prioritised to ensure all women having a First Nations baby receive this gold standard model of care.
- The team around the child – alliances between services to keep the child in focus
- Child and adolescent mental health services with a stronger focus on prevention and early intervention for infants and children

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- Services which provide therapeutic treatment for children exposed to domestic, family and sexual violence, e.g., child parent psychotherapy (ANROWS report).
- Improved financial support for families to address poverty, food and housing insecurity

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

Consider international policies and strategies – for example, the Nurturing Care Framework (World Health Organization, 2018).

Consistent and equitable delivery of Child, Family and Community nursing care to optimise child and family health and wellbeing outcomes.

Also, seriously consider workforce issues in midwifery, nursing and education – working conditions, recruitment, education, remuneration

What principles should be included in the Strategy?

A holistic approach; Early intervention and prevention; Inclusion and equity; evidence-based; collaborative, co-designed.

Trauma informed, human rights-based, enabling the child's voice to have autonomy in their care.

The Nurturing Care Framework guiding principles offer a good start:

- The child's right to survive and thrive
- Leave no child behind
- Family-centred care
- Whole of Government action
- A whole of society approach

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

We need consistent data at Commonwealth and State level to inform policy and strategies – beyond process or output data.

Review AEDC measures to ensure the right questions are being asked about children's growth and development, and vulnerabilities.

- Parenting
- Parental wellbeing
- Family health

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- Infant and child mental health
- Sexual and reproductive health
- Nutrition and fitness
- Child safeguarding and child protection
- Work-life balance
- Housing
- Poverty
- Trauma-informed care
- Family-centred care

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